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The Integration Imperative: reshaping the delivery of human and social services

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About this report

The appeal of services integration has never been greater. Facing a delivery environment in human and social services that is growing ever more complex, public sector leaders around the world are embracing integrated delivery models to achieve both better outcomes for citizens and operating efficiencies.

However, integration is no easy task. It takes time to implement, and its forms are continually evolving in response to emergent technologies, funding mechanisms, and governance models.

For policy makers and practitioners, there is considerable value in understanding the current nature and future trajectory of the wider integration agenda. Governments need to learn from each other. By sharing leading practices and key insights, this report serves to facilitate and strengthen this dialogue.

The Integration Imperative presents the results of a **global survey** undertaken to review active integration schemes across 22 jurisdictions. We spoke directly to the government leaders spearheading these initiatives as well as a number of thought leaders.

Drawing upon their valuable experience, this report **examines the characteristics of current integration initiatives:** the main drivers, types of integration, key enablers, and conditions necessary for reforms to succeed. It also **identifies where the integration agenda is heading:** the key trends in the trajectory of integrated services provision (client pathways, focus on outcomes, inter-governmental integration, inter-sectoral integration, and place-based integration), the lessons offered by early movers, and the implications of these trends for governments, clients, and providers from the private and not-for-profit sectors.

Unless otherwise noted, the information contained in this report is the result of the research as detailed above.

Contents

Foreword

The delivery of human and social services has evolved significantly over the last decade as governments across the globe seek new and innovative ways to achieve better outcomes for clients while managing increased caseloads with reduced resources as a result of fiscal pressures. Increasingly, governments are looking to integrate service delivery through innovative case practice and enhanced use of information technology.

The rationale for moving in this direction is clear: siloed approaches to service delivery do not work well for either citizens or governments. Traditional, program-based service delivery misses the mark for many citizens, delivering either too much or too little service, and missing some highly vulnerable citizens entirely. Continuing to invest in such under-performance at a time when governments are dealing with significant budgetary shortfalls is, increasingly, not an option governments are prepared to pursue.

The pursuit of more effective and more efficient human and social services is taking many forms: governments are modernizing information systems and making use of new technologies; they are reconfiguring program boundaries and service sector responsibilities; they are reshaping workforces and redesigning jobs, and developing new casework tools and practices; and they are introducing new commissioning and accountability structures. These changes in the human and social services sector are fundamentally changing the way governments interact with, and serve, their citizens.

From our experience, this trend in services integration has far from peaked; rather, it continues to gain momentum. Not only are more governments looking to enhance integration in the human and social services, but those early-innovator governments that began this journey a decade or more ago have embarked on new and more ambitious reform agendas. Their reasons for doing so are sound: there is increasing evidence that integration reforms serve the citizenry better, use limited resources more judiciously, and are more clearly focused on achieving the outcomes that governments are seeking for their communities.

This publication has been developed to shed light on trends in services integration reforms, and to better understand where these reforms are heading. Our intention in showcasing the diversity of reform underway across the globe is to contribute to the growing body of knowledge on services integration. We are grateful to the many KPMG member firm clients and others who have contributed to this report by sharing their insights and experience; we thank them for their willingness to reflect critically on the journeys they are undertaking, and their frank and open assessments of their progress. We know that the experience of these practitioners will assist those who are considering, or about to embark on, similar reforms, and hope that this publication will serve as a landmark in the services integration journey.

The Mowat Centre, in the School of Public Policy and Governance at the University of Toronto, are our partners for the production of this publication. We acknowledge their professionalism in interviewing practitioners and thought leaders in services integration, and in working with us to develop the services integration framework that is presented in the following pages. We would like to thank and specifically acknowledge Jennifer Gold and Nevena Dragicevic as authors of this report.

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SECTION ONE
The integration imperative

Ensuring that citizens have a basic level of economic and social security is a key responsibility for governments across the globe. Not a simple mission at the best of times, many jurisdictions have found this task even more difficult in recent years as a range of external and internal pressures raise urgent questions about the sustainability of support systems.

At the same time, developments in technology, better impact assessment tools, heightened levels of citizen engagement are among the catalysts that are spurring innovative thinking in governments' responses to social welfare challenges. Many governments are taking decisive action in integrating services as a means of improving system capacity and the effectiveness of program interventions.

These system reforms are being driven by significant external and internal challenges. On the one hand, trends such as population aging, growing sovereign debt, and high unemployment are placing ever greater strain on services. On the other hand, as advances in electronic record–keeping and data analytics have made it possible to triangulate client information across program areas, it has become clear that support systems have not evolved to cope with the complexity of individuals' needs. In particular, an increasing number of citizens experience interrelated difficulties that cross traditional program lines (e.g. chronic health issues, unemployment, and homelessness). As a result:

- Conditions are often treated in isolation. Individuals and families with complex needs are seen by multiple agencies and caseworkers, which is confusing and time consuming for clients and results in duplicated processes.

- A lack of coordination and information sharing means interventions are not always sequenced to optimize results while early warning signs are missed.

- In many jurisdictions the human and social services sector has expanded in an ad hoc and uncoordinated way. A high number of small service providers co-exist within a fragmented system that is difficult to navigate.

This report offers unique insight into the way services integration is confronting these challenges and rapidly reshaping social support systems in countries across the world. In looking closely at the character of current initiatives and in plotting the future direction of the integration agenda, we hope to facilitate knowledge sharing and stimulate innovative thinking in the planning of the next generation of integration schemes.
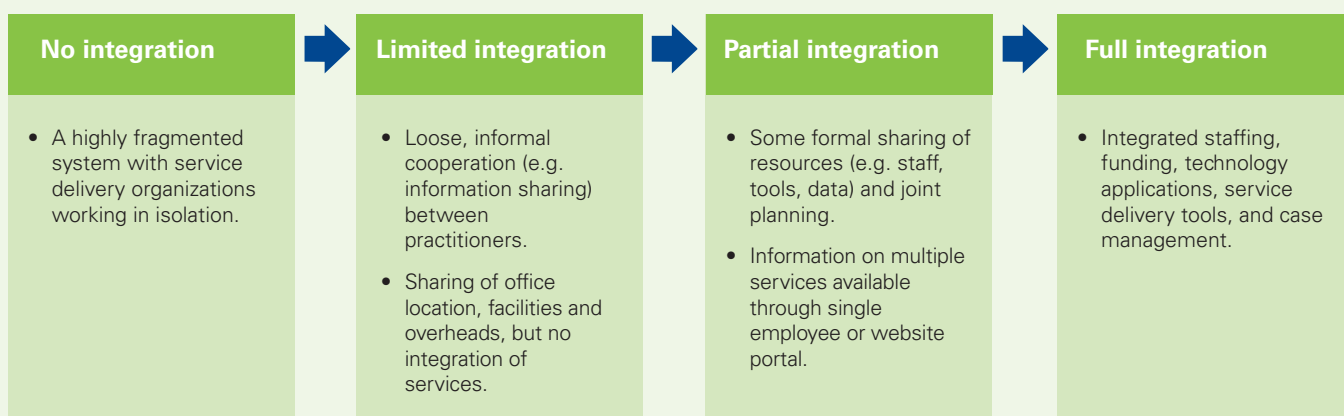
What are human and social services?

The term "human and social services" refers to a broad category of government-funded services that are dedicated to enhancing people's economic and social well-being by helping them lead more stable and self-sufficient lives. The nature of these support services varies from one jurisdiction to the next. However, services such as income security, employment assistance, social housing, aged care, child welfare, disability support, Indigenous affairs, and domestic and family violence services, typically fall within this category. Though the term itself is not used universally, all governments offer some degree of human and social services provision.[1]

What do we mean by services integration?

In this report, "services integration" denotes efforts to increase the coordination of operations within the human and social services system. The overall aim is to improve efficiency and client outcomes. There is no universal approach, and many commentators prefer to view services integration as a continuum of organizational relationships (see Figure 1).

Figure 1: The integration continuum[2]

No integration	Limited integration	Partial integration	Full integration
• A highly fragmented system with service delivery organizations working in isolation.	• Loose, informal cooperation (e.g. information sharing) between practitioners. • Sharing of office location, facilities and overheads, but no integration of services.	• Some formal sharing of resources (e.g. staff, tools, data) and joint planning. • Information on multiple services available through single employee or website portal.	• Integrated staffing, funding, technology applications, service delivery tools, and case management.

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[1] KPMG International. 2012. Human and Social Services: Leading practices in the human and social services sector. Accessed at http://www.cpj.ca/files/docs/ECWP-backgrounder-June-4-2008v2.pdf, p.2.

[2] Summary compiled from Brown, K. and R. Keast. 2003. Citizen-Government Engagement: Community Connection through Networked Arrangements. *Asian Journal of Public Administration* 25(1), pp. 107-132. Accessed at http://eprints.qut.edu.au/4792/1/4792_1.pdf; and Public Safety Canada. 2012. Promising Practices in Policing Substance Users: A Handbook of Integrated Models and Practices. Accessed at http://www.publicsafety.gc.ca/prg/le/2012-pppsu-eng.aspx.

Why integrate?

From an operational perspective, the provision of integrated services offers a more efficient and effective support system:

- **Increased capacity and value for money:** A reduction in duplicated administrative processes (e.g. identity verification and document authentication) means that service delivery organizations can redistribute financial and staffing resources to activities that serve program goals.[3] Practitioner job satisfaction will likely increase as a result.

- **Improved strategic planning and system integrity:** The sharing of information between different agencies and program areas enables a better understanding of service usage patterns, system outcomes, and client needs. With the aid of data analytics, it is easier to target resources more effectively, hold providers to account, and detect fraud or procedural errors.[4]

- **Reduced demand for crisis services:** Swifter and more coordinated assistance can help stabilize clients' conditions, and as a result, limit the need for high-cost crisis interventions (e.g. foster care and hospital services) at a later date.

From a client perspective, integrated services offer a more responsive support system:

- **Simplified access:** The establishment of one-stop-shops, integrated online portals, and formal networks of service delivery organizations using a "no wrong door" approach mean clients benefit from common entry points into the human and social services system. They no longer have to navigate a confusing array of services to locate the support they need.

- **Holistic and customized support:** As duplicated processes are phased out and case managers have access to client information via shared databases, a more holistic understanding of clients' needs emerges. It becomes possible to adopt a more person-centered approach to service delivery that sees case managers or teams coordinate support around the needs of clients instead of along service lines. It is also easier for clients to take a more active role in decisions over the support they receive.

- **Faster response times:** Streamlined back-office systems (e.g. eligibility assessment) improve processing times, while case workers can make quicker decisions through improved access to information.

- **Improved outcomes and user experience:** Evaluations show that better sequencing and coordination of interventions can improve client outcomes over time. Equally, new working relationships between providers and citizens seeking support, and easier and more timely access to services, increase client satisfaction.

[3] City of New York, Office of the Deputy Mayor for Health and Human Services. 2010. HHS-Connect Roadmap 2.0.
[4] Accenture. 2012. Getting Help to the People Who Need It Most: Using Analytics to Deliver Human Services Benefits. Accessed at http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture-IPC-Human-Services-PoV-v3.pdf#zoom=50.

Global trends in integration

Services integration is not a new concept. However, we are now entering an exciting period of innovation characterized by schemes founded upon emerging technologies, new funding models, and a more dynamic relationship between governments, citizens, and service providers from the private and not-for-profit sectors.

While a number of studies have drawn lessons from past integration initiatives,[5] little attempt has been made to capture what is currently happening globally or to map where the integration agenda is heading.

This report offers a unique overview of the innovative approaches being implemented by many governments around the world. Through a global survey of government leaders spearheading these integration schemes, this report profiles the kinds of initiatives being rolled out and explores the future direction of services integration.

This report identifies **five key trends** (see further detail in Section 3) in the trajectory of integrated services provision:

1. **Client pathways:** Instead of a "one-size-fits-all" approach to service provision, there is a growing focus on creating client pathways that respond to the level and nature of support that service users require. This more targeted and personalized approach enables clients with complex needs to receive coordinated services and support (intensive case management), while making it possible for the majority of clients to self-serve through streamlined access points.

2. **Focus on outcomes:** In light of cost pressures, increased emphasis is being placed on the value for money of public services. Providers are increasingly expected to deliver demonstrable improvements in client outcomes. This is shaping the services integration agenda in a number of ways, including greater government investment in building an evidence base for services integration, provider funding regimes linked to outcomes measurement, and coordinated upstream interventions that focus on prevention.

3. **Inter-governmental integration:** Responsibility for the delivery of social and human services spans multiple levels of government in most jurisdictions. There is growing recognition that greater coordination between different levels of government is essential to improving system integrity, reducing both duplication and gaps in service provision, and enabling wrap-around care for clients with complex needs. Tentative steps are being taken in areas such as joint commissioning, integrated case management, the rationalization of government roles,

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[5] See, for example, Sandfort, J. 2004. "Why is human services integration so difficult to achieve?" Focus 23(2): 35-39; Gold, J. with J. Hjartarson. 2012. *Integrating Human Services in an Age of Fiscal Restraint*. Toronto: Mowat and KPMG; and Friedman, J., C. DeSantis and A. Light. 2013. "Improved Outcomes through Integration for Children, Youth and their Families." Accessed at http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture-Improved-Outcomes-through-Integration-for-Children-Youth-and-their-Families.pdf.

harmonized reporting requirements, and systems interoperability, with significant plans for expansion.

4. **Inter-sectoral integration:** Governments are increasingly seeking opportunities to build partnerships with service providers in the private and not-for-profit sectors, in light of the significant role they play in delivering publicly-funded services. A range of initiatives aimed at creating a more coordinated and stable service delivery system are underway. These include establishing common client databases, joint investment strategies, and formal networks that offer clients streamlined access points and seamless referrals between agencies.

5. **Place-based integration:** There is growing support for the notion that complex social problems are best addressed through coordinated local level interventions. We are seeing an increasing interest among governments in restructuring their human and social services departments along geographical rather than program lines so they can better understand and respond to local needs. Experiments with new governance models are also underway, where control over finances and systems management is devolved to local authorities and community organizations. The intention here is to pass control to those most familiar with local conditions and create greater accountability for the health and well-being of communities as well as individuals.

In this period of rapid change, integrated delivery will likely become an increasingly attractive prospect for many governments and clients. Policy makers and practitioners looking to build on existing successes should find significant value in understanding both where the integration agenda is now and where it is heading. By sharing innovative practices and lessons from early movers, this report offers decision-makers information essential to long-term planning.

The research process

Research for this report was conducted through three streams of inquiry:

- An environmental scan to identify current services integration initiatives.

- Interviews with academics, public policy researchers, and KPMG practitioners who have expertise in this field.

- A global survey of government leaders spearheading current integration schemes (see Box 1).

BOX 1   Survey of government practitioners

The survey covers 26 active integration schemes across 22 jurisdictions – 9 national, 12 state, and 5 local (see Figure 3 on page 8). In total, interviews were conducted with 36 senior executives responsible for the planning and implementation of these initiatives.

Questions were focused on identifying both common characteristics in the current wave of services integration initiatives and global trends in the trajectory of the integration agenda. Participants were asked about their experiences with the implementation process to date (the approach taken, key enablers, and lessons learned) and the future direction of their integration work (the next milestones, planned pilots, and proposals being developed).

No survey of this type can be exhaustive. Governments are continually developing and rolling out new services integration plans in a vast range of program areas. The case studies featured in this report offer a compelling and valuable snapshot of current initiatives and the trends common to them.

The individual schemes surveyed have been selected on the basis of an environmental scan and recommendations from professional networks with which KPMG firms work. The survey focuses on developed economies. However, it is the hope that the lessons and successful practices highlighted will be relevant for emerging economies as they expand their human and social services systems. In many cases, public sector leaders in these countries – unencumbered by legacy systems, structures, and policies – have the opportunity to lead innovation in integrated delivery rather than simply playing catch-up.

