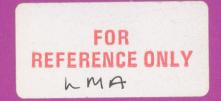


# effective interagency working: a review of the literature and examples from practice

by Kathryn Tomlinson National Foundation for Educational Research

LGA educational research programme





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#### **Contents**

Acknowledgements				
Au	thor's r	note	iv	
1.	The case for interagency collaboration			
2.	. Government policy supporting interagency working			
3.	Models of interagency collaboration			
4.	Good practice			
	4.1	Full strategic and operational level commitment	8	
	4.2	Shared aims and values	8	
	4.3	Involving relevant people	9	
	4.4	Roles and responsibilities	11	
	4.5	Management	12	
	4.6	Funding	13	
	4.7	Data sharing	13	
	4.8	Training	15	
	4.9	Team commitment	17	
	4.10	Communication	19	
	4.11	Location	20	
	4.12	Creativity from adversity	21	
5.	Conclusion: lessons learnt from the review			
Ар	pendix	Examples of successful interagency working in specific fields	24	
Re <sup>.</sup>	ference	ac	26	

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#### Author's note

The literature on which this review is based uses a number of different terms to describe working practices. In this work, the terms 'multi-agency', 'interagency', 'interdisciplinary' or 'joint working' are all used interchangeably to refer to any collaboration between agencies or between professionals from different agencies.

#### 1. The case for interagency collaboration

Collaborative work, ranging from formal strategic partnership between statutory agencies to the informal participation of client groups, is increasingly occurring in a range of professional work at the local operational level. The potential benefits of such multi-agency work are huge, both in terms of improved service to clients and improved working practices for the individual agencies and their professionals. In their in-depth study of collaborative work, Atkinson et al. (2002) note that 'all types of multi-agency activity reportedly led to improved access to services for the target group' (p.93). In addition to improved services, multi-agency work produced many other direct outcomes for children and their families, including improved educational attainment, improved behaviour and selfesteem and support for parents. The reduction of the need for services, resulting from early identification and intervention, was a further impact of many of the initiatives surveyed (Atkinson et al., 2002, pp.92-113).

In some cases it has been argued that progress in work with young people is dependent on interagency collaboration (Borland et al., 1998, p.93). For example, research into the education of children in public care demonstrated that 'effective practice - practice that results in a successful and positive educational career for young people who are looked after - can only be secured via partnership' (Fletcher-Campbell, 1998, p.7). In the context of provision for children with social, emotional and behavioural difficulties, Hamill and Boyd similarly state that 'it is no longer acceptable practice for any one group of professionals to operate in isolation' (Hamill and Boyd, 2001, p.147). The clients in question are frequently so vulnerable that their needs cannot be met by any single agency (Fletcher-Campbell, 2001).

As well as having a noticeable impact on services provided to clients, multi-agency collaboration produces additional benefits for whole agencies and for individual professionals. Benefits for the agencies concerned have been shown to include offering them a broader perspective and a better understanding of the issues, as well as interactions improved understanding of, other agencies. for individual professionals, addition. with working people from backgrounds can be rewarding and stimulating, as well as making one's own job easier by reducing the time spent solving problems (Atkinson et al., 2002, p.92-113; Audit Commission, 1998, p.29; Fletcher-Campbell, 1997, p.59; Haynes et al., 1999, p.123).

However, multi-agency working can be difficult. It involves working across agency boundaries, with conflicting agency aims, values and cultures, limited training in interprofessional collaboration and in a context of funding that is often limited or tied to The roles particular functions. responsibilities of individuals and agencies must be defined and maintained. For success, it requires that all partners be committed to collaboration, at both strategic operational levels, in personal professional terms. As Atkinson et al. note, 'a wide range of factors was considered important for multi-agency working, thus pointing to the enormity of the task' (Atkinson et al., 2002, p.138). However, it has been shown that it is the very challenge of conflict within interagency practice that produces creative and successful outcomes (Machell, 1999, pp.2-3).

There now exist a number of major studies identifying factors that contribute to the success of multi-agency working and those factors that provide challenges (Atkinson et

al., 2002; Dyson et al., 1998; Wilson and Pirrie, 2000). Evaluations of individual projects have also contributed to our understanding of why some interagency initiatives fail to live up to initial expectations (Easen, 1998; Law et al., 2000) or, in fewer examples, what has guaranteed their success (for example, Blyth et al., 1999). Other works that focus specifically on the successes and challenges of interagency cooperation include Atkinson et al. (2001, 2002), Campbell (2001), Capey (1997), Hamill and Boyd (2001), Kendall et al. (2001), Lacey (2001), Lowden and Powney (2000), McConkey (2002), Pirrie et al. (1998) and Stark et al. (2000). Other authors have alluded to the problems and benefits of multi-agency work in the context of other issues, including Fletcher-Campbell (1998), Include (2000), Little (1999), Walker (2002) and Wearmouth (2001).

This work therefore builds on existing knowledge in summarising the factors that affect the outcomes of multi-agency working. The aim of this review has been to identify examples of the successful management of these factors – which are often embedded in literature on other matters – and thus to provide policy makers and practitioners with a bank of examples upon which they may draw in the development of interagency collaboration. The focus of the review is local rather than national collaborative partnerships, and it is concerned principally with the

management of operational policy rather than formal strategic partnership. The review seeks to contribute to the fulfilment of the need for accessible dissemination of good practice (Lacey, 2001, p.172). Examples from specific fields of practice are listed in the Appendix.

The literature used in this review was identified through a search of databases of research literature in education, including the Educational Resources Information Centre (ERIC), British Education Index (BEI) and the NFER library's own databases. The keywords 'multi-agency collaboration' and 'interagency collaboration' were found to provide the best results. Other literature in the health and social services fields was identified through more selective means. The research is confined to literature published in the UK between January 1995 and February 2003, as earlier literature relates to a very different policy context.

A search was also made of documents held by the Education Management Information Exchange (EMIE) at NFER, using the keywords 'multi-agency working', which provided unpublished examples of multi-agency work offered by local authorities as examples of current practice. The Current Educational Research in the United Kingdom (CERUK) database was searched in order to identify those involved in ongoing research on multi-agency working and researchers were contacted as appropriate.

## 2. Government policy supporting interagency working

The case for interagency working is not dependent only on research evidence, but is supported by an increasing number of Government policies and initiatives for improving provision across education, health and social services.

In the health context, the White Paper Our Healthier Nation: Saving Lives (GB. Parliament, HoC, 1998a) and the Health Act (GB. Statutes, 1999) establish requirements for improved partnerships between the National Health Service and local authorities. For social services, the Children Act 1989 (GB. 1989) includes a statutory requirement for interagency collaboration in order to coordinate planning of local services for children. The White Paper Modernising Social Services (DOH, 1998b) recommends improving partnerships to ensure more effective coordination of services for children through joint working between health, social services, housing and other services. The Crime and Disorder Act 1998 (GB. Statutes, 1998a) established multi-agency youth offending teams. including representation from education, police, probation and social services. Equally, Modernising Health and Social Services -National Priorities Guidance 99/00-2001/02 (DOH, 1998a), the first government guidance directed at both health and social services, exhorted interagency work.

In education, Early Years Development Partnerships have been established to integrate education and care at a local authority level. These followed from the White Paper Excellence in Schools (GB. Parliament. HoC, 1997) and the Green Paper, Meeting the Childcare Challenge (GB. Parliament. HoC, 1998b). The White Paper Meeting Special Education Needs; a Programme of Action (DfEE, 1998) similarly requires local authorities to improve agency

collaboration to strengthen support for children with special needs.

National initiatives also increasingly require multi-agency working for their The Quality Protects implementation. programme, launched in 1999 initially for three years but now extended until 2004, implicitly requires interagency collaboration in order to ensure that children in need gain maximum benefits from educational opportunities, health care and social care. Sure Start was launched in the same year, in part to fulfil the need for joint working in order to improve services for three-year-olds and their families in areas of need (Anning, 2001; Include, 2000, p.15; Turner et al., 1998, p.35).

