Can agencies collaborate with children and families?

Collaboration between agencies working together with children and their families will never work. Discuss.

Multi-agency working is not a new development for years its importance has been recognised for professionals from inter-agencies to collaborate, even as early as the mid nineteenth centaury health and social workers, worked in partnership to help reduce poverty in England. (Cheminais 2009; 1) Many changes have occurred over the years, which have stressed the importance of collaboration between agencies working together who are closely involved in the services working with children and families. (Waller 2009; 152) However, in spite of the beneficial outcome collaborative working has achieved for patients, clients and for the professionals themselves. (Leathard et al 2003; 131) Many children are still ' being failed by the absence of collaboration between agencies to meet their needs; and this was epitomised by the circumstances surrounding the death of Victoria Climbié'. Wilson et al (2008; 519)

This essay will discuss the collaboration between agencies looking at legislation and policies that the government has put into place to drive multi-agency working, the essay will also cover the benefits of Multi-agency working as well as the challenges and barriers between professionals working in health, social services and education. Furthermore, the essay will focus on private, independent and voluntary sectors discussing multi-agency working between them. Throughout the essay a placement of a medical centre (see Appendix) will be referred to where a Health Visitor (here after HV) will be discussed as to whether collaboration in children's services is beneficial to children and families or if as literature suggests is failing.

Throughout this essay a variety of terminology will be used, according to Lumsden in Waller (2009; 156) ' In practice, the terms partnership, collaboration, interagency work and working together are often used interchangeably and different professionals can have different interpretations of what they mean'. In this essay the following definitions will be used all to refer to agencies and professionals working together with families and children, these are defined below:

' Collaboration' – Interdisciplinary process of problem solving, shared responsibility for decision making and the ability to carry out a plan of care while working towards a common goal'. (Mckay et al. 2008; 110)

' Multi-agency working' – More than one agency working with a young person, with a family on a project (but not necessarily jointly). It may be concurrent sometimes as a result of joint planning or it may be sequential.' (Lloyd et al. 2001)

' Partnership Working' – ' A collaborative professional working relationship with other in both the professional and para-professional world of all agencies who work jointly to deliver services to local children and families'. (Gasper 2010; 24)

' Interagency working' – ' This involves two or more agencies working together in a formal and planned way, but each agency will maintain its own identity as it works alongside other agencies'. (Fitzgerald 2007)

When referring to the above terms the agencies that will be addressed within the subject of collaboration will be social care, health care, and education.

The above services are a fundamental role for both children and families, who may need the help of these agencies, helping families and children to have a positive outlook.

For many years the government have released legislation and policies to highlight the importance of agencies collaboratively working together, to help children and families, especially safeguarding children. More recent legislation has imposed agencies such as health, social care and education working jointly together. As frost proposes ' the concept of joint working in safeguarding children and family support services is central to the government's approach, which acknowledges the inter-relatedness of family needs in the fields of health, social services, law enforcement, child welfare, housing and education, and aims to make the delivery of services more efficient and effective'. Frost et al. (2007; 185) However as much of the literature suggests there are many restrictions between agencies working together.

The Implementation of the Children Act 1989 highlighted the importance of collaboration between agencies, ' the act clearly confirmed that multi-agency approaches were seen as the most effective way of protecting children from abuse'. Fitzgerald (2008; 35) The Act (1989) defines in section 47 how agencies from ' any local authority; any local education authority; any local housing authority; any health authority; and any person authorised by the Secretary of State for the purposes of this section' has the right to join together and protect the child from harm by providing and sharing information. Children's Act 1989 HM Government (Section 47; 11) Cheminais (2009) concurs with Fitzgerald (2008) stating ' The Children Act 1989

established the statutory requirement for inter-agency collaboration and joint working in relation to children and young people, requiring professionals to ' work better together'.' Cheminais (2009; 1)

The government have produced many legislative documents on collaboration between agencies ' working together'. The Working Together to Safeguard Children document' (DfES 2006) was first published in 1999, but a more recent adaptation was produced in 2006, which shows how agencies and practitioners should be working together to promote and safeguard the wellbeing of children. The more recent version of the paper reflects the new developments which have happened through policies, legislation and practice. (Wilson 2006; 4) The paper was formed for anyone who works with children and families, it expresses how agencies and professionals should be working together to meet the legal requests of both the Children's Acts 1989 and 2004. (Barker 2007; 4) ' Working Together to Safeguard Children describes comprehensively how agencies should work together and gives guidance on investigations and conduct of case conferences.' Brammer (2006; 249) The guidance in the document sets out a national policy to help safeguard children which are based on the green paper ' Every Child Matters' outcomes. ' Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution and Achieve Economic Well-being' Every Child Matters (2003: 1) ' In achieving these outcomes working together stresses the importance of an integrated multi-professional approach by all organisations and agencies to the assessment, planning, intervention and review processes for all vulnerable children'. Barker (2007; 5) The Working Together to Safeguard Children (2006) document underpins many important government

legislations from the Children's Act 1989, Children's Act 2004 and the Green Paper Every Child Matters (DfES 2004)