The survey covered integration initiatives in specific program areas as well as schemes that span multiple areas within the human and social services portfolio (see Figure 2).
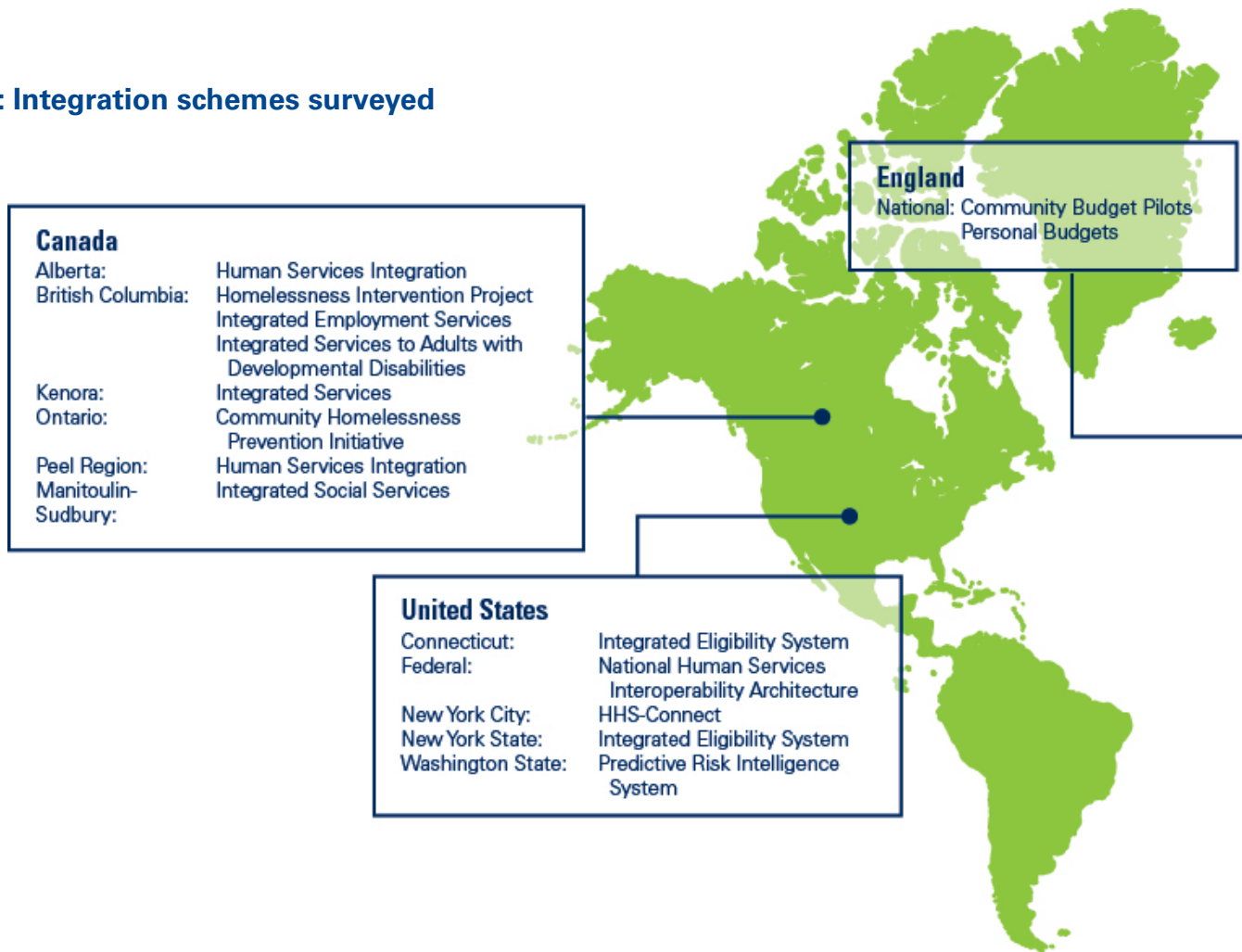
Figure 2: Integration schemes surveyed by program area
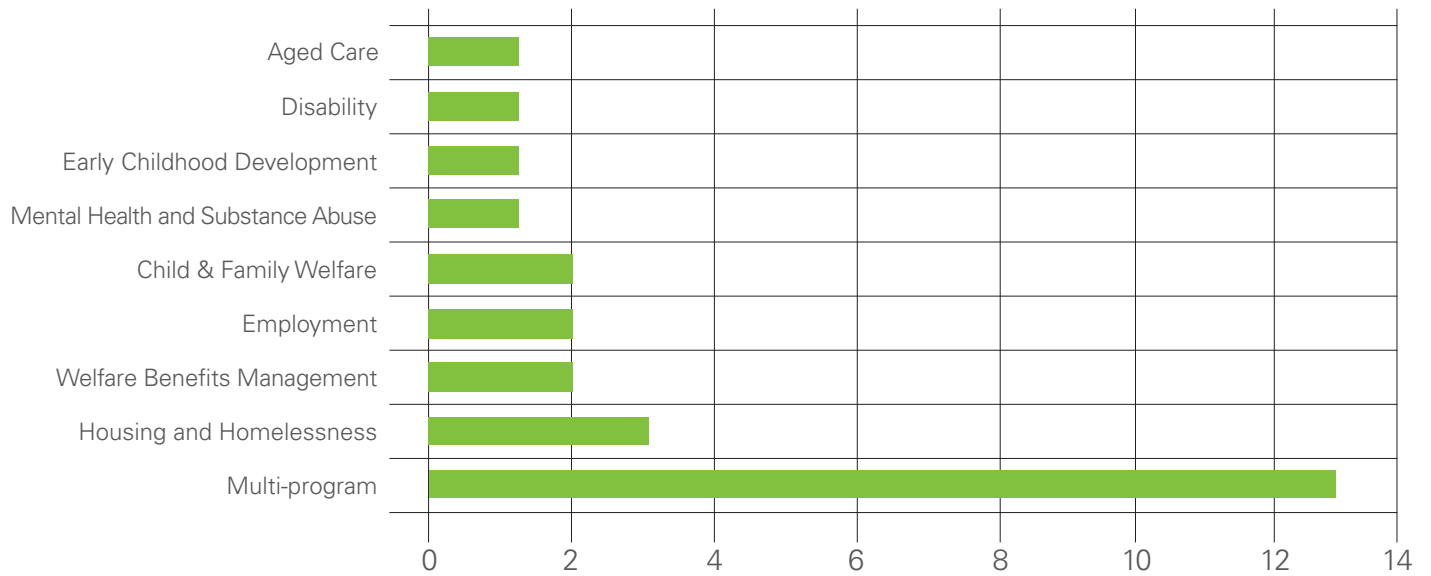
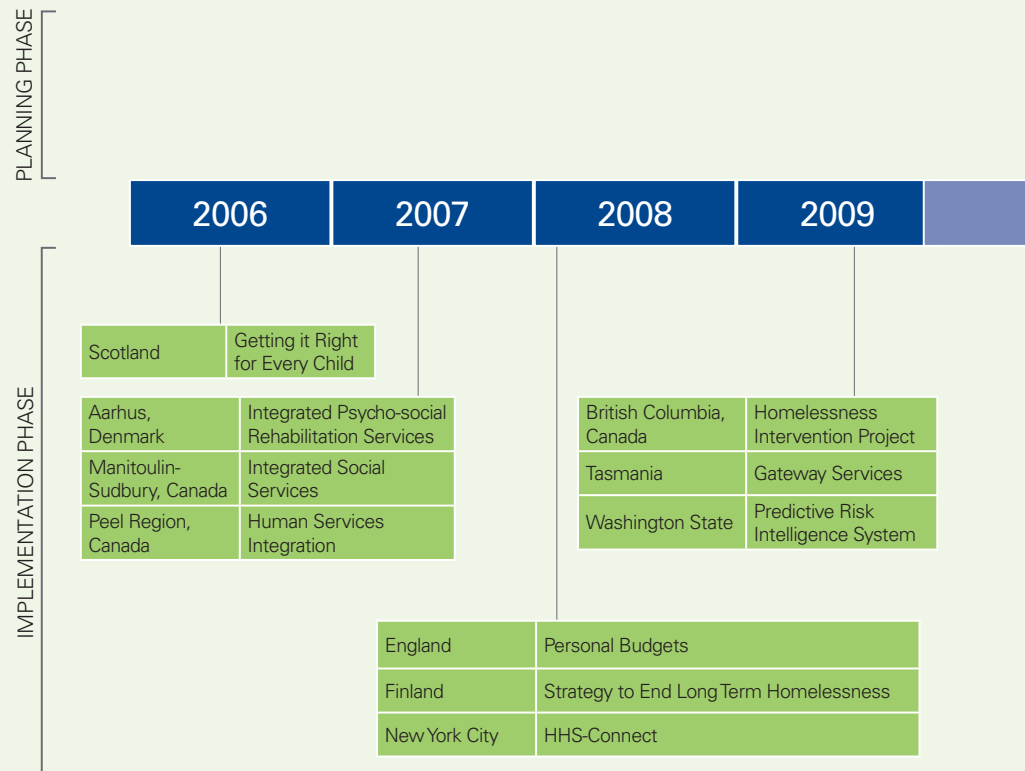Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013
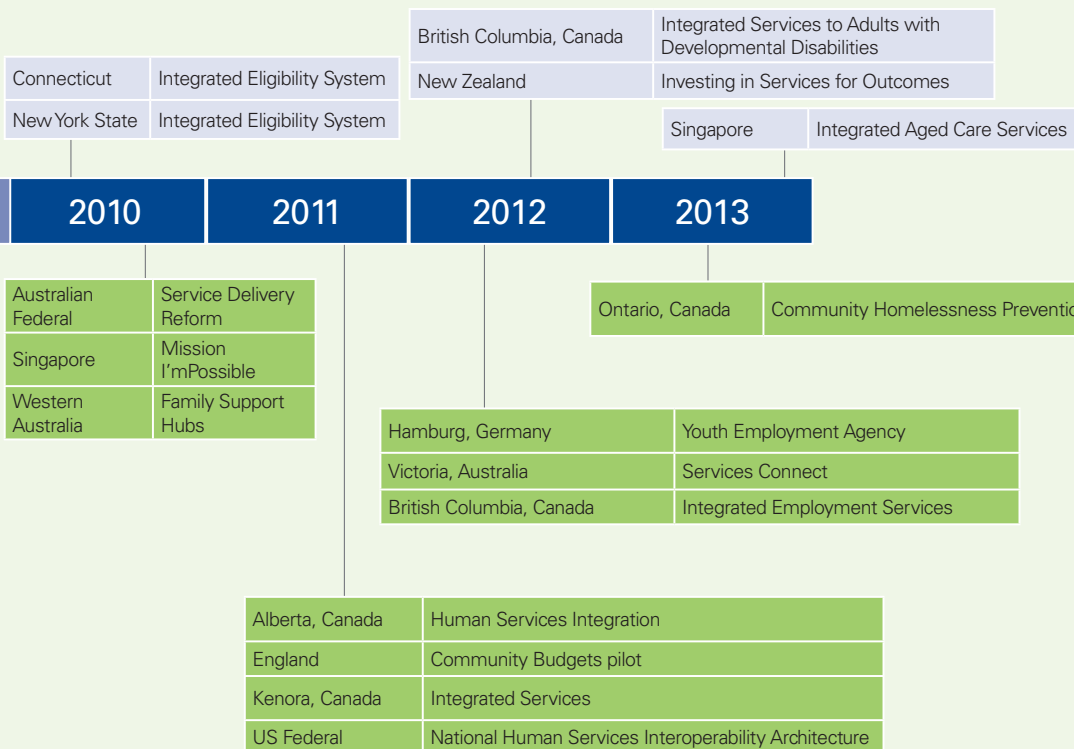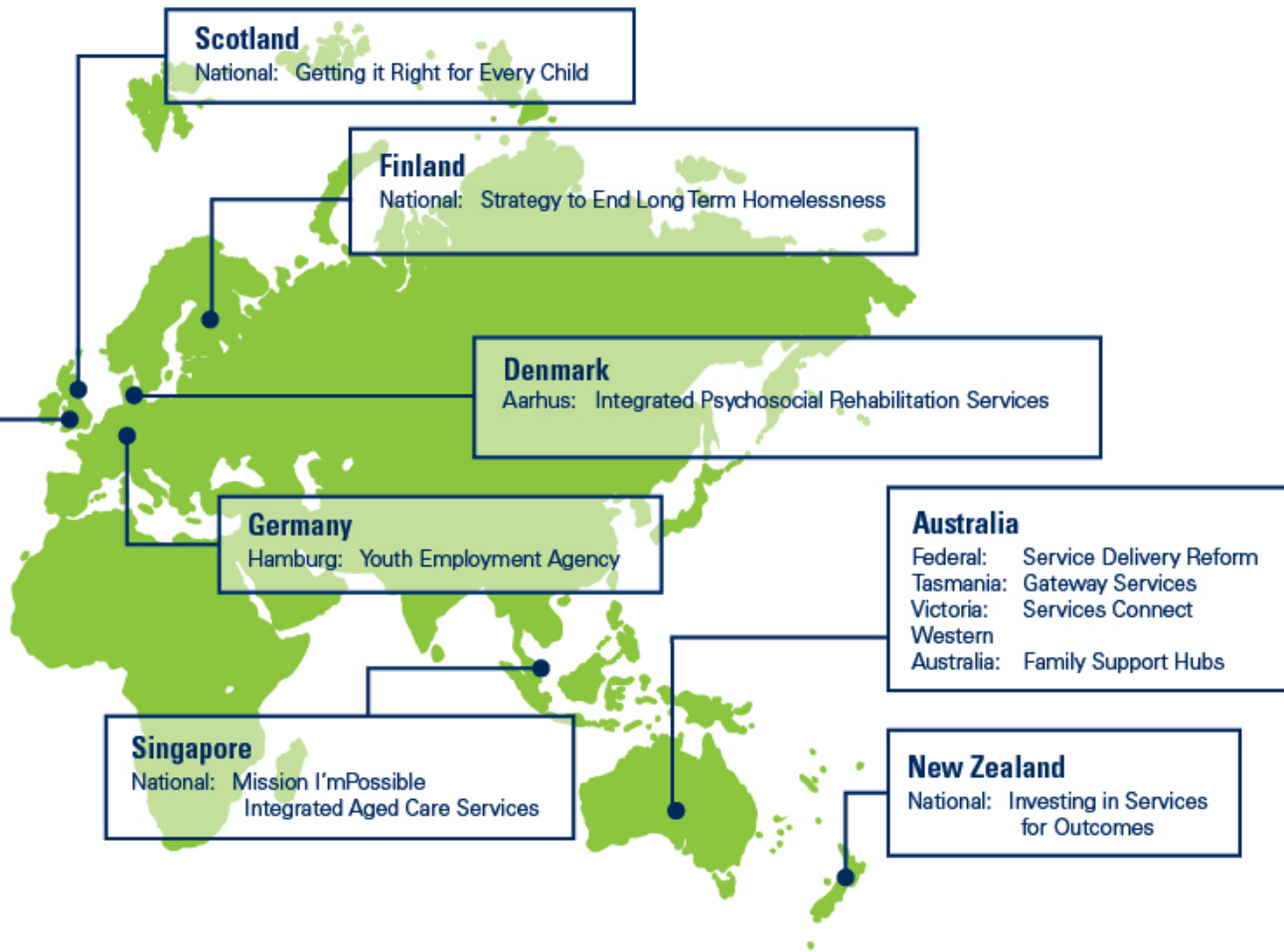
Figure 3: Integration schemes surveyed

Canada

Alberta:	Human Services Integration
British Columbia:	Homelessness Intervention Project
	Integrated Employment Services
	Integrated Services to Adults with
	Developmental Disabilities
Kenora:	Integrated Services
Ontario:	Community Homelessness
	Prevention Initiative
Peel Region:	Human Services Integration
Manitoulin-Sudbury:	Integrated Social Services

England
National: Community Budget Pilots
Personal Budgets

United States

Connecticut:	Integrated Eligibility System
Federal:	National Human Services
	Interoperability Architecture
New York City:	HHS-Connect
New York State:	Integrated Eligibility System
Washington State:	Predictive Risk Intelligence
	System

Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

Figure 4: Integration schemes by start date

The schemes surveyed have been active for varying lengths of time (see Figure 4). Some are very new and are still in the planning phase, such as New Zealand's *Investing in Services for Outcomes* project (announced in 2012). Some have been underway for several years and continue to evolve, such as New York City's *HHS-Connect* (began in 2008) and Finland's *Strategy to End Long Term Homelessness* (began in 2008). Others are more complex and ambitious second generation integration initiatives, built on the back of earlier successes. For instance, the launch of the *Services Connect* case management model in the Australian state of Victoria in 2012, builds on the earlier development of the Child FIRST support model for at-risk children.