In Scotland, joint working has had political support for a considerable length of time. In 1964 Committee the Kilbrandon recommended that 'social education departments' be established to manage education and social services in an integrated fashion (Kilbrandon Report, 1964). Although this went unfulfilled, since the early 1980s many regional councils have developed formal interagency approaches known as 'youth strategies'. Youth strategies aim to reduce the need for formal intervention in the lives of young people through a range of informal and non-statutory support.

Multi-agency collaboration is an important aspect of the 1993 White Paper Scotland's Children, which recommends changes in child care law and practice. This paper was based on eight principles drawn from the philosophy of the United Nations Convention on the Rights of the Child, the last of which states that 'any intervention in the life of a child, including the provision of supportive services, should be based on collaboration between relevant agencies' (Scottish Office, 1994). The Children (Scotland) Act 1995 (GB.

Statutes, 1995) developed this principle into a statutory duty for local authorities to produce Children's Services Plans in consultation with health and housing agencies, voluntary organisations and representatives of the Children's Hearing system. The Scottish Executive Education Department (SEED) and its predecessors have therefore prioritised interagency collaboration in recent documentation on exclusions from school and special educational needs (Hamill and Boyd, 2001, pp.138–9; Lloyd et al., 2001, pp.1, 7–9, 63).

Government guidance therefore increasingly recommends, if not requires, interagency collaboration in the provision of services, particularly for children. Although it may be argued that in some cases – notably in education – a contrasting agenda for increasing standards has led to competition, the antithesis of collaboration (Machell, 1999, p.2), nevertheless it is generally felt that government support for multi-agency working is considerable (Anning, 2001; Include, 2000; Wearmouth, 2001, p.172).

#### Models of interagency collaboration 3.

It has been argued that while government rhetoric and policy encourage and require collaboration between health, social services, law enforcement, housing and education, 'conceptual frameworks for setting up, managing and delivering 'joined up services' are not provided (Anning, 2001, p.2). Rather, local authority staff and other professionals have been simply instructed to collaborate and change working practices, with little training in how to do so. Wearmouth agrees that while those structures devised to make interagency work a reality - the Scottish Children's Hearing, the Multi-Profession Assessment for children with special educational needs and the Working Together protocols for abused children have generally been effective, in general, few national attempts have been made to provide such structures (Wearmouth, 2001, p.176).

Researchers and evaluators have attempted to fill this gap by developing models of multi-agency working, based on evaluations of existing activity. Particularly notable are those of the Audit Commission (1998), Dyson et al. (1998) and Atkinson et al. (2002). The Audit Commission's guidance on developing effective partnership working begins with the salutary reminder that, whatever the benefits of multi-agency working in general, it can be difficult and expensive and is therefore not always appropriate in specific cases. Other options, including consultative arrangements, networks organisational commitment and contractual relationships, should also be considered (Audit Commission, 1998, p.13-14). Other authors have noted that offering advice or consultation can facilitate improved services without joint working and that not all partnerships lead to good practice, as they can be predatory rather than supportive (Atkinson et al., 2002, p.183; Mordaunt, 1999).

For those considering developing interagency collaboration, the Audit Commission's guidance includes a useful checklist for action (Audit Commission, 1998). It also summarises partnership arrangements into four main models, including the advantages and disadvantages of each: a separate organisation, virtual organisation (i.e. without distinct legal identity), co-locating staff from partner organisations or a steering group without dedicated staff resources (the simplest and least formal model) (Audit Commission, 1998, pp.17-18).

Atkinson et al. (2002) present five models of multi-agency activity, based on the initiatives encountered in their research, centred on the main purpose of the joint working, with reference to the strategic or operational focus of activity. Their models are:

- decision-making groups, which provide a forum in which professionals from different agencies meet and discuss issues and make decisions, largely at strategic level
- consultation and training, whereby professionals from one agency enhance the expertise of those from another, usually at operational level
- centre-based delivery, gathering a range of expertise on one site in order to deliver a more coordinated and comprehensive service. Services may not be delivered jointly, but exchange of information and ideas is facilitated
- coordinated delivery, whereby the appointment of a coordinator to pull together disparate services facilitates a more cohesive response to need through collaboration between agencies involved in the delivery of services. Delivery by professionals is at operational level, while the coordinator also operates strategically

 operational team delivery, in which professionals from different agencies work together on a day-to-day basis forming a cohesive multi-agency team delivering services directly to clients (Atkinson et al., 2002, pp.11–23).

The four models of cooperation developed by Dyson et al. (1998) are, like those of Atkinson et al. (2002), based on examples identified during research, but are of additional interest as they are offered as 'aids to analysing and developing cooperation rather than blueprints for action' (Dyson et al., 1998, p.63), in order to allow managers to analyse underlying features and assumptions in existing or planned multi-agency initiatives.

#### The models are:

- mutual cooperation, in which agencies recognise each others' statutory responsibilities and have systems for responding to information requests.
   Cooperation occurs in areas where it does not infringe on specialist roles, and generally runs smoothly as agencies' responsibilities are clearly defined. The need for cooperation is acknowledged, yet individual practitioners can still work in what they see as the best interest of their clients and departments remain distinct
- shared responsibility, in which agencies
   'recognise the concept of need as multi faceted and therefore requiring a multi agency response' (ibid., p.66). Activities
   are frequently locally based joint services,
   with considerable operational autonomy,
   although there is a risk that this leads to
   policy based on responses to front-line
   activity, rather than as a result of careful
   analysis of evidence
- natural lead, in which it is recognised that different agencies will take a lead role at different stages of a client's life. For example, in the case of children with special educational needs (SEN), health takes the lead before school age, at which point education becomes the lead. Social services

- take pole position after the young people leave school. Responsibility is unambiguous and information tends to be held centrally by the lead agency, but non-lead agencies may be unwilling to help fund projects not felt to be their priority and the transition process can be difficult
- community services, in which 'individual need is seen in the broader context of community need' (*ibid.*, p.70). Services are therefore devolved and centralised management structures dismantled, with the potential for extending provision through commercial partnership.

  Participation by service users can be high, but there is a risk of fragmentation of overall provision, or that communities receive unequal provision (Dyson *et al.*, 1998, pp.63–72).

To assist managers in making practical use of these models, Dyson et al. (1998) have developed an 'analytic framework' for assessing any activity, examining whether it focuses on the management of individual cases or strategic issues and whether it facilitates central control and monitoring, or local responsiveness and involvement. Furthermore, they list suggested aims and objectives of multi-agency work (*ibid.*, pp.61–62, 72, 103–109).

Other authors have developed models of multi-agency working for specific services. For example, Connexions Service National Unit et al. (2002) provides models of multi-agency collaboration with Connexions partnerships, youth services and careers services and the role of youth workers as Connexions personal advisers. Bertram et al. (2002) identify four models for the integration of services within early excellence centres. And OfSTED and HEFCE's (1999) work includes five different models of funding arrangements in consortia of post-16 education providers.

However, as the authors of these models note, in any one example of multi-agency working it is probable that several types of collaboration will be occurring concurrently. For example, the six case studies presented by Atkinson et al. (2002) all involve two or more of the five models identified. Similarly, the home–school support workers project evaluated by Webb and Vulliamy (2001) involved both a strategic 'decision making group' and a 'coordinated delivery' operational group

in Atkinson et al.'s (2002) terms, or Dyson's (1998) 'mutual cooperation' and 'natural lead' models (Webb and Vulliamy, 2001, p.324). Furthermore, the literature suggests that this use of variety of models is necessary for successful operational outcomes (Atkinson et al., 2002, p.11; Bertram et al., 2002, p.41; Dyson et al., 1998, p.72).

