

## It's about the Children!

The need for increased interprofessional practice and collaborative working to safeguard children, young people and families



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A report prepared for

**PARLIAMENT STREET**

A right of centre think tank in the United Kingdom

Collaboration is a fundamental tool in order to guarantee that children and young people are safeguarded successfully. A society is judged on how it manages vulnerable groups, and protects those in greatest need, and perhaps the most vulnerable of those groups are children. Before we can delve into the technicalities of this complex issue, we must first outline the key themes that underpin interprofessional practice and multi-agency working.

Multi-agency working is commonly defined as an overlapping of 'shared interests and objectives' between different government agencies, which are honed through working in service of a common goal (Wigfall and Moss, 2001:71).

Interprofessional practice (IPP) involves professionals from different agencies and remits working actively alongside one another (Thomas et al, 2014:12). The key focus is the importance of collaboration in order to successfully meet the crucial needs of children, young people and their families, as opposed to multi-agency working wherein agencies work towards the same aim, but not collaboratively; that is to say their activities are not intertwined as is the case with IPP.

The two key concepts have evolved throughout history, and integrated working has become a vital component in ensuring that government departments and agencies cover all bases when it comes to safeguarding vulnerable children and young people. However, it is very important to note that IPP is nothing new, and has in fact been present historically, even if it has not necessarily been implemented efficaciously. Policies and initiatives on a current and historic level have been applied depending on the social, economic and political circumstances (Littlechild et al: 2003:32), making them relative to the setting. Interestingly, New Labour's legacy on interprofessional working was that 'key services for children should be integrated within a single organisational focus' (Department for Education and Skills, 2003: cited in Littlechild et al, 2003:32). Whilst this promise highlights the ideal situation, in many cases, umbrella organisational focus has rarely been achieved to its full extent, and if it has, it has merely been quashed by successive governments, and their policy making priorities.

### **A historical outline of collaborative working**

The lack of collaborative working has been a feature of much of past governmental policy. In historical cases, multi-agency working was predominant, and even though there have been incremental advances in child welfare provision and joined up working, there remained until recently, a lack of true interprofessional practice, resulting in continued, though inadvertent neglect, owing to a lack of communication, failure to collectively assign roles and responsibilities and a paucity of shared information and collaboration.

The post-War cross-party consensus to implement the National Health Service was a key and early example of legislation that provided collective welfare for society as a whole, integrating services that were previously autonomous, to better improve welfare provision.

The service model provided in the 1960s and 1970s was - unfortunately for children, young people and their families - unsuccessful, as holes in communication and provision meant that children 'fell through the gaps'. Examples include Maria Colwell, a seven-year-old who was murdered by her step-father in 1973. The failure to safeguard children like Maria due to agencies working independently as opposed to collaboratively meant that addressing these failures was crucial, but was not recognised. Similarly, in the 1980s, the key institutions of social work, health and education continued to address the needs of these groups independently, helping the child on an autonomous level (Siraj-Blatchford et al, 2007), and as a result the needs of family and child remained only partially met. This is an example of multi-agency working but not IPP because institutions worked to meet the needs of the child and family, but did not hone their efforts in order to work collaboratively, which I maintain is key in providing successful outcomes for children and young people.

The Black Report of 1980 highlighted the evident flaw in the healthcare system and suggested that an inbuilt inequality within this institution was occurring, and this, I believe, was the catalyst for a move towards interprofessional working, as identified by Siraj-Blatchford et al. The report prompted the implementation of the Children Act of 1989, allocating responsibility over child welfare provision to local authorities, parents, courts and other agencies, working towards the alleviation of intrinsic inequality of children, their education and earning potential.

The turn of the millennium heralded a crucial move towards a more child-centred model of provision, wherein services were allocated to children and their families based on their level of need. Despite this, the tragic death of Victoria Climbié, an eight-year-old girl abused and murdered by her guardians, and the subsequent publication of The Laming Report of 2003, highlighted the still clear and evident gaps prevailing in the provision of protective services to children and young people. These include the failure to share vital information and the lack of early intervention, resulting in child deaths. Regarding the Climbié case, Margaret McCullough (cited in Siraj-Blatchford et al, 2007:28) stated that:

*'She was known to several different agencies, none of whom picked up on the abusive treatment...twelve different occasions were identified when appropriate intervention by one or more of these agencies could have saved Victoria's life'.*