PLANNING PHASE

IMPLEMENTATION PHASE

	2006	2007	2008	2009
	Scotland	Getting it Right for Every Child		
	Aarhus, Denmark	Integrated Psycho-social Rehabilitation Services	British Columbia, Canada	Homelessness Intervention Project
	Manitoulin-Sudbury, Canada	Integrated Social Services	Tasmania	Gateway Services
	Peel Region, Canada	Human Services Integration	Washington State	Predictive Risk Intelligence System

England	Personal Budgets
Finland	Strategy to End Long Term Homelessness
New York City	HHS-Connect

Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

Scotland
National: Getting it Right for Every Child

Finland
National: Strategy to End Long Term Homelessness

Denmark
Aarhus: Integrated Psychosocial Rehabilitation Services

Germany
Hamburg: Youth Employment Agency

Australia
Federal: Service Delivery Reform
Tasmania: Gateway Services
Victoria: Services Connect
Western
Australia: Family Support Hubs

Singapore
National: Mission I'mPossible
Integrated Aged Care Services

New Zealand
National: Investing in Services
for Outcomes

		British Columbia, Canada	Integrated Services to Adults with Developmental Disabilities	
Connecticut	Integrated Eligibility System	New Zealand	Investing in Services for Outcomes	
New York State	Integrated Eligibility System		Singapore	Integrated Aged Care Services

2010	**2011**	**2012**	**2013**

Australian Federal	Service Delivery Reform
Singapore	Mission I'mPossible
Western Australia	Family Support Hubs

| Ontario, Canada | Community Homelessness Prevention Initiative |

Hamburg, Germany	Youth Employment Agency
Victoria, Australia	Services Connect
British Columbia, Canada	Integrated Employment Services

Alberta, Canada	Human Services Integration
England	Community Budgets pilot
Kenora, Canada	Integrated Services
US Federal	National Human Services Interoperability Architecture

SECTION TWO
The current integration agenda

Current interest in services integration builds on a decades-long history of continued, if uneven, attention to the topic. Since the expansion of social support systems in many advanced economies in the twentieth century – and the accompanying professionalization and specialization of service provision – there have been enduring concerns over fragmentation.[6] Governmental commitment to the integration agenda has, however, ebbed and flowed (see Box 2).

BOX 2	Services integration in the United States

In the United States, integration was pushed into the political foreground by the Economic Opportunities Act of 1964. Interest then waned during the late 1970s, only to be rekindled by welfare reforms a decade later.[7]

A more recent resurgence of interest has accompanied President Obama's healthcare reforms. Under the terms of the Patient Protection and Affordable Care Act (2010), states are required to establish health insurance exchanges where individuals can find health care plans that qualify for federal subsidy. A number of US states, including Connecticut, Rhode Island, and New York, are designing their exchanges as integrated service delivery channels where clients can also access a range of social support programs.

Factors driving integration today

The research indicates that current services integration initiatives are responding to a broad range of drivers, some old, some new. As Table 1 shows, governments are seeing services integration as an opportunity to address many of the most pressing human and social services challenges of the twenty-first century.

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[6] Agranoff, R. 1991. Human Services Integration: Past and Present Challenges in Public Administration. *Public Administrative Review*, 51(6): 533-542; State Government of Victoria Department of Human Services. 2011. Human Services: The case for change. Accessed at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/679813/1_iwas_human_services_case_for_change_0412.pdf.

[7] Fisher, M.P. and C. Elnitsky. 2012. Health and Social Services Integration: A Review of Concepts and Models. *Social Work in Public Health*, p.442.

Table 1: Key drivers of services integration

Current Factors Driving Integration	Case Studies: How Governments are Responding
DEMOGRAPHIC TRANSITIONS	

INCREASING COMPLEXITY OF CLIENT NEEDS

Increasing numbers of individuals are affected by a range of different conditions and use multiple services. Advances in technology have made it possible to link information across program areas and identify individuals with complex needs.

Yet support services have not always evolved in ways that adequately support client needs. Conditions are often treated in isolation, leaving individuals to interface with multiple agencies and caseworkers. A lack of coordination and information sharing between these parties can mean:

1. Interventions are ad hoc and not sequenced to optimize results.[8]

2. Warning signs are missed leading to tragic outcomes. As a 2012 report by the Victoria (Australia) Child Safety Commissioner observes, "In a number of cases, vital information was held by diverse services, but these services were not contacted by Child Protection and opportunities to incorporate this information were missed."[9]

A number of governments are responding by offering integrated case management to clients with complex needs. This typically involves a common assessment framework and a designated caseworker or multi-disciplinary team to coordinate cross-program support.

The Department of Social and Health Services in the **US state of Washington** is undertaking a series of reforms to frontline and back-office operations to make coordinated case management possible. Data analysts have found that 11 percent of clients use at least 3 services across the department, and account for 43 percent of the departmental budget.[10] These clients typically face a range of interconnected challenges, such as chronic health problems, low education attainment, and long-term unemployment.[11]

Integrated databases, risk modeling, and designated case managers are being used to provide coordinated support to a range of population groups with complex needs, including youth with behavioral problems, adults with chronic health conditions, and young people with a history of involvement with child protective services and the criminal justice system.[12]

AGING POPULATIONS

Concern over the implications of population aging is prompting the redesign of aged care provision.

The share of the world's population aged 65 and above is set to double by 2050, rising from 8 to 16 percent.[13] Not only do these numbers pose sustainability challenges for aged care providers, but, in many countries, changing family dynamics, high levels of household debt, and declining private pension coverage mean that more elderly people will rely on care provided by government rather than relatives or personal savings.[14] As a recent UK report put it: "It is impossible to imagine that our current system of adult social care...can possibly expand sufficiently to cope with this increased demand."[15]

A lack of coordination between providers in the health and social services sectors is already resulting in the unnecessary – and costly – hospitalization of many elderly people. Governments are recognizing that improved coordination and personalized support can help people lead better and more independent lives, whether in their own homes or community-based care facilities.[16]

Singapore is experiencing rapid population aging. If current rates continue, a third of all inhabitants will be aged 65 or over by 2050.[17] To ease future pressure on services, Singapore's Agency for Integrated Care assumed responsibility for coordinating aged care services in 2013.

The Agency will work with community sector providers to ensure that elderly residents and their caregivers receive seamless support. Greater information sharing, coordinated interventions, and the expansion of home care services will reduce pressure on hospitals and support better quality independent living.

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8   Local Government Association. 2013. Community budgets – A new approach to service delivery: case studies. Accessed at http://www.local.gov.uk/web/guest/community-budgets/-/journal_content/56/10171/3691988/ARTICLE-TEMPLATE.

9   State Government of Victoria Child Safety Commissioner. 2012. Annual Report 2011-12. Accessed at http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/annual-report-2012-ocsc.pdf.

10 Washington State Department of Social and Health Services. 2011. Saving Costs and Transforming Lives through Integrated Case Management in Washington State Human Services. Accessed at http://www.dshs.wa.gov/pdf/ms/rda/research/11/162.pdf.

11 Ibid.

12 Ibid.

13 WHO. 2011. Global Health and Aging. Accessed at http://www.who.int/aging/publications/global_health.pdf, p.4.

14 Ibid; Gold, J., Mendelsohn, M. and J. Hjartarson. 2011. Fiscal Sustainability & the Future of Public Services: A Shifting Gears Report. Toronto: Mowat and KPMG.

15 LGiU. 2013. Connected localism: A blueprint for better public services and more powerful communities. Accessed at http://www.lgiu.org.uk/wp-content/uploads/2013/06/Connected-Localism.pdf, p.7.

16 KPMG. 2013. An uncertain age: Reimagining long-term care in the 21st century.

17 Ibid.

Table 1: Key drivers of services integration (cont'd)

Current Factors Driving Integration	Case Studies: How Governments are Responding
CLIENT EXPECTATIONS	

NEW DIGITAL TECHNOLOGIES

New digital technologies are transforming how individuals can interface with service providers across a range of industries. People are becoming increasingly accustomed to accessing information and services (e.g. personal banking and retail) via web and mobile devices. These developments have increased demand for user-friendly online options for accessing government services.[18]

Human and social services leaders are responding to these changing preferences and usage patterns by developing a range of new digital platforms, including integrated websites, online accounts, and smartphone and tablet apps. Clients are better able to manage their own care through these platforms, freeing up resources to support individuals and families with complex needs.

Smartphone ownership in **Australia**, like many places in the world, has risen dramatically in recent years. Government-sponsored market research suggests almost half of the adult population (49 percent) owns a smartphone, with users undertaking a range of activities, including searching for information online (90 percent), email (81 percent), paying bills (38 percent), and buying goods and services (33 percent).[19]

The federal Department of Human Services has taken advantage of smartphone adoption rates and rolled out a suite of *Express Plus* apps to facilitate information sharing. The apps have a range of capabilities enabling clients to update personal information, upload documentation, and view transaction histories across a range of programs.

RE-BALANCING OF POWER

Governments face growing calls to devolve more control over services to users. Advances in educational outcomes and internet usage mean clients and their families are better informed than ever about their care options.[20]

A number of governments are embracing integrated personal budgets in the field of social care as a means of giving clients more autonomy over the mix of services they access. Typically under these arrangements, clients are allocated a specific budget and play an active role in deciding how funds are best distributed to meet their needs.

Personal social care budgets were introduced in **England** in 2008 to give people with conditions including physical disabilities, mental health issues, and learning difficulties more autonomy in purchasing the support they need (e.g. assistive devices or hiring a care worker). Spending is agreed upon with local authorities in advance and audited afterwards. Early success has led to personal budgets being extended to health and children's services.

[18] Alberta Government. 2013. Alberta's Social Policy Framework. Accessed at http://socialpolicyframework.alberta.ca/files/documents/ahs-nonannotatedfrmwrk-webfinal.pdf.

[19] ACMA. 2012. Communications report 2011–12 series, Report 3: Smartphones and tablets Take-up and use in Australia, Summary report. Accessed at http://www.acma.gov.au/webwr/_assets/main/lib310665/report-3-smartphones_tablets-summary.pdf, p.2.

[20] KPMG. 2013. Something to Teach, Something to Learn: Global perspectives on healthcare. Accessed at http://www.kpmg.com/Africa/en/IssuesAndInsights/Documents/Something%20to%20teach%20-%20hi-res%20web-ready%20report%20PDF.pdf.

Table 1: Key drivers of services integration (cont'd)

Current Factors Driving Integration	Case Studies: How Governments are Responding
ECONOMIC PRESSURES	

LABOR MARKET PARTICIPATION

The global economic downturn saw a rise in unemployment – and particularly long-term joblessness – in many countries. A new wave of welfare-to-work schemes have seen governments bring together services to address the demand- and supply-side barriers that prevent individuals from finding sustained employment.

Some more targeted schemes are addressing the challenge of youth unemployment. Globally, rates of youth unemployment increased from 11.7 to 12.4 percent between 2008 and 2012. In the European Union, rates rose sharply from 15.8 to 22.8 percent across this period.[21] The International Labour Organization has warned of a "generation at risk" of social exclusion and persistent under- and unemployment.[22]

The German state of **Hamburg** has set up a series of youth employment agencies that provide one-stop support services. Working in collaboration with both the national network of job centers and local schools and social services, the agencies coordinate career guidance, apprenticeships, job placements, and counseling (e.g. drug addiction and debt).[23]

Hamburg has seen one of the sharpest falls in youth unemployment in Germany – dropping from 12.1 percent in 2008 to 7.2 percent in 2012.[24]

BUDGET CONSTRAINTS

High levels of sovereign debt have led to widespread public sector austerity measures in many developed economies.

For many jurisdictions, it is difficult to find savings within current service delivery structures without also reducing quality. The scale of spending cuts required makes it almost impossible to achieve savings targets through efficiency measures alone.[25]

These pressures mean that integration is becoming an increasingly attractive option for governments seeking more cost effective service delivery. Integration, for instance, can remove perverse incentives that cause providers to work in isolation rather than share resources and collaborate to achieve more effective interventions.

As the UK's National Audit Office pointed out this year: "with the current pressures on local public services, there is now even greater incentive to assess whether, when and how increased integration can help provide services within increasingly tight budgets."[26]

By 2015, local authorities in England will have seen their grant from central government reduced by more than 25 percent since 2011.[27]

England's Community Budget pilots are designed to promote a more financially sustainable approach to local public services delivery. In all four initial pilots, officials from local and central government have worked together to map local spending and find new ways of coordinating investment both to tackle difficult social problems and reduce duplication and ineffective procurement. Research commissioned by the Local Government Association projects potential annual savings of at least £4.2 billion after five years if this approach is rolled out nationally.[28]

Notes: Format adapted from Government of Alberta, 2013.[29]

[21] Eurostat. 2013. Unemployment rate by sex and age groups - monthly average, %. Accessed at http://appsso.eurostat.ec.europa.eu.

[22] ILO. 2013. Global Employment Trends for Youth 2013: A generation at risk. Accessed at http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_212423.pdf.

[23] Gorzkulla-Lüdemann, P. 2012. "Youth employment agency (Jugendberufsagentur) Hamburg. Accessed at: http://www.networkingeurope.se/files/contentFiles/Jugendberufsagentur_Hamburg.pdf.

[24] Eurostat. 2013. Unemployment rates by sex, age and NUTS 2 regions (%). Accessed at http://appsso.eurostat.ec.europa.eu.

[25] National Audit Office, UK (NAO). 2013. Integration across government. Accessed at http://www.nao.org.uk/wp-content/uploads/2013/03/10091-001_Integration-across-government.pdf.

[26] NAO. 2013. Case study on integration: Measuring the costs and benefits of Whole-Place Community Budgets. Accessed at http://www.nao.org.uk/wp-content/uploads/2013/03/10088-002_Whole-Place-Community-Budgets.pdf, p.2

[27] UK House of Commons Committee of Public Accounts. 2013. Department for Communities and Local Government: Financial sustainability of local authorities. Third Report of Session 2013-14. Accessed at http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpubacc/134/134.pdf, p.3.

[28] Ibid, p.23.

[29] Alberta Government. 2013. Alberta's Social Policy Framework. Accessed at http://socialpolicyframework.alberta.ca/files/documents/ahs-nonannotatedfrmwrk-webfinal.pdf, p.24.

The types of services integration schemes underway

The research indicates that the vast majority of today's services integration initiatives are taking place at a single level of government, whether within one agency or across many. These **intra-governmental integration** schemes take a range of forms:

- Integrated **case management** where service provision is designed around the needs of individual clients rather than service providers' pre-established operating procedures. This includes the use of case managers or multi-disciplinary teams to coordinate intensive support, as well as personal budgets where service users co-design their own care packages or have a case manager allocate funds on their behalf.

- The integration of **frontline** service delivery to offer clients "single window" access to services. This includes integrated online portals, contact centers, and over-the-counter services.

- The integration of **back-office** operations to provide the support structures necessary for more coordinated frontline delivery and case management. Initiatives include pooled budgets, integrated databases, shared corporate services, and joint strategic planning.

