

A practitioner's guide to interagency working in children's centres: a review of literature

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“Interagency working is about making sure that people are regularly talking about their work, understanding each others’ roles and sharing with other agencies and service users. It is about working together towards commonly agreed aims and objectives” (a practitioner)

Section 1: Executive summary and introduction

Key messages about interagency working

- Practitioners view interagency working positively and believe children’s centres are best placed to deliver this
- Practitioners broadly agree with the literature findings on interagency working
- There is an agreed definition and model of interagency working which applies to children’s centres
- Current legislation and the Change for Children agenda provides a common framework to support interagency working although practitioners have concerns about its current impact
- There are considerable benefits to children, young people and families, professionals and agencies from interagency working

Key messages about success factors for interagency working

- Success factors have been identified by the Every Child Matters: Change for Children Agenda to ensure effective interagency working. Practitioners in this study have prioritised them
- There needs to be a clear vision of how agencies and practitioners will work together with agreed and achievable aims and objectives
- Practitioners need to know and understand each others roles
- There is considerable support from practitioners for the lead professional role although the role needs adequate resourcing
- Communication between all practitioners is crucial to effective interagency working

- There is support from practitioners for information sharing but they are concerned about the introduction of the Common Assessment Framework
- Effective leadership is important but practitioners are aware that this is a demanding role
- There is considerable support for joint training at both the pre- and post-qualifying stages
- Evaluation and monitoring is vital in ensuring common outcomes are achieved and interagency working is successful
- Joint funding is seen as a sign of commitment to interagency working and a cost-effective way of working
- Although the literature cites co-location as a crucial factor in interagency working not all practitioners agree with this
- The term 'shared culture' is not familiar to many practitioners and needs exploring and defining by them. In order to develop a shared culture there needs to be commitment and time

Key messages about current interagency working

- Practitioners feel that interagency working in their area has been very good but current changes are creating barriers to effective interagency working
- Practitioners have made a number of suggestions which they believe will have an impact on future interagency working (see page 36)

Background information

Barnardo's Policy and Research Unit in the South West was commissioned by Sure Start Kingsweston to carry out a literature review on inter-agency working. Specifically, the review was to focus on the implications of interagency working for children's centres. The purpose of the literature review was to provide a document which would draw together best practice guidance on interagency working at the operational level. This would be helpful for practitioners, both within Barnardo's and outside, as work is developed in children's centres.

The specific aims of the literature review were to:

- Describe the key components of interagency working
- Discuss good practice focused on the success factors identified by the Every Child Matters: Change for Children document (2006)
- If possible, use case studies from the literature to highlight effective practice
- Produce a document for practitioners which would help them develop their practice in interagency working.

In addition, practitioners were consulted to obtain their views on interagency working and to see if and how this differed from the literature. Questionnaires and telephone interviews were completed with a small group of practitioners from health, social services and education working in the statutory and voluntary sectors. All had experience of interagency working.

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

- Electronic search engines including www.scie-socialcareonline.org.uk, www.childdata.co.uk and government web-sites such as www.dfes.gov.uk and www.everychildmatters.gov.uk
- Published books, monographs and articles
- Official publications and websites
- Grey literature in the field including relevant leaflets and pamphlets.

Interagency working is widely promoted as being a more effective and cost-effective way of working with families. Perceived benefits range from families having quicker access to services and better relationships with services to professionals experiencing higher job satisfaction. However, it is important to acknowledge that interagency working can be problematic (Webb and Vulliamy, 2001) and difficult to achieve. Currently the literature on interagency working:

“perpetuates the notion of interagency working as a virtuous solution to ‘joined up’ social problems and to under-acknowledge interagency working as a site of tensions and contradictions”
(Warmington et al, 2004: 48).

Whilst the emphasis in this review is on the success factors which contribute to effective interagency working the difficulties inherent with this way of working will be acknowledged. In this review the structure will

be as follows and practitioners' views will be embedded within each section:

- Section 1 is this **executive summary and introduction**
- Section 2 will look at **what we mean by interagency working** focusing on definitions and models of interagency working
- Section 3 will look at **the context of interagency working** concentrating on three distinct areas: legislation, the change for children agenda and children's centres
- Section 4 will outline **the benefits of interagency working** for children, young people and families, professionals and agencies
- Section 5 will discuss **the success factors** which are linked with effective interagency working and where appropriate case studies will be used to illustrate good practice
- Section 6 will detail **practitioners' views on current interagency working**. It will also outline the perceived barriers to this way of working and what can be done to make it successful.

Section 2: What do we mean by interagency working?

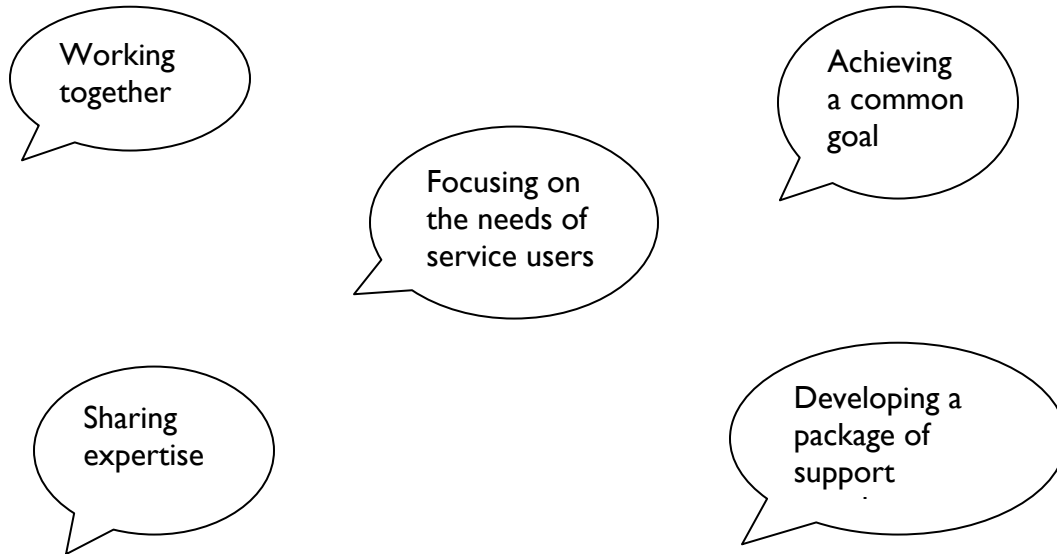
Many different terms are used when discussing interagency working and Lloyd et al (2001) describe this area as a 'terminological quagmire' (p3). However, they provide some useful definitions for those terms in common usage:

- Interagency working – more than one agency working together in a planned and formal way. This can be at different levels either strategic or operational
- Joint working – when professionals from more than one agency work together on a project, for example, speech and language therapists and early years workers delivering group work
- Multi-agency working – more than one agency working with a young person, family or project but not necessarily jointly. Often the terms multi-agency and interagency are used interchangeably.

A further term which is often used is partnership working. This is a broad term and refers to relationships between different groups at different levels: organisations and service users, different organisations and different professionals.

For the purposes of this review the term interagency working has been chosen as being the best fit definition to describe the type of work that occurs between professionals from different agencies in children's centres. However, in certain instances some of these other terms will be used, for example, when quoting or referring to published work.

Practitioners hold common concepts about interagency working. They say it is about:



A more detailed and holistic description of the style of interagency work which occurs in children's centres is provided by www.ecm.gov.uk (2006):

"integrated working focuses on enabling and encouraging professionals to work together and to adopt common processes to deliver front line services, coordinated and built around the needs of children and young people"

As well as different definitions there are different models of interagency activity. Atkinson et al (2002) in their detailed study of 30 interagency initiatives outlined five different models:

1. Decision making groups – provide a forum for different agencies to meet and make decisions
2. Consultation and training – professionals from one agency provide consultation and/or training in order to enhance the skills and knowledge of another agency
3. Centre-based delivery – gathering professional expertise in one place in order to deliver a much more coordinated and comprehensive service
4. Coordinated delivery – this is similar to centre-based delivery but with a coordinator to pull together previously disparate services
5. Operational-team delivery – professionals from different agencies work together on a day by day basis to form a cohesive multi-agency team delivering services directly to service users.

Aspects of the different models may occur at different times within a children's centre for example, speech and language therapists delivering training to family link workers would encompass consultation and training. However, for the purposes of this review, interagency working in a children's centre is described as coordinated delivery, with delivery by professionals occurring at an operational level and the coordinator additionally operating at a strategic level.

Section 3: The context for interagency working

Legislation

Since the late 1980's there has been a wealth of legislation aimed at increased interagency working. This has been focused on different agencies, at different levels, both strategic and operational, and different age groups. Frost (2005), Hudson (2005), Percy-Smith (2005) and Tomlinson (2003) provide an overview of relevant legislation.

Legislation	Date	Proposal
Children Act	1989	placed interagency work at the centre with a requirement for interagency collaboration to coordinate the planning of local services
Our Healthier Nation	1998	called for improved partnerships between the NHS and local authorities
Modernising Social Services	1998	called for improved partnerships and joint working between health, social services, housing and other services
Crime and Disorder Act	1998	established multi-agency Youth Offending Teams
Early Years Development and Childcare Partnerships	1998	developed to integrate education and care at local authority level
Meeting Special Educational Needs	1998	implemented a programme of action for local authorities to improve interagency collaboration for children with special educational needs
Quality Protects	1998	required interagency collaboration from education, health and social care for children in need
Sure Start Programme	1999	a programme of interagency working to meet the needs of children under four years of age and their families
Modernising Health and Social Services – National Priorities Guidance	99/00-2001/02	guidance directed at health and social services for increased interagency work
Children’s Fund Programme	2001	introduced to reduce social exclusion for children aged five to thirteen through interagency working

Connexions	2001	service launched with interagency working to support young people aged thirteen to nineteen
Interdepartmental Childcare Review	2002	called for increased interagency working to support young children
Lord Laming Report	2003	highlighted the failure of coordinated working among key agencies
Every Child Matters	2003	recognised this failure and sought a solution through whole systems reform of interagency working
Children Act	2004	many sections of this Act called for increased partnership working but in a systematic rather than ad hoc way. For example Section 10 is concerned with local authorities and agencies having a duty to cooperate and Sections 20 to 24 are focused on integrated inspection
Social Exclusion Plan	2006	a guiding principle is the promotion of interagency working. According to the plan this way of working will break down barriers and enhance flexibility so that the needs of excluded groups might be met

Change for Children

Every Child Matters (The Treasury, 2003) and the Children Act (2004) set out five outcomes for children and young people:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Well-being

In the Every Child Matters: Change for Children document (HM Government, 2004) a whole systems approach for how these outcomes will be achieved for children and young people is given:



This diagram highlights the whole systems approach to interagency working and shows that:

“the duty to cooperate, embedded in the children’s trusts arrangements, operates not just at the strategic level but also at the front line” (3.1; 3.2)

Interagency governance is concerned with integration within local children’s trusts and with integrated inspection. Interagency strategy is concerned with having a Director of Children’s Services and producing a children and young people’s plan. There are many integrated processes including the Common Assessment Framework (CAF), an Information Sharing Index and a lead professional. To enable integrated front line delivery there are separate toolkits for managers and practitioners and a

Common Core of Skills and Knowledge for all those working with children, young people and families. The Common Core includes a section on multi-agency working. Fact sheets on all these aspects of integrated delivery can be downloaded from www.everychildmatters.gov.uk. There is also a road map which outlines how to achieve integrated working.

Despite this, there have been some problematic issues with this model of interagency working highlighted by commentators such as Hudson (2005) and these include the autonomy of schools and the role of General Practitioners with both of these working outside the remit of the framework. However, the model above is believed to provide the blueprint to achieve the vision of co-located multi-disciplinary teams based in universal settings such as extended schools and children's centres.