Surprisingly, even though children were now placed at the centre of the welfare provision model, IPP was still not being implemented, and as a result, children still continued to fall through the gaps. This stressed the need for effective collaborative working, and consequently, in 2003, Blair's Labour Government introduced 'Every Child Matters'; an initiative which was perhaps the most significant development in the safeguarding of children and young people to date. This initiative was introduced on a national level in 2006, with the main aim of being entrenched by 2008. It established the framework for modern collaborative and inter-agency working, and its primary aims were to promote increased healthiness, safety, enjoyment, achievement, positive contribution, and

economic well-being of children (Department for Education, 2003), drawing on multiple agencies and coordinating collective working to deliver a truly multidisciplinary approach to child welfare. Furthermore, it placed the needs of children and families at the centre of its ethos, allowing departments such as health and education, and agencies delivering social care, to work together in achieving the goals, most importantly under one umbrella.

This initiative promoted the importance of early intervention which would subsequently prevent further child tragedies by allowing multiple organisations to intervene jointly. In extension of this theme, the Children Act of 2004 was introduced. Horner argues that the deaths of children who have been failed by the system led to 'tighter managerial control' which encouraged the establishment of more effective inter-agency child protection systems (Horner 2003, cited in Siraj-Blatchford et al, 2007).

Unfortunately, 'Every Child Matters' was archived in 2010 by the Coalition government and as a result, children like Daniel Pelka fell victim to failures in parental care suggesting that without policies such as 'Every Child Matters' and the promotion of IPP and early external intervention, children continue to suffer. The existence of common goals makes collaboration easier and more efficient. The key is to be holistic and collaborative. If policy is working successfully, governments should put aside ideology and assess what is evidently working, in order to successfully safeguard children and young people.

### **Contemporary collaboration**

Perhaps the most contemporary example of collaborative working is 'Working Together to Safeguard Children', 2015. This initiative has key statutory functions to which it must adhere under the 1989 and 2004 Children Acts, and states that every individual who comes into contact with children and families has a fundamental role to play, including teachers or social workers (Department for Education, 2015). This child-centred approach takes into account children's specific circumstances and emotions in order to provide effective and beneficial care and support. It is an efficient policy as it promotes integrated working, and stresses its importance for safeguarding children and young people. The previously bureaucratic services provided to children and their families have become more responsive and empowering, leading to collaboration and better care. The mixed economy approach combines private, public, third and informal sectors who collectively work alongside local authorities, further assisting the function of IPP, in order to achieve successful partnerships and collaborative working.

## **Contemporary child protection strategies**

Some of the key government departments engaged in interprofessional practice who protect and safeguard children include health, work and pensions which includes social services, and education, as well as the police and housing. One of the key examples of IPP is the Team around the Child. The team strives for early intervention to help children before the situation worsens. The members of the team vary depending on the situation, with key professionals drafted, in order to suit the circumstances (Siraj-Blatchford et al, 2007).

Supporting talent is drawn from a range of fields including social work professionals, nutritionists, healthcare workers, educational psychologists, community workers, teachers, physical therapists, as well as engagement specialists who can work alongside the parents to educate and support them in dealing with complicated child and familial issues.

According to the Social Work Taskforce (2009), the role of the social worker is to intervene in order to protect families who might harm themselves or others, and promote development, social inclusion and lifespan participation. A social worker would be advantageous to the team around the child because they can work on a holistic level, working with parents and, liaising between school and family. Social workers involved in cases are statutorily required to be the lead professional (Children's Workforce Development Council, 2009:55). Unlike other key professionals, social workers have better access to connections and tools in order to coordinate between different agencies.

The role of an educational psychologist is to promote the emotional and educational attainment of a child or young person (Frederickson et al, 2008). Educational Psychologists help in bridging the gap between education and the wider community (Farrell et al, 2006:46), allowing the continuation of support in an educational setting, on an emotional level, and applying psychology in order to monitor and help understand development. The role of the health visitor entails promoting healthy lifestyles, providing support and resources to families, and linking services between the private and public sectors (Luker et al, 2012).

Parents are vital members of the team, and through the use of Sure Start Centres, work collaboratively with other professionals to ensure joined up working, which guarantees that the needs of the child and family are met. There are however, barriers to engaging the parents, such as familial values and parental will clouding judgement (Siraj-Blatchford et al, 2007), meaning that in some cases a families' religious or cultural values could inhibit change. Moreover, the organisational structure of the team may not accommodate parents and their values, or may find their input unhelpful.