- The **co-location** of practitioners, services, and back-office functions to facilitate the sharing of knowledge and resources. This includes the creation of new human and social services departments.
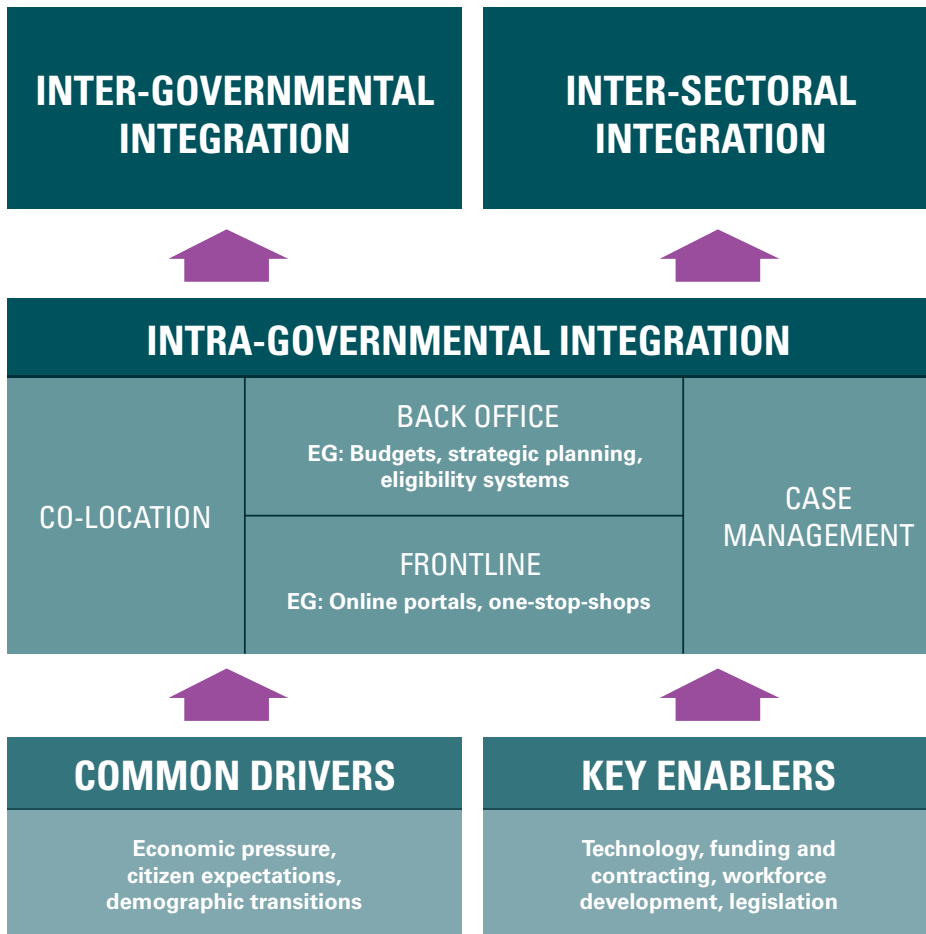
However, there are also increasing instances of governments taking a system-wide approach to services integration. Such reforms reflect recognition of the highly fragmented nature of current services provision. Citizens are accessing publicly-funded services delivered by agencies in different sectors and across different levels of government. Better coordination and a rationalization of roles are needed to improve operational efficiency and offer citizens seamless support as they move through the human and social services system. As a result, governments are looking at:

- The **inter-governmental integration** of operations to improve system integrity, reduce both duplication and gaps in service provision, and enable wrap-around care for specific population groups. Such collaboration across multiple levels of government is taking a range of forms, including joint procurement, database integration, and coordinated case management.

- **Inter-sectoral integration** where governments collaborate with service delivery providers in the private or not-for-profit sectors to ensure a more effective and stable social support system. This includes the co-location of staff, joint investment strategies, and formal networks of service delivery organizations that can offer seamless support.

Figure 5: Current service delivery schemes

INTER-GOVERNMENTAL INTEGRATION	INTER-SECTORAL INTEGRATION

⬆ ⬆

INTRA-GOVERNMENTAL INTEGRATION		
CO-LOCATION	BACK OFFICE **EG: Budgets, strategic planning, eligibility systems**	CASE MANAGEMENT
	FRONTLINE **EG: Online portals, one-stop-shops**	

⬆ ⬆

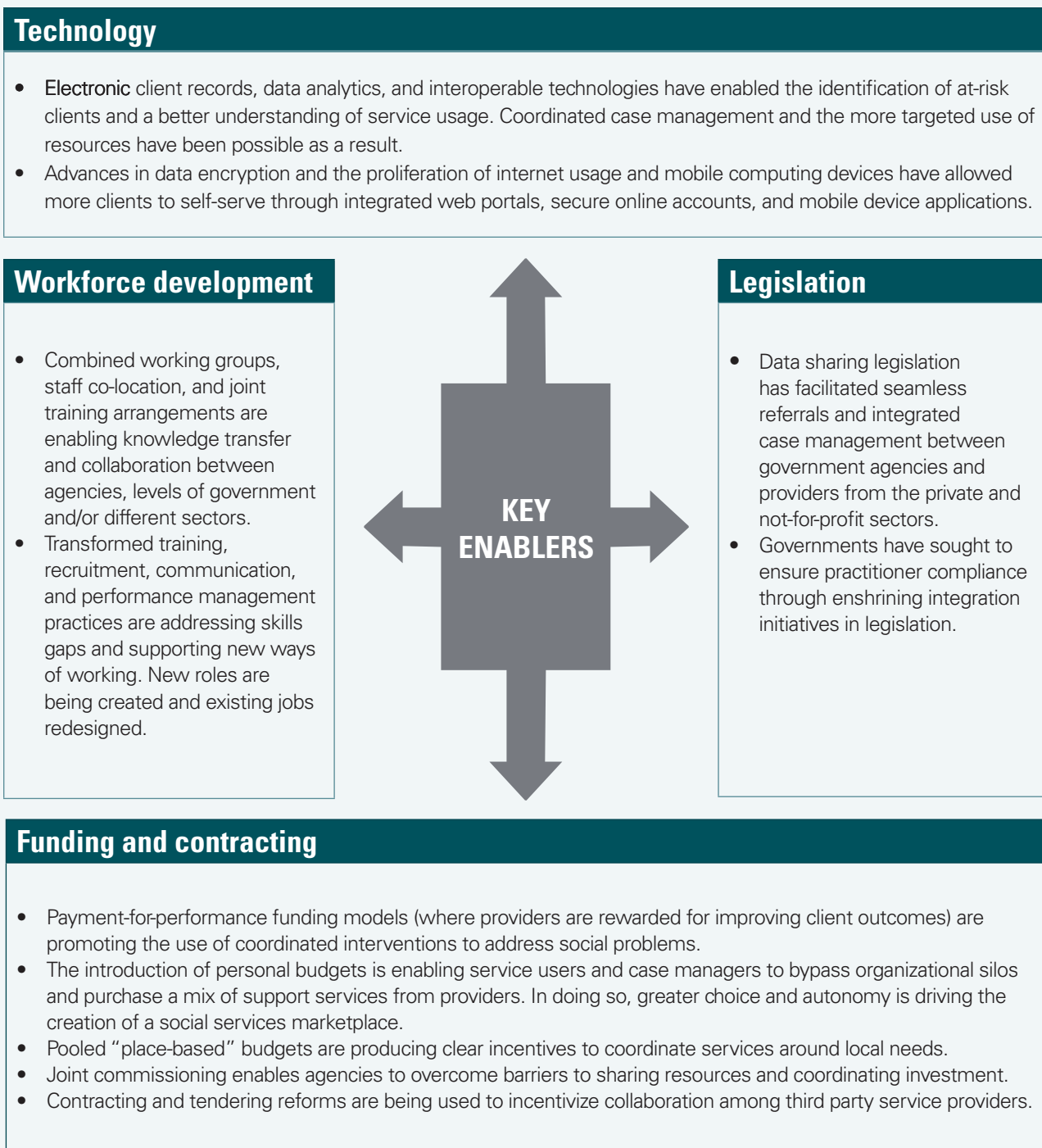| COMMON DRIVERS	KEY ENABLERS
Economic pressure, citizen expectations, demographic transitions	**Technology, funding and contracting, workforce development, legislation**

Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

Key enablers

The routes to integration are as varied as the types of schemes underway. Grouped below are the broad range of enablers of the integration initiatives considered in this study into four key categories (see Figure 6).

Figure 6: Key enablers

Technology

- Electronic client records, data analytics, and interoperable technologies have enabled the identification of at-risk clients and a better understanding of service usage. Coordinated case management and the more targeted use of resources have been possible as a result.
- Advances in data encryption and the proliferation of internet usage and mobile computing devices have allowed more clients to self-serve through integrated web portals, secure online accounts, and mobile device applications.

Workforce development

- Combined working groups, staff co-location, and joint training arrangements are enabling knowledge transfer and collaboration between agencies, levels of government and/or different sectors.
- Transformed training, recruitment, communication, and performance management practices are addressing skills gaps and supporting new ways of working. New roles are being created and existing jobs redesigned.

KEY ENABLERS

Legislation

- Data sharing legislation has facilitated seamless referrals and integrated case management between government agencies and providers from the private and not-for-profit sectors.
- Governments have sought to ensure practitioner compliance through enshrining integration initiatives in legislation.

Funding and contracting

- Payment-for-performance funding models (where providers are rewarded for improving client outcomes) are promoting the use of coordinated interventions to address social problems.
- The introduction of personal budgets is enabling service users and case managers to bypass organizational silos and purchase a mix of support services from providers. In doing so, greater choice and autonomy is driving the creation of a social services marketplace.
- Pooled "place-based" budgets are producing clear incentives to coordinate services around local needs.
- Joint commissioning enables agencies to overcome barriers to sharing resources and coordinating investment.
- Contracting and tendering reforms are being used to incentivize collaboration among third party service providers.

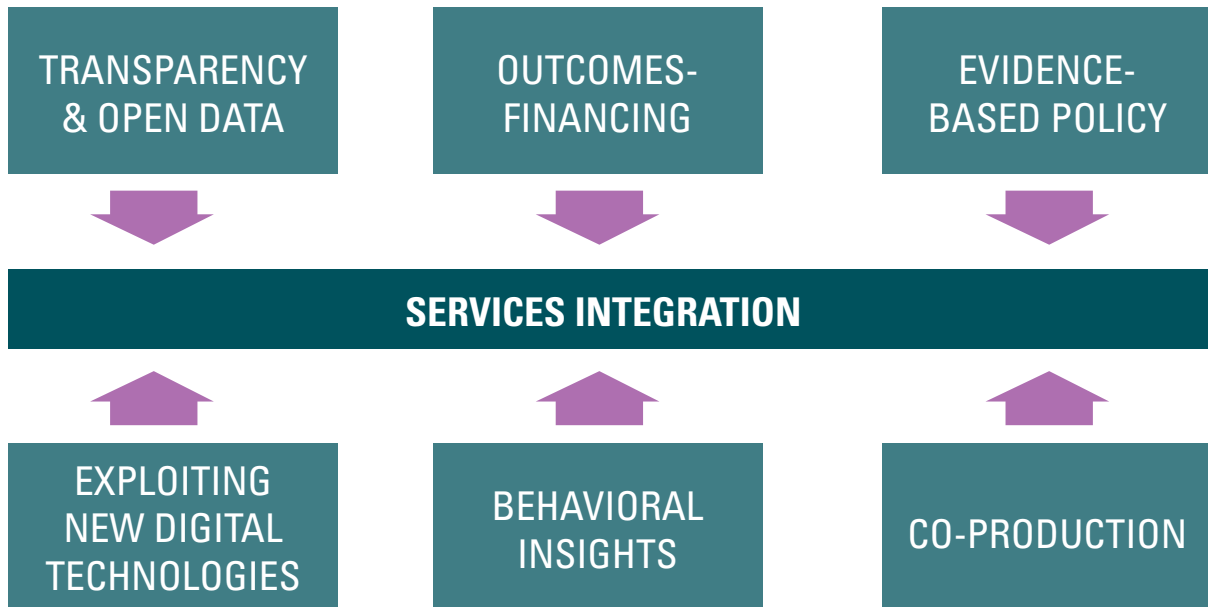Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

The influence of other policy agendas

Current services integration schemes should be understood within the context of broader public service reform agendas. Alongside widespread austerity measures, there are a range of popular policy initiatives that are impacting the way services integration is unfolding, including:

- New commitments to **transparency and open data**. A number of governments are proactively releasing information for scrutiny and re-use by non-government actors, albeit with delays as agencies adjust to new requirements and address concerns such as data security.

- A range of **new outcomes financing** regimes that reward service providers for achieving positive social outcomes – such as reduced reoffending, family stability, or sustained employment. This marks a departure from well-established contracting models such as fee-for-service and output funding.

- A renewed focus on **evidence-based policy**. There is a growing commitment to building a robust evidence base for social policy through scientifically rigorous evaluations and the analysis and synthesis of existing evidence.

- **Exploiting new digital technologies** that lower transaction costs, improve responsiveness and accessibility, and keep pace with evolving citizen expectations. Governments are following the lead of other industries and moving services online. New technologies are also enabling more flexible and collaborative working practices and increasing opportunities for participation in decision-making and service delivery.

- The use of **behavioral insights** from economics and psychology to influence how people interact with public services. Through a better understanding of how people think – from biases to defaults – governments are redesigning services in ways that encourage citizens to choose healthier, safer lives.

- Giving service users a more active role in the design and delivery of services. **Co-production** is seen as a way of making public services more affordable and democratic through sharing responsibility and resources.

**FIGURE 7: The influence of other policy agendas on services integration**

TRANSPARENCY & OPEN DATA	OUTCOMES-FINANCING	EVIDENCE-BASED POLICY

SERVICES INTEGRATION

EXPLOITING NEW DIGITAL TECHNOLOGIES	BEHAVIORAL INSIGHTS	CO-PRODUCTION

Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

The path to integration

Integrated services delivery does not happen overnight. It requires significant planning and investment in both people and systems. While integration often generates considerable enthusiasm in its early developmental stages, implementation almost always poses tremendous challenges.

These obstacles vary between governments. **For the leaders interviewed in the survey**, a number of key challenges stood out:
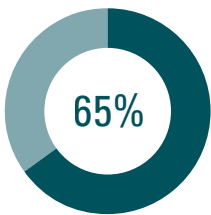
65% identified the difficulty of achieving culture change. Getting practitioners to adopt new working practices, change mindsets, and commit to reforms takes time and considerable effort.
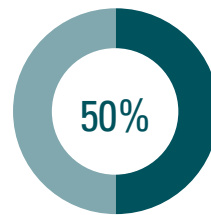
50% identified IT systems as a major obstacle. The most frequently cited problem was the inability of different IT systems to interact with one another. This often resulted in staff inputting the same information into multiple databases.
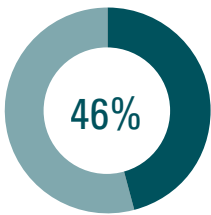
46% identified problematic data sharing arrangements. Problems ranged from mistrust between service providers to legislation that prevents client data being shared either between government agencies or between government and service providers in other sectors.
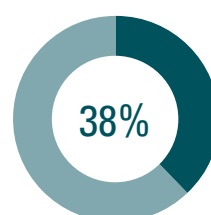
38% identified funding arrangements that posed barriers to integration. Siloed funding streams prevent some government agencies from sharing resources between program areas and wrongly incentivize insular behavior. As one interviewee put it, "The money should follow the [client]. It should not follow the organization. We are still fighting amongst ourselves."

Some interviewees spoke of the "almost overwhelming" level of complexity involved in implementing their integration initiatives. In these instances, they advised against attempts to create implementation "masterplans" and instead recommended breaking the implementation process down into manageable phases, which in time would provide a platform for full integration.

Table 2 (pages 20-21), which is based on the advice given to us by survey respondents and expert interviewees, provides an overview of the conditions necessary for reforms to succeed.

> "Integration seems straightforward but is a very fragile process, [for governments it is a] question of how do you get integration that is 'stickable'.
>
> –Liz Forsyth, Human and Social Services Practice Leader, KPMG Australia

Table 2: Steps to successful implementation

STEPS TO SUCCESSFUL IMPLEMENTATION

PLANNING	LEADERSHIP AND BUY-IN
It is vital to have a clear understanding of why integration is needed and what it is designed to achieve.	*Strong leadership and broad cross-stakeholder support is essential.*
• **Integration is not suitable in all circumstances.** There is a need to clearly define the target population at the outset and consider their needs and the potential uptake of service offerings. • Services that focus on **individuals with complex needs are likely to be good candidates** for integration because of the interconnected root causes of social problems and the high cost of treating symptoms. • It is important to **establish broad metrics** at the outset and have **good quality baseline data**. • It is **easy to underestimate resource and time requirements**. Implementation plans must be flexible enough to accommodate changes.	• **Executives responsible for integration schemes must understand the high-level strategic direction of the initiative** while also appreciating the nuts and bolts of implementation. • **Political will.** Political leaders are often more focused on policy agendas than internal reorganizations, but visible support from ministers is essential to broader buy-in. • Where implementation involves multiple agencies or new organizational structures, **new governance arrangements are needed** to ensure roles and responsibilities are clearly defined, support planning and decision-making, and assign accountability for delivering results. • **Creating and communicating a clear vision** of the integration initiative is important to building trust, allaying anxieties, and generating support. • **Sharing early successes with stakeholders** will help maintain support.

Notes: Format adapted from NAO 2013, p.28.[30]

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[30] NAO. 2013. Integration across government. Accessed at http://www.nao.org.uk/wp-content/uploads/2013/03/10091-001_Integration-across-government.pdf.

ORGANIZATIONAL CAPACITY

Having enough capacity to implement reforms is critical to success.