#### 4. Good practice

Whichever model of multi-agency collaboration is felt to be appropriate, success is better ensured if certain aspects of working practice are well managed. The remainder of this review considers these factors – identified in the research literature discussed above – and presents cases of good practice in their application.

## 4.1 Full strategic and operational level commitment

Commitment to collaboration at all levels of the agencies involved has been shown to be a key factor in successful cases of interagency work. How this is ensured will vary according to the model of activity chosen, although as Dyson et al. (1998) note, 'The existence of a strategic level forum is also a very practical demonstration of a commitment to interagency cooperation which can set the tone throughout the other levels in the agencies.' (Dyson et al., 1998, p.51). At the strategic level, consideration of multi-agency working in the development of all policies is an important tool for developing its application. Bedfordshire's policy on the provision of education outside school is an example of the integration of multi-agency working into policy on specific issues. It recognises that pupils will intervention by non-educational agencies in order to make educational progress and that the interests of pupils will be best served through effective collaboration between the parents and carers, agencies and schools involved with them (Bedfordshire County Council, 1999, pp.2, 19).

At the operational level, collaboration has a greater chance of success when developed in consultation with professionals and clients. This helps to ensure that working practices are appropriate for all involved, but also assists in ensuring team commitment from the start. Mackie and Siora (2000) provide an

example of the process through which a multi-agency model of good practice was developed within the New Start programme. Consultations were held both to identify gaps in provision and then to develop a model of working based on the results of this research. The resulting model was then piloted in two high schools, three pupil referral units (PRUs) and five other agencies. An initial two-month testing period was followed, after some changes to the model, by a year-long pilot, before the project was broadened to include further high schools and a primary phase (Mackie and Siora, 2000, p.45–46).

#### 4.2 Shared aims and values

One of the challenges facing those seeking to develop collaborative working is the need to accept and move beyond the differing values and cultures of professionals from separate disciplines. Interagency working can challenge existing agency cultures, in some cases resulting in resistance by individuals who 'retreat into the security of single-agency culture' (Atkinson et al., 2002, p.131). Agencies may feel themselves to be exposed to external scrutiny, and sensitivity to (perceived or actual) criticism from other agencies' professionals can inhibit successful collaboration. Moreover, strategic-level personnel may find themselves confronting the culture of their own agency and specifically any detrimental impact it may have had upon its clients (Atkinson et al., 2002, pp.131-132).

The interaction between different agency cultures must therefore be carefully managed in order to retain the commitment of all participants. Research has shown that interagency working is successful when participants accept that agencies' aims differ, but are willing to work together towards a common goal. Multi-agency teams are 'more

likely to shape agency priorities by demonstrating success, rather than seeking confrontation over perceived shortcomings in existing priorities' (Atkinson et al., 2002, pp.146-7).

#### Collaborative support for children with Special Educational Needs

Lacey (2001) reports on collaborative support for children with special educational needs which relies upon shared values and aims. At one special school, teachers and therapists worked together closely, feeling that they shared much in common. They were able to 'cross over, blur the edges of their roles' and share skills to ensure pupils' needs were met holistically. One example of such work is their motor groups: programmes of exercises developed collaboratively using the disciplines of physiotherapy, speech and language therapy, occupational therapy and teaching.

In the Wolfson Centre in London three therapists collaborated on assessments of multiply disabled children, having shared their assessments and trained one another to undertake basic assessments for their disciplines. The therapist specialising in the child's major difficulty usually undertook the initial assessments. While they trusted each other to carry out assessments in a different discipline, the therapists could call on one another if difficulties arose. Assessment sharing was facilitated by videoing assessment sessions for later shared discussion, or by assessing children in a room with a one-way mirror with observers in an adjoining room (Lacey, 2001, pp.62-65).

#### 4.3 Involving relevant people

As Mortimer notes with regard to early years provision, 'dealing with the various agencies involved can be the most stressful aspect of caring for a child with disabilities'. She quotes parent, frustrated with а coordinating the visits of multiple professionals, imploring, 'Can you get diaries under prescription?' (Mortimer, 2001,

pp.82-3). Involving all relevant professionals in multi-agency collaboration contributes to ensuring such concerns are met. One approach to ensuring all relevant partners are involved is to use a checklist of all agencies involved with the client group.

#### Checklist of potential partners

In reintegrating excluded young people into mainstream education, schools can benefit from a comprehensive checklist of professionals and services with whom they can work. One such checklist includes the following: education welfare service, behaviour support team, education psychology, further education colleges, careers service, Learning Gateway (or Connexions), youth offending team, social services, youth service, child and adolescent mental health services, primary care group (health), drug action team, housing association, local employers, sport and leisure services (Include, 2000, p.38).

Involving such relevant people in the early stages of developing multi-agency working is particularly important.

#### Establishing the Connexions service

In developing their Connexions service, North East Lincolnshire careers and youth services began by discussing their vision of a local Connexions service. From these ideas a consultation paper was written and presented to partner organisations including social services, the education department, youth offending team and voluntary and community organisations. Following their feedback, a large, one-day multi-agency conference was held to discuss various aspects of the Connexions service and how to pilot it. One conclusion was that a multiagency team of personal advisers should be piloted. As the evaluator notes, 'The conference was a great success especially because it made attendees excited about developing a Connexions service locally' (Dickinson, 2001, pp.116-124).

Ensuring that all necessary professionals are available may require systematic planning.

#### Durham's joint Education and Child and Adolescent Mental Health Services (CAMHS) consultation forum on children reluctant to attend school

At the start of the academic year, the coordinator of Durham's Home and Hospital Support Service and the consultant child and family psychiatrist circulated a timetable of 12 available consultation forums to staff in schools and the education welfare service. They could book a consultation forum to discuss problems facing a particular young person. The school pastoral manager or special educational needs coordinator (SENCO) convened a school-based meeting with the education welfare officer, parents or carers and the coordinator of the Home and Hospital Support Service and the consultant child and family psychiatrist. Other professionals (community paediatrician, CAMHS, LEA support service or social services personnel, or an educational psychologist) were invited as appropriate.

The meetings provided an opportunity to discuss the referred case, achieve a common understanding of the problems and agree a realistic action plan specifying targets and agencies to be involved. Schools used the sessions to obtain advice from a range of agencies, facilitate early discussion and planning and monitor pupil progress. Advance planning of the consultations meant that all professionals involved with a child did attend meetings at short notice. All professionals involved felt that this joint work demonstrates effective partnership and has led to increasing ownership by schools of responsibility for inclusion of young people anxious and reluctant to attend school (Durham County Council, 2001).

In some cases, the 'relevant people' whose involvement is particularly valuable are the clients or users of the service.

#### Young People's Support Service in Hull

Hull's interagency Young People's Support Service (YPSS) opened in 1999, to provide support, advice and befriending to young people in need, including care leavers and those who are homeless, young parents or have special needs. From its conception the YPSS involved users in designing, developing and refining its service. Care leavers have been involved in the following.

- The initial research programme. In 1997
  Save the Children undertook research into
  needs of care leavers in Hull and explored
  support options for care leavers through
  transition at age 16 and beyond. The
  research was based on the views of care
  leavers themselves and peer researchers
  undertook much of the fieldwork. The
  report provided clear recommendations
  about the need for and structure of an
  independent and interagency support
  service for care leavers.
- Office location, colour scheme, furniture and opening times. The first six months of the YPSS's operation involved staff training and decorating and furnishing the city centre location, on the basis of choices made by care leavers. Opening times were also agreed with young people.
- Representation on the Steering Group.
   This established the service.
- Staff recruitment. Young people have taken part in round-table discussions of various issues to test applicants' interpersonal skills.
- Regular consultation. Consultation about the YPSS was handled through informal discussions with staff, a weekly Young People's Meeting and quarterly anonymous surveys.
- Representation on the Joint Agency Management Group for Young People.
   Four places were reserved for young people.