In 2003, the Laming Report was made public and brought 108 recommendations for changes to children's services at a national and local level, and within and between the different agencies and professionals. The Laming report led to the Green paper ' Every Child Matters' which set out five main outcomes for children to achieve there wellbeing, the legislation was aimed at children from birth to nineteen years. It was the tragic death of Victoria Climbe in 2000 which was one of the main contributions to the Green Paper Every Child Matters (DfES 2003) ' The legacy of Victoria Climbie is that her death provided both the government and professionals with the permission to refocus on the importance of working together, thus integrated services are at the heart of the government initiative Every Child Matters, and the Children Act 2004 provides the legal framework to facilitate the programme of change', Lumsden et al. in Waller (2009; 153)Victoria's death was a result of horrifying abuse which was caused by her great aunt and her boyfriend. However Victoria was seen by many agencies ' during her time in the UK Victoria was seen for health and welfare reasons, by a wide range of representatives from different social services departments, health services and hospitals as well as the police, but all failed to intervene appropriately to protect her'. Barker (2009; 9) Every Child Matters tried to build on existing plans put together by the government to strengthen preventative services, social exclusion and tackle poverty for children and families by focusing on four key themes; ' Supporting parents and carers; Early Intervention and effective protection; Accountability and integration of services; and

Workforce reforms.' (Baldock et al (2007; p70) In 2004 Every Child Matters ' Change for children' was launched alongside the Children's Act 2004, ' providing the legislative spine for the wider strategy improving children's lives'. Tunstill (2007; 26)

' The United Kingdom have witnessed 30 years of fatal child abuse inquiries or serious case reviews.' Reader et al. (2004; 96) ' During that time there have been about 40 public inquiries overall and between 50 and 90 local case reviews under part 8 of the ' working together' guidance each year. Reader et al (2004; 96; Department of Health 1999) These terrible consequences of past inquires have influenced the services provided to children and families through changes to policies and in practice, however public inquiries have also seen similarities. It is over 30 years since the publication report was released looking into the inquiry of the death of seven year old Maria Colwell who tragically died from abuse of her step-father. This tragic death caused shock in society and there was ' utter determination that such tragedies like this would never happen again' Lonne (2008; 18) However despite the governments backing of policies and produced reports there have still tragically been other victims. The inquiries of Victoria Climbe and Maria Colwell have identified a number of common themes; as Parton (2004; 82) describes ' considerable confusion and a failure to communicate key information, so that as a consequence both children fell through the elaborate welfare net'.

' Nevertheless failures of agencies to co-ordinate their efforts continued to be seen as a significant contributing factor in the death of children through abuse.' Maynard (2004; 182) When yet another tragedy occurred in 2007 the

death of ' Baby Peter' or ' Baby P', who suffered abuse from his mothers boyfriend a very similar case review to Victoria Climbe. ' Canning et al (2010; 70) states ' both children's names will be a constant reminder to professionals of the shortfalls and failings that can occur in relation to the protection of the welfare of children'. Therefore working collaboratively continues to be a child protection theme, both in terms of government guidance and in primary legislation.' Maynard (2004; 182)

As we have seen the consequences which can occur when mistakes are made in multi-agency collaboration, are often disastrous. Therefore preventative methods needed to be put into place, as part of the ' government's strategy for more integrated children's services in 2003′ the development of the ' Common Assessment Framework (CAF) and lead professional (LP)' was established. Brandon et al (2006; 397) The CAF aims to ' deliver frontline services that are integrated and are focused around the needs of children and young people'. (ECM 2009) The Framework ' helps practitioners from a variety of agencies (health, education, social services, youth offending ect) to access children's services earlier and more effectively, develop a common understanding of those needs and agree a process for working together to meet them'. Hall et al (2009; 81) Through developing the use of CAF different agencies can use the same assessment for families and children without overlapping or having multiple assessments for the child. An important role in CAF is the Lead Professional which is an ' important part of the strategy, the Lead Professional is a single point of contact for children, young people and their families'. Hall et al. (2009; 82) The Common Assessment Framework aims to:

- ' Reduce the number of assessments for children with additional needs to reduce stress on the chid and family

- Ensure that services delivered by multi-agencies to the same child/ family are appropriately coordinate to reduce overlap and gaps in service provision

- To ensure professionals are aware other agencies are involved to share information about any concerns about a child'.

