



research in practice

Professionalism, partnership
and joined-up thinking

by Nick Frost



a research review of front-line working with children and families



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about this research review

research in practice aims to make it easier for those who deliver services to children and families – whether they work in local authorities, voluntary organisations, health settings, or national government organisations - to access reliable research, distilled and translated with their particular needs in mind. This series of research reviews covers key practice areas identified by practitioners, and key research strategy issues identified by planners and policy makers. The work and methods of **research in practice** support the developing national agenda to build more effective, multiprofessional and multiagency services for children, in part by creating and using reliable research evidence.

This review directly addresses the practical implications of multiprofessional and multiagency working on the front line. It draws messages from a diffuse range of literature spanning organisational theories, research and practice to offer guidance to practitioners, team leaders and educators. While relating the evidence to historical, theoretical and current policy contexts, it retains a primary interest in the day-to-day experience of professionals in social care, education, health and other areas, and in trying to improve the outcomes for vulnerable children and families. In so doing, it has been designed to complement a new Barnardo's publication by Janie Percy-Smith, *What Works in Strategic Partnership Working for Children*, which focuses on strategic partnership issues. We hope these reviews, separately and together, will offer valuable insights for practitioners, managers and policy makers keen to realise in practice the ideal of partnership working across organisational boundaries.

QUALITY MARK This review has been peer-reviewed by a range of academics based in universities and service agencies, and by practitioners and others seeking to assist the development of evidence-informed practice. We are grateful for the generosity and wisdom of: Farrukh Akhtar, Tim Barnes, Don Blackburn, Lesley Campbell, Andrew Christie, Barbara Evans, Brid Featherstone, Annie Hudson, Bob Hudson, Kate Karban, Bee Maidlow, Jill Manthorpe, Phil Norrey, Janie Percy-Smith, Sara Scott, Judy Sebba, Tim Stafford, Moya Sutton and Mick Upsall.

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Celia Atherton
Director of **research in practice**

about referencing

References are grouped at the back of the review according to the nature of the source material, as well as in a more traditional alphabetical listing by author. They are classified into the following categories:

- A primary research
- B secondary research and theory
- C practice and commentary
- D policy and official publications.

Citations in the text follow the same simple principles. **research in practice** has adopted this method as a quick way for readers to identify the type of evidence and to find references with minimal disruption to the flow of the text.

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introduction

Your child needs a bath – quite a straightforward routine for most parents. However, if your child has complex health needs and is too big to be carried upstairs anymore, what happens? Bathing your child then involves – occupational therapists ... physiotherapists, paediatricians, nurses, doctors, health visitors, architects, planning department, council, builders, joiners, plumbers, electricians, decorators, social workers, education department, councillors, structural engineers, Citizen's Advice and so on.

Parent of a disabled child with complex health needs reflecting on the need to co-ordinate services, in Townsley, Abbott and Watson, 2004 (A34).

In the field of child welfare there has been an increasing emphasis on working together in partnership across professional and organisational boundaries. This review attempts to bring together and analyse the relevant research and related work as it applies to front-line working with children and families.

Partnership has been a key theme of British child welfare in recent decades – certainly since the implementation of the *Children Act 1989*. Partnership can refer to relationships between professionals and service users, between different organisations and between professionals working together on the front line. This review has a clear focus on the last of these – it attempts to review how professionals work together and what factors influence the shape and outcomes of such work. The aim is to shed some light on the issues and dilemmas relating to joined-up working in general and in relation to child welfare in particular.

The review begins with a brief historical overview of partnership working and then examines some of the underpinning conceptual and theoretical issues. The substantive part is a summary of the main literature in the field – this is organised under headings that suggest key themes. The final chapter pursues the main themes and implications for policy and practice.

It is important to stress that the main concern is with ‘front-line’ working. The review aims to complement a study produced by Barnardo’s, and written by Janie Percy-Smith, *What Works in Strategic Partnership Working for Children* (B23), which focuses on the strategic and policy issues involved in partnership working .

This review has a more direct focus on what happens on a day-to-day basis when professionals work together. Of course, the distinction is sometimes rather tenuous – practitioners always work in a policy context and much of their practice is determined by the wider policy and managerial environment. However, policy can only be implemented by individuals who activate and interpret policy in complex and demanding ‘real life’ situations.

Hall (B8), commenting on the work of Hudson and colleagues (A16), writes that:

the view presented... is that legislation and government fiat is not the way forward but that it is at the local level of everyday interaction between professionals where success might lie.

The focus here will be on how joined-up working is actually lived and experienced in these front-line situations. The importance of a focus on the front line is re-inforced in the government paper *Every Child Matters: Change for Children*:

the duty to co-operate, embedded in the children's trusts arrangements, operates not just at the strategic level but also at the front line (D5).

As the review progresses we will note disagreements on some of the issues – such as whether or not partnership working is a positive development. There is also disagreement about whether or not such initiatives that we have are proving effective. There is a disagreement about how an agenda to promote professional joint working might be taken forward. And, perhaps, most fundamentally, there is some confusion and varied usage of phrases such as co-ordination, co-operation, partnership, joined-up thinking and working together. The review aims to clarify and reflect on these issues.

how the review was conducted

Undertaking this review has not been straightforward. Analysing material relating to the concept of partnership working soon raises a recurring issue. Just as the boundaries between professions and agencies are sometimes unclear so are the boundaries between relevant and irrelevant research. While the task of reviewing the research, say, on child placement would provide relatively clear limits, this is not the case with partnership working. The literature is diffuse – some of it focuses on organisational theory, some on decision making and some on practice. Some of the literature focuses on single organisations and how they interact with others, some on multiagency teams. The literature itself covers numerous practice areas within child welfare – most notably child protection, disability and education.

The intention here is to examine the field of social care practice with children and young people that involves different professionals working together. In order to maintain a tight policy and contextual focus most of the work drawn on is of British origin, although where relevant and helpful the international literature has also been utilised. This is not intended to be a systematic review of research. Rather it is a systematic reflection drawing on research, policy and commentary and drawn together in an attempt to help inform and guide front-line practice. I would argue strongly that we can gain significant insights into partnership working from sources such as descriptive articles outlining single projects – therefore some studies of this nature have been included.

The review is based on research and commentary in the field located through:

- electronic search engines including www.swap.ac.uk, www.scie.org.uk, www.eLSC.org.uk and government websites – including www.doh.gov.uk, www.dfes.gov.uk
- published books, monographs and articles
- official publications and websites
- grey literature in the field including unpublished material, relevant leaflets and pamphlets.

A considerable amount of literature was collected in this way. It has been sorted and utilised in relation to how it informs the key themes.

This review also draws on a currently unpublished ESRC-funded research project known as MATCh* (Multiagency Team Work in Services for Children), completed by myself and colleagues at the University of Leeds in 2004. The project focused on five multiagency teams working with children. The teams included one with a youth crime focus, a community-based team working with young people, a health-based team working on child development issues, another health-based team working with children injured in accidents and a nursery-based team. The objective was to reflect on the perspectives and experiences of professionals about the impact of multiagency teamwork on their professional knowledge and learning and on their ways of working. The material arising from this project helps to illuminate and expand the literature that is explored.

The MATCh project was a qualitative, multi-method study involving three phases. Phase One included gathering documentary evidence from the teams and observation of their team meetings. Phase Two consisted of interviews with team members to explore issues arising from analysis of evidence from the meetings and documentation. Phase Three involved team members in focus groups responding to vignettes based on critical incidents from their workplaces around decision making and knowledge sharing. This interview and focus group material was analysed using NVivo software. We also held a formative feedback session with representatives from each of the five teams. The multi-method approach allowed us to explore the complex interplay of both structural systems related to employment and line management in addition to participants' professional affiliations and personal feelings. The findings are used here to illustrate some of the main points emerging from the published literature.

an historical perspective

This brief section aims to contextualise the current debates by examining some of the roots of joined-up working in child welfare. The focus is mainly on child protection as an important example of the push towards increased partnership working. However, it is important

*copies of the project report to the ESRC are available from: N.Frost@leeds.ac.uk

to note that partnership is equally important across the field of child welfare including work in relation to disability, education, early years and family support.

Concerns about co-ordination and co-operation go back to the origins of British child welfare (B7). The early Victorian philanthropists were just as eager to ‘work together’ with the Poor Law Board of Guardians as modern voluntary organisations are to work in partnership with local authorities. However, this survey can perhaps most usefully begin with the death of Maria Colwell in 1973, which effectively introduces the modern era of working together in British child protection practice.

Maria Colwell’s death has been analysed and commented on extensively (B22, B27). She spent five years in the care of her aunt before being returned to live with her mother and stepfather, while subject to a Supervision Order. She was six years eight months old when she left her aunt’s care – she died just over a year later. Concern had been expressed about her welfare by neighbours and by her teacher, and as a result various social workers had visited. Despite this she was battered to death by her stepfather and was considerably underweight and neglected when she died.

The report into her death was published in 1974. It found that professionals had failed to work together to protect her. Parton (B22) states that as a result of the report:

The present system of child abuse management was effectively inaugurated with the issue of the DHSS circular LASSL (74) (13) on 22 April, 1974.

The thrust of this Circular was twofold: first to increase awareness of ‘Non-Accidental Injury’ to children and, second, to improve the co-ordination of the response by professionals.

What matters in the context of this review is that Maria Colwell’s death led to a focus on how front-line professionals worked together, or, as is often the case in highly publicised child deaths, failed to work together effectively. The reforms that followed developed the early forms of local managerial co-ordination, area review committees (later Area Child Protection Committees) and the child protection register (B22). Here we see just one form of partnership working – that mandated by law or regulation – which will form a consistent theme.

The Maria Colwell inquiry was followed by many others through the subsequent decades. Perhaps the next most significant cluster was into the deaths of Jasmine Beckford (D1), Tyra Henry (D16) and Kimberley Carlisle (D2), all of which occurred in London boroughs in the mid-1980s. Again these tragedies have been extensively reviewed but for the purpose of this study we need simply to note that they led to an increased and intensified pressure to work together in the contentious field of child protection. Guidance was strengthened, training increased and inspection regimes became more rigorous as a result.

In the medium term, the deaths of Jasmine, Tyra and Kimberley all influenced the *Children Act 1989*, which formed the basis of inter-agency child welfare practice at least until the passage of the *Children Act 2004*. The earlier Act was also influenced by equally significant events in the North East of England (B6). These events in Cleveland in 1987, and the subsequent official report, were also to have a major impact on thinking about how professionals work together (A6).

The *Children Act 1989*, and the related guidance, placed inter-agency partnership work at its centre. It obliged professionals to work together with children in need and children in need of protection and provided many sets of guidance – most significantly *Working Together: a Guide to Inter-agency Co-operation for the Protection of Children from Abuse* (D10).

More recently, following the death of Victoria Climbié, again in a London borough, in the year 2000, the deaths of Maria, Jasmine, Tyra and Kimberley have resonated with us. The Climbié Report (D15) too has had major impact on the policy and practice of working together – leading this time to the Green Paper *Every Child Matters* (D4), and ultimately to the *Children Act 2004*. These latter events form the contemporary English policy context for this review of the literature.

The history outlined above matters for a number of reasons:

- the events have helped to shape and inform our views of working together and partnership
- research in the field of professionals working together inevitably bears the imprint of these, and other, high profile events
- we all come to the issues of partnership and working together with the ‘baggage’ of these early events – they have helped to shape our attitudes, values and prejudices about the topics that will be covered in this review.