Practitioners in this study hold mixed views on the Change for Children agenda and Every Child Matters framework. Most practitioners are of the opinion that it has "not had much impact yet, we've talked about it and are aware of it but there's not been much change in practice". A few practitioners have negative points of view "the impact so far has been to dislocate and dismantle a lot of interagency working" "it has been damaging to good interagency working, it needs to have resources to back it up". However, some practitioners have been very positive "it's a good framework, it helps to define our role with families" "it provides a common language and common understanding for families". Overall, most practitioners see its potential and that children's centres are well placed to make it work providing there is adequate funding.

Children's Centres

In 1998, Sure Start was launched with the aim of tackling social exclusion at community level. This led to the development of Sure Start local programmes. These were comprehensive programmes focused on children aged 0 to 4 years and their families. They were envisaged as 'one stop shops' in the 20 percent most disadvantaged areas and were generously funded to provide a range of services and activities.

Their core services included:

- outreach and home visiting
- support for families and parents
- support for good quality play, learning and childcare experiences
- primary and community healthcare.

The programmes were innovative in many ways. They were outcome based, they covered all aspects of children's development as well as

'strengthening families and communities', they supported inter-agency commissioning and provision of services and included parental participation and capacity building. Initially 250 programmes were funded followed by additional funding being given for further development as a result of the Inter-departmental Childcare Review in 2002. Many programmes were developed from existing family centres and local authority early excellence centres and had varying accountable bodies ranging from the statutory and voluntary sectors to small community initiatives and the private sector (McInnes, forthcoming).

Finally, the children's centre programme was developed. This built on early excellence centres, neighbourhood nurseries and Sure Start local programmes. Like Sure Start there was a promise of a centre in the 20 percent most disadvantaged communities. Now, however, according to the 10 year strategy; "every family is to have easy access to integrated services through children's centres in their local community, offering information, health, family support, childcare and other services for parents and children. 2,500 children's centres will be in place by 2008 and 3,500 by 2010" (H M Treasury et al, 2004:1).

Children's centres are crucial to the Government's Every Child Matters: Change for Children programme. They will be the main vehicle for providing good quality integrated services to children under five and their families and will form a central part of local authority provision. The vision for children's centres states that they "will play a central role in improving outcomes for all young children and in reducing the inequalities in outcomes between the most disadvantaged children and the rest" (Sure Start, 2005:1).

According to the Sure Start Children's Centre Planning and Performance Management Guidance (2006) in the 30 percent most disadvantaged areas the core offer from children's centres will be:

- Good quality early learning combined with full day-care provision for children this will also include a base for a childminder network and support for children with special needs and their families
- Family outreach with a visit to all families in the catchment area within two months of the child's birth
- Family support services
- Child and family health services
- Parental involvement
- Links with Jobcentre Plus.

Other services such as support for parents/carers who wish to consider training or employment, childcare and other services for older children

and toy libraries may also be provided although funding may have to come from elsewhere.

Elsewhere there will be more flexibility so that services can meet local need but priority must be given to identifying and reaching out to disadvantaged or vulnerable families. All children and families who are disadvantaged, vulnerable or have special needs should have access to the full range of integrated services they need. Children's centres that are in areas close to the 30 percent most disadvantaged areas would be expected to deliver similar packages to those centres in the most disadvantaged areas.

Although there will be flexibility, all centres will have to offer a minimum range of services including:

- Appropriate support and outreach to parents/carers and children who are in need of them
- Information and advice to parents/carers
- Support to childminders
- Drop-in sessions and other activities for children and carers
- Links to Jobcentre Plus services
- Community health services.

Children's centres should offer a seamless and integrated service.

According to the children's centre start up guidance (2003) the defining features of integration are as follows:

- A shared philosophy, vision and agreed principles of working with children and families
- A perception by users of cohesive and comprehensive services
- A perception by staff teams of a shared identity, purpose and common working practices
- A commitment by partner providers of services to fund and facilitate integrated services.

Overall these features provide a framework for interagency working at both the strategic and operational levels.

Section 4: The benefits of interagency working

This report will focus on the benefits of interagency working and current policy and reports by practitioners would indicate that there are plenty. These benefits may be focused on children, young people and families, or professionals or agencies. However, there is another viewpoint to be considered. According to Marsh (2006) what may be required is better or different professional working rather than increased inter-professional working. This viewpoint is suggested because he believes the evidence base showing how current models of joint working benefit service users is limited and he cites few studies which show service quality gains from inter-professional work in social work (McGrath, 1991; Southill et al, 1995; Loxley, 1997 and Hudson, 2002). However, there is a greater evidence base drawing on health and education which shows the benefits to service users, professionals and agencies and these will now be considered.

Children, young people and families

Townsley et al (2003) in their work on multi-agency working with disabled children with complex needs found, from talking to 25 families, that the multi-agency service had made a positive difference to their lives. The service provided effective, focused support to families to enable them to manage their child's complex health needs. There were also benefits to families in having a key worker in terms of having access to services. Sloper (2004) also found that families with disabled children who had a key worker to coordinate services reported improved quality of life, better relationships with services and quicker access to services.

In relation to improving children's behaviour and reducing the risk of offending the multi-agency On Track programme was identified as having a positive impact on children and families. Outcomes from the project were:

- Improved behaviour
- Enhanced relationships with service providers, parents and other adults
- Improved access to education
- Enhanced emotional and social well-being (Atkinson et al, 2003).

In addition, at a local level an evaluation of three Bristol Youth Inclusion Support Panels (The Mackinnon Partnership, 2005) found that the young people involved in the projects received a level of intimate and tailored help that would not have been available in the form it was without the

targeted work of the Panels. The way the Panels worked also allowed multi-agency resources to work together towards a common aim.

Interagency working has also been shown to be beneficial in reducing behaviour problems and school exclusions. Halsey et al (2004) who evaluated multi-agency behaviour and education support teams found that their impact had been tremendous and that there had been a big reduction in exclusions and behaviour problems. Lloyd et al (2001) also found that interagency working reduced school exclusions although they found that support had to be tailored to the needs of the individual and that young people had to be involved in the decision making about support.