The users seem to have been satisfied: in anonymous questionnaires, 92 per cent rated the service good, very good or excellent. As the authors of the report note, 'Young people need to be involved at all

stages, as we have done, but they need support and training and their involvement must not be tokenistic' (Dickinson, 2001, pp.62–73).

In the Black Country, each borough recruited four students to carry out 'mystery shopper' visits to their Connexions centre. Their recommendations have resulted in improved signage, response time, access for those with physical disabilities, vacancy briefings and access to information libraries (OfSTED, 2002, p.17).

## Involving parents and grandparents in play school

Using the Quality in Diversity framework for assessing and developing early childhood learning, practitioners at one play school aimed to increase the involvement of family members in their provision. They developed their family notice board using community languages in notices and displays. Staff also decided to focus visits on very local everyday places and people, such as to the local fire station, rather than special visits to the seaside or a theatre. Parents and carers were explicitly informed about the change and encouraged to suggest and organise suitable 'mini-visits'. This approach paid off, as when in a fine week in September, one grandmother invited a group of children to help collect the windfalls from her old apple tree.

These changes ensured that all children were able to experience the welcome and involvement of family members through 'being made to feel part of the wider community of which the setting was a part' (Early Childhood Education Forum, 1998, pp.18–19; for another example see Makins, 1997, pp.62–63).

As these examples demonstrate, involving clients and their carers in partnership working can produce very positive outcomes. However, involving clients is not sufficient in itself, as Lloyd *et al.* (2001) illustrate in their discussion of school-based interagency

meetings about exclusion in Douglasshire. Although young people and their parents or carers valued participation in these meetings, they did not always understand everything that was discussed and in some cases found the meetings intimidating or upsetting. The inclusion of users in decision making must not be tokenistic and steps should be taken to ensure their informed and comfortable participation (Lloyd et al., 2001, p.67).

#### 4.4 Roles and responsibilities

Much research has shown that successful interagency activity relies on the existence of clear roles and responsibilities both for individuals and agencies and that these need to be understood and respected by all involved.

## Blackburn with Darwen New Start referrals

Blackburn with Darwen New Start team produced a referral pack to assist agencies in referring young people to the project. The pack included an introduction to the project, a sample eight-week programme and a referral form. Importantly, in order to clarify the continuing role of the referral agency and to prevent them passing on young people without offering continuing support, the referral form included the following commitment from the agency: 'I also undertake to continue to support this young person whilst they are involved in the New Start Programme' (DfEE, 1999, p.26).

#### Autistic Spectrum Disorder referrals

Sandwell LEA's multi-agency group developed a clear referral route for children with suspected autistic spectrum disorder (ASD). Concerns raised by parents, carers or health visitors were usually referred to the GP. GPs were provided with information on further referral procedures, including symptoms to look for and factors to be aware of when referring on, such as whether the child has an additional learning difficulty and the nature of their school

placement. Clear guidance was given on who children should then be referred on to, depending on whether they are older or younger than five years and whether or not they have an additional learning difficulty (DfES, 2002).

However, clarification of roles should not imply rigid maintenance of existing responsibilities. Rather, joint working can provide the impetus for innovation and 'blurring the edges' by moving beyond existing roles to work in new ways (Atkinson et al., 2002, p.123).

#### 4.5 Management

In several evaluations of successful multiagency working, attention has been drawn to the value of good management. Evaluators of the New Community Schools Pilot programme in Scotland found a consensus about the importance of managerial 'commitment, skills, energy and enthusiasm' in developing the New Community schools approach (Sammons et al., 2002, p.11; see also McConkey, 2002, p.7). Managers are also influential as gatekeepers to interprofessional training and as such can help or hinder the uptake of such programmes and their impact in practice (De Bere, 2003, p.118).

The Audit Commission (1998) argues that 'a properly structured partnership board is essential to make sure that the partnership delivers its objectives and remains accountable to the partners' (Audit Commission, 1998, p.19). But in many cases the use of a variety of management approaches ensures maximum effectiveness (Capey, 1997, pp.10–11).

#### Good Management at an Early Excellence Centre

A year after the establishment of an Early Excellence Centre combining teaching and care sector staff, substantial progress had been made in 'sharing and trying to understand each other's professional knowledge and ways of working' (Anning, 2001, p.5), in part due to services from two sites being co-located for six months. Exceptional leadership using two strategies ensured that staff felt valued and supported while being challenged to change. Firstly, regular meetings were held at which all staff were encouraged to contribute ideas regarding how best to meet the needs of the local community. A meeting chaired by a neutral local evaluator addressed personal difficulties felt in dealing with radical change. The result was an innovative team sharing ideas and 'focus[ing] our energies on the needs of the children and their families'.

Secondly, all practitioners observed activities in the work place, focusing on children's play and learning, adults' behaviour and the movement and interaction of adults and children in shared spaces. Following reflection and discussion of the quality of experiences observed, all staff were invited to participate in rethinking the use of space, furniture and equipment to fill identified gaps. Budgetary control was devolved to small teams for the reorganisation of language, maths, construction, craft, natural materials and role play areas, which empowered staff and made them feel valued, while allowing them to 'anchor up to their shared vision for the future and down to their daily "real" activities' (Anning, 2001. pp.5-6).

Hackney New Start managers experimented with a model of case conferences in order to create peer support for staff. Careers consultants described a case to the team meeting and issues were discussed with colleagues. Ipswich youth service project workers were also offered peer supervision in addition to management supervision, in order to improve the effectiveness of working relationships with clients (DfEE, 1999, p.21). Another example of innovative management is the dual management of Connexions personal advisers, including counselling support from the youth service (Dickinson, 2001, p.118).

#### 4.6 Funding

In the initiatives examined by Atkinson et al. (2002), funding was most commonly cited as the greatest challenge to multi-agency working, as well as being the most common cause of difficulty in the early stages of initiative development. More specifically, difficulties arose regarding fiscal resources due to conflict within or between agencies, a general lack of funding and a lack of sustainability. The authors also found that difficulties arose even where funding was particularly generous, due to problems with the management of the various funding streams. They noted that 'inflexible funding structures can inhibit creativity and innovation, as well as multi-agency working generally' (Atkinson et al., 2002, pp.115-120, 204).

On a more positive note, evidence shows that resource issues may be overcome. Broad strategies successfully adopted included pooled budgets (one or more agencies meeting some or all of the costs of personnel from another agency, or provision of 'in kind' resources), joint funding (by all those involved in an initiative, often on an or like-for-like basis) identification of alternative sources of income (to pump-prime or enhance multiagency services) (Atkinson et al., 2002, p.155). Other authors note that it is flexibility of funding arrangements that in some cases enables multi-agency working (Sammons et al., 2002, p.5)

### LEA consortium's provision for pupils with SEN

Led by Islington, five inner London LEAs established a consortium to improve provision for pupils with multi-sensory impairments. The project was initially funded through Grants for Education Support and Training (GEST) funding. In partnership with Sense (the National Deafblind and Rubella Association) the consortium contracted a national expert on working with the target pupils to conduct

an audit of need and support the advisory teacher. The advisory teacher, employed jointly by the consortium, initially spent one day a week in schools in each LEA with pupils, teachers and other staff, providing training and advice on individual pupil programmes. Thereafter she worked with other agencies in education, health and social services and has given specific support by spending a week in each school. This represents a relatively simple but effective funding collaboration between LEAs to meet a common need (DfEE, 1997, p.55).

While sometimes expensive, multi-agency working can also save authorities money, through increased efficiency or prevention of need for services or duplication of provision. Added gains may be made if these savings are channelled back into further collaboration.