While it is important to note the key events covered in this brief history, we should not imagine that the issues of working together are restricted to child protection – these issues are just as important, for example, in the field of family support and work with children with disabilities. Thus, while this history has helped shape the topics covered in this review, it should not restrict our scope or vision. For example, the *Children Act 2004* is predicated as much on the need for effective family support as for child protection, and children with disabilities have needs that cross many organisational divides and have an obvious need for services to be co-ordinated.

Research has shown that, on average, families with disabled children have contact with at least 10 different professionals, and, over the course of a year, attend at least 20 appointments at hospitals and clinics (A34).

conceptual and theoretical issues

professionalism and the division of labour

Sociologists and economists argue that modern society is partly defined by the complex division of labour it supports. We demand high degrees of specialisation in order to generate high levels of expertise. None of us would be pleased if our dentist was ‘a jack of all trades’ who also did plumbing and car repairs. A highly specialised division of labour allows modern professionals to become experts in their narrow fields. They in turn depend on the trust of their clients and the public in the way that they deploy professional expertise.

When this trust breaks down, as in the case of the professionals who worked with Victoria Climbié, these expert systems are challenged and are often subject to inquiries and eventual reform. Often these demands for reform call for improved joined-up working. There is then a paradox at the heart of our dependence on expertise – as professionals become more specialist and more expert in their narrow fields, so co-ordination between them becomes more important, complex and challenging.

The roots of the dilemmas posed by the complex division of labour among professionals are examined in an article by Pietroni, which draws on primary research with professionals and reflects on the meaning of this for professional identity:

In her 1987 paper, Huntingdon suggests that an occupational culture is made up of: a sense of mission, aim and tasks; the focus and orientation of the profession; its ideological knowledge base and its technology; its status and prestige; its orientation to clients and patients and to other professionals. Bligh (1979) goes further and concludes that each profession acts in a sense like a tribe. Members are nurtured in distinctive ways; they develop their concepts in exclusive gatherings. They have their own leaders and pecking orders. Like all tribal societies, they impose sanctions on non-conforming members. If a member takes on the reality constructs of another tribe, they may even be threatened with exclusion (B25).

Loxley (A21) is cited by Hudson (A15) as making a similar point:

conflict is interwoven with inter-professional collaboration because there are deep-rooted social differences in the division of labour which have developed over the last 200 years in the health and welfare service.

In many ways, then, professions are defined by what makes them distinctive rather than by what brings them together. This perception is re-inforced by sociological definitions of professionalism such as that provided by Sims and colleagues. They define professionalism as:

- a systematic body of knowledge and monopoly powers over its applications
- a self-regulating code of ethics, emphasising values such as respect for the confidentiality of the client
- the sanction of the community at large

- control over the profession's own qualification and entry procedures
- an altruistic orientation ... (B28).

Hudson (A15) argues that the sociology of professionalism suggests that there are three barriers to effective professional partnership:

- professional identity: how professionals understand themselves and their roles (This includes 'formal' theory but also importantly 'informal' theories, which makes up the practice wisdom of professionals.)
- professional status: how professional hierarchies and different distributions of power are generated
- professional discretion and accountability: how professionals exercise discretion on a day-to-day basis may be undermined by agreements required to take partnership forward.

So the complex division of labour suggested by a professionalised society (see the classic study of the growth of professional society by Harold Perkin, B24) creates problems of co-ordination. How can we ensure that all the professionals working with the same child know what each other is doing, and that they are pulling in the same direction? The same child might be known to a social worker, a nursery nurse, a general practitioner, a health visitor and a paediatrician, to name but a few. These professionals will also probably work for a wide range of agencies. Here we have the essence of the 'working together' problem – specialisation leads to fragmentation and can lose sight of the 'whole' child.

partnerships in child welfare

When we think about how professional groups work and communicate with each other in the field of child welfare, a diverse and confusing number of words and phrases come to mind: co-ordination, co-operation, communication, joined-up thinking, inter-agency, multidisciplinary, partnership and joint planning.

All these words are relevant to this review. All have a related but distinct meaning. They are used in different ways, in different settings, sometimes with precision, sometimes more loosely. Hallett and Birchall undertook an extensive literature search in the field of co-ordination in relation to child protection that acts as a key starting point in any study of partnership working (B9). They argue that there are two main approaches in the literature – one is to use 'common sense' understanding and not to worry very much about utilising precise definitions. The other is that authors sometimes propose their own definitions without particularly specifying the basis for selection.

Leathard, in a wide-ranging overview of an edited collection (B16), makes much of the use of language and even of punctuation in understanding the key concepts:

Meanwhile, one undeniable fact is the complexity of defining the meaning and even the spelling of the word. Hyphens are variable in use... not only does 'inter-professional' mean different things to different groups of people, but professionals themselves speak different languages which influence both their mode of thought and identity.

She explains that in health care, the terms inter-disciplinary or multidisciplinary are often used to refer to:

a team of individuals, with different training backgrounds (e.g. nursing, medicine, occupational therapy, health visiting, social work) who share common objectives but who make a different but complementary contribution (thus differing from inter-agency collaboration or ad hoc collaboration between two professionals).

However, she points out that there are those who feel that 'inter' means between two groups only. For them 'multiprofessional' or 'multidisciplinary' are preferable to denote wider teams of professionals. For others, 'inter-professional' is the key term as it denotes that those involved have the same joint goals and are likely to be working in the same building. Lawson (B14) contends that:

Imprecise, incoherent and competing conceptions of collaboration plague practice, training, research, evaluation and policy.

Before the field of joint working can be fully explored, some of this conceptual undergrowth has to be cleared.

defining our terms

The focus here is 'multidisciplinary' work – in the sense that we focus on aspects of child welfare that involve a wide range of professionals attempting to work together.

But what are the professionals who we are analysing actually doing? Are they 'working together', working in partnership or exercising joined-up thinking? Exactly how does partnership working 'add value' to the outcomes of partnership working? It is argued here that from all the possible terms that may be used we can perhaps perceive a continuum through co-operation, to collaboration through to co-ordination, or to merger, with joined-up working acting as a rhetorical device to connect these, and with partnership acting as an underlying theme. This could be drawn as a hierarchy of terms as follows:

| | |
|----------------|--|
| no partnership | uncoordinated, free-standing services |
| level one | co-operation – services work together toward consistent goals and complementary services, while maintaining their independence |
| level two | collaboration – services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes |
| level three | co-ordination - services work together in a planned and systematic manner towards shared and agreed goals |
| level four | merger/integration – different services become one organisation in order to enhance service delivery |

level one – co-operation

The literature suggests that co-operation might be the first step on the ladder of partnership. It is based on communication between organisations, but goes beyond merely communicating. As the first step of the ladder it can be occasional and sporadic, whereas collaboration and co-ordination suggest a more planned, systematic and sustainable form of partnership. Co-operation then is the weakest form of joined-up thinking.

The work of Webb and Vulliamy (A36), in an influential Home Office funded study, supports the argument that co-operation is the lowest degree of joined-up working. They evaluated a school-based crime project and argue that relations with external agencies were consistent with those characterised as the ‘mutual co-operation model’, in which different workers from different agencies worked more or less autonomously in meeting a client’s needs in light of their own definitions and priorities. Co-operation occurs in this model only for particular purposes at specific times.

The *Children Act Now* report (D9) defines co-operation:

Co-operation involves individual organisations’ goals and objectives coming together in dialogue to formulate agreed protocols for service provision and delivery while retaining their independence.... It can also refer to informal contact and working together by professionals at the grass roots.

So co-operation is a valuable form of joined-up working but it may be sporadic and informal.

level two – collaboration

For the sake of this review collaboration can be seen as more co-ordinated than the first level of our table. Co-operation can exist without a shared goal, but collaboration suggests that this added element exists. Again as the *Children Act Now* report (D9) indicates:

Collaboration refers to working relationships between different teams or units within single departments and to professionals from different disciplines or agencies working together with a common focus.

Hornby takes a similar position in a study of front-line working with families and refers to collaboration as: ‘a relationship between two or more people, groups or organisations working together to define and achieve a common purpose’ (A13).

However, Hornby is keen to elaborate and explain in more detail the different kinds of collaboration that exist – and refers to different levels of collaboration.

First is **primary collaboration**, where the two most important aspects of collaboration common to all faceworkers (what we refer to here as front-line workers) lie in the areas of responsibility and feeling:

It can be said that shared responsibility and a caring attitude are the twin foundations of primary collaboration.

In secondary collaboration two of the main purposes are: to provide an integrated 'help-compact' for a particular user, through co-ordinating services and integrating methods, and to provide the kind of help that can only be achieved when there is interactive work between the faceworkers involved (A13).

Next, **participatory collaboration** is that which takes place when a service-user works with more than one faceworker, either in a meeting, in a bipartite process or in a group setting.

In **complex collaboration**, shared responsibility, whether for tasks or for decision making, emerges as a key concept. Hornby argues that complex collaboration requires the minimum possible number of people using as little of their time as possible. It follows that face-to-face work has to be as effective as possible, within the context of a wider strategic vision. For Hornby then, even the concept of collaboration can be divided into different levels.

Hallett and Birchall (B9) also point out that some authors suggest that collaboration is working together to achieve something which neither agency could achieve alone. In this sense, collaboration involves the genuine extension of professional roles in a process that can be both creative and risky. The idea that by working together agencies can produce a value-added element is reflected in developments such as the establishment of joint police/social work assessment teams or youth offending teams where, by working jointly, the quality of the work is different from what might be achieved by each agency working alone.

level three partnership – co-ordination

Hallett and Birchall argue that the topic of co-ordination has not been fully understood and requires closer specification and examination. They argue, consistently with the table on page 13, that co-ordination is a stronger concept than co-operation and collaboration:

...co-ordination is not synonymous with co-operation but is distinguished from it by factors such as the presence of decision rules, the degree of formalisation present, an emphasis on joint goals and potentially greater threat to autonomy. It is further along a continuum to joint action and more likely to involve higher ranking personnel than the more ad hoc and relatively temporary cooperative efforts typically involving field level personnel (B9).

The *Children Act Now* (D9) refers to co-ordination in the context of British children's services:

Co-ordination involves setting formal rules and joint goals and activities between separate organisations... these different departments come together under the umbrella of the local authority to develop a corporate strategy along commonly agreed goals.

Co-ordination then is certainly stronger than co-operation and collaboration. However, this review of the literature leads me to agree with Hallett and Birchall (B9) that:

The perceived wisdom, then, was of the need for co-ordination. This was often asserted, rather than demonstrated, and was taken to be self-evident.

This theme of assertion and exhortation will be returned to later.

level four partnership – merger/integration

There is perhaps a fourth level of partnership where organisations merge and integrate – this shifts emphasis from partnership between organisations to problems of working together within a single team and organisation. Perhaps it is this level that current child welfare policy in England finds itself – with an increasing emphasis on multidisciplinary teams and children’s trusts, which will be considered throughout the remainder of this review.

In this review these terms – co-operation, collaboration and co-ordination – will be used with some precision as they apply to different topics under discussion. For shorthand and for ease of reading when we are writing about how different professionals try to enhance how they work together, we will use the rhetorical term ‘joined-up working’, which seems to contain within it aspects of all the concepts described in detail above.

what is joined-up thinking?