In relation to early years practice, Bertram et al (2002) in their evaluation of early excellence centres, found that interagency working within the centres contributed to high quality services for children and families. The Effective Early Learning Project (Sylva et al, 2003) also found in their research into different types of early years settings that integrated settings produced the best quality early years practice and this was directly associated with higher intellectual/cognitive and social behavioural development in children.

Practitioners cite many of the benefits already mentioned, in particular, the use of key workers was highlighted. Additional benefits mentioned by practitioners were:

- Reduced duplication of services
- Fewer people for the family to meet
- Earlier identification of problems
- Rapid response of agencies
- Appropriate response of agencies.

Professionals

Many professionals report high levels of satisfaction with interagency working especially those with backgrounds working in single, traditional agencies. They tend to find the work stimulating and they have opportunities to be creative in their ways of working (Fitzgerald, 2004 cited in Every Child Matters: Change for Children – Benefits of multi-agency working, 2006). The professionals in the research conducted by Townsley et al (2003) were extremely positive about the process and outcomes on interagency working. They reported improvements to the quality of their working lives and to their relationships with families, other professionals and other agencies.

The On Track evaluation (Atkinson et al, 2003) also identified positive outcomes including:

- Less replication between service providers
- Improved awareness of different services
- Better links and understanding of each others practice.

The Atkinson et al study (2002) also found similar benefits for professionals. However, they also identified a negative impact for professionals which was that nearly a quarter of respondents cited increased workload or pressure. This was particularly the case for respondents from Health and Education.

Practitioners in this study were generally very positive about the impact of interagency working on their own work and roles. One practitioner stated that she “loved it and I have always worked this way”. In addition, practitioners also stated that they had:

- A broader perspective
- Raised awareness of the needs of families
- Reduced levels of stress
- Increased morale
- Less isolation
- Safer practice and knowledge that the risk was reduced
- Felt part of a network.

Agencies

In the Atkinson et al study (2002) they also asked respondents what they felt the impact of multi-agency working had been on their agencies. Their responses followed similar themes to the benefits for professionals with the most frequently occurring benefits being: a broader perspective or focus, improved understanding and raised awareness of issues and agencies and improved access to other services. Again, they found the same negative impact of increased demands or pressure although this was a minority view cited by only fourteen percent of the sample.

Practitioners in this study cited many benefits for agencies including:

- Wider sources of knowledge to draw upon
- Reduced stress
- Clarity of role and function
- Increased trust that everyone involved would deliver
- Cost-effective
- Reduced risk
- Help with planning future developments of scarce resources
- Capacity to have an holistic approach to commissioning and procurement.

As well as the negative aspect identified by Atkinson et al (2002), Frost (2005) discusses an alternative viewpoint of interagency working not being beneficial. He cites American research by Glisson and Hemmelgarn (1998) who looked at organisational climate. Their three year study of 32 public services and 250 children concluded that focusing on a positive organisational climate as measured by: low levels of conflict, high levels of cooperation, clarity of role and staff exercising personal discretion, contributed more to positive outcomes than increased inter-organisational services. Other critics of interagency working state that this way of working increases surveillance and control over families and that it negates choice for families as they cannot shop around for services.

Interagency working – summary of advantages and disadvantages

	ADVANTAGES	DISADVANTAGES
Children and families	<ul style="list-style-type: none"> • Effective and focused support • Better access to services • Better relationships with services • Improved behaviour/reduced school exclusions • Enhanced social and emotional well-being • High quality services • Increased cognitive and social development • Rapid and appropriate support • Earlier identification of problems 	<ul style="list-style-type: none"> • Limits choice for families • Increased surveillance of families
Professionals	<ul style="list-style-type: none"> • High satisfaction and improved quality of working lives • Stimulating and creative work • Less replication of services • Less isolation 	<ul style="list-style-type: none"> • Increased workload

	<ul style="list-style-type: none"> • Safer practice • Improved awareness of services and families needs 	
Agencies	<ul style="list-style-type: none"> • Broader perspective • Raised awareness of other agencies • Clarity of role and function • Cost-effective • Aids planning of future development • Holistic approach to commissioning and procurement 	<ul style="list-style-type: none"> • Increased pressure

Section 5: Success factors

The Every Child Matters: Change for Children agenda has identified success factors for interagency working (www.everychildmatters.gov.uk/deliveringservices/multiagencyworking).

These have been grouped according to the following categories:

- Strategic
- Operational
- Community and voluntary sector involvement
- Evaluation.

The success factors are not a prerequisite for success in interagency working but they provide a useful self-help checklist which organisations, services and teams can use to help them develop this way of working. For the purposes of this report, many of the success factors identified from the literature as being important for interagency working, can be found within the category: operational. However, factors have also been identified which are not addressed within this category. Therefore, the following headings will be used which encompass all factors found within the literature:

- Vision and purpose
- Culture
- Roles and responsibilities
- Communication
- Joint training
- Financial and non-financial resources
- Leadership
- Evaluation and monitoring.

In the following case study of team working many of these factors can be seen.

Case Study 1 **Team working in South Carlisle**

Sure Start Carlisle South was one of the first designated children's centres in Cumbria and was built on a successful Sure Start local programme. They have a multi-agency team of staff comprising of: community workers, a health team, family support workers, a play development team and the childcare team.

The team delivers imaginative and innovative services to their community through having:

- a shared sense of purpose
- a common target group – children and families
- high professional commitment
- freedom to innovate
- considerable responsibility
- the opportunity to develop and try out new ideas.

Carlisle South was winner of the 4children award for Children's Centres Team of the Year in 2006 (DfES, 2006a)

Practitioners were asked to rank the success factors according to importance and the following order was obtained:

- Vision and purpose
- Roles and responsibilities
- Communication
- Leadership
- Joint training
- Evaluation and monitoring
- Financial and non-financial resources
- Culture.

Discussion of the success factors will now follow this order.