#### Coventry's Success Index

Strong, long-established partnerships exist in Coventry and Warwickshire, partly due to stable personnel in core agencies. The positive approach to collaborative working has enabled the joint setting and strategic monitoring of targets, known as the Success Index, and has led to coordinated funding. For example, provision for excluded year 10 and 11 pupils in FE colleges was initially funded by the Chancellor. As the LEAs recognised savings to their home tuition budget and better achievements in relation to the Success Index, they contributed most of the funding in following years (DfEE, 1999, p.79).

#### 4.7 Data sharing

Another considerable challenge to planning, operating and evaluating interagency work is the need for shared access to client data. Government, practitioners and researchers have already made the case for improved data collection and interagency sharing (Leeds Council, 2002; Audit Commission, 1999). As Moss et al. (1998) note, we live in an age of information technology, yet

frequently run into an information deficit (Moss et al., 1998, p.263). However, despite the general lamentable dearth of data collation and data sharing, protocols are increasing in number and a number of impressive good practice examples exist.

#### Leeds Interagency Protocol for Sharing Information

Leeds Council developed a comprehensive protocol for interagency data sharing. Their rationale was that, 'The increased emphasis on interagency working to plan and provide services has led to an increased need for agencies to share personal information about service users. At the same time, concerns about protecting data from inappropriate use have been reinforced by implementation of the Data Protection Act and Caldicott Guidance' (GB. Statutes, 1998b; Caldicott, 1997).

The detailed protocol consisted of principles for the sharing of information and operational procedures including guidance on consent, security and transmission and managing the protocol. It included examples of information that should be given to clients regarding consent, as well as a framework developed by the Waltham Forest Healthcare Trust and Waltham Forest Social Services on 'need to know' access to information. This consisted of a consideration of roles relevant to the access of information, levels of confidentiality and reasons for justifying access. These were combined in a matrix demonstrating the access available for each role to each level of information and the reasons why access is justified. Thus access was clearly specified in any case of need (Leeds Council, 2002).

The Home Office (2000a) publication on antisocial behaviour includes examples of two further protocols on data sharing: one from Manchester on information about risk and one from Avon and Somerset on personal information, the existence of which has led to some multi-agency case conferences to resolve anti-social behaviour (Home Office, 2000a, pp.65–66; see also Mackie and Siora,

2000, p.59). Data sharing need not be particularly complicated; shared access to an Excel spreadsheet is often sufficient for use in planning, delegation of case work, plotting trends, planning targets and so forth (DfES, 2002).

However, the collection of data and production of statistics is rarely an end in itself (Moss et al., 1998, p.272). While data analysis can illuminate important issues and inform innovative strategy, unless it is used to influence the work of local authorities and the actions of others its impact will be limited (Audit Commission, 1999, p.19). Considerable improvements may be made to services through analysis of data collected and shared between agencies.

#### Planning through data analysis

Connexions personal advisers in Bradford analysed the addresses of young people not in contact with the careers services, in order to identify 'hot spots' for targeted action. They then worked cooperatively with the youth service and other agencies known to be active or to have well-used bases in those areas.

Norwich Connexions service also undertook extensive research and ascertained that most of their potential clients were already in touch with the careers service. They therefore focused on maximising street contacts and home visits to young people. Although costly and labour-intensive, both the careers and youth services felt this approach to be essential, in order to remove formal barriers otherwise preventing this cohort from accessing education and training (DfEE, 1999, pp.33-34).

In another authority, school attendance data were analysed, identifying different patterns of absence (extended holidays in countries of origin and parentally condoned absences) in different areas. The education welfare service was therefore restructured, to focus attention on moulding attitudes at primary age. Link

workers from local communities were also appointed to work on low-level punctuality and attendance and act as a link between schools, families and the LEA to help implement whole-school attendance policies (Audit Commission, 1999, p.14). Another example of the innovative use of data is Liverpool's decision to use Geographic Information Systems (GIS) mapping in truancy sweeps between the police and pupil attendance and education welfare services. All reports of truancy will be physically marked, providing instant visual evidence of 'hot-spots' to be targeted in the future (Liverpool Council, 2002).

In other cases, the multi-agency collection and sharing of data may be part of the process of providing effective services to clients.

#### Health and Welfare Checklist

The Pyramid Trust, a national voluntary organisation, supported teachers in screening children using a health and welfare checklist, covering educational progress, attendance and punctuality, physical development and wellbeing. interest and personal development. The list was designed as a tool for teachers to 'organise their thoughts' before initiating action if appropriate, through a meeting called by the school of all relevant agency staff (educational psychologist, education welfare officer, school nurse, child guidance, etc.) and the parents. The teacher presented concerns emerging from the screening and the meeting then identified positive interventions for the child, such as counselling for parents, a special medical examination, or changes to the child's academic or social curriculum (Ball, 1998, pp.18-19).

Luton's use of the graded care profile by health visitors, social workers and family resource centre staff with regard to south Asian young people is another example of common use of referral and assessment information (Local Government Association, 2002, p.2). Parsons and

Howlett (2000) also provide useful recommendations for data collection and monitoring with regard to excluded children, which may be productively adapted for other purposes.

#### 4.8 Training

There is considerable support for the development of joint training in order to improve interprofessional collaboration. Indeed, some authors go as far as to suggest that 'joint training is the only way to instil a true sense of multi-agency working' (Hallet and Stevenson, 1980, cited in Atkinson et al., 2002, p.9). Hamill and Boyd (2001) note that their research into the effectiveness of support systems for young people who display challenging behaviour reinforces the 'urgent need for joint inter-professional development'. Moreover, this is seen to be an issue to be acted upon 'both at the initial training stage and as part of continuing professional development for all professional groups' (Hamill and Boyd, 2001, p.148).

De Bere notes that while multi-agency professional training is increasingly viewed in a positive light, evaluation of such programmes has been 'less illuminating' (De Bere, 2003, p.105). Similarly, Stark et al. (2000), examining team working in the training of mental health nurses, confirm the results of other research that 'teamwork may be more effectively "caught" than "taught"'. Although they conclude that there are limited opportunities to learn from effective teamwork even on prolonged placement, they do offer suggestions for improved multi-agency training, including case studies, role play, experiential placements and educational vignettes. The authors provide examples of the latter, which include descriptions of multi-agency collaboration in practice and extended quotations from practitioners. They invite readers to contact them for further vignettes for use in training (Stark et al., 2000, pp.114-121).

## North East Lincolnshire Multi-Agency Training

An extensive evaluation of two one-day courses - on 'Managing Drug-related Incidents' and 'Managing Conflict Situations' - illustrates some of the benefits of multiagency training. Although most participants attended on account of an interest in the course content and had not previously recognised multi-agency aims, multi-agency outcomes (sharing information, networking and making contacts, gaining awareness of how other agencies operate) emerged as a main impact. Maximising multi-agency interaction through group activities and discussion were shown to be key in ensuring such courses are beneficial. The authors note that, despite identifying disadvantages and challenges to multi-agency work, 'the vast majority of interviewees... were adamant about its continuation' (Haynes et al., 1999, p.52).

Another example of good practice is the supplementing of formal joint training with work shadowing between different agencies. Amongst the Coventry New Start team, 'this is valued as giving much deeper а understanding of ways of working, organisational priorities and the ethos of partner organisations'. Although costly in terms of staff time, work shadowing 'pays dividends in mutual understanding, trust and communication' (DfEE, 1999, pp.22, 47). Other good practice examples of joint training include Newcastle County Council's joint training for social services, housing and City Health trust staff on the special needs of the residents with mental health problems (Home Office, 2000, p.52); Harrow's 'joined-up' INSET training with advisory and learning support staff, 'avoiding the kind of confusion which arises when services give contradictory advice to schools' (Harrop, 2000, p.20) and programmes in effective partnership working run by the Voluntary Service National Training Organisation in Wales and by Merseyside Training and Enterprise Council (TEC) (DfEE, 2001, pp.17, 37).