The term joined-up thinking is clearly associated with the New Labour government elected in 1997 (A24, B12). New Labour called on government and professionals to ensure that their work was ‘joined-up’ – that is that services were streamlined and co-ordinated and that gaps and overlaps were addressed and eradicated. This shift is closely linked to a modernisation agenda expressed by Alan Milburn when he was Secretary of State for Health:

The old style public service monoliths cannot meet modern challenges. They need to be broken up. In their place we can forge new local partnerships that specialise in tackling particular problems local communities face (D17).

These partnerships exist at a managerial/policy level (B2g) but in this study we will be examining the impact of joined-up working on front-line staff – those who work for such partnerships or for other organisations that are striving to enact joined-up working. Such professionals may work for a range of organisations, with differing purposes, who seek to promote joined-up working within different organisational set ups. As this table shows, front-line partnerships between professionals then can occur in different organisational contexts and settings.

| NATURE OF ORGANISATION | FORM OF JOINED-UP WORKING | INFORMAL PRACTICE EXAMPLE | FORMAL ORGANISATIONAL EXAMPLE |
|----------------------------------|---|---|-------------------------------------|
| PARTNERSHIP ORGANISATIONS | Working for one organisation with common management structure | Working in shared setting where formal and informal information sharing takes place | SURE START |
| MULTIAGENCY TEAMS | Working together – including staff seconded from parent organisations | Context can facilitate case-based information sharing | YOUTH OFFENDING TEAMS |
| INTER-AGENCY WORKING | Working together – working for separate organisations | Helps to build close working relationships | CHILD PROTECTION CONFERENCES |

is joined-up working desirable?

The New Labour government has been an advocate of both the desirability and the possibility of joined-up working and practice. The government is concerned that the fragmentation of services can have a negative impact on outcomes for children and their families. The Green Paper *Every Child Matters* (D4) outlined problems with the fragmented nature of children's services as:

- information not being shared between agencies and concerns not being passed on. As a result children may slip through the net or receive services only when problems become severe
- a child may receive assessments from different agencies which duplicate rather than complement each other
- several professionals may be in contact with a child over time but no single person provides continuity or co-ordinates services
- several agencies spend some money on the child rather than one agency spending an appropriate amount on a co-ordinated package of support
- services may disagree about whether the child falls into their categories and may try to pass on difficult cases to other organisations
- professionals and services may be based in different locations rather than co-located
- co-location can make services more accessible to service-users and improve inter-professional relationships and ways of working
- services are planned and commissioned to focus on one particular objective – such as childcare, truancy, or family abuse. Planning

services in the round can enable a better response to support the child and be better value for money. Joint commissioning can enable the creation of services that deliver multiple dividends such as Children's Centres and extended schools (D4).

It identified five outcomes for children which, arguably, at the time of writing are the main policy drivers for child welfare in England. These outcomes are:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic well-being.

These outcomes can act as the measure of whether partnership working is actually improving the lives of children and young people.

While the government advocates joined-up working, some issues divide researchers and academic commentators. Most commentators would agree with the government position and regard increased and enhanced joined-up working as a desirable goal. Lawson (B14) argues that collaboration can offer:

- effectiveness gains – through improving outcomes
- efficiency gains – through improving the use of resources
- resource gains – through increasing the availability of resources
- capacity gains – through increased ability to achieve
- legitimacy gains – through increased acceptance
- social development gains – through permitting social change

This position is identified by Sullivan and Skelcher (B30) as 'optimistic' – that partnership working takes place so that 'a shared vision may be achieved' so that it 'will result in positive outcomes' and 'positive outcomes for the system override the desire for sectional gain'.

Hudson (A15) argues that commentators should take an optimistic stance as there, 'is the need for academic disciplines, particularly sociology, to make a more constructive contribution to policy debates'. He writes that the sociology of professions suggests many reasons for pessimism but concludes that there are grounds for the following optimistic hypotheses:

- that members of one profession may have more in common with members of a different profession than with their own
- that the promotion of professional values of trust and service to users can form the basis of inter-professional partnership
- that socialisation to an immediate work group can override professional or hierarchical differences among staff
- that professionals and bureaucracies can join forces in a collective effort to achieve their goals
- that effective inter-professional working can lead to more effective service delivery and user outcomes.

These possible positive aspects, however, can be viewed from a number of perspectives. Diverse stakeholders are involved in child welfare services – commissioners and policy makers, managers, front-line staff and children and their families. The nature of the benefits of joined-up practice must be viewed from these multiple perspectives. It is possible, for example, that a given ‘joined-up’ initiative may be viewed positively by a commissioner, but have a negative impact for the front-line professional. There is, therefore, not a straightforward recipe book suggesting that joined-up working is a ‘good thing’ or that it necessarily benefits all participants. The real world is much more complex than this, as we shall see throughout this review.

Some critics have taken this a step further and argued that joined-up working is not necessarily desirable at all. We can divide them into the ‘theoretical’ critics and the ‘empirical’ critics – their positions are outlined below.

the ‘theoretical’ critics

Some researchers argue that the shift toward increasing co-ordination of services for children and their families may be both politically and theoretically undesirable. These commentators argue that such a shift is not to be supported as it increases the surveillance and control over families.

Allen (B1) draws on social theory to argue that social welfare research on joined-up thinking is under-pinned by two theses:

- the ‘systemic move’ thesis suggests joined-up thinking is needed to fill gaps in welfare service provision arising from a lack of inter-organisational co-ordination
- the ‘epistemological move’ thesis argues that joined-up thinking is needed to overcome deficiencies in the institutional division and distribution of welfare knowledge.

Both these positions blame the macro system for previous social welfare failures, and both present joined-up thinking as a progressive solution that results in a more effective and thus less fallible welfare system. Allen takes the position that some versions of joined-up thinking are formed as practices that can ‘see everything’, ‘know everything’ and ‘do anything’, and thus they produce a ‘holistic power’ to discipline and control every aspect of welfare recipients’ lives.

Housley (A14), who scrutinised how a multiagency team communicates internally, draws on Kline (B13) to make a similar point:

It is through the breaking down of barriers between disciplines that the grail of holistic truth can be sought.

Further confirmation is provided by Jeffs and Smith when, in relation to Connexions, the joined-up service for young people, they argue that:

It could work to curtail the freedom of young people to ‘shop around’ for services (B11).

Allen (B1) argues that since joined-up working does not always work as hoped, it generates secondary 'joined-up powers' which tend to blame individuals for the failings of the system supposedly designed to help them. So young offenders, or tenants who have not paid their rent, are then excluded from welfare resources. These secondary powers match the social discipline enforced by one welfare agency (eg the responsibility to work enforced by the employment service) with legal rights under another agency (eg the right to housing from social landlords), so that breach of the former leads to exclusion from the latter. This example of co-ordination works against the interests of welfare recipients. Allen is therefore against the move to increased co-ordination on the grounds that it works to the disadvantage of some welfare users.

His position shares characteristics with what Sullivan and Skelcher (B30) identify as a pessimist position on partnership working. They argue that in the pessimist view:

collaboration takes place in order that stakeholders may preserve or enhance their power, prioritising personal or organisational gain above all else.

The 'empirical' critics

There are other researchers who are sceptical about increasing co-ordination on the grounds that data suggests it does not necessarily have a positive impact on outcomes for children. Two US based researchers, Glisson and Hemmelgarn (A9), carried out perhaps the most scientifically sophisticated study covered by this review. Their quasi-experimental, longitudinal study assessed the effects of increasing inter-organisational services co-ordination in American public children's services agencies. The research team collected both qualitative and quantitative data over a three-year period describing the services provided to 250 children by 32 public children's service offices in 24 counties in the state of Tennessee.

The researchers focus on what they identify as organisational climate. This concept attempts to capture the motivation and support for individual workers. The researchers used low levels of conflict, high levels of co-operation, the existence of role clarity, and staff being able to exercise personal discretion as measures of a positive organisational climate. They also measure outcomes for children and inter-organisational co-ordination. Inter-organisational co-ordination, a prime concern of this review, was measured using the concepts of authorisation, responsibility and monitoring:

Authorisation was measured as the number of separate authorisations required for a child to receive services from multiple [sources]. The fewer required, the greater the co-ordination.

Responsibility was measured as the number of individuals responsible for ensuring that needed services were delivered to a child. The lower the number, the greater the co-ordination.

Monitoring was measured as the proportion of those monitoring services for each child who also provided service to the child. Because co-ordination requires a separation of these responsibilities, lower proportions represent greater co-ordination.

Their data suggests that organisational climate is ‘the primary predictor of positive service outcomes (the children’s improved psychosocial functioning) and a significant predictor of service quality. In contrast, inter-organisational co-ordination had a negative effect on service quality and no effect on outcomes’. They therefore conclude that:

Efforts to improve children’s services systems should focus on positive organisational climates rather than on increasing inter-organisational services co-ordination. This is important because many large-scale efforts to improve children’s services systems have focused on inter-organisational co-ordination with little success and none to date have focused on organisational climate’.

There are then, in summary, two key challenges to the shift towards joined-up working – a theoretical challenge and an empirical challenge. It is imperative that the champions of joined-up working address both. The remainder of this review aims to shed further light on these debates. Here we may well reflect on what Sullivan and Skelcher (B30) refer to as the realist view that:

it is the wider environment - or more specifically changes in the prevailing context - that are critical in determining the incidence of collaboration.

a theoretical framework

One of the problems in writing and speaking about joined-up working is that our language for conceptualising it is complex, confusing and imprecise. In order to help organise this review, I will use the concept of communities of practice developed Etienne Wenger (A37, see also www.ewenger.com).

This concept is useful because it transcends and rethinks terms such as ‘team’ and ‘organisation’. A community of practice can be developed within a team, across a number of different teams, or indeed (using electronic communication) across the globe. Wenger emphasises learning as a basis for building communities of practice:

Over time, this collective learning results in practices that reflect both the pursuit of our enterprises and attendant social relations. These practices are thus the property of a kind of community created over time by the sustained pursuit of shared enterprise. It makes sense, therefore, to call these kinds of communities ‘communities of practice’.

So, for Wenger, in ‘communities of practice’ knowledge is produced in the context of the practice. Some of it is the conceptual knowledge brought into the situation from training and applied to the world of work, but much of it is based on experiential knowledge drawn from daily routines. He utilises four main organising concepts:

- **meaning** refers to how we interpret and understand the social world
- **practice** refers to how we act in the social world utilising shared resources
- **community** is the setting which gives a context and value to our practice
- **identity** is how new learning changes who we are in the context of our communities of practice

Wenger's model of how knowledge is created in communities of practice defines two important complementary processes – 'participation' and 'reification':

Participation involves the daily, situated interactions and shared experiences of members of the community working towards a common goal. It refers to the active role of participants in building their world and their forms of practice. As professionals, we have space to develop our practice with a degree of freedom and discretion. Thus we actively participate in our workplaces and shape how we work. These individual activities combine to generate new forms of professional knowledge and practice. Using this concept we can begin to think about how professionals contribute to building joined-up ways of working.

Reification refers to how knowledge and practice are turned into solid representations – these might take the form of procedures, policies and other artefacts. It allows us to consider some of the more solid forms that underpin and shape joined-up practice.

Finally, for Wenger, communities of practice involve three key elements:

- **mutual engagement**
- **joint enterprise**
- **a shared repertoire.**

Each is explored in turn; practice examples are given on pp46-55.

mutual engagement

Mutual engagement involves relationships and people doing things together. 'Practice resides in a community of people and the relations of mutual engagement by which they can do whatever they do.' Membership is 'a matter of mutual engagement. That is what defines the community' (A37).

