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## **Multi-agency working: Implications for an early intervention social work team**

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## **Multi-agency working: Implications for an early intervention social work team**

### **ABSTRACT**

The adoption of multi-agency working is a key component of the Government's agenda for the reconfiguration of children's services. This study examines multi-agency working from the perspective of social workers within an early intervention family support team. Qualitative methods were used, involving individual interviews as well as focus groups with a total of 29 professionals within the early intervention social work team and its partner agencies. Thematic analysis of transcripts showed a number of challenges to multi-agency working, including issues focused on differences in partner agencies' protocols, as well as issues concerned with professional status and identity. Messages for best practice that emerged stress the need for clear protocols and methods of negotiating and reviewing protocols; opportunities for informal as well as formal communication between workers; and adequate financial support and timetabling of service developments. Benefits of multi-agency working include enhanced inter-agency respect and communication, greater understanding of child protection thresholds among partner agencies, and fast track referrals. Issues that require further investigation include the blurring of professional boundaries for social workers delivering early intervention services in community settings, and the outcomes for children of multi-agency working in early intervention services.

**Keywords:** Multi-agency, joint working, early intervention, children's services, professional identity

## INTRODUCTION

Consistent messages concerning factors that help and hinder multi-agency work within child and family services have now begun to emerge. A recent special addition of this journal featured this topic, and there have also been recent reviews by Frost (2005) and also Sloper (2004). Studies such as these have enabled Government to generate guidance on the means of successfully implementing multi-agency working in order to deliver more co-ordinated and effective services for children, young people and families (DfES, 2005). The cross-agency co-ordination of services is seen as a key element in achieving the five outcomes for all children laid out in 'Every Child Matters' (DfES, 2003). However, despite knowledge of barriers and facilitating factors, the implementation of multi-agency working and the pace of service development remain a challenging and stressful undertaking for many individuals from the different agencies involved in the frontline delivery of services. This paper draws on findings from the evaluation of a social services early intervention family support team, based in London, and reports on the experience of front-line social services workers engaged in multi-agency working with community partners in children's services.

### Policy context

Lord Laming's inquiry into the death of Victoria Climbié exposed significant failings in the co-ordination of services for children, and was influential in driving forward the current Government's agenda for change. Since the publication of 'Every Child Matters' Green Paper (DfES, 2003), the reconfiguration of children's services has gathered pace, with the publication of further policy documents such as 'Every Child Matters: Change for children' (DfES, 2004) and the 'National Service Framework for Children, Young People and Maternity Services' (DH/DfES, 2004), which sets out a clear vision for services:

*'Families need a seamless child and family-centred service that addresses all types of need, provides continuity across all transitions in the child's family life, and is not limited by separate agency roles and responsibilities'.*

The significance of multi-agency working as a key component of the new approach to service design and delivery is also enshrined in the Children Act (2004), which obliges all local authorities to have multi-agency Children's Trusts in place by 2008.

In addition to integrated services for children, the Government has identified early intervention and also support for parents and carers as key areas to focus action on in order to improve outcomes for children (DfES, 2003). Initiatives such as Sure Start Children's Centres and extended schools have been set up to provide services to meet this early intervention, integrated family support remit.

### **The early intervention family support team**

In response to this agenda, the children's social services department in the local authority area that forms the focus of this study set up a new social work team to provide early intervention family support, working closely with partner agencies. The broad aim of the team was to provide a range of family support interventions to reduce the need for statutory social services involvement. Families that the team worked with comprised those requiring targeted services (at level two in the pyramid model of needs and services; Hardicker, Exton, and Barker, 1991), i.e. above those requiring universal (or level one) services but below those requiring statutory intervention (i.e. levels three and four).

A key feature of the early intervention service was its multi-agency working. Frost (2005) and also Lloyd, Stead and Kendrick (2001) helpfully provide precise definitions of the array of terms that have been used to convey types and levels of multi-agency working. As the early intervention team employed a number of different multi-agency models that straddle several of the types identified by these authors, we loosely use the term 'multi-agency working' throughout to cover the range of different partnership arrangements that were in operation. Examples of the many different models that the team used included having a worker based within a multi-disciplinary team physically located in an education department building, who was supervised by social services and jointly managed by social services and education. Other workers were physically located part of the time at social services and part of the time within community agencies, being supervised and managed by social services. Other workers were employed, managed and based in social services departments but attended external meetings, for example, with school staff and other professionals to support vulnerable pupils.