- **Effective IT infrastructure** is needed to support systems interoperability and platforms such as single employee portals and common client databases.
- **An agile workforce** that can be easily redeployed and retrained will speed up the implementation process.
- **Good working relationships with unions** are central to workforce restructuring.
- **Funding arrangements** that enable and promote integrated working practices are needed.
- **Data sharing practices** should balance privacy protection with facilitating better case management.
- **Strong skills** in areas such as data analytics, evaluation, and procurement are increasingly valuable.

ONGOING EVALUATION

Feedback mechanisms are required to make adjustments and understand outcomes.

- Where appropriate, **scientifically rigorous evaluation methods** such as randomized controlled trials enable new models to be contrasted with existing service provision. Consideration must be given to timeframes necessary for results to be realized.
- **Monitoring implementation fidelity heightens chances of success.** Whether or not practitioners adhere to the way a specific integrated delivery model is intended to be delivered will significantly impact results. Project managers should **monitor whether new systems and tools are being used by practitioners.** This will enable the identification of problems, and allow system fixes to be made or additional training and knowledge sharing opportunities to be provided.

SECTION THREE
The trajectory of services integration

This section explores the future direction of services integration. It maps out the five key trends that emerged from the global survey of government practitioners. Respondents were asked about the proposals they had under development, the pilots they plan to scale up, and the next major milestones in their integration schemes. This section also profiles the work and lessons offered by early movers.

TREND 1: Client pathways

Governments are moving away from "one-size-fits-all" approaches to service provision and instead looking at streaming clients according to the level and nature of support they require. This more targeted and personalized approach enables clients with complex needs to receive comprehensive case management, while pressure on resources is reduced by encouraging the majority of service users to self-serve.

Standardized approaches to the delivery of services – where the diversity of client needs are neither accommodated nor recognized – result in the ineffective use of program funds. Few clients receive an optimal level of assistance. Those who are able to navigate support services by themselves are typically given more assistance than they require, while clients with multiple and

complex needs fall through the cracks in the system.[31]

The level of support clients require varies as a result of two main factors: first, the complexity and severity of their needs and, second, their ability to access services unaided.[32] In many program areas, the majority of clients face minimal barriers in transitioning to

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[31] State Government of Victoria Department of Human Services. 2011. Human Services: The case for change. Accessed at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/679813/1_iwas_human_services_case_for_change_0412.pdf; Australian Government. 2011. Service Delivery Reform: Transforming government service delivery: An update on progress and overview of the reform program. Accessed at http://www.humanservices.gov.au/spw/corporate/about-us/resources/service-delivery-reform-overview.pdf.

[32] State Government of Victoria Department of Human Services. 2011. Human Services: The case for change. Accessed at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/679813/1_iwas_human_services_case_for_change_0412.pdf.

independence and require only limited assistance. Other clients may periodically need more intense support to cope with episodic problems. Typically only a minority of clients will require longer-term, wrap-around care to address the complex set of problems they face (see Box 3).

Government Actions

Governments are now transforming how clients engage with services. There is a growing focus on creating client pathways that are tailored to the needs of service users.
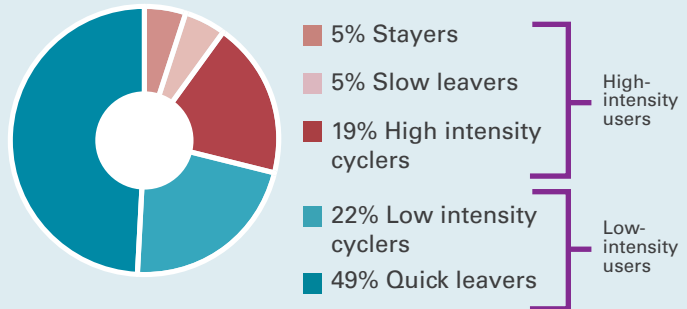
Simplified access to services and a rebalancing of decision-making power enables greater numbers of clients to self-serve. Meanwhile, the growing adoption of a portfolio approach to case management – one that transcends program boundaries – helps clients experiencing disadvantage receive intensive, holistic support.[33]

> "...the best way to help those in need with our finite pool of resources is to provide more for those who need more, rather than a universal scheme to help everyone equally."
>
> –Chan Chun Sing, Minister for Social and Family Development, Singapore.[34]

BOX 3   **Client profile: Washington State, USA**

Of the 73,921 adult participants in Washington State's Temporary Assistance for Needy Families program in 2007, the vast majority (71 percent) either left the program quickly or "cycled" back infrequently over the next three years. Only 29 percent were intensive program users. Analysis shows this group had a far greater incidence of problems, including physical and mental illness and alcohol and drug misuse.[35]

- 5% Stayers
- 5% Slow leavers
- 19% High intensity cyclers

High-intensity users

- 22% Low intensity cyclers
- 49% Quick leavers

Low-intensity users

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[33] Leadership for a Networked World. 2010. The Next Generation of Human Services: Realizing the Vision. Accessed at http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture-HS-The-Next-Generation-of-Human-Services-Realizing-the-Vision.pdf#zoom=50, p.28.

[34] Chan Chun Sing, Acting Minister, Singapore Ministry of Social and Family Development, Committee of Supply Debates 2013, Opening Speech. March 14, 2013. Accessed at http://app.msf.gov.sg/PressRoom/CommitteeofSupply2013DebatesOpeningSpeech.aspx.

[35] Washington State Government Department of Social and Health Services. 2010. Adults on TANF in Washington State: Risks and Outcomes for Leavers, Cyclers, and Stayers. Accessed at http://www.workfirst.wa.gov/reexam/reexamdocs/OneTable%20Aug18Link3%20-%20AdultsTANF%20SummaryPage.pdf.

BOX 4 | Victoria's tiered support model

The Australian state of Victoria is rolling out a tiered support model that will see the majority of clients directed towards **self-support** services, such as online resources. Individuals with moderate needs will receive **guided support** from a caseworker who can assist them in accessing and navigating services. Clients facing a complex set of needs will be given **managed support**. In these cases, individuals and families receive longer-term wrap-around care that is collaboratively designed by themselves and their support workers.[36]

Client capacity to self-serve

Self Support

Guided Support

Managed Support

Simplicity of client needs
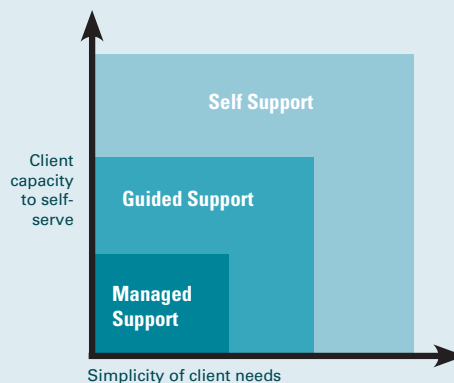
"
We have been the same since the 1950s. We call people in and we hurry them out. We [now] have a new business model. We want to push more people online – have them self-serve through [online accounts] and make ourselves more transparent by allowing clients to track the progress of their applications online. "

–Interviewee

This trend is taking a number of different forms:

1. Tiered support models

Some Australian and US jurisdictions are developing tiered support models where clients are subject to a common assessment process and appropriately channeled into different bands of support (see Box 4).[37] These models are fluid enough to allow clients to move between tiers as their needs and circumstances evolve.

2. Technology-enabled streaming

Governments are exploring a range of digital technologies to enable clients to self-manage:

- **Putting information and services online:** Service users are being increasingly encouraged to interact with providers online rather than face-to-face. Secure online accounts enable clients to update personal details, schedule appointments,

access case records, and make applications independently.

New York City's ACCESS NYC online client portal allows users to screen themselves and apply for a range of benefit programs. There are plans for additional capabilities, including document upload, appointment scheduling functionality, and eventually, integration with online chat to field client queries that otherwise result in telephone or in-person exchanges.

- **Mobile device applications:** Governments are seeking to leverage the proliferation of internet-enabled mobile devices among clients. New applications for tablets and smartphones give service users access to personalized information and services without needing to navigate government websites (see Box 5).

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[36] Department of Human Services, Government of Victoria. 2012. Achieving improved outcomes through Services Connect. Accessed at http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/achieving-improved-outcomes-through-services-connect.

[37] This includes the Australia federal government and the US state of Washington.

Australia's federal Department of Human Services has developed a series of *Express Plus* apps for use by different population groups (e.g. students, seniors, and jobseekers).

The apps allow users to report earnings, manage personal information, and apply for certain support payments. Since their launch in August 2012, over 6 million transactions have been carried out using these apps.[38]

Making use of the existing functionality of mobile devices has been key to this success. One feature, for instance, is the Document Lodgement Service. Clients can photograph requested documentation through cameras in their devices and use the app to submit the images to the Department.

- **Online communities:** There is growing interest in empowering clients to take *collective* responsibility for the design and management of integrated services. In their integrated psychosocial services, the city of Aarhus in Denmark has enabled clients to develop mobile device apps – to help in areas such as monitoring treatment – and share them with other service users. City authorities are also looking at enabling clients to form peer support groups via internet video conferencing.

Finally, new technologies are enabling governments to provide more intensive case management:

- **Centralized case records:** Limited information sharing between human services agencies makes it difficult and time-consuming to identify clients who would benefit from coordinated case management. New York City has developed a *Worker Connect* employee portal that links together client information held by separate city agencies. Support workers across the human services system are able to obtain a holistic view of case information. *Worker Connect* "propels caseworkers through the initial information gathering phase," as one interviewee put it. As a result they can more effectively respond to client needs.

> " I had a case come through via 311. It was an anonymous caller stating that there was a 79-year-old senior who was being neglected. She was not being fed…and it was hot in the home with no air conditioner.
>
> By looking on [*Worker*] *Connect*, I was able to find out there was a person living at that address and she was a senior. I was able to send JASA case management with emergency meals along with contacting Adult Protective Services to do a 24-hour visit. "
>
> –Worker, New York City Department for the Aging[39]

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[38] Australian Government's National Broadband Network. National Digital Economy Strategy. Accessed at http://www.nbn.gov.au/files/2011/06/Advancing-Australia-as-a-Digital-Economy-BOOK-WEB.pdf.

[39] City of New York, Office of the Deputy Mayor for Health and Human Services. 2013. Connecting People…Stories from the Field.

- **Big data analytics:** Even within individual agencies, the growing complexity of datasets makes client patterns difficult to identify without sophisticated data analytics. Washington State's Department of Social and Health Services is using predictive modeling in the field of chronic care management – bringing together medical, public health, and human services data – to direct resources to clients with complex needs. This approach is being extended to new areas, including child welfare.

3. Personal budgets

Personal or individual budgets are becoming an increasingly popular means of ensuring that clients receive the mix of services they need in ways that match their ability to self-manage.

These flexible funding packages – resources pooled from the various program funds that an individual is qualified to access – enable either the client themselves or a case manager acting on their behalf to create personalized care arrangements.

Personal budgets are a particularly cost effective approach to integration as they require little change to established structures. They empower service users to bypass organizational silos and purchase services directly from a range of providers.

The UK, like Australia, is rolling out personal budgets in health and social care. Taking account of clients' capacity to self-manage, the UK scheme offers individuals a number of options: administering their own budgets, asking their local authority to manage the budget, or nominating a care giver to administer the money through a trust fund.[40] Spending is agreed with local authorities in advance and audited afterwards. Early results indicate that personal budget recipients, including those with mental and chronic health conditions, experience improved well-being and require less inpatient hospital care.[41]

[40] National Health Service, UK (NHS). 2012. Practical Support: Choosing your own support. Accessed at http://www.nhs.uk/carersdirect/guide/practicalsupport/pages/choosing-your-own-support.aspx.

[41] Department of Health, UK. 2012. Evaluation of the personal health budget pilot programme. Accessed at http://www.personalhealthbudgets.dh.gov.uk/_library/Resources/Personalhealthbudgets/2012/PHBE_personal_health_budgets_final_report_Nov_2012.pdf.

Key Challenges and Lessons

- **Brand development is essential to promoting the use of online services.** Awareness, familiarity, and trust can be cultivated by the development of a single, consistently-branded web portal with a memorable domain name. Branding also needs to address the potential stigma surrounding the use of human services. For instance, a number of governments have consciously adopted generic names for their portals that project an identity based on locale rather than human services. The state of Connecticut uses *ConneCT*, for instance, while New York City uses *ACCESS NYC*.

- **E-government services should be as inclusive as possible.** The governments surveyed used a range of successful strategies including: ensuring portals can be viewed in a range of languages (e.g. ACCESS NYC is available in seven languages); setting up access points in public buildings such as libraries; and incentivizing information and communications technology providers to improve infrastructure in remote areas. The proliferation of mobile devices also offers opportunities to extend self-service options to more clients through apps. For instance, recognizing the ubiquity of smartphone ownership among their homeless population, one Australian state is considering an app that would show users emergency shelter bed availability in real-time. Rather than have caseworkers call shelters to ascertain availability, individuals could navigate the system themselves.

- **Governments are finding creative new ways of linking together information from different databases.** Identifying clients with complex needs across different program areas has traditionally been difficult. Agency databases are rarely designed to interact with one another. Equally, client information is often collected in different formats, with varying levels of rigor. One government surveyed spent three months manually matching client information held by different agencies. A number of governments, however, have found technical solutions to these problems. The state of Washington used algorithms to calculate the likelihood of a client being the same person across different datasets, while New York City developed a common client index that would account for slight variations in personal information across internal systems.

- **New case management tools are only effective if workers know how to use them.** Project managers responsible for New York City's *Worker Connect* tool have found that caseworkers not only need training on how to utilize the system but ongoing support as new datasets are added.

- **The task of developing customized packages of interventions for clients with complex needs requires new skills and competencies of workers.** Frontline practitioners need both a broad knowledge of available services and to challenge the status quo if current interventions do not appear to be working. As one Australian government executive put it: "I liken it to a health system. You need a primary care frontline that can respond to the symptoms presented to them." New performance management frameworks structured around principles and desired outcomes rather than rules are needed to encourage innovation and support a culture shift away from heavily rule-bound operating environments.

- **Personal budgets can be a valuable tool when used in appropriate circumstances.** Some interviewees indicated that personal budgets work best when clients are supported by a strong family network and have conditions that need to be managed for the foreseeable future. They may be less suitable for individuals in residential care facilities or who require end-of-life care. There remains a lot of work to be done on evaluating which population groups are best suited to personal budgets.

- **Achieving high client uptake rates for personal budgets will require user-friendly application processes and the enlisting of practitioner support.** When personal budgets were initially introduced in Australia's disability services, clients required far more assistance in navigating the application process (e.g. completing forms) than was initially anticipated.[42] In the UK, interviewees cited the need for local governments to change the "hearts and minds" of practitioners, especially clinicians. A current lack of buy-in is due to a range of factors, including the time-consuming nature of developing care packages and the implications that personal budgets have for the role of practitioners and the stability of provider markets.

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42 Government of Victoria Auditor-General. 2011. Individualised Funding for Disability Services. Accessed at http://www.audit.vic.gov.au/publications/20110914-Disability-Funding/20110914-Disability-Funding.pdf, p.9

Prerequisite Conditions for Stratified Client Support

- Procedures for assessing clients' capacity to self-serve and the severity and complexity of their needs
- Practitioner performance management frameworks that support customized arrangements
- A coherent, recognizable, and trusted brand identity for online services
- IT systems that support integrated client identity management
- Data sharing across agencies

TREND 2: Focus on outcomes

In the current economic environment, governments are looking to redirect resources to services that deliver measureable improvements in client outcomes. This impacts the trajectory of services integration in a number of ways: heightened interest in building an evidence base for services integration, a new focus on measuring provider performance, new outcomes-focused funding regimes and delivery methods, and investment in prevention-based interventions.

Services integration is widely considered a logical response to tackling complex social problems. It is seen as a way of optimizing client outcomes through properly sequenced interventions. In the present economic climate, however, this promise is not always sufficient to secure the upfront investment needed for such schemes.

Service managers are under increasing pressure to demonstrate that integration represents value for money. Yet they do not have adequate data on its hazards and benefits at their disposal.[43] Interviewees pointed to a number of important gaps in the existing evidence base, including information concerning:

- The cost effectiveness of services integration.

- The appropriate mixing and sequencing of interventions for different target populations.

- How to scale-up successful pilots.

- The fidelity of implementation.

- Program areas where integration may not be appropriate.