We should note that for Wenger location is not central; engagement exists because members 'sustain dense relations of mutual engagement organised around what they do'. It can happen whether or not they are co-located. Engagement involves elements of participation and reification so that 'in order to be a full participant, it may be just as important to know and understand the latest gossip as it is to know and understand the latest memo'.

joint enterprise

For Wenger communities of practice involve:

- a collective process of negotiation
- definition by the participants in the very process of pursuing it
- not just a stated goal but mutual accountability among participants' relations that become an integral part of practice.

Communities of practice must be seen in the context of 'their position within a broader system' and 'the pervasive influence of the institution that employs them.' But, importantly for this review, a community of practice is never fully defined by an external mandate:

Even when a community of practice arises in response to some outside mandate, the practice evolves into the community's own response to that mandate.

Here Wenger is making clear that we should turn our attention to how professionals form their own practice and create meaning in everyday settings. Working together involves devising a purpose that contributes to an approach based on shared accountability: 'negotiating a joint enterprise gives rise to relations of mutual accountability among those involved'.

Wenger's work is also helpful for showing how far building a community of practice is a dynamic process, rather than the result of any static agreement. We can see that partnership working is never simply 'achieved'; it has to be worked at, re-defined and re-negotiated continually.

a shared repertoire

For Wenger communities of practice involve shared approaches – such as tools, language, styles and actions. They are the sometimes intangible issues that make for effective joined-up working. These are the raw materials that help us practice and share understandings: 'Over time, the joint pursuit of an enterprise creates resources for negotiating meaning.'

Over time communities of practice develop a shared set of resources that form a repertoire – 'it reflects a history of mutual engagement'.

In terms of our debate about the benefits or otherwise of joined-up working Wenger argues that using the concept of communities of practice should not pre-judge this debate because:

Communities of practice are not intrinsically beneficial or harmful. They are not privileged in terms of positive or negative effects... As a locus of engagement in action, interpersonal relations, shared knowledge, and negotiation of enterprises, such communities hold the key to real transformations - the kind that has real effects on people's lives. From this perspective, the influence of other forces... are no less important, but they must be understood as mediated by the communities in which their meaning is negotiated in practice.

Wenger argues that communities of practice matter, that they can change and influence situations. They are also powerful in shaping and mediating expectations that may be generated outside of them. I will use the work of Wenger and some of his key concepts to help make sense of the wide range of material reviewed here.

practice issues

understanding the research

The substantive part of this review explores a wide range of literature in the field of joined-up working. This chapter focuses on the front-line practice of professionals working together and elaborates on some key themes that shape and influence their practice:

- education and learning
- sharing information
- barriers to and facilitators of joint working
- change and outcomes
- co-location
- management support for partnership working.

The research relating to each heading is explored – identifying common themes, differences and the implications for practice. The next chapter examines the implications for policy and practice of joined-up working in relation to children and their families.

education and learning

Training is the issue explored most frequently in the research and policy literature in connection to joined-up working and front-line workers. The Laming report into the death of Victoria Climbié pointed out the need for:

each of the training bodies covering services provided by doctors, nurses, teachers, police officers, officers working in housing departments and social workers to demonstrate that effective joint working between each of these professional groups features in their national training programme (D3).

This topic is worthy of a review in its own right (see A17). Training can be seen both as something that encourages the specific identity of professions, particularly at the initial professional training stage, and as a process that can encourage joined-up working, when undertaken on an inter-disciplinary basis.

a) training as a barrier to joined-up working

A complex and extensive study by Pollard and colleagues argues that negative attitudes to other professions can exist before professional training commences. Their survey of 852 students entering a range of University-based professional programmes argued that:

students on entry to pre-qualifying programmes do not hold positive views about collaborative working relationships in health and social care (A27).

Many researchers and commentators identify initial professional training as an issue that militates against joined-up working, for example:

The concept of inter-professional collaboration is not something that any of the professions were, or to a great extent are, trained for. Indeed, they may be

receiving training which specifically educates against inter-professional work. Research among health and social care students seems to support this view (B25).

Mandy and colleagues (A22) utilise the work of Parker and Chan who examined professional stereotypes among qualified physical and occupational therapists using the Health Team Stereotype Questionnaire. The results indicated that each profession viewed itself more positively than it viewed other professions.

This empirical data is consistent with the theories of professionalism examined earlier which emphasise the specificity of professional ways of knowing and how professionals build their identities.

The negative impact of separate qualifying training experiences can be repeated during later professional development training. Farmakopoulou (A7) undertook an in-depth qualitative study of joined-up working in the special needs fields and concludes:

It was shown that the operation of inter-professional and inter-agency collaboration in the special educational needs field is dependent on the interplay of a number of environmental and inter-organisational factors. Three main inhibitory factors were identified: namely structural differences, lack of joint training, and the scarcity of human resources.

The issue of initial professional training and education is a fundamental one as it can help to create professional modes of understanding and methods of intervening that define professional identity in terms of 'difference' from other professionals.

b) training as a facilitator of joined-up working

Just as separate initial and post-qualifying training can be a barrier to effective joined-up working, so, many observers have argued, effective multiprofessional training can facilitate effective joined-up working. The inquiry into the work of the Bristol heart surgeons (D9), for example, asserted:

One of the most effective ways to foster an understanding about and respect for various professional roles and the value of multiprofessional teams is to expose medical and nursing students, other health care professionals and managers to shared education and training.

The issue of fragmented professional training can be addressed at two stages: at the professional initial training stage and later with joint post-qualifying or 'on the job' training. There are examples of positive practice at both stages.

Professional initial training Smith and Coates (A32) report positively on their experience of joint training between social workers and health professionals at the qualifying stage. They provide a case study based on an initiative developed between the Medical School and the School of Social Work at the University of Leicester and nursing students from De Montfort University. The initiative brings together trainee health professionals and social workers in a joint setting based around one

GP practice in Leicester. The aim was to encourage students to work collaboratively with patients/service-users in order to enhance joint understanding of their perspective on the services provided. The paper suggests many potential benefits of this type of collaborative initiative, and the authors conclude that the gains identified support the incorporation of this type of opportunity more centrally into social work and other professional training courses.

Post-qualifying training Other authors have focused on the post-qualifying stage of professional education. Many commentators have provided exhortations for more extensive inter-professional training and argue that this would be a major driver of more effective joined-up working.

Others have based their arguments on systematic research. Cameron and Lart (B3) undertook a systematic review of models of joint working and identify joint post-qualifying training and team building as a key engine of more effective joined-up work. In a similar vein Hornby (A13) concludes an extensive study of collaborative work by highlighting training in 'collaborative and inter-disciplinary practice' as essential in building collaborative practice.

Many commentators agree that joint training is an essential element of the way forward, but evidence suggests such training is not as extensive as is required. Birchall and Hallett (A4), in a major Department of Health funded study, found that inter-disciplinary training was valuable in developing a shared view of both procedures and possible actions. However, little such training was reported that included the whole network involved in the child protection process. They found that police officers and social workers were most often to be found training together and that reduced the traditional conflict between their roles. Both groups also trained regularly with health visitors, but teachers and GPs were hardly ever represented at training, and this added to the marginal roles they seemed to play within the local child protection network.

We should, of course, not fall into the trap of imagining that learning only takes place in traditional training sessions. Where different professions work together it has a major impact on professional identity and learning which in turn could be reflected in the training experience. Atkinson and colleagues (A2) found a new breed of professional with increased awareness of other professionals and reasoned that:

It may be that such familiarity needs to be offered to many others during initial training and in continuing professional development.

Thus learning takes place in practice and can be used in turn to inform training experiences. The link between training and practice is essential. Leathard (B15), for example, concludes an edited collection on working together in health and welfare by arguing that for inter-

professional work to become effective there is a need for an emphasis on increased inter-professional education and training focused on the needs of practice.

Of course, it is also important that training initiatives are not seen as a panacea and must be linked closely to real front-line working. As Kelly and Hill (A19) maintain, joint training does not work effectively unless preceded by joint working arrangements.

In 2002 the organisation JET undertook *A Critical Review of Evaluations of Inter-professional Education* (A17). This systematic review of Medline, CINAHL (a database for nursing and allied health literature) and the British Education Index explored the nature, outcomes and evaluation of inter-professional education.

The studies included were mostly focused on post-registration continuing professional development. Inter-professional education usually occurred in the workplace or an employer's training facilities. Fewer than 30% of studies included pre-registration students and the location was often a service delivery setting rather than the university. Inter-professional education could be divided into traditional staff development based on workshops or short courses, and those carried out as by-products of a quality improvement initiative. The authors found instances of it being promoted both as a cause in its own right and as a problem-solving strategy.

The data found was largely North American and evenly divided between hospital and community settings with a division of focus between acute and chronic conditions. Nursing and medicine were the most frequently represented professions, reflecting their size and role diversity relative to others in health and social care.

The authors collated the perceived outcomes of the 'higher quality studies' in their review, grouping them as positive, mixed, neutral or negative and classified on six levels of impact. The results are overwhelmingly positive:

Adapted from JET
Outcomes as reported
in evaluations. Numbers
refer to the number of
evaluation studies

| level | positive | mixed | neutral | negative |
|-------------------------|----------|-------|---------|----------|
| reaction | 27 | | | |
| attitudes/perceptions | 14 | | 2 | |
| knowledge/skills | 24 | | | |
| behaviour | 12 | | 1 | |
| organisational practice | 21 | 3 | 1 | |
| patient benefit | 9 | 4 | 1 | |

The authors conclude that:

In the UK, greater investment is needed in evaluating inter-professional learning across the spectrum of contexts described in the studies we have reviewed. Such evaluations would contribute to our knowledge about the place and role of inter-professional education in professional curricula.

Leathard (B16) identifies a shared learning model in which participants from two or more professional groups learn together within a multi-disciplinary context. Her findings showed that there were at least 400 places in the UK where joint educational initiatives between at least two different professional groups were being offered. However, half the courses identified only lasted a single day or less:

The shared learning model in Britain has been widely applied across courses which have set out to offer multiprofessional education (the most favoured term in this context) to a range of health and welfare professionals. The approach to shared learning has tended to be based on common core programmes for all students, at both pre- and post-registration levels, but the specialist elements are separately presented for the relevant professionals.

Leathard reports a survey of 21 Master's courses where there is emphasis on different professionals learning together. They were found to have the following features:

First, most programmes were primarily concerned to develop knowledge and understanding of particular client groups or particular delivery systems of care across a range of professions rather than place an emphasis on inter-professional matters.

Second, the multidisciplinary approach was largely intended to increase mutual professional knowledge and understanding among the students recruited from a range of professions.

Third, it was still questionable whether, by giving qualified professionals a shared learning experience on a multi-disciplinary course, this would naturally produce competent inter-professional practitioners.

Fourth, with one exception, none of the programmes surveyed had started before 1990 - all were of recent origin.

Barr (B2) states that the key components of inter-professional education should be the application of principles of adult learning to interactive, group-based learning. There need to be clear links between collaborative learning and collaborative practice. This should be provided in the context of a rationale focused on the inter-personal, group, inter-group, organisational and inter-organisational relations and processes that inform how professionals develop in the workplace. He identifies eight drivers of inter-professional training:

- 1 Since social workers have to collaborate and work effectively with a range of other professionals in practice, skills for this should be developed during professional education and training.
- 2 The integration – of health and social care organisations, social work with children, and education – into Children's Departments has changed the employment base for many social workers and increased the need for collaboration and understanding between professions.
- 3 The role of social work and social care in a range of agencies outside the social services is being developed, e.g. Sure Start.