Vision and purpose

For interagency working to be successful there needs to be a common vision shared by everyone who is a part of the team (Atkinson et al, 2002; Frost, 2005; Noaks et al, 2004). A common vision is a 'unifying factor' and provides a fixed point for the team which it can return to when there are difficulties or points of disagreement. A common vision will also change

over time as the team develops and negotiates positive and negative times (DfES, 2006b).

There is a national vision for working with children and families:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well-being (Children Act, 2004).

All services working with children and their families need to be working towards this common framework. A local vision can be developed which fits into this national vision. Although this document is concerned with interagency working at an operational level, for a local vision to be developed and make sense within a national picture, the strategic level needs to be discussed. There needs to be a strategic level forum which co-ordinates a local vision and the development of policies. The key to developing the vision, especially in children's centres, is knowledge. There needs to be knowledge about the vision and goals for the community programme of the children's centre and knowledge about the vision and goals of other community agencies (Oliver and Ball, 2007). A joint vision and policies can then be developed in collaboration with practitioners and, where possible, service users (Tomlinson, 2003). This communication and collaboration is vital to set a common vision. Where this has not been achieved it has proved to be a barrier to the development of interagency working (Lindley, 2005). Finally, this common vision needs to be clear and understood by all.

From the vision there needs to be clear aims and objectives which are understood and accepted by all agencies and individual professionals. They also need to be realistic and achievable, where this has not happened teams have struggled to succeed (Cameron and Lart, 2003, Frost, 2005). It is also necessary to move beyond the different aims held by different professional groups and accept that agencies aims may be different but that this doesn't preclude working together towards common aims. However, it is helpful and assists interagency working, if some common ground can be found. Within Sure Start projects it was found that there was greater success where some of the home agency aims and objectives were complementary to those of Sure Start (Dahl and Aubrey, 2004). As time goes by aims and objectives need to be revisited and refined.

Case Study 2

Collaborative Support for Children with Special Educational Needs

At a special school teachers and therapists worked closely together with a shared vision and aims. They understood and felt that they shared a lot in common and were able to cross over roles and skills and work holistically. One example of their work is their motor groups where programmes of exercises were developed collaboratively using the disciplines of physiotherapy, speech and language therapy, occupational therapy and teaching.

(Lacey, 2001 cited in Tomlinson, 2003).

As well as having clear aims and objectives it is also helpful to be working with a common target group, for example, children and families. An evaluation of Early Excellence Centres found that the defining features of an integrated early years service included: a shared vision, agreed aims and a common target group of children and families (Bertram et al, 2002). There also needs to be common goals or outcomes (Allnock et al, 2006). One reason that the multi-agency Youth Offending Teams have been successful is due to sharing a goal of "reducing levels of youth offending" (Frost, 2005). Atkinson et al (2002) found that where there was a common target group and goal, conflicting priorities were reduced and that interagency working could be maintained and even enhanced. Practitioners in this study were in agreement with findings from the literature.

Therefore, to reduce conflict during interagency working it is necessary to have:

- A shared local vision which is clearly linked to a national vision
- High level support
- A vision developed with all people involved in the team
- Common aims and objectives which are revisited and refined
- Aims and objectives which are linked to agency plans, policies and/or statutory responsibilities
- A focus on a common target group and goal (Atkinson et al, 2002).

Roles and responsibilities

Knowing and understanding ones own role and responsibilities as well as those of others is crucial to effective interagency working. Usually when describing people's roles in a multi-professional team it is done in relation to their professional background. However, this is not helpful to team working and understanding of each others roles. It is more helpful to think about the individual skills that each role can bring to the team. The

Common Core of Skills and Knowledge necessary to work in the children's workforce has a section on multi-agency working. In this section under knowledge it states:

- Know your main job and responsibilities
- Know the values and expertise that you and your colleagues bring to the team (HM Government, 2005: 19).

Practitioners stated that "professional differences need to disappear people need to be less protective of their own roles". Therefore, professionals need to have clear roles and job descriptions. They need to know what is expected of them and what they can expect from others so that they can contribute effectively to the team:

"Where roles were clear, this was felt to lead to agencies being able to make a unique contribution to multi-agency working" (Atkinson et al, 2002: 82).

It is easy within interagency working for roles to become blurred or confused but, where there is clarity, overlap in work roles can be avoided, people can be prevented from taking on a disproportionate amount of responsibility and gaps in provision can be identified (Cameron and Lart, 2003). One practitioner stated that "we make assumptions about what each other can and can't do and resentment occurs when something isn't done that we thought they could do - we need to start off knowing what we can all do". Clarity in work roles and responsibilities needs to be agreed from the start of a team working together. Atkinson et al (2002) found that respondents roles had either evolved over time or nothing definite had been determined and roles had developed by chance. This was not felt to be satisfactory and a clear remit, at the beginning, was preferable.

Knowledge of other professional roles also helps facilitate interagency work and maintain clarity. Acknowledging each others strengths is positive and within Sure Start Local Programmes Dahl and Aubrey (2004) found that progress to interagency team working was slow where staff were not clear about their own and each others roles. It avoids conflict over areas of responsibility but also enables a shared understanding of overlaps and boundaries.

Case Study 3

Speech and language therapists working in a Sure Start Local Programme

Speech and language therapists were clear about their own role and responsibilities within the programme: to deliver training to other workers

to promote language acquisition and support parents in encouraging communication and language development. This was achieved through:

- formal training
- an information pack for parents and staff
- informally working alongside other practitioners

This enabled practitioners to exchange ideas, transfer skills and, through watching the speech and language therapists whilst they worked alongside them, to understand their role. It also led to new ways of working with children as practitioners built up a repertoire of skills to facilitate language development.

(Boushel et al, 2004).

As interagency teams develop, professionals often have to go beyond their existing roles and find new ways of working therefore roles and responsibilities need to be continuously revisited. There can be resistance to new ways of working and people may want to keep to rigid professional boundaries. Management support is then needed to develop new professional identities whilst maintaining positive aspects of existing professional identities (Frost, 2005).