(Baldock 2009; 84)

However there are also limitations to using the ' Common Assessment Framework', as it is a new form of assessment it will mean more of a workload for professionals and Lead professionals therefore it may hinder collaboration and children may slip through the net as professionals may be too busy filling in paper work, to visit the family and child. (Fitzgerald 2007; 63) Other limitations include agencies not working together, as Brandon (2006; 405) states ' some areas identified problems in getting particular agencies and sectors to sign up for these multi-agency processes.' Another restriction is implementing it into the workforce, and getting all agencies involved in using CAF as soon as possible. Every Child Matters (2009; Online) states ' AllLocal Authorityareaswere expected to implement the CAF, along with the lead professional role and information sharing, between April 2006 and March 2008.' However when in placement setting in 2009 with a local Health Visitor they were still in the process of putting CAF into practice, (see Appendix) therefore we cannot yet prove that it is going to be successful, to help agencies work jointly together. However as a result of the CAF not being implemented throughout agencies there were gaps, and children still slipped

through the net as a result, Gasper (2010; 126) states, ' All agencies responded in unison following Lord Laming's report into the death of Victoria Climbe and there was a surge in the momentum to work more closely together across agencies and professions. The common assessment framework has been the outcome, but even that has not prevented continuing tragedies such as the case of ' Baby P' in 2007′.

To help meet the government's strategy of multi-agency collaboration, alongside the Every Child Matter agenda, the Common Core of Skills and Knowledge was introduced. (HM Government 2006) As part of the skills there are six areas of expertise that all practitioners including volunteers across disciplinary background will be expected to put in to practice when working with children and families:

- ' Effective communication and engagement
- Child and young person development
- Safeguarding and promoting the welfare of the child
- Supporting transitions
- Multi-agency working
- Sharing information'

Fitzgerald (2007; 125)

' Inter-agency and multi-agency work is an essential feature of all training in safeguarding and promoting the welfare of children'. Working together to safeguard children (DfES 2006; 94) As part of the Multi-agency strategy Local Safeguarding Children's Boards (LSCBs) have been established to replace Area Child Protection Committees. ' LSCBs were established through the

children Act 2004 there main remit is to develop policies and procedures for ' Safeguarding and promoting the welfare of children in the area of the authority'. Fitzgerald (2007; 62) LSCBs ' put in place legislative arrangements for implementing the proposals in the 2003 Green Paper ' Every Child Matters' placing working together on a statutory footing for both the statutory and voluntary agencies and the community'. Robotham et al. (2005; 177) Through producing strategies like CAF and LSCBs the government are working towards closer integration between services, where all agencies understand and work from the same documents then this should help agencies as they both share the same understanding.

Agencies working collaboratively together from private, independent voluntary sectors shall now be discussed, in relation to multi-agency working. When out on placement an issue that occurred in one particular family was domestic violence, (see appendix) the HV collaborated with multiple agencies from different sectors to help keep the welfare of the mother and child safe. The Health Visitor helped the mother to get in contact with a voluntary agency

WAVES (women's centre against domestic violent events), the mother was able to contact them through using the Children's Centre which is a statutory sector and was also given advice about counselling which is private sector. This involved the use of multi-agency working which for this particular case was a successful collaboration between agencies involved. Through the HV being in contact with the children's centre, the voluntary and private run group, it assured that the needs of the children and family in this case were being met. Working Together to Safeguard Children (DfES 2006; 94)

document states; ' Training and development for inter-agency and multi-agency wok should be targeted at the following practitioner groups from voluntary, statutory and independent agencies, for those who are in regular contact with children and young people'. Multi agency working should include services provided by use of Private, independent and voluntary sectors (Maynard 2004; 189) for overall collaboration between different agencies, and the strategies in place to work together.

The effectiveness of agencies working collaboratively together will now be discussed. There are many benefits for multi-agency collaborative working in social care, health care, and education settings. However ' There appears to be limited positive evidence on outcomes from integrated working with much of the current work focusing on the process of integrated working and perception from professionals about the impact of such services'. Brown et al (2006; 16) One positive aspect is it ' leads to enhanced and improved outcomes for children and young people, through a range of joined-up services advice and support being readily available and easily accessible'. Cheminais (2009; 26) When observing the collaboration of agencies within the placement setting, it was clear that there was good partnerships between the agencies, this especially was shown between the health visitor and the local Children's centre (see appendix) as part of the drive for greater collaboration Sure Start Centres were also brought in to enhance multi-agency working by providing many professionals in the same centre, therefore all families have access. Another positive outcome to agencies collaboratively working together is improved cost efficiency, when all services work together they have to use less individual resources. (Johnson

et al 2003) Another positive outcome to multi agency working is when services work together they share information therefore this makes it less stressful for families, but also helps agencies to not overlap, as Fitzgerald et al (2008; 28) States; ' The main strands of children's services -education, health and social services have in the past developed separately within differently established services. This separate development ultimately led to a fragmented pattern of services for children, with gaps and overlap in service provision and a work force divided by different professional cultures, different remits and goals and ultimately different views of children and childhood'. Therefore when agencies to work together collaboratively great successes came become of this for both children and families, however there are also many barriers to different agencies working together.