- 4 The enquiry reports that have followed crises in health or social services have highlighted the need for strengthening inter-professional working and training.
- 5 Guidance documents from the DoH have increasingly specified inter-professional working and education as essential to the task of health and social care staff.
- 6 The Quality Assurance Agency benchmarking statement for social work makes many references to the need to equip students with knowledge about social welfare agencies and skills in effective collaborative practice.
- 7 The National Occupational Standards refer to the changing context and expectations of social work practice and likely future requirements for practice in multidisciplinary settings.
- 8 Users and their carers have expressed support for multiprofessional and inter-professional education and practice, since they are the losers if professionals are not able to work together.

All this provides a powerful push for training that helps to break down professional boundaries. However further research is required, particularly as the climate for partnership working is changing constantly. Humphris and Hean argue:

There is a need to commission longitudinal impact studies designed on sound theoretical perspectives. The evaluation of programmes in their entirety following whole cohorts of students over time is fundamental. Without this we will fail to build on the existing evidence or to find out the extent of the sustainability of any educational impact (B10).

In conclusion:

- initial professional training can be seen as a barrier to joined-up working
- co-ordinated initial professional training would enhance joined-up working
- research suggests that joint post-qualifying and 'in-service' training can encourage and facilitate joined-up working
- much learning in joined-up workplaces is informal and tacit in nature, and this could inform initial training.

sharing information

One of the projected benefits of joined-up working is assumed to be enhanced information sharing, although it should be noted that this is precisely the concern of our theoretical critics. The government perceives enhanced information sharing to be a direct result of the reforms suggested by the *Every Child Matters* (2003) Green Paper and the *Children Act 2004*. The Green Paper maintained that:

The key is to ensure children receive services at the first onset of problems. This will be done by: improving information sharing between agencies... The

government will remove the legislative barriers to better information sharing and the technical barriers to electronic information sharing, through developing a single unique identity number and common data standards on the recording of information... Every local authority will identify a lead official with responsibility for ensuring information is collected and shared.

Information sharing is therefore seen as key to the government agenda for joined-up working. Indeed many commentators mention improvements in information sharing as a direct outcome of improved joined-up working. In terms of developing communities of practice it is evident that information sharing is core to developing the shared repertoires, joint enterprise and mutual engagement that define them.

Signoretta and Craglia (A31) undertook a case study of the implementation of a Children's Services Plan in a local authority and demonstrate the centrality of information sharing when they claim:

The process of organisational and cultural change required to move from a vertical 'silos' mentality, and adherence to bureaucratic procedures, towards horizontal partnerships focused on the delivery of outcomes has large bearings on the extent to which information is used and shared within and across organisations.

Information sharing then is both a necessary condition of enhanced partnership as well as being one of the results. This factor is demonstrated in the education field where it is argued that there is evidence from recent research to demonstrate that designated teachers are observing guidance to encourage information sharing to support the education of looked after children:

They are actively and regularly involved with other agencies, liaising with carers, co-ordinating the activity with colleagues within the school and sharing information.

Boreland-Kelly (C2) describes a project known as Mayday, where staff are co-located. She recognises the importance of informal learning and information exchange in co-located settings, a finding consistent with the MATCh project. While formal procedures are important, 'it is equally important to make yourself available for informal chats'. Just as we saw with training – information exchange takes place both formally and informally.

Boreland-Kelly's article echoes the MATCh findings in arguing that there is also a need for carefully thought-out protocols for access to joint information. Another theme emerging from the research is that information sharing is not as easy as it may at first appear and joined-up working and co-location do not necessarily overcome all the issues concerning information exchange. This is partly because attitudes to information sharing and confidentiality lie deep in professional attitudes and training.

Three studies illustrate how difficult these issues can be:

- 1 Farmakopoulou (A7), in a study of work with special needs children, notes that:

Confidentiality was another inhibitory factor in the collaborative relationship. The social work staff concerns regarding the ethics of information sharing sometimes led to the withholding of important information and this, in turn, resulted in conflicts with the other groups of staff.

- 2 This finding is fully consistent with the work of Webb and Vulliamy (A36), who found that problems over information sharing and issues of confidentiality arose as a barrier to joined-up working in the field of crime prevention in schools. Thus information sharing can act as either a facilitator or a barrier to effective partnership working.
- 3 In a similar vein, Kearney and colleagues (A18) studied services for parents with substance abuse or mental health problems and report that difficulties around confidentiality and information sharing hampered inter-agency working. This was a particular problem when professional co-operation was dependent solely upon a case-by-case discussion.

Much of the research, then, has identified how complex and difficult is the issue of information sharing. Effective partnership working among front-line professionals needs to address these issues. It remains to be seen how effective the reforms suggested in *Every Child Matters* and enacted in the *Children Act 2004* will be.

In conclusion:

- enhanced information sharing is one of the drivers of policy on joined-up working
- joined-up working can enhance and facilitate information exchange among professionals
- information sharing takes place both formally and informally
- co-location facilitates informal information sharing
- serious issues surrounding confidentiality and information sharing still remain to be addressed in many joint working situations

barriers to and facilitators of joint working

As we have seen, issues around training and information sharing can act as both enhancers of, or barriers to, joined-up working.

A number of authors have identified **barriers** in the realm of professional models, attitudes and values. Using Wenger's terms, this is where professionals lack forms of 'shared repertoire'. Atkinson and colleagues (A1) were commissioned by the Local Government Association to undertake an extensive survey of professionals working across organisational boundaries. They found that concerns existed about overcoming professional boundaries where attitudes were not consistent with this, and where professionals working in an area for a long time found it difficult to accept that there were other ways of doing things.

More specifically, a study of how a child guidance clinic and local social services teams worked together suggested that there are similar difficulties in clinical work settings:

the multidisciplinary setting is a potential minefield of rivalry and hostility and can be particularly difficult for the social worker whose position in a hierarchy of professionals is generally open to debate (B21).

Thus, while certain concrete issues – training and information sharing – stand in the way of joined-up working, there are more intangible and perhaps deep-seated barriers. Professions may define themselves in terms of how they are different from others, rather than by what they have in common. As a result, joined-up working faces a profound barrier in operational terms wherever it becomes impossible to build a joint enterprise on underlying division and rivalry.

In the child protection field such issues have long been recognised. In their study, Birchall and Hallett write:

These results suggest that there will be considerable tensions between front-line agencies and social services about the thresholds of referral and adds further weight to other findings in the report which support the familiar stereotypes of over-anxious health visitors and teachers facing impassive social workers (A4).

These differences take day-to-day forms, as expressed by Birchall and Hallett, but are rooted in differing models of explanation that act as a block to developing a joint enterprise. In the MATCh project we found differences, for example, between professionals adhering to ‘social’ and ‘medical’ models in some health-based teams, and those adhering to ‘victim-centred’ and ‘offender-centred’ models in criminal justice. In the following extract from the child health field, a social worker expresses some of the issues of status between the medical and social professions. She sees doctors as wearing ‘tall hats’:

I am not overawed by working with people just because they have got a ‘tall hat’ on, but a lot of people are, and I think a lot of people with tall hats are overawed by their own status as well. And so I think one of the barriers is that sometimes people aren’t listening to each other in that meeting.

Consistent with these arguments, in their study of the use of theoretical models in the child protection field, Cooper and McInnes maintain that all forms of professional practice utilise diverse academic understandings of child abuse and therefore conclude that: ‘An integrated model of abuse is impossible to employ in current practice’ (B4). This assertion is challenged in the *Every Child Matters* Green Paper with its attempt to introduce an integrated model.

Different professions have differing models of belief and practice. Milbourne and colleagues explored how partnership working operated in an inner-city primary school (A24). They found that differing models can impact on practice and quote one of their respondents as follows:

...within the sort of multiagency set up, there are ideas around qualifications, and who's got the best qualifications. There's quite a bit of snobbery around, you know, what your qualification is, which discipline you belong to, etc.

One of the key complex issues in front-line working among professionals is how professional models are understood and utilised. Among the professions that work with children and young people there are a wide range of shared and diverse models of knowledge and understanding. There are two notable modes of working that relate to joined-up working.

MODE OF WORKING 1: by working together professionals develop a better understanding of diverse and different models. This is demonstrated by a social worker interviewed in the MATCh project:

I've retained my identity as a social worker but I've gained an awful lot more knowledge about other agencies and about the way they work, how to access different things.

MODE OF WORKING 2: by merging models (quite literally creating joined-up thinking) professionals can share a common model of understanding and this can act as a basis for practice. Again this approach can be illustrated with a quote from the MATCh project:

I don't believe people look at each other and think of themselves as teachers or nurses or social workers, I think we see ourselves as (team) workers, I think we're proud to be (team) workers.

In the MATCh project, therefore, we found examples consistent with both of these modes of working.

Professional models, then, can be a barrier to joining up. They may engender different approaches to practice and to stereotyping. Added to issues around training and information, they can create formidable obstacles. Equally, professionals in joined-up teams find that their identity changes as they become part of a community of practice.

For supporters and promoters of joined-up working, there are positive ways of overcoming some of the barriers. First among such **facilitators** is evidence of a willingness from professionals to overcome barriers in working together. Such positive and pro-active attitudes and approaches are noted by a number of observers and are also consistent with the MATCh team findings. Atkinson and colleagues, in their Local Government Association commissioned study (A2), argue that for the professionals involved, working with professionals from other backgrounds was rewarding and stimulating, although it could lead to increased work pressure. Professionals commonly reported that working alongside other professionals gave them a broader perspective and raised their awareness of the operation of other agencies. Atkinson and colleagues state:

Commitment to and a willingness to be involved in multiagency working, whatever the type, was felt to be the key to effective collaboration. What emerged was the importance of those involved wanting to be involved and

having a belief in multiagency working, rather than being directed to engage in it.

Willingness to commit can have a positive outcome:

The study has revealed a new and hybrid professional type who have personal experience and knowledge of other agencies, including, importantly, these services' cultures, structures, discourse and priorities. This understanding would seem to be a *sine qua non* for successful inter-agency collaboration.

This is again consistent with the MATCh findings where many staff found the opportunity of working in joined-up teams exciting and challenging.

One way of encouraging this enthusiasm, according to the theoretically driven work of Cooper and MacInnes, is to ensure that the status and contribution of each profession is recognised. In order to integrate the different theoretical positions, it is suggested that the professionals involved in child abuse must become experts, with 'the term expert being defined in a way that may allow all practitioners to aspire to expertise' (B4).

Many commentators observe that where joined-up working does exist, engagement in the process can be uneven across the professions and the inclusive approach identified by Cooper and MacInnes would be very helpful:

The professions bring very different degrees of familiarity with the shared task of child protection to their cooperative efforts (A4).

Of course these 'different degrees' of knowledge and engagement partly reflect, and partly contribute to, varying allocations of power and status across the professions. Farmakopoulou utilises social exchange theory to reflect on this:

According to the social exchange perspectivealthough there is not always a symmetry or equality in the exchange, the collaborative relationship does not involve physical coercion or domination since its nature is voluntary. However, in reality, the nature of the collaboration is not always voluntary, but can also be external and involuntary or interchange from one form to another. This suggests that exchange interactions should be compatible with the existence of power and dependency in inter-organisational relationships (A7).