At the time of the study the service comprised two teams with a total of 37 workers (including team managers), some of whom were mainstream funded, but most of whom were supported by initiative funding, including Sure Start, On Track, Neighbourhood Renewal funding and the Children's Fund. The range of workers' posts included: Generic social worker, Social work assistant, On Track worker, Behaviour and Educational Support Team

worker, School liaison worker, Drugs and Alcohol worker, Domestic violence worker, Hospital liaison worker, Sure Start worker, Vietnamese Community worker, and Children's Centre worker.

### **Study aims**

An evaluation of the team took place from October 2004 to September 2005, and the present paper reports on one component of that evaluation, namely social workers' experience of multi-agency working. With its early intervention, family support, multi-agency approach, the service was characterised by many of the features at the forefront of the current Government's thinking around children's service. We were interested, therefore, in exploring the implications of multi-agency working from the perspective of front-line social workers based within a service with this particular combination of features. Our aim was to identify challenges and benefits of this approach to working and messages for best practice that might assist other local authorities in the implementation of similar services.

### **METHODS**

Qualitative methods were used in the form of interviews and focus group discussions. (Quantitative analysis of case file material was also carried out but is not presented here). These were carried out with: (1) front-line workers and managers within the team; (2) other social services team members; and (3) external agencies, including senior representatives from some of the agencies with whom social workers carried out joint working. Seven focus groups were carried out and eight one-to-one interviews, involving 29 individuals in total. Interviews and focus group discussions were tape recorded and transcribed. The material was used to carry out a qualitative thematic analysis to map key issues, using a grounded theory approach (Glaser and Strauss, 1967) in which conclusions are allowed to rise out of the data. A framework technique was used to guide the analysis (Ritchie and Spencer, 1994), so that material could be categorised under thematic headings. Relevant documentation from the service was also utilised, including internal reports and referral forms. Ethical permission for carrying out the project was obtained from the Local Research Ethics Committee. The issues that emerged from the analysis of multi-agency working centred on three main themes. The first two themes focused on challenges to multi-agency working: practical procedures and protocols; and professional development and identity. The third theme concerned positive outcomes for social work professionals engaged in multi-agency working.

## **FINDINGS**

### **1. Procedures and practice**

#### **Negotiating protocols**

There were several differences in working approaches between the social services team and partner agencies that posed challenges to multi-agency working. For each agency that the team engaged with, protocols had to be developed concerning issues such as client consent, referral criteria and referral information, assessment methods, record keeping, information sharing and limits of confidentiality. In addition, each worker's role, responsibilities, lines of accountability, and supervision and training needs had to be identified and managed. This involved detailed planning and negotiation with every partner agency that the team worked with, and this was complex and time consuming.

#### **Collaboration and consent**

An example of a specific issue that highlighted key differences in social services and partner agencies approaches was the issue of service users' consent. The social work team's approach involved gaining families' written consent before undertaking any work with them. Partner organisations working at a community level saw less need for this. It was seen as too formal an approach for use within agency settings that were characterised by informal contact with its users, such as drop-ins. Relatedly, partner agencies working in the community identified the approach that social workers were likely to use when working with families as one that belonged more to a tradition of statutory intervention, and was at odds with the more collaborative approach of community agencies. In order to deliver a 'seamless' service with co-workers from other professions, some partner agencies felt that some of the social workers needed more training in '*...having to negotiate rather than impose*'.