The team around the child must use interprofessional processes such as the Common Assessment Framework form, in order to achieve joined up working. A Common Assessment Framework form, first suggested by Laming (2003), is an early intervention strategy which assesses the needs of children and families and is completed by all members

of the team, helping professionals work collaboratively (Greenfield, 2011:79). Advantages of the Common Assessment Framework include its simplicity and replicability, helping professionals share information. According to Gilligan et al (2008), it allows practitioners to work and think differently by challenging professionals and their specific viewpoints, allowing for objectivity which, once realised, improves the outcomes for at risk children. Moreover, it uses common and universal language, eradicating confusion (Littlechild et al, 2013). Fitzgerald et al (2008) stated that the Common Assessment Framework is a standardised, universal approach to assessing children's needs. Critics of the Common Assessment Framework, however, cite excessive repetition in the completion of the forms, and suggest that training for the framework is inconsistent across agencies, with some professionals proficient in using it, and others not (Fitzgerald et al, 2008).

In *Effective Multi-Agency Partnerships: Putting Every Child Matters Into Practice*, Rita Cheminais (2011) argues that interprofessional practice improves the coordination of all services involved with the child in order to reach joint targets of safeguarding, resulting in better relationships between agencies and ensuring that referral between services is effective. This is an evident benefit of IPP as children and families can be reached sooner and more efficiently when joined up working is put into practice. Moreover, she argues that the appointment of a lead professional ensures that families have a direct point of contact. After receiving information and understanding the situation, the lead professional can share the findings with the appropriate practitioner. This is beneficial as the team will be organised in dealing with the issues involved and the system will be easier for the family.

### **Governmental approaches to streamlining interprofessional practice**

A fundamental advantage of an integrated approach is that IPP extends the possibilities available to services if they pool resources and equipment, as it will improve efficiency whilst avoiding duplication (Cheminais, 2011). In an age of increased government austerity and heightened cuts to many public services, government agencies are facing difficult financial choices. In order to meet the required spending cuts whilst continuing to provide the same level of care to vulnerable groups, agencies can opt to pool resources and share the financial burden.

This can include sharing of facilities, support staff and equipment, thus distributing costs and minimising waste. This a strength of interprofessional practice as it allows agencies to continue to provide the required level of care, whilst streamlining their operational management, saving money and maintaining consistency and suitability of care. Local councils are already adopting shared service models in order to maximise value for money whilst continuing to deliver the same quality of service.

## **Recommendations**

In summation, interprofessional practice is fundamental in ensuring the safety and wellbeing of children and young people, yet government policy around IPP has varied, and tends to ebb and flow based on the prevailing opinions of individual governments. That said, we have, since the turn of the millennium, seen general consensus in favour of this mode of practice, although fluctuations in delivery persist.

The Common Assessment Framework should be streamlined to allow key information to be gathered successfully, speedily and efficaciously, retaining the key information whilst simultaneously allowing professionals to act upon the direct issues at hand, free of excess paperwork. Furthermore, training should be standardised across agencies so that all professionals are adept in dealing with the framework.

We should capitalise on the advantages of a new, digital age in order to maximise the sharing of information between professionals, and develop a multi-disciplinary platform wherein best practice can be shared. ContactPoint, the Information Sharing Index, is a classic example of this.

We should look into the possibilities of sharing personnel and resources between agencies with similar aims, embedding joined up working into our agency way of life, improving the ways we safeguard children and their families and maximising value for money.

When in the past, agencies have worked unilaterally and children have slipped through the cracks, we must build a safety net to prevent this.

Instead of agencies working towards the same aim alone, we must ensure that their shared aims become shared actions.

With the onset of a new government and new ministers in key posts, perhaps we will now see a much needed move towards a softer, more moderate conservatism with a focus less on austerity, rigid financial cuts and a heavy hand towards cutting social care, and more on providing support for those who need it, and a more compassionate, or 'one-nation' conservatism.

This heralds a unique opportunity for the new government to boldly embrace the idea of IPP, firmly engraining it into future policy making strategy and empowering agencies to work hand-in-hand to deliver their common aim of safeguarding children, young people and families.

*Part of the content of this research paper stems from an academic assignment undertaken for the University of Winchester.*

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