Murphy argues a similar point when he warns against 'the colonisation of multidisciplinary effort by one powerful perspective or agency view' (B20).

The government is well aware of the issues acting as barriers to effective partnership. Following the Climbié report, it initiated a project aimed at re-inventing the Children's Workforce. The primary instrument for doing this is to develop a Common Core of skills and knowledge for all professionals.

The DfES, following the Green Paper, has proposed that a 'Common Core' of skills and knowledge should be created for 'all those whose work brings them into contact with children, young people and

families. This includes people who work solely with children, as well as those with wider roles, who regularly come into contact with children' (D6).

The Common Core offers 'a basic description of the skills and knowledge you would need to have if you work with children. It should help us improve our work, and enable us to provide a universal service that meets the needs of all children, regardless of their background or situation.'

The government states that it

will promote the use of the Common Core for all people working with children and young people. It will be embedded in initial professional training as well as in ongoing professional development programmes, and employers and professional associations will incorporate the Common Core in their services. It will also contribute to a qualifications framework being developed for the Children's Workforce.

The Common Core is designed to develop 'a culture of inter-agency working to improve and enhance outcomes for children and young people.' This is seen as the basis for a long-term change aimed at creating a new and re-shaped children's workforce.

The DfES have identified six key areas of skills and knowledge:

- child and young person development
- safeguarding children and promoting welfare
- effective communication and engagement
- supporting transitions
- multiagency working
- sharing information.

Subject to revision at the time of writing, the Common Core (D7) proposes the following as a key to successful multiagency working:

skills

Communication and Teamwork

- Communicate effectively with other practitioners and professionals by listening and ensuring that you are being listened to.
- Provide timely succinct information to enable other practitioners to deliver their support to the child or young person, parent or carer.
- Record, summarise, share and feedback information, using IT skills where necessary to do so.
- Work in a team context – forging and sustaining relationships across agencies and respecting the contribution of others working with children, young people and families.
- Share experience through formal and informal exchanges.

Assertiveness

- Be proactive, initiate necessary action and be able and prepared to put forward your own judgements.

- Have the confidence to challenge situations by looking beyond your immediate role and asking considered questions.
- Present facts and judgements objectively.
- Identify possible sources of support within your own working environment.
- Judge when you should provide the support yourself and when you should refer the situation to another practitioner or professional.

knowledge

Your role and remit

- Know your main job and responsibilities within your working environment.
- Know how to make queries.
- Know your role within different group situations and how you contribute to the overall group process, understanding the value of sharing how you approach your role with other professionals.
- Develop your knowledge and skills with training from experts, to minimise the need for referral to specialist services, enabling continuity for the family, child or young person while enhancing your own skills and knowledge.
- Have a general knowledge and understanding of the range of organisations and individuals working with children, young people and those caring for them, and be aware of the roles and responsibilities of other professionals.

Procedures and working methods

- Know what to do in given cases, ie for referrals or raising concerns.
- Know what the triggers are for reporting incidents or unexpected behaviour.
- Know how to work within your own and other organisational values, beliefs and cultures.
- Know what to do when there is an insufficient response from other organisations or agencies, maintaining a focus on what is in the child or young person's best interests.
- Understand the way that partner services operate – their procedures, criteria, objectives, role and relationships – in order to be able to work effectively alongside them.
- Know about the Common Assessment Framework and, where appropriate, how to use it.

The law, policies and procedures

- Know about the existence of key laws relating to children and young people and where to obtain further information.
- Know about employers' safeguarding and health and safety policies and procedures, and how they work in the wider working environment.

It is an ambitious project that will have a profound impact on the issues covered by this review. The aim is to influence and shift the boundaries that exist between professions working with children and young people.

living with complexity

Given what has been outlined thus far, it is not surprising that complexity is a major theme in the writing on joined-up thinking:

Organisation theory and the sociology of the professions suggest that co-ordination might be more problematic than the policy makers and professional high priests have allowed (A4).

While it could be argued that the enablers of, and the barriers to, joined-up working that we have identified above might be contradictory, it is perhaps more helpful to recognise that this contributes to the complexity of joined-up practice. The quotes below demonstrate how the theme of complexity emerges from many of the studies in the field:

This study of multiagency activity has highlighted once again the complexity and also potential of 'joining up' services. It has revealed the investment needed, in terms of finance, time and staff resources to develop new ways of working and inter-agency collaboration. Indeed, the attitudinal shift required in successful initiatives is an important finding (A2).

Specifically in relation to child protection, Cooper and McInnes write:

The fabric of inter-professional co-operation is thus woven of very complex threads and textures, comprised of different experiences, different organisational structures, different statuses, different priorities and tasks and different time orientations. The values that hold it together may be a combination of shared goals for the children concerned, mutual respect for one another's functions and fear of getting it wrong, but there is evidently great scope for confusion and conflict (B4).

Milbourne and colleagues, writing about an educational project, state that the issue of complexity is also reflected in professionals' attitudes:

The... workers and managers had complex and differentiated views about multiagency working, as well as about how the project would work in practice, and these emanated from their professional disciplines and discourses (A24).

This issue of complexity of different models is verified by the MATCH project findings, too. In one example, researchers explored a conflict of values and models within a youth crime team. The conflict had been over whether a group of young offenders should be 'treated' to a visit overseas. This caused some controversy within the team – the fault line was basically between the social work trained members who provided a rationale for such a visit, and the more legally based team members (police and probation) who saw this as an affront to the victims of crime. Clear differences were expressed. It seemed that the youth crime

field was a test bed for exploring professional development and knowledge sharing in an environment encouraging diversity and different levels of commensurability of professional values. While persistent incompatibilities were identified, there was also evidence of common ground being valued, and of beliefs and practices altering under pressure of competing arguments and shared experiences. The fact, for example, that the police officer and social worker report positive working relations, despite differences, indicates that teams can evolve cultures allowing for the containment of difference, and supporting the possibility of professionals modifying their practice models. Thus joined-up working does not necessarily mean doing away with difference.

It seems then that models matter – professional beliefs exist in people’s heads and affect what they actually do. Living with different models is complex; it leads to conflict and change.

In conclusion:

- working together is complex and difficult
- professionals have different modes of understanding and intervening in the world, which can act as barriers to joined-up working
- where there is enthusiasm and motivation people can work effectively together
- the Common Core initiative supports multiagency working and could have a profound impact
- working together does not mean doing away with difference – it can mean living with diversity.

change and outcomes

Perhaps the acid test of joined-up working is the impact on service users and whether joined-up working improves both the process and outcomes for service-users. The *Every Child Matters* agenda has provided us with clear outcomes for children that are currently driving policy and practice in English child welfare. Miller and McNicholl, in a ‘how to’ guide produced by the Office of Public Management, ask:

Why integrate? For a variety of reasons, many managers and policy makers are seeing the integration of children’s services as the way forward, at both local and national level. There are a number of national and local drivers for change, but the primary motivation is a vision about improved outcomes for local children (B19).

While joined-up working might improve information sharing and the experience of the professionals this cannot, of course, be the ultimate aim of the shift toward joined-up working. What evidence do we have of an impact on outcomes? The leading authors in the field of co-ordination and child protection argue convincingly that we know little about the impact of co-ordination on outcomes (B9).

Indeed it is important to note that the nature of outcomes should not be taken for granted. Outcomes can be beneficial or undesirable for the service-user. For the children who have not been adequately safeguarded and who have died as a result, there can be little doubt that more effective joined-up working would have been beneficial. On the other hand, for service-users who feel that their civil liberties have been hampered by joined-up thinking amongst professionals, as Allen (B1) points out, the outcomes are potentially negative. We cannot therefore see the impact of all joined-up working as necessarily beneficent. The outcomes of joined-up working are therefore a moral and political issue rather than a purely scientific or technical issue.

As noted earlier, Glisson's and Hemmelgarn's (A9) study of the effects of increasing inter-organisational services co-ordination in American public children's services agencies concluded that focusing on positive organisational climates contributed more to positive outcomes than increased inter-organisational services.

The researchers are clearly very sceptical about the positive impact of greater co-ordination. This is largely because they advocate the role of the individual caseworker as a champion of the individual child. In a sense their methodology builds in this assumption and arguably has an impact on their findings.

Their argument is different from that of the 'theoretical' critics who feel that joined-up working is a disciplinary and exclusionary process. The proponents therefore have to make some powerful arguments to address the concerns of the critics. In the literature there is much exhortation to improve working together and there is also some evidence to support a shift toward joined-up working as improving the process and outcomes for service-users.

There are, however, authors who argue a positive case for increased working together – based on both process issues and outcome issues.

Willis and Kelly (C4) propose that joined-up working is clearly in the interests of the service-user. In their commentary on current policy and 'how to' guide they argue that service-users care little about whether they receive a service from health, housing, education or social services. They state that research findings have repeatedly stressed that clients of services have expressed their annoyance at having to repeat their story to different professionals who call or at being sent to different departments in order to find out who can make an appropriate decision. Atkinson and colleagues (A1) also identify improved access to services as an outcome of multiagency working.

The Department of Health (D12) in its report *Meeting the Needs of Disabled Children* makes similar points. It argues that parents of disabled children feel that they fight a constant battle to find out what services are available, from whom and where. In its surveys up to 80% of families report what they experience as poorly co-ordinated services. According to this report, while policy emphasises that a single point of

contact or key worker for the family is effective, research shows that fewer than a third of families have access to this, and when they do, it is rarely a systematic part of service provision. Families who are receiving co-ordinated services report better relationships with staff, fewer unmet needs, fewer feelings of isolation or burden, more information about services, higher satisfaction and more parental involvement than do families without this service.

Another official report suggests measurable improvements for Youth Offending Teams (YOTs):

YOTs are multidisciplinary partnerships that bridge between criminal justice, health and local government services and are a considerable improvement on the previous arrangements (A3).

Evidence from this field indicates that youth crime has fallen since YOTs were introduced and that measures, such as the time taken to process an offence through the court system, have also improved.

Hochstadt and Harwicke (A12) explored the multidisciplinary approach to the diagnosis, evaluation and planning of the treatment of victims of child abuse and neglect. They argue that despite the increasing prevalence of this approach, few if any studies have examined actual effectiveness. The authors explored the effectiveness of the approach by measuring the number of recommended services obtained by a sample of 180 children one year after assessment by a multidisciplinary team. Their results indicated that a large percentage of services recommended by the multidisciplinary team were actually obtained, which contrasts with a low probability of service acquisition in samples of abused and neglected children identified by child protection teams that do not have access to a multidisciplinary evaluation. The authors argue for the positive outputs from such services and conclude that the multidisciplinary team played a key role in gaining access to the services that are needed to reduce the consequences of child abuse and neglect.

Runciman and Macintosh (A29) conducted a small-scale study based on interviews with eight families and eight agencies. Issues related to the two key aspects of support addressed in the project – carer training and partnership working – are reported. The skills approach to training adopted was successful in creating a network of carers, both lay and professional, which resulted in improved respite service for children and their parents. Their findings suggest that effective partnership working resulted in improved communications, the development of an innovative child record, effective help in crises and improved service co-ordination. Together, the training and partnership elements of service addressed practical, emotional and social difficulties. Factors identified as helping to improve outcomes for families included the freedom to work flexibly and to approach agencies directly and the ability to cut across established organisational structures.