#### **Defining a social services 'case'**

Another issue that required negotiation with partners concerned holding case files on families and registering them on the social services' database. A main indicator of the social work team's performance as assessed at their district office was the number of cases the team held. Therefore social workers needed to open case files on each family they worked with and register them on the social services database as an

indicator of their workload. Workers in partner agencies were concerned that families engaging with community services such as schools and early intervention services (in contrast to statutory services) would be put off by the need to be registered as a social services 'case' on a database because of the potential stigma. This was also acknowledged by some of the social workers:

*'People don't want to be registered... because of how the information is going to be used. There is this saying that goes around, that 'they are known to social services'.'*

Several social workers therefore engaged in work with families that did not involve entering the families' details on the social services database, for example, in consultations with families and running group sessions. Such work formed a significant part of their early intervention role within community agencies, but was not routinely measured as part of their performance at the social services district office. This left social workers feeling that much of their early intervention work went unrecognised and under-valued by their senior managers:

*'There are lots of things that I do that are not reflected because there isn't a way of reflecting it.... I actually do quite a lot of consultation work with families and parents, but social services would never really know about it.'*

Partner agencies saw a need for social services to devise more appropriate methods of working, and to develop different performance indicators in relation to early intervention in the community arena. As a manager in one partner agency put it:

*'People are going to walk in and out of services, and how do we monitor that? When is a case a case?.. Providing an early intervention, and lowering thresholds and allowing social workers to work with families when it isn't child protection is great, but we have to actually deliver it differently and if we're still stuck delivering in a way that's about – you have to fill in an initial assessment form and you need to do this and that. We're not changing – we're trying to do early intervention the way we're doing everything else.'*

### **Improving inter-agency communication**

Regular inter-agency meetings were seen as a significant means of ironing out such difficulties, including managerial and also front-line worker meetings. The social work team held a joint 'away day' with a

team from a partner agency to discuss the interface between the two teams and practical issues such as referral procedures, and this was reported as having worked well from the perspective of both agencies.

Different models of joint working also appeared to have an influence on how easily partners engaged with each other. One partner organisation, for example, observed that joint working was more effective from their perspective when social workers were physically co-located as part of a multi-disciplinary team that allowed workers opportunities for both informal and formal communication and information sharing.

## **2. Professional development and identity**

### **Professional development and standards**

A number of concerns about multi-agency working emerged in relation to the social workers' professional development, standards, identity and status. Social workers who were based within multi-disciplinary team offices rather than a social services office, for example, missed out on informal discussions with colleagues concerning social work practice and professional development, and had to find alternative ways of keeping up with such topics. For other social workers who spent some of their time in district offices and some time working project-based in community agencies, prioritising the competing needs of each agency was difficult:

*'Each of the partners has their own agenda...So I feel that I am always pulled a lot in different directions.'*

For social workers who worked across several projects, it also raised fears about not being able to fulfil the expectations inherent in each of their roles:

*'I find it hard to juggle the three acts. You're asking me to spread myself thinly on the ground and not do anything properly.'*

### **Professional identity and contribution**

Other comments by workers hinted at the possibility of erosion of their professional social work identity:

*'You think, what hat am I putting on this morning? Or what name badge am I putting on this morning? Am I a social worker today or a project worker today or are you part of the Spokes team today...? You're multi-skilling all the time.'*

Working at non-statutory levels of intervention and within an early intervention context raised the issue of the role of the social worker and the unique and distinctive professional skills they bring to bear in working with families. The social work team perceived this to be a bone of contention between themselves and social workers based in other teams that operated at statutory levels, who appeared to place less value on multi-agency, early intervention work, as these social workers explained:

*'For some people we are not 'real' social workers because we are not doing crisis intervention.'*

*'I think its quite difficult for other people to understand what we are doing with the family anyway – if there's not a [child protection] concern why are we there? – that kind of thing.'*

### **Professional image and professional hierarchies**

Many social workers within the team also felt marginalised by other professions with whom they worked. This was experienced in different ways. Some social workers reported that the initial impression of them held by a number of partner agencies (and families) was not entirely positive, and that this influenced the degree of receptiveness that other professions had towards working with them:

*'Outside of this building, certainly for clients and for other professionals, we're still seen as 'the social worker' with all that power that people perceive that we have in terms of what we can do and can't do, that we can whip children out of the family home just like that. That fear is certainly out there with families and some other professionals....In practice it's often a hard slog to promote this service and to keep a very positive focus.'*

Other social workers felt that multi-disciplinary working was being hindered by a predominance of one particular agency's model over another, as well as in the allocation of resources. Evidence of a professional hierarchy was seen, for example, in relation to practical issues such as resource allocation within multi-agency sites such as schools, where room space was limited and priority was given to medical practitioners:

*'In schools if the speech therapist and I [the social worker] are there, the speech therapist gets the room...It's the medical model and it's almost like it's a hierarchy. I think in a team there has got to be an understanding that we are all experts in our professionals...It can be really devaluing.'*

There were, therefore, several challenges to multi-agency working experienced by the social work team. Although these challenges impacted greatly on the morale of individual social workers, overall there was a great deal of commitment and enthusiasm for their multi-agency, early intervention role. Many commented on the job satisfaction that they derived from the creativity and autonomy they experienced in developing new working approaches in conjunction with other agencies. For some of the social work team who had previously worked within child protection, the early intervention approach to working with families was also seen as a bonus:

*'We can be more intensive, we get to know our families better than if you were at the District...Working with families on a voluntary basis is so much more pleasant than District work...Families are much more grateful.'*

### **3. Positive outcomes for social services**

#### **Enhanced professional respect**

A positive factor arising from the multi-agency working was the development of more positive interagency relationships, particularly between social services and schools. The process of joint working appeared to have enhanced communication between agencies and increase understanding of each others' roles and ways of working. Social workers felt that this would ultimately lead to more effective working and better outcomes for children and families:

*'This is a really good opportunity to break those barriers down, and it helps social workers as well to understand how schools operate...You know what they need from you, you know exactly what they can do, what's within their remit and what's not, and so you can foster a better relationship in order to help a child.'*

The increased respect between organisations was seen as a particular bonus for social services as social workers felt that it would lead to earlier referrals and a less stigmatising experience for families:

*'It's not only families who have a problem with us [social services], its other professionals...If they have those attitudes themselves, how are they then going to encourage these families to come forward for support from our team? I think we've influenced them to thinking more positively about social services. Our team is in a good*

*position to influence people positively towards accepting social workers.'*

### **Understanding intervention thresholds**

Multi-agency working was also beneficial in helping other professionals to gain greater understanding of the threshold between statutory and non-statutory social work intervention, and when referral about child protection concerns was appropriate. The increased confidence around intervention thresholds together with having personal contact with a member of social services enabled partner agencies to make referrals more speedily and appropriately, as this worker in a partner agency commented:

*'If there is a need for high level support, it is there, you don't have to start knocking on doors – the door's already open. I think that that's the advantage of having somebody that isn't just a home-school liaison officer. Some schools do have home-school support who are providing that type of work, but they haven't got the advantage of a door into statutory services.'*

### **Reduced stigma for families**

The social workers also felt that working with community partners in settings located away from the social services district office (such as early years centres) increased respect for social services from the families' perspective, and reduced the chance that families would feel stigmatised by social services involvement. The social workers that worked within school settings also developed novel ways of engaging families that they felt enhanced the 'approachability' of social workers for families. Initially at school open evenings where several professionals working with the schools were on hand to meet parents, the families steered clear of the social workers. However, at subsequent open evenings this difficulty was overcome by obliging parents to spend an allocated amount of time speaking to all of the professionals in turn, including the social workers.

Social workers felt that this shift in the way that they were engaging with families in community settings was likely to help change families' perceptions of them for the better, and was likely to enable an earlier reduction in families' difficulties:

*'I see a lot of my role as trying to change the face of social services so that people will see me in the playground, they'll come and chat to me, and they'll think, 'She's a social worker but she's okay'. I've*

*heard people say that. It means that if they think I'm okay then its okay to come and share their problems...I think that's important, otherwise people hold on to their problems until they bypass us and go straight into the referral and assessment team.'*

Social workers felt that their location within community settings with professionals from other disciplines was a key element in changing perceptions of social services.

## **CONCLUSIONS AND IMPLICATIONS**

This study adds to the weight of evidence that has begun to accrue regarding the challenges and benefits of multi-agency working between professionals delivering services to children and families. We have highlighted the role of a number of factors that impact on multi-agency working from the perspective of front-line social workers delivering early intervention family support. Issues identified as negatively affecting partnerships included differences in partner agencies' protocols, professional hierarchies and the loss of professional identity. Such issues will doubtless be faced by similar services up and down the country as local authorities implement the Government's agenda for change, and develop early intervention, integrated services to support families.