Addressing these questions is no easy task. The poor quality of client data; the lack of evaluation evidence in many program areas; the absence of organizations offering impartial analysis of, and advice on, what works; and the entrenched nature of current working practices all pose obstacles.

There is also widespread acceptance that funding models, performance targets, and service delivery methods have been too prescriptive in the past. This emphasis on due process at the expense of actual outcomes – such as sustained employment and reduced reoffending – stifles innovation and obscures policy objectives.

Finally, there is growing recognition that service provision is too focused on addressing the symptoms rather than the causes of social problems. Governments are frequently trapped in "negative spending cycles" where rising demand for crisis services crowds out funding for coordinated interventions that tackle root causes.[44]

> We are currently spending far too much on the costs of failure, where the costs are shunted around the system – just as individuals are referred between organisations without tackling the roots of problems – but overall spending does not reduce.

–Peter O'Reilly, Greater Manchester Whole Place Community Budget, 2012.[45]

43 Schuchat, A. and K.M. De Cock. 2012. The value of science in integration of services. The Journal of Infectious Diseases. Accessed at http://jid.oxfordjournals.org/content/205/suppl_1/S1.full.pdf+html; Richardson, D. and P. Patana, Integrated Services and Housing Consultation. Paris: OECD. Accessed at http://www.oecd.org/els/soc/Richardson_Patana%20INTEGRATING%20SERVICE%20DELIVERY%20WHY%20FOR%20WHO%20AND%20HOW.pdf.

44 Social Finance. 2010. Towards a new social economy: Blended value creation through Social Impact Bonds. Accessed at http://www.socialfinance.org.uk/sites/default/files/Towards_A_New_Social_Economy_web.pdf.

45 O'Reilly, P. 2012. Greater Manchester Whole Place Community Budgets. Greater Manchester Fire and Rescue Authority Prevention and Protection Committee. Accessed at http://authority.manchesterfire.gov.uk/Published/C00000186/M00000402/AI00001741/$123081112GREATERMANCHESTERWHOLEPLACECOMMUNITYBUDGETSPP.docx.pdf.

Government Actions

1. Building an evidence base for what works

This study revealed numerous examples of service managers responding to growing calls for "a compelling evidence base" for services integration. These range from efforts to identify leading practice to the rigorous evaluation of pilot schemes (Table 3).

2. Results-based funding arrangements

A number of governments are experimenting with new funding models that reward providers for positive client outcomes (see Box 6). Traditional payment models such as fee-for-service discourage integration by rewarding providers for undertaking strictly prescribed activities. By contrast, results-funding incentivizes practitioners to work holistically in addressing the range of factors that may contribute to a client's issues.

3. Outcomes-focused delivery methods

Service delivery providers are testing a range of techniques and tools, including motivational interviewing and outcomes-focused action plans, which encourage caseworkers and clients to focus on achieving a set of agreed outcomes (see Box 7).

Table 3: Strategies to build evidence

ACTIONS	DESCRIPTION	SELECT EXAMPLES
Data analytics	Analyzing large government datasets to understand the needs of existing clients and the effectiveness of current interventions.	**Australia's** federal government is looking at analyzing data to understand intergenerational cycles of deprivation, where they begin under the current system, and how they can be broken.
Grading existing evidence	Putting criteria in place to assess the quality of existing evidence.	**Greater Manchester (UK)** is using a 5-point scale to evaluate existing research and build an evidence base for use in their Community Budget pilot.
Involvement of "what works" institutes	Making use of organizations that are able to assess and synthesize existing evidence on effective interventions and provide impartial advice to government.	**British Columbia's** new Centre for Employment Excellence was created as part of the province's integration of employment services. The Centre will support practitioners through analyzing and disseminating information on best practice.
Experimentation and evaluation	Using scientific methods to examine whether specific services integration models result in better outcomes for target populations.	**Greater Manchester** is currently administering a randomized control trial to test whether a new integrated support model for families with complex needs offers better outcomes than existing services.
Implementation fidelity	The success of even the most rigorously-tested program partly depends on whether practitioners adhere to the way the program was intended to be delivered.	**Scotland** is conducting implementation research on its Getting it Right for Every Child program. The government is also in the process of enshrining parts of the program model in legislation.

BOX 6 — New funding models under development

- **Outcomes-based contracting:** The New Zealand government's *Investing in Services for Outcomes* program will reallocate contracts to service providers producing demonstrable results.
- **Outcomes-based payments:** Providers from across a range of human and social services are paid (at least in part) for outcomes achieved.
- **Social Impact Bonds:** Governments in Australia, the UK, and the US are using private capital to fund demonstration projects aimed at helping specific population groups experiencing disadvantage (e.g. children in care). Investors are paid a return if the coordinated interventions they sponsor deliver improved client outcomes.

BOX 7 — CASE STUDY: *Services Connect*, Victoria, Australia

Caseworkers in Victoria's human services system are making use of an Outcomes Star tool. Each point on the star represents a desired outcome – such as stable housing and strengthened family relationships – specific to a particular client. The tool allows both parties to visualize a client's progress and devise next steps.[46]

[46] Government of Victoria Department of Human Services. 2013. Services Connect: Better services for Victorians in need. Accessed at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0003/764139/Services_Connect_-Better_services_for_Victorians_in_need.pdf, p.14.

4. Preventative interventions

Prevention is better than cure when it comes to social problems. The governments in the survey are taking a range of approaches, most notably:

- **Shifting resources away from crisis services:** In housing and homelessness programs in particular, governments are starting to redirect funds away from emergency shelter provision to holistic support services that keep people in stable housing.[47]

- **Behavioral insights:** Governments are applying behavioral insights to influence the choices citizens make. For instance, New York City's public information campaign to reduce teenage pregnancy consciously highlights its long-term impact on the prospective well-being, education, and employment of both parent and child.

- **Early years intervention:** There is growing interest in providing coordinated support for vulnerable children in their early years. Governments such as the Tasmanian state government are looking at extending integrated child support initiatives to younger age groups not currently covered under existing arrangements. Others, such as Singapore, are rolling out targeted support services aimed at improving the health and development of pre-schoolers (see Box 8).

This interest has been fueled by a better understanding of brain development and longitudinal studies that track improved outcomes across the life cycle. Early interventions lead to accumulated savings and enhanced outcomes. Citizens helped in their formative years are far less likely to need more costly support later in life.

BOX 8	CASE STUDY: Mission I'mPossible program, Singapore

The Government of Singapore is starting the roll-out of a national program for preschool children with mild learning needs.

Mission I'mPossible brings clinical teams – including speech therapists, pediatricians, and psychologists – into mainstream pre-schools to provide customized support for children, their parents, and their teachers.

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[47] This includes the governments of Alberta (Canada), Finland, and Peel Region (Canada).

Key Challenges and Lessons

- **Robust data collection practices are needed to support outcomes measurement.** Data on program outputs and outcomes are frequently not collected. Where such data do exist, they are often not gathered in formats that allow performance to be effectively measured. As one Canadian interviewee put it: "Really getting a clear picture of the current landscape is more difficult than you might think. Finding out if programs get at the problem they are supposed to address is a challenge. Nine times out of 10, you hit a brick wall with each question you ask."

- **Building an evidence base for services integration requires a strong evaluation function.** Many survey respondents reported having a lack of internal evaluation capacity, with too few evaluation specialists available to run trials, analyze available evidence, or design performance indicators. Some found successful solutions through leveraging expertise from departments (e.g. taxation) with strong data analytics expertise, using external consultants, or forming partnerships with universities.

- **The timeframes involved in measuring client outcomes (e.g. reduced reoffending) are often at odds with short-term pressures to demonstrate results.** What is more, tracking long-term outcomes becomes difficult after clients exit support services. As one Canadian government executive put it: "The problem is that when people leave a program – which is obviously the goal – the last thing they often want is to become a government research subject." It has become important to identify short-term proxy measures for longer-term outcomes. Some integration schemes are experimenting with using such measures from data already held by other government departments (e.g. tax returns as an indication of sustained employment).

- **Support should be available to help service delivery providers adapt to outcomes-based funding models.** These new payment regimes involve providers adjusting to new reporting requirements, working practices, and financial risks. While it makes sense to reward good performance and incentivize innovation, providers need to know how they can meet performance targets. There are serious implications for both clients and governments if a provider collapses. Governments such as British Columbia have recognized they have a role to play in disseminating information on evidence-based practices.

- **A change in workplace culture is as important as the technical elements of outcomes-focused services integration.** Building an evidence base for services integration is only a worthwhile exercise if practitioners adjust their practices in response to it. A number of interviewees identified the challenge of encouraging workers to act on evidence when it goes against long-established working practices. As one executive involved in the UK's Community Budgets pilot observed: "Professional adherence to [current] local interventions is strong. Early years intervention is a classic case. There is lots of robust evidence on effective interventions but we don't act on it." Careful consideration should be given to communications and training strategies as well as performance management frameworks.

Prerequisite Conditions for Outcomes-Focused Services Integration

- Clearly identified target population
- Sufficient evaluation capacity
- Data sharing across agencies
- Procedures to monitor implementation fidelity
- Resources to support service providers in transitioning to new delivery models
- Performance management frameworks and funding models that promote innovation

TREND 3: Inter-governmental integration

> "...the efficiency of the whole system can be improved through the coordinated action of different partners. Actions by any one partner can have an impact on the...system as a whole, and there are inevitable tensions between the specific missions of the different partners."
>
> –UK National Audit Office, 2010.[48]

There is growing interest in realizing system-wide savings, efficiencies, and better outcomes through improved coordination between different levels of government. Joint commissioning and case management, systems interoperability, integrated online access, and harmonized reporting requirements stand out as the most promising reforms. Yet despite the many steps being taken, the challenges involved in inter-governmental integration make progress in this area slower than the other trends mapped out in this report.

Solving complex social problems requires well-coordinated interventions from a range of services. Evidence on reducing reoffending, for instance, shows that community supervision, mental health support, education and training, substance abuse treatment, and employment and housing assistance can all play an important role.[49] Yet responsibility for these services rarely rests with just one level of government. Moreover, in many jurisdictions, multiple levels of government are involved in the direct funding and delivery of services in the same program area.

This complex set of arrangements hinders the effectiveness of social support systems in a number of ways:

- **Duplication and gaps in service provision:** The absence of system-level coordination leaves some population groups facing a confusing array of uncoordinated services, while others are under-served.

- **Misaligned incentives:** At a time when budgets are tight, there are few incentives for governments to invest in interventions if the related savings accrue to another government.

- **Undermining of system integrity:** Identity verification and fraud detection are made more challenging by a lack of data sharing between levels of governments.

- **Weak analytics:** The absence of coordinated data collection makes it virtually impossible to determine system-level outcomes, the total number of clients accessing services, and how many multi-service users exist that could benefit from intensive case management.

Government Actions

1. Joint Commissioning

Through joint-commissioning, governments at different levels are finding ways to combine resources, align incentives, and optimize system-level outcomes.[50]

Whole Place Community Budgets, a place-based services integration initiative currently being piloted in the UK, aims to do just that by bringing together local and central government practitioners to draw up "operational plans" for each pilot area. Plans are structured around achieving particular

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[48] NAO. 2010. Criminal Justice System Landscape Review. Accessed at http://www.nao.org.uk/wp-content/uploads/2010/11/Criminal_Justice_Review.pdf, p.19.

[49] Social Finance. 2002. Reducing reoffending by ex-prisoners: Summary of the Social Exclusion Unit report. http://www.socialfinance.org.uk/sites/default/files/SocialExclusionTaskforce ReducingRe-offendingbyEx-prisoners.pdf; NAO. 2010. Criminal Justice System Landscape Review. Assessed at http://www.nao.org.uk/wp-content/uploads/2010/11/Criminal_Justice_ Review.pdf.

[50] NAO. 2013. Case study on integration: Measuring the costs and benefits of Whole-Place Community Budgets. Accessed at http://www.nao.org.uk/wp-content/ uploads/2013/03/10088-002_Whole-Place-Community-Budgets.pdf.

social outcomes such as reducing long-term unemployment, and enabling local and national government bodies to invest in each other's interventions and share in the savings that accrue.[51]

2. Interoperability

New frameworks, tools, and technologies are being developed to enable systems to interact and exchange information across different levels of government. In the United States, the federal Administration for Children and Families launched its Interoperability Initiative in 2011, which included the National Human Services Interoperability Architecture (NHSIA) project to facilitate information sharing across federal, regional, state, and local information systems. The project is aimed at supporting integrated eligibility assessments, helping detect fraud, improving case management, and achieving efficiencies through the sharing of IT resources.[52]

NHSIA is supporting states in initiating their own interoperability projects. New York State, for instance, has received support in developing a Children's Passport. This electronic tool will integrate the data that multiple federal, state, and local agencies currently hold on young people who are under the guardianship of the New York State Office of Children and Family Services. The ultimate aim is to improve the quality of support provided to young people in foster care.[53]

3. Online Access

Secure online accounts that allow users to navigate and access programs have become the norm in many jurisdictions. The increasing number of portals launched by different departments or levels of government has left clients navigating multiple access points to human and social services. Governments such as New York City and Connecticut are now enabling individuals to manage benefits provided by local, state, and federal governments through their online portals.

The survey also covered integration schemes, such as the psycho-social rehabilitation program in the city of Aarhus, that are looking at ways of linking up with online portals at different levels of government. Clients' individual action plans are being made available on the local e-government portal, with project managers seeking to have the plans added to the national portal (BorgerDK).

> " ...if you simply follow the money you'll usually find different cash flowing through different pipes to different agencies with different targets... If you get heads together in a room – if you focus on the elderly and the vulnerable, the troubled families, the re-offenders, the long-term unemployed and all those with dependencies – you can actually start to take dependence out of the system. "
>
> –Eric Pickles, UK Communities Secretary.[54]

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[51] Ibid.

[52] U.S. Department of Health & Human Services. National Human Services Interoperability Architecture (NHSIA) Definition. Accessed at http://www.acf.hhs.gov/nhsia-definition.

[53] State Systems Interoperability and Integration Projects. 2013. Background paper for the California HHS Interoperability Symposium. Accessed at http://clients.stewardsofchange.com/AOC/Background%20Materials%20%20California%20HHS%20Interoperabil/Symposium%20Pre-Reading/All%20Interoperabilty%20Awardee%20Synopses.pdf.

[54] Eric Pickles, UK Communities Secretary. Speech to the National Community Budgets Conference. November 29, 2012. Accessed at: https://www.gov.uk/government/speeches/community-budgets--2.

Figure 8: Services integration and online accounts
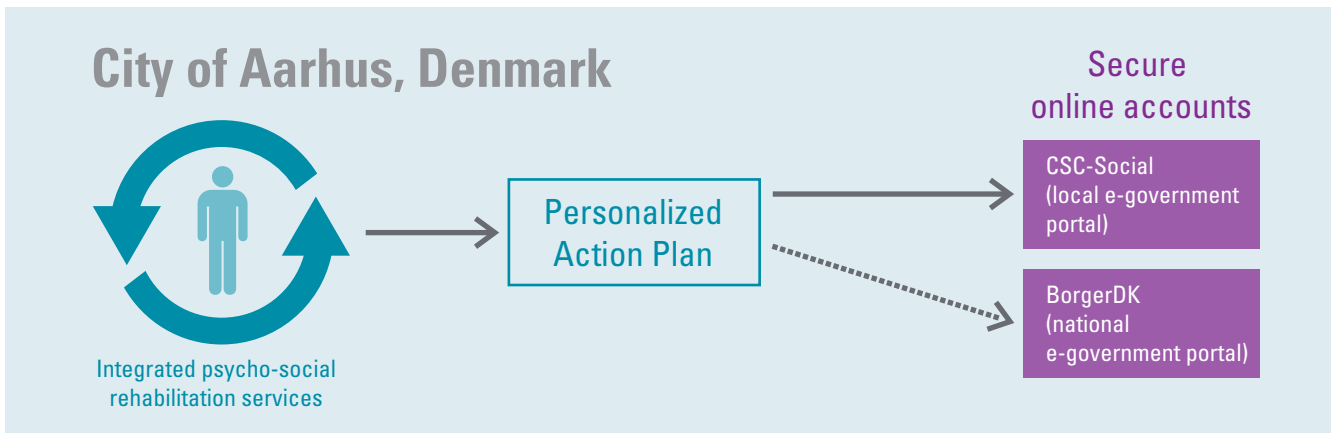
Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

4. Integrated Case Management

Jurisdictions such as Scotland are making considerable progress in bringing together partners from multiple levels of government to provide coordinated case management. Scotland's *Getting it Right for Every Child* adopts a "whole of government" approach to the planning and delivery of child welfare services.[55] All children, regardless of their circumstances, have a "Named Person" who helps them and their family access services when needed. The juvenile care and justice system (which is national) and health boards, social services, education authorities, and the police (which are local bodies) all have a responsibility to work together in providing support for children with identified needs.