In a study by Townsley and colleagues (A34) positive process changes and outcomes are reported by professionals and families alike. The research team spent a week at a time in six multiagency services across the UK. Each service aimed to improve co-ordination for disabled children and their families. Four services had included a key worker scheme as part of their service. They carried out interviews with 115 professionals from a range of disciplines, 25 families and 18 children and young people. The professionals studied were positive about being part of multiagency services and reported improvements to their working lives such as gaining new skills and knowledge from working more collaboratively with colleagues, a changing sense of professional identity as well as better communication between staff and services and between staff and families. The families in the study felt that the services had made positive differences to them. Overall, however, these findings were both complex and challenging. While being in receipt of a multiagency service had led to some gains, these were not always sufficiently significant or positive for families. They experienced gaps in meeting their social and emotional needs as well as prolonged difficulties around physical adaptations to home and obtaining equipment. The researchers conclude that:

In a relatively short time span, the multiagency services that were part of this study had brought about significant changes for families and children in terms of better support for children's complex health needs at home and improved access to education. What appeared to be missing, however, was a wider appreciation of what still needs to be achieved in terms of social and emotional support for families in terms of facilitating some basic human rights for children and young people.

To varying degrees all these studies identify positive outcomes for children and their families from more effective joined-up working. It will be interesting to see if partnership working can be researched effectively in terms of the five outcomes developed from *Every Child Matters*.

In conclusion:

- there are mixed findings in relation to outcomes – some findings are positive and others are negative in relation to joined-up working
- some researchers argue that service-users appreciate joined-up services and that measurable improvements in outputs and outcomes could be perceived
- the *Every Child Matters* outcomes represent a new challenge for partnership working.

co-location

An important element of improved co-ordination rests with co-location – the physical sharing of premises by professionals in multidisciplinary teams.

Boreland-Kelly (C2) provides an outline of a hospital-based attempt to encourage joined-up working with children that led to an enhanced sense of teamwork and improved informal communication. This also emerged as an important element from the MATCh research (p8). Co-location of staff certainly seems to encourage informal learning and sharing, as one staff member said:

I just think being generally in this shared team room that we would talk about a case that we'd just gone out on or we're going out on and we might want to talk to someone about; 'What do you think?'

Another MATCh respondent stated:

As we share office space, very often we will share ideas or even look at someone reading a book and say is that book any good?

Equally information sharing can be facilitated:

You don't have to be on the phone to different agencies, you can just leave a post-it note on someone's computer or a note on the desk.

The information sharing, the fact that all the agencies are there within one arena within the same building, makes it easier to have conversations, discussions, sharing of ideas.

I would say generally it's if you're passing someone on the stairs or on the corridor, and it's 'Oh just the person I'm looking for, have you got a minute?'

Co-location can also enhance feelings of teamwork and belonging:

the main thing is sharing space, because it is not just the work level but also the social level that I think moulds the team as well — personalities.

you can sit there without eavesdropping and be very aware of the stress that a colleague is under and pick up their obstacles.

What Wenger would identify as elements of a shared repertoire, such as stories and styles, are partly facilitated by co-location. Hudson, drawing on interviews and focus groups with front-line health and welfare staff concludes:

Co-location was frequently identified as a valuable basis for joint working because it provided an arrangement in which a number of elements of the work are facilitated such as improving both the frequency and quality of information sharing and allowing dialogue to develop a personal respect and trust between professionals from different backgrounds and with different statuses. In the practices where co-location existed, while formal procedures were still adhered to, they were modified by those relationships – in effect a shift was taking place from hierarchy to network (A15).

Certainly the *Every Child Matters* Green Paper is very enthusiastic about the advantages of co-location:

There is a strong case for basing multidisciplinary teams in and around the places where many children spend much of their time, such as schools and Sure Start Children's Centres, and also primary care centres. This would promote self-referral into services and enable children's social workers and other professionals to engage in dialogue with teaching and school support staff (D4).

In conclusion:

- co-location can enhance and support joined-up working
- co-location can enhance information sharing, particularly on an informal basis
- co-location is a current priority in the policy agenda.

management support for joined-up working

While the primary concern of this publication is with how front-line workers work together, we cannot separate this issue entirely from the more strategic and managerial issues that are covered by Percy-Smith (B23).

Inevitably the context for front-line workers to practice together is established by factors beyond their control – the funding, the planning, the location and the protocols established by managers, although we should note that Wenger's theory argues that internal factors tend to be predominant.

Resources and resource allocation are identified as a potential barrier to effective joined-up working. In Atkinson and colleagues' survey (A1) 32% of respondents identified resource constraints as a major barrier to joined-up working. In their follow-up study the same authors conclude:

Challenges involved conflicts over funding within and between agencies, a general lack of funding for multiagency work and concerns about sustainability. This was the case regardless of the type of multiagency activity. Other types of resources were also an issue; multiagency work being cited in some cases to be particularly demanding of staff, time and accommodation compared to a single-agency approach (A2).

As noted previously, Farmakopoulou (A7) examined inter-professional work in the field of special educational needs. Resources are a key feature of the findings of this study. Scarcity of resources was almost unanimously cited as an obstacle to inter-agency collaboration and almost three quarters of respondents in the three authorities reported that the pursuit of other departments' resources was the root cause of the conflicts between them. The scarcity of human resources was found by the study to be the crucial factor. Scarcity of human resources applied to both education and social work departments and resulted in limited face-to-face contact, and missing of formal and informal multidisciplinary meetings, records not being kept up to date, late notification of cases, reports not being submitted on time and burn out of staff.

Many authors comment on the need to ensure that adequate time is allowed for effective practice to emerge. Milbourne and colleagues in their study report that:

The ad hoc enactment of policy, practicalities and time pressures, together with the need to generate successful outcomes quickly, all constructed limits to the project's potential for collaborative or joint work (A24).

Callaghan and colleagues used focus groups to study the role of Youth Offending Teams in mental health work. They emphasise why time is important:

Youth offending teams are new inter-agency initiatives, with different professionals and agencies working together and redefining their roles in this context. The issue of inter-agency team working and the attendant difficulty of role definition for specialist workers within the team emerged as a key tension for most of the participating YOT professionals. A particular point of tension was the distinction between the specialist and generic worker. It was indicated that working within an inter-agency setting required a period of adjustment, as roles settle, and relationships between team members become clearer (A5).

In conclusion:

- effective joined-up working requires a supportive policy and managerial context
- it takes time to build effective practice
- joined-up teams require adequate funding in order to work effectively

implications for policy and practice

There is no single way to go about integrating services for children and their families. Local conditions and opportunities for change vary so much that no-one can say, 'This is where you should start and this is where you'll end up' (B19).

This review has described the history, theory, policy and research that informs joined-up working with children and their families. The aim of this section is to learn from and develop the implications for practice and policy in the front line of child welfare.

Perhaps the main theme that has emerged is that joined-up thinking and practice are not easy and that many complex issues and challenges exist. The research is complex and diffuse, and there is no unequivocal 'what works' message that arises from it. Rather we have a range of issues that emerge which are richly suggestive and give us considerable food for thought.

The material that follows suggests what front-line partnership work might look like, drawing on:

- the theoretical work of Wenger on communities of practice
- the findings from the ESRC-funded MATCh project, based at the University of Leeds undertaken by the author and colleagues
- the research and evidence from the other sources we have summarised in this review.

The main arguments are summarised in appendices 1 and 2 at the end of the chapter.

The findings are arranged using Wenger's main concepts to organise the material and using the MATCh material as sub-headings. Detailed references to the material in this review are not provided in the text but can be found in the table on page 54. Examples of partnership working are given from YOTs (Youth Offending Teams) to provide a practical context for the suggestions.

mutual engagement

'Practice resides in a community of people and the relations of mutual engagement by which they can do whatever they do' (A37).

Wenger argues that communities of practice are defined partly by the idea of mutual engagement – the form of practice around which they come together. The focus of this review has been on the practice of front-line professionals. Here I suggest how forms of good practice can be both sustained and developed.

joint procedural work and inclusive planning systems

Whether partnership work is taking place within or between organisations, effective joined-up working requires shared procedures that have been developed with the participation of the professionals involved. The procedures and policies are the solid representations of

joined-up working. However, these procedures only become real when they are enacted through practice, by the front-line professional staff involved in building the actuality of joined-up working.

These procedures will have greater meaning and utility when they are accepted and owned by the front-line staff, and the staff have been involved in producing them. It all takes time and planning and needs to be handled with skill and leadership.

This process of participation should not be seen as static. The real world changes rapidly with new law, regulation and changing social factors having an impact on front-line practice. Effective procedures and protocols should be regularly reviewed and consulted around and, when necessary, changed and reformed to reflect the changed realities of practice. This forms part of a learning loop where policy structures practice, but where practice should, in turn, inform and reform policy.

TIP 1 Partnership working takes time to develop – it will work better if space is devoted to planning, and staff are fully involved in the process.

TIP 2 The real world changes rapidly – procedures and practices for partnership working will require regular review and reform.

clear lines of accountability

When professionals work in a vertical managed environment in one independent organisation, lines of accountability traditionally have been clear. A social worker, for example, would expect to be accountable through their team leader, perhaps through a district manager, to a service head and then through to the director. When joined-up working is developed, these lines of accountability can become more complex and sometimes blurred (A25). For example, in some teams a worker might be seconded from an agency that is still responsible for their service conditions, be line-managed by the team manager of the joined-up team and perhaps receive supervision from a third party. This happens in YOTs, for example. Joined-up organisations are, therefore, often complex. This complexity should not be seen as a barrier to joined-up working – but it does require careful planning and consideration. The organisation of the team and the lines of accountability need to make sense for the front-line worker and offer effective support and supervision.

TIP 3 Where partnership working is built, and where roles may become blurred, front-line staff require clear lines of accountability and appropriate professional support and supervisory arrangements.

employment conditions and individual career/role needs

Staff engaged in joined-up working often experience challenges to their sense of professional identity and well-being. They need time to reflect on this and support in addressing issues that arise for them. Alongside issues of identity there can be some very real and concrete issues around service conditions that must be taken into account.

These professionals are often juggling with two identities – they bring a ‘pre-existing’ identity from a previous role which they then sometimes have to negotiate and re-shape in the context of joined-up working. They may have practiced for many years in a particular profession and gained a strong sense of their skills and professionalism. When they practice in a ‘joined-up’ way this self-assurance may be eroded. They may be asked to undertake new activities (eg assessment work), no longer carry out activities they previously undertook, and be seen as having a new identity by ex-colleagues and service-users. Police officers seconded to YOTs exemplify these dilemmas.

Some professionals wish to hold on to their identity within a joined-up setting, others are willing to transform their identity within a new setting and form of practice. Whichever journey staff undertake they will require support and time for reflection.

TIP 4 Very practical obstacles can exist to partnership working – professionals working together may have very different service conditions. Evening out these differences should help enhance partnership working.

TIP 5 Professionals working together will develop new professional identities as part of the new setting, but will also want to maintain positive aspects of their existing professional identities. Managerial support is required to address these issues through training, supervision and time for reflection.

leadership vision

Effective leadership is an essential and challenging element in developing effective joined-up working. This involves individuals who can work in the new, ever-changing world of joined-up working that involves networking and boundary crossing. Such leadership has been identified in a number of studies:

The most effective YOT managers appear to have strong entrepreneurial skills, which they use to build good relationships with governing bodies and to broker inter-agency agreements. Effective YOTs give managers freedom and flexibility (A3).