Although there is much legislation, policies and documents on how to have successful collaborative agencies working together, there are also many barriers that can occur when these different agencies come together. One of many problems which has been highlighted in case reviews of working together is lack of communication and information sharing between agencies and professionals. Gasper (2010; 126) describes what can happen if agencies fail to communicate effectively; ' More than one tragedy has been shown to be the direct result of failures of professionals to communicate and to take responsibility for seeing through concerns raised by one or more person or agency'. As this has been the main issue in the Laming reports, the government produced an ' Information sharing Index' or ' Contact point' to help overcome this barrier for professionals. ' The purpose of contact point is for professionals involved with a child and family to be aware of other

agencies and professionals who are also working with them.' Buldock (2009; 88) When in the placement setting the HV (see appendix) was in contact with many other agencies, about particular children and families. Even though contact point was only just being set up in the setting, through using contact point the HV is able to establish if the child has a CAF, agencies involved with the families, and contact details of the agencies this makes the process of information sharing much more simple and accessible to practitioners. This is aimed at aiding rapid and effective inter-professional co-operation and ensuring better information sharing than previously'. Buldock (2009; 88)

Another barrier in the challenges of multi-agency working is funding, ' concerns in relation to sustainability, for example conflicts over funding within and between agencies; a general lack of funding for multi-agency training and development work and to cover accommodation and on-costs for services delivery'. Cheminais (2009; 27) Sloper (2004; 578) discusses how funding can be a barrier to collaboration between agencies, through having different and short-term budgets. ' Financial uncertainties, short term funding and lack of joint and equitable budget between partners are barriers, it is often suggested that coordinated working will produce cost savings by cutting down duplication of assessment and provision and providing a more appropriate and timely service to meet needs'. ' Many studies stress that time is the essence in setting up projects and developing relationships and it is difficult to maximize collaborative advantage when funding is short term'. Gannon-Leary (2006; 669) However, Hudson (2002) argues that when agencies work together through sharing funding it can help to have a positive effect on collaboration between agencies. ' Formal sharing of

financial resources appears to have a number of benefits, promoting collaboration and cutting down on duplication' Hudson et al (2002) in Sloper (2004; 578)

Another important barrier, which often occurs in agencies working together, is the cultural issues, roles, and responsibilities. ' The management of different professional and multi-agency service cultures, for example, staff recruitment and retention, disparities in status, pay, conditions of service working hours and working conditions'. Cheminais (2009; 27) This can all make it very difficult for professionals from different agencies to work together, although when out on placement this did not occur other professional may feel they are more important in status and power than other professionals from different agencies. Foley (2008; 109) states ' On the one hand, they want to be seen as being professional in terms of their specialised knowledge about children and their skills, on the other hand, its obvious that elitism and professional language can act as a powerful barrier'. When working together the language barrier and the use of jargon between different agencies can often cause conflict. Fitzgerald (2007; 55) states ' terminology attitudes to information sharing and professional principle can cause tension between agencies and poor integration of service delivery'. Sloper (2004; 578) states how overcoming the barrier to working together can be very difficult between professionals who may not work together, ' Findings on the barriers to multi-agency collaboration indicate the difficulties to be overcome. There is now some evidence that shared learning and inter-agency/ inter-professional training especially as part of continuing professional education, is one way of promoting better multi-agency

collaboration'. Sloper (2004; 578) However if this barrier is over come then the services provided to children and families should be a positive experience; where agencies are using the same focus and goals to deliver services.

' All children's services are working towards achieving the five outcomes of Every Child Matters, therefore developing a common vision at operational level and strategic level is of utmost importance'. Canning et al. (2010; 70)

This showing that in order for successful collaboration between agencies on of the key themes is training and updating knowledge. The government are recognising the importance for further training for the professionals, who will be working with the future children, and have designed the Early Years Professional Status; ' the government wishes to have EYPs in all children's centres by 2010′. CWDC (2006).

In Conclusion it has shown that there are many positives to collaborative working between agencies, and we have witnessed in first hand experience (see appendix) with the Riley Family. It has shown that agencies are able to collaborate with each other to provide services to help children and families, however it has also revealed the consequences which can happen if agencies are not prepared to work together to safeguard children, in cases such as ' Baby P'. Therefore with current legislation, and policies like Every Child Matters, Working Together to Safeguard Children, CAF, Contact Point, and Common Core Skills, agencies are guided into collaboratively working together and overcoming the barriers, to provide successful services to children and families.