Some of the more successful multi-agency training has been that which offers staff,

and sometimes clients, opportunities for accredited professional development.

#### Inter Agency Development Agency (IADP)

The IADP, part of the Merseyside Learning Partnership, worked across Knowsley, Liverpool and Sefton authorities providing interand intra-agency professional development for people working with young people who are disaffected or at risk. Building on research into the key factors influencing disaffection in young people in the region (Kinder et al., 1999), a series of half- and oneday events was developed, alongside a programme of longer-term accredited courses. These ranged from Open College level 2 to post graduate level qualifications and included the following.

- Motivational Interviewing: an Open College accredited short course, delivered by Knowsley Community College, to develop approaches to prevent disaffection, through examining psychological aspects of motivation and changing behaviour, with a focus on practical application of these skills in work with young people.
- 'Kids Who Don't Fit': an accredited postgraduate course developed with Liverpool University for education professionals interested in multi-agency approaches to work with young people at risk of disaffection.

In the first 18 months of operation, over 3,000 careers advisers, education welfare officers, teachers, youth service, social services and other agency staff participated in IADP events (Howarth and Foster, 1999, pp.25–27).

### Tower Hamlets training for special needs assistants

Tower Hamlets LEA established two courses for training special needs assistants. A oneterm course developed in partnership with its schools and London East Training and Enterprise Council (LETEC) provided the practical skills and knowledge necessary for supporting children with special educational needs in mainstream classrooms. The course focused on strategies for supporting a range of different needs, encouraging children to become independent and developing their self-esteem. Trainees had often been working voluntarily in schools, but must have been registered unemployed for at least six months or be returners to work in order to participate. Ninety per cent are successful in finding work at the end of the course.

Secondly, 'Return to Learn' was a ten-month open learning course developed with UNISON and accredited through the National Open College Network. It was designed to help special needs assistants improve their study skills, through writing, analysing and working with figures. Personal tutors provided feedback and advice and a study group encouraged participants to learn together. Through LETEC funding, assistants were given day release to attend the course, which, it was hoped, would be used by participants as a 'stepping stone' to higher level courses, such as the Open University Specialist Teacher Assistant Certificate (DfEE, 1997, pp.65-66).

De Bere states that 'there is little to be gained from inter-professional education, however successful the learning gained, if it is not accompanied by the relevant organisational changes necessary to sustain improvement in the longer term' (De Bere, 2003, p.121). The following example demonstrates the impact of well-planned training on such organisational development.

## Improving quality of life for young people and carers in Kirklees

The Northorpe Hall Trust is an independent charity in Kirklees which aims to improve the quality of life for young people and their carers. In one project a training programme was set up to develop the confidence and effectiveness of practitioners in promoting the education of looked-after children and to improve multi-agency collaboration. All

residential homes in the area were visited to assess the support, guidance and knowledge required by course participants. A series of day seminars was then developed, followed by a ten-week course of more intensive training. Components of the latter course could be taken discretely, but together met the requirements of post-qualifying study, including evidence of how learning was integrated into practice. The 183 participants included residential, field and education social workers, teachers and education support workers, school governors and foster carers.

As a result of the training, a core action group came together to agree resource allocation for looked after children and develop flexible packages for school nonattendees to aid reintegration. The authors note that, 'The results of the scheme were dramatic - within six weeks not only were all the residents in school on a regular basis, but staff were more confident and optimistic'. Part of this success can be related directly to the earlier multi-agency training. 'With much of the work already having been done in phase one of the project, it was relatively easy to actualise the action plan - the multiagency support and resource allocation already being in existence' (Blyth et al., 1999, pp.157-162).

#### 4.9 Team commitment

In an assessment of a relatively unsuccessful interagency school improvement project, Easen (1998) remarks that,

'Partnership' projects may be regarded as 'intercultural learning experiences' for those involved. As such, their success will depend on the personal and interpersonal qualities of the individuals who represent the partnership organisations as much as, if not more so than, on the expertises they represent. (Easen, 1998, p.12)

Other work confirms that the commitment of particular individuals is sometimes the key

to the success or failure of collaboration (DfEE, 1999, p.29). In some cases, friendship between senior members of staff has led to working and socialising between their teams (Jones, 2000, p.3). While the enthusiasm of such individuals should be harnessed, such participation cannot ensure the sustainability of multi-agency collaboration. Rather, systems should be developed to encourage team and individual commitment to collaboration. The following is an example of how this may be achieved.

#### Addressing disaffection in Europe

Youthstart, a range of projects helping to integrate young people into the labour market and Integra, which focused on the employment of adults, were two projects based in Merseyside and funded by the European Social Fund. Transnational activities were central to their collaborative nature and visits to other projects were particularly successful in both projects, resulting in 'extremely useful exchanges of ideas as well as other links being made and networks developed'.

The visits were additionally beneficial in motivating team members and developing team commitment. They facilitated the development of social as well as working relationships. A team attachment developed because when on neutral territory all are 'outsiders' to some degree and hence interagency conflicts are diminished. A 'stock of in-jokes and shared experiences (good and bad)', which were built up during the project, 'increased the feeling of trust and cohesion within the group' (Machell, 1999, p.10).

Transnational visits are obviously not possible in most cases of collaboration, but joint visits to similar provisions elsewhere in Britain may be worth considering, to develop ideas for local provision as well as team commitment to joint working.

In other successful cases of collaboration, the commitment of all team members can be traced to previous working relationships.

#### West Sussex Specialist Schools Network

The West Sussex Specialist Schools Network consisted of a headship group of all headteachers of specialist schools in the region, as well as two subject groups, specific to the schools' specialisms and involving the heads of the specialist departments. Indeed, it was out of pre-existing subject-level groups that the Specialist Schools Network developed.

The Language Link group aimed to improve examination results in languages and improve pupils' knowledge of language in the workplace by developing activities and sharing ideas. It involved the headteachers of the three language colleges in West Sussex, the modern languages adviser and the adviser responsible for Education Business Partnerships (EBP), plus representatives from three companies in West Sussex. The Technology Link group, involving the five local technology colleges, the EBP manager and some local businesses, was modelled on the Language Link group, but had a strong emphasis on ICT.

Participants in the network felt that its success was due to the region's history of collaboration between the LEA and schools and between schools themselves. Also advantageous was the importance placed on research and evaluation, which itself benefited from the 'good regular networking of subject teachers and middle management' (Aiston et al., 2002, pp.11, 13).

This example demonstrates the advantages of capitalising on pre-existing enthusiasm and networks for developing further multiagency working. A Manchester City Council pilot project, for supporting children and families so that their need for educational and health support mirrors the general demand. similarly built on collaboration, in that the three primary schools involved all had experience of multi-agency working and community or parents' room. Each school had a multi-agency support group, including the coordinator, headteacher, social services

team manager, education welfare officers, early years and play managers, health representatives (usually the school nurse), parents, community police and representatives from the voluntary sector and adult education. A local community action group was attached to each school (Ball, 1998, pp.18–19).

#### 4.10 Communication

Effective communication can be key to the success of multi-agency collaboration. This may be as simple as ensuring good liaison with the media. For example, an evaluation of truancy patrols in Nottinghamshire noted that two of six planned patrols were unsuccessful because details were either published in a school newsletter, or the local radio station repeatedly broadcast details of the patrol on an early morning show. Yet the participants were pleased with the greatly increased public awareness and widespread media interest resulting from successful patrols (Nottinghamshire County Council, 2001; see also Liverpool Council, 2002). The following examples are of systems or initiatives that embed effective communication into working practices.