Receiving appropriate line management, supervision and support is necessary to ensure smooth interagency working. There needs to be a clear line management structure with appropriate supervision, training and appraisal. Extra care needs to be taken where there is shared line management for example between a line manager within an interagency team and the practitioners own professional supervisor located elsewhere. In this situation there needs to be common line management systems in place (www.everychildmatters.gov.uk/deliveringservices/multiagencyworkin/successfactors).

For a family who need support from an interagency team it can be confusing seeing many different professionals. It is also where a lack of clarity around roles and responsibilities can hinder effective service delivery. In order to overcome this, the lead professional role has been developed. Any practitioner can be a lead professional and the role is defined by the functions and skills needed for a particular family rather than by a particular professional group. The lead professional will:

- Act as a single point of contact for the child or family
- Co-ordinate the delivery of agreed actions
- Reduce overlap and inconsistency in the services received (www.ecm.gov.uk/leadprofessional).

There was a lot of support for the lead professional role from practitioners in this study: "it is so important – having one person as a point of contact, who others share with and can support the family". Practitioners also stated that parents needed choice in who took on that role and that it needed resourcing. However, there was a concern that the role could be seen as a burden especially if it wasn't properly resourced. There was an additional worry that certain agencies would see it as their role and there might be no discussion as to who might be best placed to do it or who the family wanted.

A further development of this role is the piloting of the budget-holding lead professional. This is where the lead professional will be given a budget with which to commission services directly from providers.

Communication

Effective communication is essential for good interagency working. Poor communication creates problems for individuals working at different levels within and between agencies (Dahl and Aubrey, 2004). Respondents in the Atkinson et al (2002) study cited communication as a key factor in successful interagency working. A third of respondents working at an operational level, and a fifth of those working at a strategic level, rated it as important. Three key aspects to communication were identified:

- Communication skills
- Providing opportunities for dialogue
- Information dissemination.

Key communication skills identified by the respondents in Atkinson et al's (2002) study include: listening, negotiation, compromise and building personal relationships. In the Common Core of Skills and Knowledge for the Children's Workforce (HM Government, 2005) one of the six areas of expertise is effective communication and engagement. This details the skills and knowledge needed for practitioners to communicate effectively with children, young people and their families. These include:

- Listening and building empathy
- Summarising and explaining
- Consultation and negotiation
- How communication works
- Confidentiality and ethics
- Sources of support
- Importance of respect.

Also to be considered are: the need to have a common language and to keep jargon to a minimum (Bertram et al, 2002; Frost, 2005; Myers et al,

2004). Frost (2005) elaborates this theme saying that the use of jargon encourages differences of power between staff and can be used to exclude staff. He calls for the use of inappropriate jargon to be challenged.

Providing plenty of opportunities for dialogue facilitates effective communication. Time needs to be provided for formal and informal meetings and this may be easier for some professionals than others. For example, teachers working in classrooms with a structured timetable have fewer informal opportunities to communicate with colleagues from other professional backgrounds. Engaging in dialogue calls for an open and honest approach and, frequent communication of this type, results in greater understanding between practitioners.

The final aspect of communication is dissemination of information. This includes giving regular feedback, keeping everyone up to speed and having systems and protocols for information sharing. Having a named person to co-ordinate information facilitates such communication and this is one of the core functions for the new lead professional www.ecm.gov.uk/leadprofessional. Common difficulties in this area include: using overly complex documentation, a lack of common referral systems and missing or inadequate record keeping (Cameron and Lart, 2003). Many of these problems should be alleviated by the use of the Common Assessment Framework (CAF) www.ecm.gov.uk/CAF and the guidance on information sharing www.ecm.gov.uk/informationsharing.

The CAF is a simple pre-assessment checklist to help identify children who would benefit from a common assessment. It is a process for undertaking a common assessment and it provides a standard form to help practitioners record and share information. It should enable a shared language amongst practitioners, support communication and understanding and reduce the number of assessments children and young people face. When asked practitioners were very unsure about the CAF. There was a general reluctance towards it and a need for substantial training and guidance on its use. It was also recognised that a lot of trust was required before it could be implemented. As one practitioner stated "there is quite a journey to go before we can use it".

Whilst practitioners were confused about the CAF they were "100 percent positive about information sharing". The information sharing guidance aims to improve information sharing across children's services. It consists of a practitioners' guide, case examples and further guidance on legal issues.

Principles of information sharing

You need to consider:

1. Is there a legitimate purpose for you or your agency to share the information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If so, do you have consent to share?
5. Is there a statutory duty or court order to share the information?
6. If consent is refused, or there are good reasons not to seek consent, is there a sufficient public interest to share information?
7. If the decision is to share, are you sharing the right information in the right way?
8. Have you properly recorded your decision?

(Every Child Matters: Change for Children (2006) Making it Happen: 4)

Leadership

Effective leadership is necessary to overcome the many challenges presented by interagency working. An effective leader is critically important to motivate the team and provide authority. A leader will also provide strategic drive and vision along with breadth of vision to ensure that all aspects of interagency teamwork are delivered. Practitioners in this study felt that effective leadership was crucial to interagency working. They recognised that it was difficult for one person to have all the necessary qualities. They felt that the key qualities were:

- Having a commitment to interagency working
- Having a 'what works' or 'can do' attitude
- To be able to "communicate, communicate, communicate".

As one practitioner stated "a good leader needs to have the ability to act and make a difference. It needs to be someone you want to follow, who can engage you".

Effective leaders also need to be effective managers. There needs to be common line management systems. A barrier to interagency working is when there is a lack of clarity about how line management systems operate between different agencies (Myers et al, 2004). There also needs to be clear lines of accountability and appropriate professional supervision and support. This is particularly important for staff working in innovative roles or when their professional boundaries are being challenged (Cameron and Lart, 2003).