5. Harmonized Reporting Requirements

Governments are working to ease the compliance burden on service providers by harmonizing reporting requirements across multiple levels of government. Ontario's Community Homelessness Prevention Initiative (see Trend 5) recognizes that municipal service providers are delivering both federally and provincially-funded homelessness programs. In drawing up their monitoring and reporting framework, the province has looked to harmonize requirements with federal programs as far as is practical.

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[55] Dean, T. with Boutilier, M. 2011. Joint Service Delivery in Federal Countries. Forum of Federations. Accessed at http://www.forumfed.org/post/JointServiceDeliveryreport28_10_11_Dean_Boutilier.pdf.

Key Challenges and Lessons

- **Inter-governmental integration efforts are more likely to succeed if they are led by a higher order government, usually at the national level.** The integration schemes surveyed show it is much easier for national governments to coordinate the resources and buy-in required than efforts driven by lower levels of government.

- **Bringing together officials from different levels of government into a joint working group is a particularly effective way of developing an integration blueprint and structuring governance arrangements.** Joint working groups, such as those used in the UK's Community Budget pilots enable skills, resources, and system knowledge to be pooled.

- **Inter-governmental integration can be hampered by legal restrictions on the sharing of client data between programs or providers.** Data protection laws often prevent the sharing of client information across organizational boundaries as do IT systems that cannot interact with one another. Projects such as the US federal government's National Human Services Interoperability Architecture have been explicitly developed to correct IT system problems, though, since no additional funding is available to participants, uptake is purely on a voluntary basis.

- **Misconceptions over data sharing are a common roadblock, but are generally easier to fix than legal restrictions.** While data sharing legislation presents real challenges, a number of interviewees highlighted the need to dispel misconceptions over the extent of these restrictions. The architects of Scotland's Getting it Right for Every Child initiative, found success through asking the Information Commissioner to issue guidance. In the US, project managers of the National Human Services Interoperability Architecture project are developing a 'Confidentiality Toolkit' that will walk readers through key statutes to aid understanding of existing protocols.

- **Asking practitioners to adopt systems-level thinking in their approach to case management is a difficult transition.** Developing an extensive knowledge of available services and inferring how better to sequence these based on individual need is a significant departure for many front-line staff accustomed to an environment driven by an adherence to rules, rather than innovative service solutions.

- **Given the complexity of inter-governmental case management, legislation may be necessary to help ensure practitioners participate as intended.** Scotland's Getting it Right for Every Child program – which calls for strong collaboration between police, social workers, education specialists, and health workers – is now being enshrined in legislation to drive greater compliance.

Prerequisite Conditions for Inter-Governmental Integration

- Buy-in and resource commitments from each level of government
- Data sharing across governments
- Understanding of incentives that work against collaboration
- Adoption of a systems approach to case management
- A workforce with new skills, including an ability to manage multiple service areas
- Clear governance and accountability arrangements

TREND 4: Inter-sectoral integration

> "Vulnerable people need a simpler, more integrated system that produces better outcomes. Achieving real and lasting change will require stronger collaboration, partnership and governance between government and community service organizations."

–Peter Shergold, Independent Project Leader for Victoria's Service Sector Reform project.[56]

Given the significant role that not-for-profit and private sector providers play in the delivery of publicly-funded services, inter-sectoral integration is on the horizon in many jurisdictions. In place of isolated interventions by a multitude of organizations, governments are using network integration, resource sharing, and reforms to funding arrangements to create a more coordinated and stable service delivery system.

In many parts of the world, a sizeable portion of publicly-funded human and social programs are already delivered by not-for-profit and private sector providers. In the current economic climate, a number of jurisdictions including the UK and Australia are devolving more service responsibilities to these sectors. As this transfer takes place, governments need to work with providers to create the conditions necessary for success.

The current service delivery sector is highly fragmented, uncoordinated, and in need of reform in many jurisdictions. Providers from the private and not-for-profit sectors co-exist in a "crowded marketplace" where organizations compete for resources and government agencies focus more on managing contracts than developing partnerships with providers.[57] Individuals and families in need of support must navigate a confusing array of providers and services.

The sustainability of the not-for-profit sector is also in need of attention. In many jurisdictions, there have been long-standing concerns over whether the contracts held by the sector reflect the real cost of service provision. The current financial environment has added to this problem. Demand for services is increasing at a time when the sector's traditional revenue base is contracting. Falling donations, cuts in grants, and financial controls have contributed to financial insecurity. One of the few promising areas for growth is the emerging social finance marketplace. However, significant capacity building will be required to get organizations investment-ready.

Meanwhile, **the siloed commissioning of services in many jurisdictions has led to individual providers holding multiple government contracts with different reporting requirements, auditing procedures, and performance targets.** New Zealand's Ministry of Social Development, for instance, funds over 2,300 service providers through close to 4,300 contracts.[58] Not only has this placed a heavy administrative burden on providers but it has further exacerbated fragmented service delivery.

[56] Shergold. P. 2013. Service Sector Reform: Reflections on the Consultations. Accessed at http://vcoss.org.au/documents/2013/05/Service-Sector-Reform-Reflections-on-the-consultations-May-2013.pdf.

[57] Burstyn, H. n.d.Five Challenges Facing Not-for-Profits. Accessed at https://www.cowangroup.ca/cigl/pages/products-services/industry-programs/pdf/FiveChallengesFacingNFPs_0210.pdf.

[58] Ministry of Social Development. 2012. Investing in Services for Outcomes. Accessed at http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-services-for-outcomes/investing-in-services-for-outcomes.pdf.

A spotlight on the need for integration: Victoria's *Service Sector Reform* project

The Government of Victoria in Australia has launched a recent initiative to streamline, and increase collaboration within, an overly complex community services system. Consultations with the community sector in 2013 revealed a broad range of problems:

- Clients currently have to navigate a confusing array of services within a highly fragmented system.
- Individuals and families are too often served by multiple caseworkers from different organizations who do not communicate with each other.
- Providers face heavy administrative burdens as a result of a patchwork of funding streams and reporting requirements.
- The balance between data protection and information sharing is too heavily skewed towards withholding information that might otherwise facilitate service coordination.

Source: Shergold, 2013.[59]

[59] Shergold, P. 2013. Service Sector Reform: Reflections on the consultations. Accessed at http://vcoss.org.au/documents/2013/05/Service-Sector-Reform-Reflections-on-the-consultations-May-2013.pdf. Similar consultations have been carried out in Alberta (Canada), Peel Region (Canada), Victoria (Australia), and Western Australia.

Government Actions

Governments are exploring a range of approaches to improving inter-sectoral coordination and strengthening providers' operating capacities.

1. Network integration

A number of Australian jurisdictions, including Tasmania, Victoria, and Western Australia are bringing together community agencies in **formal networks to offer clients seamless support** as they move through family support services. In these initiatives, government departments typically appoint a lead agency from the not-for-profit sector that sets up and coordinates the network (see Figure 9).[60]

Instead of requiring citizens to access and navigate services independently, individuals and families can present themselves to any provider in the network. They will be dealt with directly or seamlessly referred to another provider that is either more appropriate or has capacity. Case records are shared among network members, reducing the need for clients to retell their story and reproduce documentation at each point of contact.

Figure 9: Western Australia's Armadale Family Support Network (AFSN)
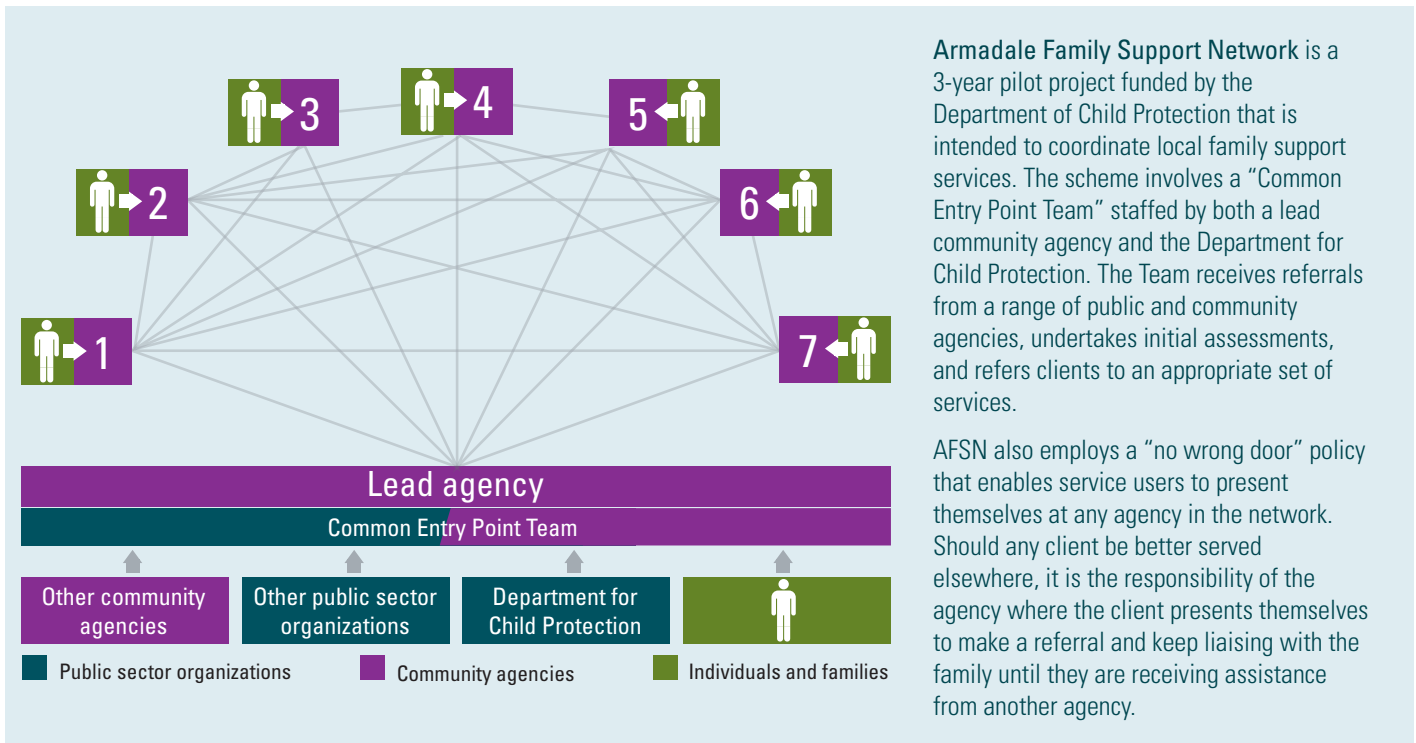
Armadale Family Support Network is a 3-year pilot project funded by the Department of Child Protection that is intended to coordinate local family support services. The scheme involves a "Common Entry Point Team" staffed by both a lead community agency and the Department for Child Protection. The Team receives referrals from a range of public and community agencies, undertakes initial assessments, and refers clients to an appropriate set of services.

AFSN also employs a "no wrong door" policy that enables service users to present themselves at any agency in the network. Should any client be better served elsewhere, it is the responsibility of the agency where the client presents themselves to make a referral and keep liaising with the family until they are receiving assistance from another agency.

Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

[60] Chem, B. and E.A. Graddy. 2006. "Influences on the size and scope of networks for social service delivery." *Journal of Public Administration Research and Theory.* 16(4), pp.533-552.

Our interviewees have already found that network integration has reduced waiting lists by evening out bottlenecks in the system. Clients are seen more quickly and their situations stabilized sooner. In Tasmania, the Gateway Services model has helped reduce demand for crisis services. Swift, coordinated, and seamless support has led to an overall drop in the number of children entering foster or residential care.[61]

In Western Australia, interviewees reported that family support networks are also reducing the unnecessary reporting of clients to child protection services as institutions such as schools have an alternative place to refer families in need of assistance.

2. Resource sharing

Governments are looking at new ways of sharing information with partners in the private and not-for-profit sectors. New York City, Australia, and British Columbia in Canada are all planning the proactive release of some information through **open data portals**. Service providers will be able to analyze information and use it in the design and delivery of services.

Others are setting up **common client databases** and **removing barriers that have previously prevented client information** from being shared across sectors. Tasmania, for instance, amended its *Children, Young Persons and Their Families Act* in 2009 to facilitate seamless support.

In order to facilitate information sharing and increase the speed of assistance given to clients, governments are undertaking experiments in **staff co-location**. Enabling practitioners from both the public and non-government sectors to work together in key locations (e.g. hospitals or community intake points) reduces the need for separate assessments and allows practitioners to gain knowledge of other parts of the system. In Tasmania, government child protection workers participate in 12-month rotations at various community provider sites, while disability workers do the same on a part-time basis. A similar approach is employed in Western Australia's Family Support Network Model and Victoria's Child FIRST support model.

> "A key driver for introduction of the Gateway and Integrated Family Support Services was to improve parenting capacity and family functioning in order to prevent the progression of children, young people and their families through the statutory child protection system... This review has demonstrated that the Gateway/IFSS model has slowed the rate of entry to Out of Home Care and a large number of children have been referred to and received family support rather than being on child protection."
>
> –Tasmania Department of Health and Human Services, Midterm Review Report, 2012.[62]

[61] Tasmania Department of Health and Human Services. 2012. Gateway and Family Support Services: Midterm Review Report. Accessed at http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/88743/GWFSS_Mid-term_Review_Report_2012-02-02_FINAL_VERSION_FOR_WEB_PUB_Feb201....pdf.
[62] Ibid.

3. Funding and Contracting

Funding and contracting has become an important area of reform:

- In recognition of the burden placed on service providers through complex funding and reporting requirements, **governments are streamlining the contracting process** by standardizing terms and consolidating contracts.

- Governments are also **using funding to incentivize community sector consolidation, collaboration, and social enterprise**. The Region of Peel in the Canadian province of Ontario is targeting funding at initiatives that support organizational mergers and close collaboration, while contracts given to Employment Program providers in British Columbia require 25 percent of funds to flow to partner agencies.

- Governments, such as the Region of Peel, are looking to stabilize the community services sector by providing **grants to cover infrastructure costs** (e.g. salaries and rent) and **multi-year instead of annual contracts**.

- More **flexible funding guidelines** are allowing providers to pool money and allocate it in accordance with need. For instance, broader funding parameters are putting an end to situations where providers might lay off staff because they are unable to use program funds to pay salaries.

- Governments are also partnering with community service providers to produce **joint investment strategies** that create a shared vision of the outcomes desired from the system.[63]

- The siloed commissioning of services makes it harder for governments to separate good performing providers from poorer ones. Governments, such as New Zealand, are seeking to make **more strategic funding decisions by improving their procedures for tracking provider performance**.

BOX 10   **Case Study: New Zealand's *Investing in Services for Outcomes* Project**

New Zealand's Ministry of Social Development is undertaking a fundamental reform of its commissioning procedures. These changes include:

1. Streamlining and standardizing contracts across the Ministry's four service lines. Providers will be moved on to a single Ministry contract and will be subject to one monitoring and reporting framework.

2. Setting up a unified reporting team to gather information from across the Ministry on provider performance.

3. Undertaking a strategic investment review with input from other ministries and external stakeholders.

4. Stabilizing the community sector through the increasing use of multi-year contracts and a NZ$31.65 million fund (Capability Investment Resource) to support organizational capacity building and coordinated interventions.[64]

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[63] See, for example, United Way of Peel Region & Region of Peel. Investing for Resilience: Community Investment Strategy Review. Accessed at http://www.peelregion.ca/social-services/pdfs/funding/resilienace.pdf.

[64] Ministry of Social Development, New Zealand. 2012. Capability Investment Resource. Accessed at http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-services-for-outcomes/capability-investment-resource.html.

Key Challenges and Lessons

The typical change management challenges associated with implementing services integration initiatives in governments are often amplified with inter-sectoral integration as a multitude of organizations with varying capacities, resources, and missions are brought together.

- **Some providers may need additional support to participate in inter-sectoral integration schemes.** While the majority of providers in Western Australia's Armadale Family Support Network received no additional funding, the lead agency used brokerage funds to disburse money to several agencies that would not otherwise have had the capacity to participate.