#### New Start Partnership Toolkit

One New Start partnership developed a 'toolkit' to map, collate and disseminate examples of good practice programmes aimed at its client group. A pro forma was developed, requesting project contact details, a short description of the initiative, type and present size of client group, existent multi-agency practices and referral mechanisms. Following two sweeps of relevant organisations, the toolkit contained over 100 entries, some of which include multiple programmes. Once collated, the information was published in an A5 hardback booklet and sent to 800 organisations across the borough that have contact with young people. It was expected to have a shelf life of no more than three years. As well as identifying 'some really good pieces of work', the process of involving people in a common task was advantageous in developing the network (Mackie and Siora, 2000, pp.59–60).

### Timely communication around SEN assessments

Dyson et al. (1998) report on strategies within LEAs for ensuring timely interagency communication. Many used a special educational needs database to monitor time taken to gather information from other agencies for statutory assessments, with a letter of reminder automatically generated to professionals whose contribution was overdue. Other LEAs set up an 'early warning system' to avoid delay in collecting health medical information from professionals. The LEAs sent initial letters to the health authorities prior to their formal request, informing them of the forthcoming official request, in order to ensure that medical advice was received within the time limits (Dyson et al., 1998, pp.44-45).

#### Merton Refugee Bulletin

A partnership was established in the London Borough of Merton between organisations and agencies concerned with refugee children. A regular bulletin was sent to all schools in the borough and to staff in the education, leisure and libraries department and other council departments, voluntary organisations, community representatives, health authority staff and councillors. The bulletins included information on children's countries of origin, legal guidance, pupils' testimonies and suggestions for schools for improving support and welcome for refugee pupils and their families through induction admissions procedures. recommendations were facilitated by the provision of templates for welcome booklets for schools to use with pupils and their families, translated by the borough translation service (Cable, 1997, pp.31-34).

However, one form of communication is unlikely to be sufficient for all aspects of any one collaboration; a variety of fora for disseminating information should be considered.

#### Thames Valley Partnership

This partnership included 18 local authorities alongside the police, other justice services and many private sector organisations. Its board of 15 represented only a cross-section of partners and each partner had different interests. Therefore a variety of forms of communication were used, including toplevel contacts between the partnership's chief executive and those of partner organisations. feedback to parent organisations by secondees, a well-attended annual meeting, regular seminars and conferences and topic-based fora for managers and practitioners Commission, 1998, p.37).

#### 4.11 Location

One model of collaboration involves the collocation of staff from different agencies (Atkinson et al., 2002). While not appropriate for all issues, in some cases a joint location, or simply a change of location, has had a considerable impact on services (Sammons et al., 2002, p.24).

#### One Stop Shop for assessment of children with Autistic Spectrum Disorders

One health authority located its child development centre in a purpose-built building in the grounds of the local hospital. The centre consisted of a number of assessment rooms, a parents' room (with tea and coffee making facilities) and a crèche where siblings are cared for. Assessments were carried out over four or five days, by a team consisting of a paediatrician, health visitor, speech and language therapist, clinical psychologist, educational psychologist, portage worker or other early years provider. Each child was observed both individually and with parents and siblings.

A key worker was then nominated to discuss the diagnosis and proposed intervention with the child's parents. Parents appeared very satisfied with the service, as demonstrated by one parent's comment that, 'You really feel as though they have all talked to each other and you don't get different messages from different people.' The co-location of all professionals in one purpose-built centre was a significant factor in the health authority's successful provision for these families (Evans et al., 2001, p.38).

In some cases, a change to the physical building can have a significant impact on interagency working. A move to a new building provides the opportunity for otherwise disruptive alterations to working patterns.

#### St Helens Advice and Resource (STAR) Children's Centre

STAR Children's Centre provided an interdisciplinary assessment, advice, therapy and education service for children and their families from birth until children are settled in school. The building was council owned and was previously a day nursery and hence purpose built and designed for children. Before STAR moved into the building, a survey of users' and professionals' requirements indicated a need to re-think the layout of the centre, in order to provide 'a flexible and responsive service to young children and their families'.

The solution was to develop a system of colour-coded and flexible-use rooms, excepting only the kitchen, administration office, staffroom and toilets. Apart from activity and discovery rooms designated off the central corridor, all other rooms were painted a single colour: the door in bright gloss and the interior a lighter shade of the same colour. Rooms were allocated as follows:

- red, pink, orange and yellow: used by children
- blue: family room
- green, purple: consultation rooms
- white: sensory stimulation room
- brown: staff work base, where therapy, nursing, education, social work staff and students work alongside one another

• grey, the largest room: resource base and training room and base for parent and toddler group, physical education sessions and group activities.

This system required careful timetabling and room-booking, but 'as an experience in truly cooperative working, everyone has gained'. STAR also benefited from its town centre location as people drop in with gueries (Wolfendale, 1997, pp.31-34).

#### 4.12 Creativity from adversity

The preceding examples have demonstrated positive negotiations of factors key to the success of interagency working. But it is not suggested that such negotiations are always easy, even in the cases described. On the contrary, the fact that so many complex factors need to be considered makes some level of conflict almost inevitable. However, this too may be seen in a positive light. Several publications on multi-agency working draw upon Fullan's (1999) insight that 'creative solutions arise out of interaction under conditions of uncertainty, diversity and instability' (Fullan, 1999, p.4). It is for this reason that Machell argues that,

challenge for managers collaborative groups is to maintain a situation which is poised on the edge of chaos. In other words, there must be just enough structure and top-down control to provide security whilst allowing freedom for creativity and innovation at 'ground' level.

> (Machell, 1999, pp.2-3; see also Anning, 2001)

Therefore, the concluding examples of this review illustrate creative yet pragmatic interagency approaches to serving clients' needs.

Referrals for children with emotional and behavioural difficulties in Cornwall

> In Cornwall, a review of services for children with emotional and behavioural difficulties

(EBD) revealed that clients with one problem could receive unrelated alternative solutions depending on which service they accessed. Referrals were also made inappropriately, so that a child psychologist may be referred a child with problems best solved by an educational welfare officer and vice versa. Having decided that it would be impossible to educate referrers to refer appropriately, the authority decided to establish the threetier Cornwall Child and Family Services. which could sort out the referrals once they were received.

The first tier consisted of existing good work in the community, including schools' pastoral care and primary health care by health visitors and GPs. The second tier was the most innovative. Advisory teachers for EBD and non-medical staff of the Healthcare Trust's Child and Family Psychiatric Service (clinical psychologists, art therapists, psychotherapists and community psychiatric nurses) were seconded to the County Council Psychological Service, to work with its present staff (educational psychologists, specialist social workers and education welfare officers). Local services were delivered by teams of staff based in area centres, who all met monthly to ensure that cases of children with difficulties were widely known. The third tier consisted of consultant child psychiatrists and specialist therapists who worked together to address the most complex problems.

A child accessing the system at any point was referred up or down as appropriate by staff in the second tier. 'By bringing professionals together under one structure, the organisation as a whole accepts responsibility and directs help as appropriate. It is not possible to lose clients by passing them on to another agency because only one organisation is now concerned with service delivery.' Referrals could be made by schools, GPs, health visitors and social workers, but also, because it had an open referral system, by parents and young people themselves (Capey, 1997, pp.4-5, 14-15).

#### The Healthy Batley Project

The Healthy Batley project, part of the Kirklees Health for All partnership, sought new ways of improving the health of groups with prevalent health problems. Two projects focused on Batley's large Asian community. One utilised the information that a large number of local licensed taxi drivers are Asian, amongst whom there is a high rate of diabetes. As well as causing problems for the individual taxi drivers, this illness also represents a risk for passengers and other road users if symptoms are not adequately controlled. Therefore the project involved the council's taxi licensing department in a coordinated strategy to promote better health amongst taxi drivers.