Leadership in early years care and education has traditionally not been seen as important but, with the development of Early Excellence Centres, Sure Start Local Programmes and now Children's Centres, this is changing with early years leaders having a professional qualification to aim for: National Professional Qualification in Integrated Centre Leadership (NPQICL). This qualification has many benefits:

National Professional Qualification in Integrated Centre Leadership

Benefits to integrated centre leaders

- builds on participants' own experiences to deepen their understanding of learning about leadership
- Increases their awareness of practical challenges faced in leading an integrated setting
- creates an opportunity to relate theories about leadership to their own practice
- enables lifelong learning skills for integrated centre leaders
- builds greater self-awareness, personal and professional integration in a setting which requires complex management of conflicting roles and responsibilities

Benefits to the centre

- increases self confidence of all staff and builds on effective leadership roles within the centre
- provides a deeper understanding of the skills needed to lead and manage a children's centre
- develops the ability to engage and apply the values, principles and vision of the centre in order to enhance professional practice
- builds an effective leadership environment in order to share and support a professional learning community within the centre

www.ncsl.org.uk/programmes/npqicl/npqicl-benefits.cfm

Joint training

There is overwhelming support for joint training both in the literature and by practitioners. Many commentators claim that joint training and staff development facilitates interagency working through greater understanding of roles and responsibilities and by focusing on interagency issues (Cameron and Lart, 2003; Dahl and Aubrey, 2004; Myers et al, 2004). It is also important that all professionals hold similar understandings about theory related to their joint work such as child development and attachment for those working with young children. Frost (2005) discusses pre-qualifying and post-qualifying training. He states that separate training at both stages can be negative. At the pre-qualifying stage would be practitioners often hold negative views about interagency working and

other professionals which are consolidated during their training and further exacerbated during separate post-qualifying training. He also cites a shortage of joint post-qualifying training. Practitioners in this study were supportive of both pre-and post-qualifying training.

Frost (2005) also cites research to support the benefits of both pre-qualifying and post-qualifying training. Smith and Coates (2003) in Frost (2005) report positively on joint training between social workers and health professionals with joint understanding being one of the main benefits. One practitioner in this study recalled joint training with other health professionals and stated that this led to greater awareness and understanding of each others roles. It also meant that they shared a common knowledge of theoretical perspectives. However, Tunstall-Pedoe et al (2003) cited in Marsh (2006) are less enthusiastic stating that whilst different healthcare students studying together in their first term held positive attitudes to interagency working they felt forced to learn irrelevant skills and negative stereotypes were more deeply entrenched by the end of the course.

Frost (2005) is also clear about the benefits of joint post-qualifying training. He cited a systematic review of inter-professional education which used data from mainly post-qualifying courses. Positive outcomes were reported for attitudes and perceptions, knowledge and skills and practice.

Tomlinson (2003) offers suggestions for conducting interagency training. Ideas include: using case studies, role play, experiential placements and educational vignettes. Alongside these formal training situations is work shadowing between different agencies which provides a more intense, holistic and at times informal method of interagency training. Interagency training has been found to be particularly effective when staff are provided with opportunities for accredited professional development.

Case Study 4 **Inter Agency Development Agency (IADP)**

The IADP, part of the Merseyside Learning Partnership, worked across three local authorities providing inter- and intra-agency professional development for those working with young people who were disaffected or at risk. A series of half and one day training events were developed alongside a programme of longer term accredited courses. These ranged from Open College level 2 to post graduate qualifications. In the first 18 months of delivery over 3,000 staff from different agencies participated. (Tomlinson, 2003: 16)

Evaluation and monitoring

Included in the success factors for interagency working (www.everychildmatters.gov.uk/delivering_services/multi-agency_working/success_factors) is evaluation which is considered as a separate category to operational working. However, evaluation and monitoring is a key element that front line staff have to engage with and is therefore included here. As previously stated having common goals or outcomes is vital to interagency working. Evaluation provides a way to assess whether the outcomes that have been set have been achieved and what changes to working processes may be required. There are four aspects which need to be addressed: collaboration, use of mixed methods, coordination and challenge. Collaboration refers to the use of an external evaluator who, if used, must work closely with front line staff. A mix of quantitative and qualitative methodology should be used. Similar methodologies should be used and coordinated across evaluations so that comparisons can be made and evaluation should be a tool to challenge and improve practice.

The new children's centre guidance contains information for self-evaluation which staff have to complete in order to:

"give a rounded and rich picture of a children's centre's outcomes, use of resources, good practice and progress over the previous year, together with goals and plans for the future" (DfES, 2006c:16).

Therefore, all aspects of work within a children's centre should be subject to evaluation. In respect of interagency working, Frost (2005) states that any evaluation should focus on the impact of such work on children's outcomes whilst Marsh (2006) believes that the process of interagency working itself should be evaluated. Staff working in an interagency context will need guidance on conducting evaluations and the following is a helpful resource to enable staff to do this.

The Evidence Guide

The Evidence Guide is a learning resource aimed at increasing the use of research evidence in practice in social care. The Evidence Guide describes the main elements of evidence-based practice, from outlining the need for and benefits to be gained from this approach through to the practical considerations of implementation. It is divided into five modules, each aimed at developing a particular aspect of the use of research.

Module 1: provides an introduction to using research evidence in practice

Module 2: enables the practitioner to locate research evidence in five steps

Module 3: is concerned with appraising and reviewing research evidence

Module 4: explores the skills and processes required for the adaptation and application of research evidence into practice

Module 5: enables practitioners to carry out outcome focused evaluations.

Each module consists of a learners pack and a trainers pack with notes and activities.

(Frost et al, 2006 available from

www.barnardos.org.uk/resources/research_and_publications.htm)

Financial and non-financial resources

Funding is key to successful interagency working. Funding needs to be dedicated to the interagency team (Noaks et al, 2004) and needs to be adequate (Frost, 2005). It also needs to be sustainable (Atkinson et al, 2005). Traditionally there have been conflicting beliefs about funding and interagency work (Atkinson et al, 2002). It is thought that interagency work is cost-effective but that it is difficult to fund because either insufficient money is provided or money comes with 'strings attached'. Three strategies have been identified to help overcome these issues:

- Pooled budgets
- Joint funding
- The identification and use of alternative or additional sources of funding.

When asked, practitioners thought that as there was less money in agencies that pooling budgets could be cost-effective and that it showed a commitment to interagency working. However, they could not imagine how it could be achieved and they were sure that having a good manager was necessary.