We identified a number of ‘boundary spanning’ individuals who operated as entrepreneurs in creating new solutions to public policy problems. They had well-developed skills at mobilising political, financial and technical resources from a range of sources and bringing these to bear on particular

needs and issues.... these individuals start from the problem rather than the procedures. They are adept at managing the procedures, but only because this is necessary in order to gain access to resources that will deliver their objective (B29).

The MATCH findings also suggest that effective leadership is crucial in providing an environment that values the diversity of different professionals. MATCH suggests that this is a key factor in joined-up teams – the workers need to celebrate how they are different from each other, but also how they are held together by a shared vision.

TIP 6 Leadership is a crucial aspect of developing partnership working. Leaders will be able to inspire and support staff through the process of change. Effective leaders will be ‘boundary spanners’ who can work across traditional divides and make the most of the opportunities that are presented.

role clarification around clearly defined work-flow processes

Wenger theorises that forming a new work identity is a ‘negotiated process’ (A37). One of the challenges of joined-up working is that roles can become blurred, confused and flexible. This is a dynamic process of change and challenge that will have specific features in different situations. Effective joined-up working should not imply that people lose their clear roles and that they become unclear about exactly what they do. Partnership working should not mean that there is a lack of role clarity.

TIP 7 It is necessary to have detailed planning procedures to ensure that roles and responsibilities are clear and sustainable as partnership working develops.

addressing of barriers related to status / hierarchies

One of the themes of this review has been that exhortations to work together and to ‘join up’ cannot wish away the reality of status and hierarchical barriers. There is some evidence that joined-up working begins to address these divisions through the impact of day-to-day contact, but other findings suggest that they are entrenched and difficult to shift. Some commentators recommend that the way forward is to recognise and value difference, and to build a definition of expertise that values diversity.

The MATCH project found evidence to suggest that jargon could be used to exclude staff, in team meetings, for example. Attention should be paid to the importance of language and it should not be taken for granted that all members will necessarily understand complex medical terms or acronyms, for example.

TIP 8 Partnership working cannot do away with differences of background, status and hierarchy. Partnership working should recognise, celebrate and build on diversity and difference.

TIP 9 Jargon can be used to reinforce power differences and exclude others. Professionals should be encouraged not to use jargon in this way and should be supported to challenge the use of jargon where appropriate.

joint enterprise

According to Wenger 'joint enterprise' is:

- a collective process of negotiation
- defined by the participants in the very process of pursuing it
- not just a stated goal but creates among participants relations of mutual accountability that become an integral part of the practice' (A37).

Wenger's conception of joint enterprise seems to be an essential element of joined-up practice with children and families. Again, using the MATCh headings this idea will be developed and pursued.

agreed strategic objectives and shared core aims

Joined-up thinking is dependent on joined-up targets. The success of the Youth Offending Service, for example, is based around their shared purpose of 'reducing the level of youth offending', and they also have a shared assessment framework and are usually co-located. As the Audit Commission points out 'The extent to which a YOT's governing bodies share common objectives is critical to good performance' (A3).

TIP 10 Partnership working can only operate effectively if there are shared and agreed aims.

transparent structures for communication with partner agencies

All professionals, whether they work for the same organisation or for different ones, require clear communication structures. A danger of partnership working is that these become blurred or confused. Most joined-up teams have to relate to agencies who fund, second, host or manage the joined-up teams. Whatever these structures and funding streams, and they are often very complicated, they need to be clear and coherent. YOTs have a shared executive body on which all stakeholder bodies are represented, often chaired by the Chief Executive of the local authority, to ensure that partnership can be delivered from the top. The Green Paper and the subsequent *Children Act 2004* will have a profound impact on the way front-line professionals share information.

TIP 11 Partnership working requires agreed protocols for sharing information – issues exist in relation to case-based information and wider service-based information.

co-location of service deliverers

It is clear from the MATCH and other research that co-location can be a key driver of joined-up thinking. As we have seen there is evidence to suggest that co-location, the sharing of office and other space by professionals, enhances communication, learning and understanding of roles. Most YOT workers are co-located. The idea of co-location is again encouraged by the *Every Child Matters* Green Paper (D4). We can say, however, that co-location assists, but does not guarantee, partnership working. There can still be problems with communication and shared working within co-located settings.

TIP 12 Co-location can enhance and support effective partnership working – but it is not a solution to all the challenges.

acknowledgement of peripheral team members

One of the key findings of the MATCH team was that joined-up working can have the unintended consequence of creating core and peripheral participants. Core participants might be those who work full time, who are high status and to whom the partnership work is a major element of their practice. Peripheral participants may include part-time workers, those seconded into teams for short periods, or those who feel that they are not core to the main purpose of the joint enterprise. People can also feel peripheral where most of the team are co-located but some are not. In relations to YOTs, the Audit Commission highlighted some of the issues around secondment:

The principle of secondment is critical to the success of YOTs, but represents a double-edged sword for both organisations and secondees and so requires careful management by both parties (A3).

Effective leadership recognises the dangers of workers feeling peripheral and values the role and knowledge of such workers.

TIP 13 It is important to address the needs and feelings of those who may feel that they are peripheral to the core of partnership working. Their roles need to be valued and recognised.

acknowledgement of professional diversity

Front-line workers represent diverse professions with diverse roles. While joined-up working attempts to improve co-ordination between these groups, it should attempt to do away with difference. The effective leaders in the MATCH project and in YOTs seem to be able to celebrate and value such difference, while building a sense of collective purpose. See **TIP 8**

shared repertoire

Over time, the joint pursuit of an enterprise creates resources for negotiating meaning... a shared set of resources is a repertoire... 'it reflects a history of mutual engagement (A37).

awareness of impact of change on service-users

This review has focused on the way that professionals have worked together. A lack of research to date means we have not been able to examine in detail the impact of this on children and their families, which is of course the cutting edge issue. Effective joined-up working also includes partnerships with service-users and is acutely aware of the impact of joined-up practice on service-users.

TIP 14 Partnership working is about improving the process and outcomes of working with service-users. We have to take their views and experiences seriously.

TIP 15 Researchers and practitioners need to do more research and evaluation on the outcomes of joined-up working for children and families.

opportunities / time for reflection

Throughout this review one of the recurring themes has been how complex and demanding joined-up working actually is. Planning, delivery and review are all complicated. One way of addressing this is to ensure that managers and staff have enough planned time to reflect on the challenges that confront them. For reflection to be effective it needs to be structured and valued – certainly not seen as a luxury or an indulgence.

TIP 16 Partnership working is difficult and complex. To do it well requires considerable effort and time for reflection.

joint client-focused activities

The most effective joined-up working emerges from actual practice – this is a strong theme in Wenger's writing. It follows that the best practice emerges not only from 'thinking' and 'planning' but also from doing. One of the MATCh teams worked on real case assessments, with parents present, each team member contributing specialist knowledge and expertise. After case work they held debriefing sessions, using video-taped evidence to reflect on how their roles and skills had been deployed. These dialogues provided powerful opportunities for developing a community of practice.

TIP 17 Partnership working is about doing – the most effective partnership work happens in practice with service-users.

ongoing support for professional development

Given that staff members have changing roles and are constantly challenged by the boundaries they work within and the practices they adopt, there is a need for ongoing professional development. The MATCh project found that skills and knowledge were exchanged and distributed among professionals working together.

TIP 18 Professionals working in partnership can learn from each other – a process that needs to be supported and facilitated.

paying attention to ‘specialist’ skills retention

Some of the staff interviewed as part of the MATCh project felt that their skills and expertise could be undermined were there to be an emphasis on workers becoming more generalist. Some felt that their professional identity was at risk and that promotion opportunities in mainstream work could be damaged. In effective teams such skills can be recognised and developed to the benefit of all. Farmakopoulou (A7) argues that the motivation to collaborate tends to be internal to each organisation and that the best inter-organisational relations exist when members perceive mutual benefits from interaction with other professions.

TIP 19 Partnership working involves motivated staff who want to overcome some of the challenges and boundaries.

appendix 1

summary of findings

*see facing page for more detail; ** refers to major studies only.

| COMMUNITIES OF PRACTICE (Wenger, 1998) | IMPLICATIONS FROM THE MATCH RESEARCH PROJECT* | RESEARCH REVIEW EVIDENCE** (see numbered bibliography) |
|--|--|--|
| mutual engagement <ul style="list-style-type: none"> • engaged diversity • joint activity • relationships • social complexity • community maintenance | joint procedural work | A1 A2 A3 A4 A24 A36 B19 B23 B29 D4 D5 D15 |
| | inclusive planning systems | A1 A2 A3 A4 A24 A36 B19 B23 D4 D5 D9 D15 |
| | clear lines of accountability | A1 A2 A3 A9 A24 A36 B29 D4 D5 D15 |
| | employment conditions individual career/role needs | A3 A9 D4 D5 |
| | leadership vision | A1 A2 A3 A9 A24 B23 B29 D4 D5 D15 |
| | role clarification around clearly defined work-flow processes | A4 A9 A37 B4 D4 D5 D15 |
| | addressing of barriers related to status / hierarchies | A1 A2 A4 A7 A9 A24 A36 B4 B23 |
| joint enterprise <ul style="list-style-type: none"> • negotiated enterprise • mutual accountability • interpretations • rhythms • local response | agreed strategic objectives and clarity of shared aims | A1 A2 A3 A4 A24 A36 B23 B29 D4 D5 D15 |
| | transparent structures for communication with partner agencies | A1 A2 A3 A9 A24 A36 B23 B29 D4 D5 |
| | co-location of service deliverers | D4 D5 |
| | acknowledgement of peripheral team members | D4 D5 |
| | acknowledgement of professional diversity | A1 A2 A3 A4 A13 B4 |
| shared repertoire <ul style="list-style-type: none"> • styles • actions • stories • artifacts • tools • historical events • concepts | awareness of impact of change on service-users | A3 A9 A24 A 34 A36 B1 B11 B14 B23 D4 D5 D9 D10 |
| | opportunities / time for reflection | A1 A2 A13 A17 |
| | joint client-focused activities | A3 A4 D4 D5 D15 |
| | ongoing support for professional development | A4 A17 B2 D4 D5 D15 |
| | attention to 'specialist' skills retention | A3 A4 B4 |

appendix 2

practical implications for better practice

This table explores in more detail the findings of the MATCh research project (p8). Suggestions for developing good practice are given in relation to four main classifications.

| | |
|---|---|
| structures and systems | <ul style="list-style-type: none"> • co-location of service deliverers • inclusive planning systems including consultation • agreed strategic objectives for interventions • transparent structures for communication with partner agencies • clear lines of accountability to agencies • employment conditions / line management / professional supervision attuned to individual career/role needs |
| professional beliefs/ideologies | <ul style="list-style-type: none"> • clarity of shared core aims • awareness of impact of changes in organisational, cultural and professional values/attitudes/practices on service-users |
| professional knowledge exchange | <ul style="list-style-type: none"> • opportunities / time for reflection away from immediacy of decision-taking in delivering services for team-building • joint client-focused activities such as shared assessment / consultation with families • joint procedural work such as developing protocols/ team documentation • ongoing support for professional development / skill transfer/ role changes |
| learning communities: inter-professional team building and individual recognition | <ul style="list-style-type: none"> • leadership vision and flexibility • role clarification around clearly defined work-flow processes • addressing of barriers related to status / hierarchies • acknowledgement of contribution of peripheral team members • attention to 'specialist' skills retention • acknowledgement and respect of professional identities • acknowledgement of professional diversity while nurturing team cohesion |

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