- **Data sharing and IT infrastructure are two of the biggest stumbling blocks in inter-sectoral integration.** For instance, despite the majority of New York City's service providers

being located in the private and not-for-profit sectors, legislation prevents these providers from accessing the government's centralized employee portal (*Worker Connect*). Even when legal hurdles are circumvented, some jurisdictions have found the absence of a centralized client database or systems that can connect with each other equally prohibitive.

- **Consensus building is an underestimated challenge.** Obtaining broad agreement on system objectives and desired outcomes is much more time-consuming, and requires far more consultation, than stakeholders initially assume.

- **Clients are far less concerned with who actually delivers a service than providers often think.** Some integration projects were initially hampered by concerns from providers that a closer association

with government would undermine the promise of anonymity they offered to clients. However, early pilots showed little concern from clients.

- **The process of ceding greater control over services to community providers can be a difficult adjustment process.** It can take some time for public servants – used to dictating terms to providers – to engage in genuinely collaborative partnerships.

- **Reform generates tension in the system.** Governments should not underestimate how destabilizing the planning process can be for service providers concerned about financial security. After an initial announcement is made, regular communication and consultation with providers can significantly allay concerns.

Prerequisite Conditions for Inter-Sectoral Integration

- Broad consensus on system objectives

- Funding arrangements that support integration

- Resources to strengthen and stabilize community providers

- IT infrastructure and data sharing protocols that support arrangements

TREND 5: Place-based Integration

National and regional governments are adopting a more place-based approach to coordinating the design and delivery of human and social services. The use of area-based planning and the devolution of control over spending and system management to local authorities are transforming services integration.

There is growing support for the idea that complex social problems can only be effectively tackled through coordinated local level interventions. One-size-fits-all approaches do not take account of variations in the "challenges communities face...[and] the resources they bring to bear on them."[65]

There is also recognition that constraints to local capacity must be addressed for area-specific solutions to emerge:

- Many local authorities are grappling with the dual challenge of meeting rising demand for statutory services while overseeing budget cuts. Fiscal transfers from national and regional governments have declined, while revenue-raising options are limited to a narrow range of tools such as property tax.

- Tight spending controls limit innovation, drive service fragmentation, and create perverse incentives. An inability to merge funding streams in program areas such as housing and homelessness, for instance, has prevented some authorities from reallocating money from emergency shelter provision to social housing. Such controls do little

to facilitate coordinated interventions to end homelessness.

- Heavy regulation and prescribed program models from national and regional governments limit local freedom to innovate.[66]

Government Actions

National and regional governments are adopting two main approaches to promoting place-specific solutions to social problems: area-based planning and devolving control of funding and system management to the local level.

1. Area-based planning

Some governments are restructuring human and social services departments along geographical rather than program lines in order to understand and react to local needs. Departments are recognizing that simply integrating services in particular program areas can create new (albeit larger) delivery silos. In contrast, giving internal divisions area-based mandates is seen as a way of encouraging a more holistic approach to the planning and delivery of local services.

The Department of Human Services in Victoria, Australia has recently restructured its internal operations in this way as part of its wider delivery reform agenda. The Department is now organized into four regional divisions that have responsibility for coordinating services in a total of 17 local areas.[67] A similar transformation is underway in the Department of Family and

Community Services in New South Wales, Australia.[68]

As part of their commitment to area-based planning, governments are also investing in geospatial data analysis. The federal government of Australia, for instance, is in the early stages of geographically linking a range of welfare data. The purpose is to identify "hotspots" where greater resources or specific interventions might be needed.

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[65] LGiU. 2013. Connected localism: A blueprint for better public services and more powerful communities. Accessed at http://www.lgiu.org.uk/wp-content/uploads/2013/06/Connected-Localism.pdf, p.5.

[66] Ibid.

[67] State Government of Victoria Department of Human Services. 2011. Organizational Structure. http://www.dhs.vic.gov.au/about-the-department/our-organisation/organisational-structure/divisions.

[68] Department of Family and Community Services, Government of New South Wales. 2013. Senior Executive District Directors. Accessed at http://www.facs.nsw.gov.au/__data/assets/pdf_file/0004/272308/15_New_FACS_District_Director_positions.pdf.

> " Decentralising power isn't just right, it works. People on the ground know what's needed to improve their area, and how to get value for money in achieving it. The Whitehall blueprint just can't match local knowledge. "
>
> –David Cameron,
> UK Prime Minister, 2013.

2. Devolved control

Governments are also undertaking experiments in devolving control over finances and systems management to local service managers. The overall intention is to allow local innovation and adaptation through greater flexibility in strategic planning, spending decisions, and the design and delivery of services.

In Ontario, Canada, the province's 47 local Service Managers now have access to a single pot of money through the Community Homelessness Prevention Initiative (CHPI) that brings together five previously separate homelessness and housing related programs. CHPI gives service managers the freedom to design customized solutions to local housing and homelessness problems with the only stipulation being that spending decisions must be guided by two specific outcomes (see Figure 10).

Another leading example of this work is the UK's Whole Place Community Budget pilots. The initiative enables local bodies to come together and redesign services to meet the acute and long-term needs of residents. Early results from Greater Manchester's randomized control trial have shown that the improved outcomes that have emerged are because of "integration, sequencing and coordination, not the individual interventions."[69]

FIGURE 10: Ontario's Community Homelessness Prevention Initiative

Funding from 5 homelessness-related programs is being consolidated into a single fund

The province's 47 Service Managers have the flexibility to allocate funds across four service categories in ways that support two outcomes

4 Service Categories
1. Emergency Shelter Solutions
2. Housing With Related Supports
3. Other Services and Supports
4. Homelessness Prevention

Outcomes
1. People who are homeless obtain and retain housing
2. People at risk of homelessness remain housed

Accountability
Service Managers must produce strategic plans with 10-year time horizons, which include plans for measuring progress. Local consultation must also be undertaken.

Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013

[69] UK Parliament. 2013. Community Budgets. Accessed at http://www.publications.parliament.uk/pa/cm201314/cmselect/cmcomloc/writev/budgets/m6.htm.

Key Challenges and Lessons

- **Devolving funds is not easy—know the lay of the land.** Our interviewees stressed the need to understand how much money is in the existing system and how that money is currently spent. The structure of government and current accounting practices makes this difficult to find out.

- **Differences in capacity mean some local authorities will need more assistance than others.** Some local authorities are better positioned than others to embrace devolved control. This is determined by a broad range of factors including, local demographics, previous experience with system management, existing workforce skill sets and economic outlook. To address potential disparities, executives leading Ontario's Community Homelessness Prevention Initiative are working with the province's 47 Service Managers to facilitate knowledge sharing through regional sessions, teleconferences, and forums.

- **Granting local authorities the freedom to innovate while ensuring they are held accountable is a difficult balancing act.** Any monitoring framework must allow for measured risk-taking within broad parameters.

- **Local authorities may be better placed to identify local need, but they have less budget flexibility.** For this reason, and because large-scale reform takes several years to implement, greater funding predictability is essential.

- **Redesigning local services requires redeploying workers and redesigning jobs.** Where applicable, local authorities will need to work with unions to redraw job descriptions and performance management frameworks.

PREREQUISITE CONDITIONS FOR PLACE-BASED INTEGRATION

- Understanding of current spending patterns and funding arrangements
- Medium-term funding agreements for local authorities
- Clear governance and accountability arrangements
- Resources to support local authorities with low capacity to assume devolved control
- Engagement between local leaders and the community services sector

Conclusion

Jurisdictions around the world are reshaping their social support systems by integrating services. This report provides a unique overview of the integration agenda: what is happening and where it is heading. The global survey of government integration schemes, supplemented by interviews with thought leaders, has supplied key insights into current innovation.

Today's integration schemes are occurring at a **range of scales**. In some jurisdictions fundamental, macro-level reform of service delivery systems are underway. Examples include new integrated human and social services departments, wholesale reorganizations of existing departments, and the creation of formal networks that can offer service users seamless referrals between government agencies and community service providers. The survey also revealed micro-level change where control is being devolved to the individual. Rather than transforming established structures from the top down, such schemes empower users to tailor their own coordinated care packages. Over time, this emphasis on consumer choice will likely reshape the provider market from the bottom up.

New tools are enabling the current wave of integration schemes. Innovative funding models are being leveraged to drive integration, such as outcomes-based payments that promote the use of coordinated interventions to address social problems. New technologies are being used to triangulate client information across program areas and target resources more effectively.

There is a re-balancing of power between citizens and service providers. Clients are able to exercise more choice and control in the mix of services they access. Co-designed action plans and personal budgets are

prime examples of this development. Citizens are also playing a more active role in service delivery by managing their own care or taking part in crowdsourcing. As one Australian government executive observed, "Our customers are showing us how to use [technology] in creative ways."

The growing pressures on service delivery systems – from aging populations to escalating public debt – mean that services integration will remain at the forefront of the public sector reform agenda for the foreseeable future.

This report identifies **five key trends in the trajectory of services integration:**

1. A move towards creating client pathways that reflect the level of support individuals require.

2. A focus on optimizing the client outcomes realized by current spending.

3. A growing interest in coordinating operations across multiple levels of government.

4. Stronger partnerships between government and providers in the private and not-for-profit sectors.

5. Services tailored to the needs of local areas.

These trends have **wide-ranging implications for governments, citizens, and service providers alike** (see Figure 11). Both government agencies and providers in other sectors should understand that **reforms take time to implement**. They will have to examine their organization's long-term capability to carry out reforms, as well as manage the upfront investment most initiatives require and build stakeholder support (see Figure 12, pages 52-53). Equally, citizens will have to grapple with new opportunities to participate in reformed services, and adjust to new and unfamiliar processes and structures.

Some will inevitably do so more readily than others.

Our research also shows that **integrated services provision is not appropriate in all circumstances**. For instance, while personal budgets have transformed the well-being of many clients with long-term care needs, they are far less suitable for those service users needing end-of-life care. Location-specific factors – such as cultural and legal contexts – make certain types of integration more likely to succeed in some places than others.

Integration offers exciting potential gains, but governments need to consider carefully when and where it will work. In highlighting innovative practices, sharing valuable lessons, and mapping out the key conditions for success, this report helps policy makers and practitioners take a vital step towards making such important decisions.

FIGURE 11: Key implications for governments, providers, and citizens

What do current services integration trends mean for governments?

- A shift in role from "contract manager" to "collaborative partner".

- Potential resource savings and improved client satisfaction through enabling users to self-serve (e.g. through online services).

- A system more focused on addressing the roots rather than the results of social problems.

- Linked or common client databases that enable the identification of both at-risk clients (who would benefit from coordinated case management) and geographical "hotspots" (where greater resources are needed).

- A shift from a corporate culture that is traditionally rules-bound to one that encourages innovation and responds to evidence even if it goes against established working practices.

- An increased ability to track the performance of service providers from the private and not-for-profit sectors.

- The more effective procurement of services through joint commissioning.

- Improved system integrity and reduced duplication and gaps in the provision of services through the increased coordination of operations across multiple levels of government.

FIGURE 11: Key implications for governments, providers, and citizens (cont'd)

What do current services integration trends mean for private and not-for-profit sector providers?

- A new role as a more equal and strategic partner to government.

- Joint investment strategies involving governments and the community services sector that will help create a shared vision of the social and human services system.

- Potential periods of uncertainty as governments plan and roll out new service delivery models.

- The likely reshaping of the provider market as a result of the introduction of personal budgets that empower clients as consumers.

- Operating models more precisely oriented towards achieving and measuring client outcomes.

- A shift from an operating model that is dedicated to a single or select number of problems affecting a particular demographic to one that addresses a broad and overlapping spectrum of needs.

- Changing human capital requirements (e.g. performance measurement skills), and a greater emphasis on staff development and the retention of top talent.

- Opportunities to work side-by-side with public sector practitioners to facilitate information sharing.

- Governments awarding contracts on the basis of a provider's demonstrable ability to collaborate closely with other organizations.

- A streamlined procurement process for government contracts that will ease administrative burdens.

- Greater access to government data for use in the design and delivery of services.

- Reduced wait lists as clients are referred to community agencies with spare capacity.

- In some cases, a more stable community services sector benefitting from government initiatives to support infrastructure costs or award multi-year contracts.

FIGURE 11: Key implications for governments, providers, and citizens (cont'd)

What do current services integration trends mean for citizens?

- Access to a more convenient and responsive system that tailors support to client needs.

- Greater opportunities to self-serve for service users requiring less support from the system.

- Holistic, "wrap-around" care for service users with more complex needs.

- An ability to exercise more choice and control in the service design and delivery process.

- Simplified access that reduces wait-times and repeat visits.

- Access to services that are better coordinated at a local level (especially beneficial for clients in rural or remote areas).

- User tools that encourage a focus on a clear and achievable set of outcomes.

- An opportunity for seamless referral across government and the community sector services.

FIGURE 12: Key tasks when integrating services

Limited integration

Loose, informal cooperation (e.g. information sharing) between practitioners. Sharing of office location, facilities and overheads, but no integration of services.

- Recruit and retain **leaders** who are able to forge partnerships with other services and sectors.
- Explore opportunities for greater efficiencies through **shared services arrangements** with other providers.
- Use **secondments** as a way of bringing together practitioners from different agencies or levels of government to share skills, resources, and system knowledge.
- Where service delivery organizations already share facilities, promote **knowledge-sharing opportunities** among practitioners via activities such as job shadowing. This will likely improve the quality of guidance given to clients accessing multiple services.
- Foster a more **collaborative work culture** through offering employees, external service providers, and clients the opportunity to participate in reforms (e.g. crowdsourcing solutions to organizational challenges).
- Utilize **employee performance management frameworks** that incentivize rather than work against cross-agency cooperation.

Partial integration

Some formal sharing of resources and joint planning. Information on multiple services available through single employee or website portal.

- Where an integration project involves multiple agencies or levels of government, use a **joint working group** to develop an integration blueprint.
- Create a **strong governance structure** where accountability for outcomes is clearly defined in initiatives involving several program areas or agencies.
- Equip employees with the **skills and knowledge** they will require to use new systems and share information with partner agencies. This includes clarifying existing data sharing guidelines in order to correct misunderstandings.
- Ensure that **IT infrastructure** is sufficient to the creation of single employee portals and common client databases.
- Create a clear **brand identity** for online services that clients recognize and trust.
- Develop **budget practices** that incentivize rather than obstruct collaboration.
- Put in place **procedures to monitor** whether employees are utilizing new systems and tools, identifying where adjustments need to be made or more training should be given.

Full integration

Integrated staffing, funding, technology applications, service delivery tools, and case management.

- Invest in **leaders** who are prepared to transform existing service delivery models in light of changes in the operating environment.
- Ensure **good quality data and analytics capabilities** are available to understand existing spending patterns and identify target populations who need intensive support.
- Work with unions to build a **flexible workforce** that can be easily retrained and redeployed.
- Ensure that employee **performance assessment frameworks** support fully integrated working practices.
- Equip caseworkers with the **skills and knowledge** they need to respond to client symptoms and assemble personalized care packages.
- Establish or adopt an **interoperability framework** that allows systems to interact with one another and exchange information.
- Identify and address barriers to **data sharing** through memoranda of understanding or legislation, while putting data protection safeguards in place.

- Recognize that some service delivery providers will require **additional resources** in order to participate in inter-sectoral integration initiatives.
- Put in place procedures to **monitor** whether employees are implementing the new service delivery model as intended.
- Use **objective methods to evaluate** whether the services integration model selected results in better outcomes for target populations. Organizations with limited evaluation function could explore external sources of expertise, such as universities and consultancy companies.

- Use **objective methods** to evaluate the success of the initiative and build a platform for full integration.

- Put **feedback mechanisms** in place that will aid the development of a business case for deeper integration.

- Ensure that the **project management process** is led by public servants who understand both the high-level strategic direction of the initiative and the nuts and bolts of implementation.
- Recognize that the **right mindset** is as important as skills and experience when selecting individuals to lead integration initiatives.
- Ensure reforms are guided by a **change management strategy** that addresses demands placed on the workforce, external service providers, and clients.
- Put in place an effective **communications strategy** that keeps stakeholders engaged and informed throughout the implementation process.
- Assess the **quality of existing evidence** on integrated services provision and support practitioners through disseminating information on leading practices.

Notes

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