There are a number of messages for best practice that can be drawn from the present study. The importance of having clear protocols is very apparent, as is the need to have mechanisms for jointly developing, reviewing and evaluating such protocols (such as joint team 'away' days). This has also been highlighted by Coles, Britton and Hicks (2004) in their study of inter-agency working in the Connexions service. The present study also highlights the need for allowing opportunities for both formal and informal communication between professions through, for example, co-location working, a finding that is consistent with other studies of multi-agency working (e.g. Boreland-Kelly, 2003). It is also clear that developing inter-agency working is a time-consuming business, as solutions to difficulties are often arrived at through trial and error learning between agencies. This can be undermined by reliance on short-term initiative funding and financial uncertainty (Sloper, 2004). Therefore more stable funding and realistic timetables for developing and implementing multi-agency arrangements are required, backed by supportive management practices that allow consultation with front-line workers, and the chance to review strategic plans in the light of their experience of implementation (Frost, 2005).

There are several issues brought to light by the present study that are specifically related to multi-agency working by social workers, and to social workers in early intervention in particular. One issue concerns the development of appropriate performance indicators that reflect the nature of the work undertaken in multi-agency working in community settings, rather than a 'case counting' approach reliant on registering service users on the social services database. Perhaps one of the most significant issues is that of professional identity and status. Comments from workers interviewed for the present study indicate that the unique contribution of the social worker is in danger of being subsumed by other professions. This process has been noted by others who have suggested that joint working, particularly between health and social services, leads to the erosion of the social model of care (Revans, 2003). A similar phenomenon is reported by Abbot, Watson and Townsley (2005) in a study of multi-agency working with families of children with disabilities. They found that workers felt that the 'social model of disability' was being threatened by the dominance of medical and health issues, and that this was borne out to some extent by the particular areas of improvement that multi-agency working brought for families (i.e. health and education support rather than financial and emotional support).

Loss of professional identity and status were a particular concern for the social work team due in part to its early intervention remit. At times the social workers found themselves working alongside, for example, Sure Start workers or On Track workers delivering parenting programmes or running drop-ins, i.e. delivering very similar work to non-social workers. However, as Frost (2005) notes, professions are defined by what makes them distinctive rather than by what they have in common. Multi-disciplinary working, especially in an early intervention context, appears to produce a blurring of these professional boundaries. This raises fundamental questions such as 'what is social work?' and 'what can social work uniquely contribute at non-statutory levels of intervention?' This has been explored to some degree by Bullock and colleagues (Dartington Social Research Unit, unpublished, 2000), who suggest that social work comprises three elements: face-to-face clinical work, care management, and advocacy or brokering. Little and colleagues argue that if we accept this definition, then a significant amount of social work support is being carried out by a variety of professionals other than social workers, such as GPs, health visitors, Sure Start workers, etc (Little, Axford and Morpeth, 2003). The training and professional identity of those best placed to deliver child and family support through multi-agency working in the context of early intervention remains a dilemma.

Although multi-agency working posed challenges to their professional identity, social workers in the present study demonstrated great enthusiasm and commitment for their new roles, and were also able to identify benefits to their profession from multi-agency working. Consistent with previous research (e.g. Atkinson, Wilkin, Stott, Doherty and Kinder, 2002), they identified enhanced respect and appreciation of partner agencies' roles and improved inter-agency communication. From the perspective of partner agencies, benefits included a more positive impression of social services, greater understanding of child protection thresholds, and speedier referral routes for vulnerable children. These developments may ultimately improve outcomes for children and families, which were beyond the resources of this study to assess, but which remain the real test of multi-agency working, given that it is not an end in itself.

While there is at present sufficient evidence testifying to the impact of early intervention with children and families (e.g. Moran, Ghate and Van de Merwe, 2004), there is as yet limited evidence (and conflicting findings) concerning the impact that multi-agency working has on child outcomes. We are all too painfully aware of the outcomes for highly vulnerable children that the absence of joint working can result in, most notably through the tragic deaths of several children over the decades, from Maria Colwell to Victoria Climbié - cases in which a lack of co-ordinated services was a significant contributory factor. It remains to be seen whether the presence of multi-agency working and integrated services will not only lead to a reduction or even elimination of such tragic child deaths, but will enhance the lives of a larger proportion of children and families who come into contact with early intervention children's services.

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