The second project focused on the Asian women, noting their high levels of coronary heart disease and limited involvement in organised regular exercise. The council's baths management and health and fitness teams met with community groups and health promotion staff to develop activities that would appeal to this group. The

swimming pool was opened exclusively to women one afternoon a week and women were allowed to swim while dressed. 'Asian women who did not take exercise before are now regular participants' (Audit Commission, 1998, pp.45, 47).

#### Drugs education drama in Wigan

A drugs education conference led by the police schools' liaison officer, in partnership with the youth service, health promotion, social services and a local high school, brought together 100 year 10 pupils and their teachers. The central focus was a play raising issues around drug use and abuse. A Theatre in Education group developed the work in collaboration with the police, the health coordinator and the probation service. The play's effect was successfully reinforced when the actors, still in character, answered questions from pupils in a plenary session. This session illustrated 'the profound effect the play had had on its audience', a result of good joint working by the agencies involved (OfSTED, 1997, pp.17-18).

#### Conclusion: lessons learnt from the review 5.

As the examples presented in this review demonstrate, there exists considerable good practice in multi-agency working between education, social services and health, as well as other agencies, voluntary organisations and client groups. However, the majority of the available examples are local practices, rather than nationwide strategies. This reinforces the point that interagency working needs to be appropriate to its immediate context and developed in consultation with all relevant local partners.

It is notable that most of the literature cited reports on the outcomes of interagency collaboration, but with little description of the processes by which successes were achieved. The factors affecting collaboration for which a considerable number of examples exist including training, involving relevant people and data sharing - are those for which deliverables are easily identifiable. More process-related aspects - including strategic, operational and team commitment and shared aims and values - seem to be less widely described. Yet it would seem that practitioners would benefit also from quidance on how best to manage these factors. This is therefore an area that would benefit from further research.

## Appendix Examples of successful interagency working in specific fields

Field	Literature	Comments
Drug education	OfSTED (1997)	General evaluation of role of youth services and voluntary organisations, with review of the issues and brief examples of good practice
	O'Connor <i>et al.</i> (1998)	Issues and examples of good practice in drug education and prevention
	Haynes <i>et al</i> . (1999)	Evaluation of multi-agency training in managing drug-related situations
Early childhood	Early Childhood Education Forum (1998)	Quality in Diversity – a framework for assessing and developing learning opportunities in early childhood education, with good practice examples
	Makins (1997)	Extended case studies of multi-agency early years centres
LEA research	Lee and Scanion (1999)	Examples of LEA research, statistics and information activities
Lifelong	Capey (1999)	Examples of LEAs' policies, provisions and partnerships
learning	FEFC (2000)	Brief examples of good practice of FE's contribution to the skills agenda
	DfEE (2001)	Good practice examples and key messages for Learning and Skills Councils and voluntary and community organisations working together on learning and skills
Partnerships between	Aiston <i>et al</i> . (2002)	Case study of West Sussex Specialist Schools network
education providers	Lacey (2001)	Issues and examples of interdisciplinary collaboration in schools
	OfSTED and FEFC (1999)	Example of collaboration between school sixth forms and the FE sector in post-16 education
	QCA (1999)	Case studies of work-related learning at key stage 4
	Thomas <i>et al.</i> (2002)	Examples of collaboration to widen participation in HE
Re-engaging	Mackie (2000)	Good case studies from the New Start first year evaluation
disaffected	Lloyd et al. (2001)	Detailed examples of work to prevent school exclusion
youth in education	Parsons and Howlett (2000)	A few examples of good practice in reintegration of young people following exclusion from school
	Kinder <i>et al.</i> (2000)	Issues and case studies of practice of provision for excluded pupils
	Marken with Taylor (2001)	Brief examples of successful learning provision for disaffected young people, with good practice guidelines

Field	Literature	Comments
Schools and	Ball (1998)	Issues and case studies
the community	Dyson <i>et al</i> . (2002)	Examples of 'extended' schools
	LGA (2001)	Strategy for developing full-service schools in the community
Social inclusion	Burke <i>et al</i> . (1999)	Good descriptions of good practice of youth work promoting social inclusion
	Home Office (2000a)	Issues, recommendations and examples of good practice in preventing anti-social behaviour
	Home Office (2000b)	Issues, recommendations and examples of good practice of neighbourhood renewal
	Social Exclusion Unit (2001)	General discussion of issues around preventing social exclusion with brief specific case studies
Special educational	Dyson <i>et al.</i> (1998)	Evaluation of issues and challenges, with good practice highlighted
needs	Mortimer (2001)	Issues and examples of special needs and early years provision
	Wolfendale (1997)	Issues and examples for meeting special needs in the early years
	The Mental Health Foundation (2001)	Extended examples of whole-school approaches to children's mental health
	DfES (2001)	Issues, recommendations and examples of good practice of education for children with medical needs
13–19 year olds' personal	OfSTED (2002)	General evaluation of Connexions with brief examples of good practice
development	Connexions Service National Unit <i>et al.</i> (2002)	Models of joint working between Connexions and existing youth services and the roles of personal advisers

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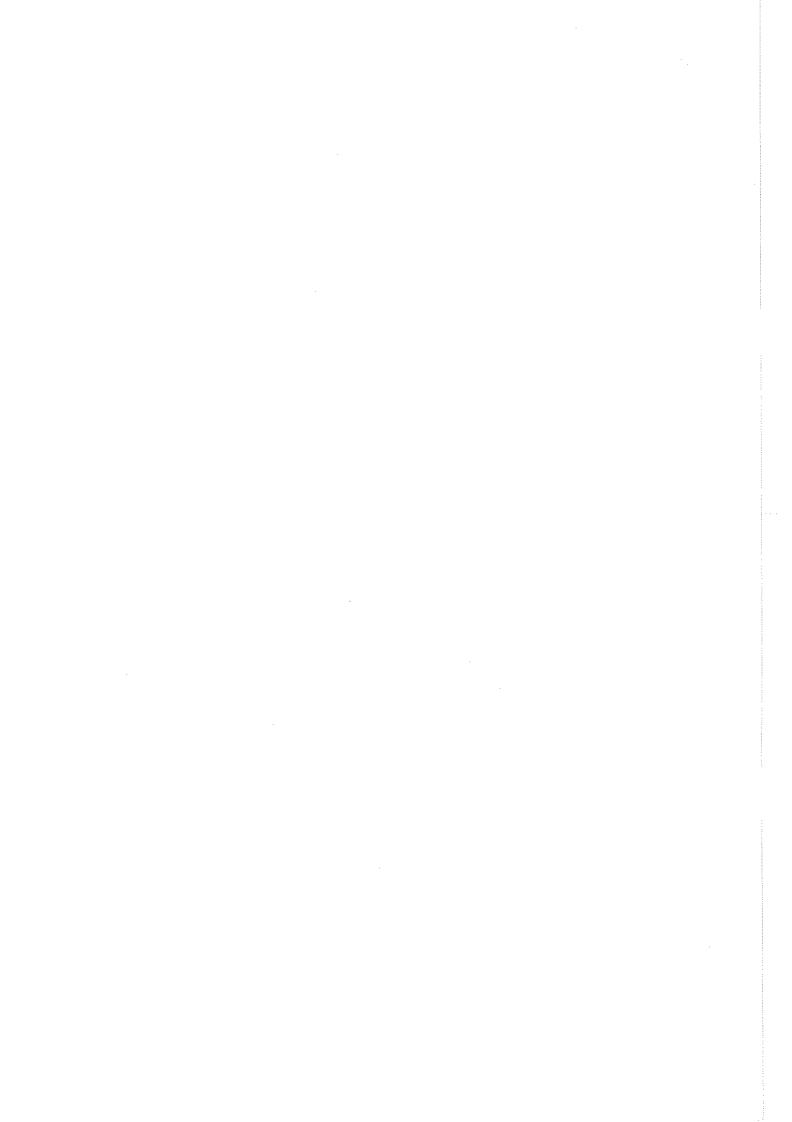
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