However, this conflict about overall funding is felt more at a strategic level than at an operational level. At this frontline level financial factors which need to be considered are related to comparable pay and conditions. Where possible there needs to be parity with those individuals working at the same grade in statutory agencies and with those working at the same level within the team

(www.everychildmatters.gov.uk/delivering-services/multiagency-working/success-factors).

Non-financial resources are primarily concerned with accommodation and location. Being located together, 'co-location', is seen as a crucial

element in interagency working. Sharing offices or being based in the same office enhances communication, learning and understanding of each other's roles (Cameron and Lart, 2003; Frost, 2005). Practitioners in this study were mixed in their response to this. Some felt it was extremely important "you see people, it's more personal and it saves time". Others were less enthusiastic "it's not that important" "it's helpful but not essential – if you are committed you can make it happen". Evaluations within early years services have identified the difficulties when co-location is not possible. In the evaluation of early excellence centres Bertam et al (2002) found that in centres with a campus design communication between professionals was more difficult and provision was less joined up. Dahl and Aubrey (2004) found that in Sure Start Local Programmes with split sites the team was not seen as one, for example, the early years team which was located together were seen as one team and the rest of the team who were located elsewhere were seen as a separate entity.

However, Marsh (2006) states that there is more to working together than simply working side by side and Frost (2005) makes the point that simply being co-located is not a solution within itself and does not guarantee effective interagency working. Tomlinson (2003) also makes the point that co-location may not be appropriate in all cases and that sometimes a change in location or a change to the physical building can make a difference.

Case Study 5

A Sure Start Local Programme

Prior to Sure Start starting some early years day and family care support services were relocated to a local primary school as a first step to a more integrated early years provision. The new Sure Start Local programme provided funding for an extension to the school for two new playrooms, two parents' rooms and Sure Start office facilities. Improvements were also made to the nursery classroom in the school. These changes formed the hub of a new early years centre in the area.

These changes have resulted in close partnership working between all the staff working in the centre. Three different early years services are run from the centre, each with a different focus to their work, different staff pay and conditions and different referral systems. A common approach to early learning and staff development is evident in the centre and close professional and social bonds have been developed between the staff. Boushel et al (2004)

Culture

"I don't think many practitioners know the term 'shared culture' – it's not a concept that is explored" (a practitioner). Interagency working means that different professional cultures meet; primarily healthcare, social care and education. As Frost (2005) says these various professionals should recognise, celebrate and build on diversity and difference. However, it is difficult to integrate diverse teams. In a previous section it was recognised that different professionals need to understand each others roles and responsibilities. A lack of knowledge concerning each others roles can lead to misunderstanding and negative stereotypes. This, in turn can lead to distrust between organisations and professionals. What is needed is trust and respect between partners within an interagency team and this is linked to understanding each other's roles, philosophies and ideologies (Cameron and Lart, 2003).

Practitioners in this study were also aware that a shared culture applied within organisations as well as across organisations. Developing and understanding one's own organisational culture was a prerequisite for developing a shared culture across different organisations. As one practitioner stated "you ignore your own culture at your peril".

Team working requires professionals to be open and flexible to different ways of working. They need to have trust and a willingness to look beyond professional boundaries and a no blame culture needs to be developed. In the evaluation of the Early Excellence Centres, Bertram et al (2002) found that key features of an effective integrated centre included: a non-judgemental but highly professional environment and the development of a common language shared by all team members. These different facets of team working and developing a shared culture were articulated by practitioners. It was acknowledged that to do this required discussion, debate and time. Soan (2006) identifies time as one of the success factors that needs to be in place for effective interagency working. Time is needed for talking to and understanding one another and developing a common language. It is also needed in order to develop trust, respect and commitment.

According to many commentators (Atkinson et al, 2002; Cameron and Lart, 2003; Dahl and Aubrey, 2004) a commonly identified factor crucial to a co-operative culture is commitment. This not only means a commitment to interagency working but also a commitment to actively wanting to engage with other agencies. There is a difference between strategic commitment and front line commitment and strategies are needed to achieve both. All strategies require considerable time to develop and

implement but many have been found to be successful: capitalising on pre-existing enthusiasm and networks, having regular meetings and utilising pre-existing working arrangements (Tomlinson, 2003; Myers et al, 2004, Allnock et al, 2006). Another successful strategy is team visits.

Case Study 6

Two projects which helped young people and adults into employment found that visits to similar projects enabled an exchange of ideas, links to be made and networks developed. The visits also helped motivate team members and fostered team commitment through the development of social and working relationships. This was thought to be partly due to team attachment being developed on neutral territory. When visiting a new project all visitors are outsiders and this enables a common sense of identity and reduces conflict. Also, the sharing of experiences increases feelings of trust and cohesion within the team.
(Tomlinson, 2003)

Section 6: Practitioners views on current interagency working

Practitioners were asked about the effectiveness of current interagency working arrangements. Most stated that it was satisfactory. There was a general understanding that in the area served by the commissioning Sure Start Local Programme there had been very good interagency working with staff committed to the area and that way of working. However, there were now barriers that were undermining interagency work. These were perceived to be:

- Changes within their own organisations, at a local level and nationally
- Limited and short term funding
- Staff tiredness and sickness leading to recruitment and retention issues
- Lack of time
- Lack of commitment
- Staff working different hours
- Current workloads.

When asked what would make a difference practitioners mentioned many of the components making up the success factors for interagency working such as:

- Time
- Better communication
- Joint training
- Effective leadership
- Evaluation and monitoring
- Increased commitment at every level.

However, there were more practical suggestions such as:

- protected time for interagency working
- summaries of current children's centre developments
- joint planning meetings by managers and practitioners.

Overall, the practitioners who were interviewed and completed questionnaires were in favour of interagency working and their views were broadly in line with findings from the literature. There is, however, a concern amongst practitioners about the current situation in interagency working and how this may be improved and provide the benefits which they know are achievable. They certainly believe that children's centres are well placed to achieve effective interagency working but this needs considerable work and commitment from those working in, managing and planning them.

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