

**Collaboration in multi-agency teams: a case study in child
protection**

By

Motlapele Lucy Tserema

BA(Social Work) University of the North

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Student number: 12687847

Supervisor: Dr EH Ryke

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DEDICATION

The study is dedicated in the memory of my brother Mokwollane Samuel Tserema. I will always love and remember you.

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TABLE OF CONTENTS

ABSTRACT	II
PREFACE	III
COLLABORATION IN MULTI-AGENCY TEAMS: A CASE STUDY IN CHILD PROTECTION	1
1. ORIENTATION AND STATEMENT OF THE PROBLEM	1
2. THEORETICAL STATEMENT	2
3. METHODS OF INVESTIGATION	3
3.1 DESIGN.....	3
3.2 PARTICIPANTS	3
3.3 DATA COLLECTION.....	3
3.4 DATA ANALYSIS	3
4. ETHICAL ASPECTS	3
5. CASE DESCRIPTION	3
6. FINDINGS	9
6.1 CHALLENGES FACING TEAM MEMBERS IN MULTI-AGENCY WORKING	9
6.1.1 Clarity on roles and responsibilities	9
6.1.2 Poor Communication	10
6.1.3 How to manage confidentiality.....	12
6.1.4 How to deal with disagreements.....	13
6.2 THE MAIN IMPACT THESE CHALLENGES HAVE ON THE PROFESSIONALS AND SERVICES.....	14
6.3 POSITIVES IN MULTI-AGENCY TEAMWORK.....	14
6.4 IMPROVING MULTI-AGENCY COLLABORATION AND TEAMWORK	15
6.4.1 Training and role clarification	15
6.4.2 Joint assessments of clients needs	15
6.4.3 Accessibility of team members.....	16
7. DISCUSSION	16
8. CONCLUSION	19
9. RECOMMENDATIONS	19
REFERENCES	20
ADDENDUM 1: NOTES FOR CONTRIBUTORS TO THE SOCIAL WORK PRACTITIONER-RESEARCHER	23
ADDENDUM 2: INTERVIEW SCHEDULE	27

ABSTRACT

The purpose of this study was to identify the challenges and successes in multi-agency team collaboration concerning child protection in the United Kingdom. Six team members of the core group of the child protection conference were interviewed. A qualitative research process was performed using an instrumental case study strategy as an in-depth exploration and description of a single case. The results indicated a support for collaborative teamwork in spite of the presence of many challenges. These results are of interest because they address and outline challenges in multi-agency teams and also suggest how team collaboration can be improved for the benefit of children and their families in multi-agency working.

Key words: collaboration; multi-agency working / approach / teams / services.

OPSOMMING

Die doel van hierdie ondersoek was om die suksesse en uitdagings in multi-instansie spanwerk op die terrein van kinderbeskerming in Verenigde Koninkryk te ondersoek. 'n Kwalitatiewe navorsingsbenadering is gevolg met behulp van 'n instrumentele gevallestudie as strategie vir die in-diepte verkenning van 'n enkele geval. Onderhoude is gevoer met die ses spanlede van die kinderbeskerming konferensie se kerngroep wat verantwoordelik was vir die spesifieke geval. Die bevindinge wys uit dat spanwerk as werksmetode ondersteun word, ten spyte van vele uitdagings. Die resultate is van belang want dit lig die uitdagings van multi-instansie spanwerk uit en voorstelle word gemaak hoe om samewerking in spanwerk te verbeter in belang van die kinders en gesinne wat van hierdie soort dienste afhanklik is.

Trefwoorde: samewerking; multi-instansie werk / benadering / dienste.

PREFACE

This manuscript is presented in an article format in accordance with Rule A.13.7.3 as set out in the Calendar of the North-West University.

The manuscript is a mini-dissertation and a partial requirement for the structured MA(SW) degree in advanced generic social work practice.

The content and technical requirements of the Social Work Practitioner-Researcher (See ADDENDUM 1) were used as a basis for preparing the manuscript.

COLLABORATION IN MULTI-AGENCY TEAMS: A CASE STUDY IN CHILD PROTECTION

1. ORIENTATION AND STATEMENT OF THE PROBLEM

The researcher has been based in the long-term South team in Children Services for Swindon Borough Council, London UK, since June 2004. This organization follows a multi-agency approach and I work as case key worker. I became interested in undertaking this research based on my experience of how the quality of the relationships and collaboration between organizations can shape the quality of the service delivered to service users. Although multi-agency work is an unfamiliar concept in South-African welfare service delivery, inter-agency collaboration does indeed occur. Therefore I believe that the findings from this study will also be of value to social work in South Africa.

The multi-agency approach refers to partnership and collaboration between agencies and professionals to achieve a shared service delivery purpose. While partnership and collaboration are closely related terms, partnership refers to the state of a relationship, while collaboration is the process of partnership in action at the operational level (Whittington, 2003).

Multi-agency teamwork has been the policy framework for services to families with young children in the UK for the past two decades (Anning, 2005). Although procedures and guidelines are in place for setting up multi-agency teams (Departments of Health, 1999; WILTSHIRE AREA CHILD PROTECTION COMMITTEE & SWINDON VULNERABLE PERSONS COMMITTEE, 2002; Every Child Matters, 2005), translating these policies into practice often is problematic. Personal experience has taught that tension often occurs between the team members from the different agencies such as Health, Education and Children Services. Each team member has his/her own professional perspective, and this can complicate matters. Deficiency regarding communication often occurs, which wrongs the client and sours the relationship between agencies.

Leiba and Weinstein (2003) state that there is abundant evidence that communication breakdown within a team, and with users, can be harmful to users. Hornby and Atkins (1993) point out that multi-agency working becomes difficult when there is no communication between different workers to assess progress and concerns. Collaboration is often overlooked

or shelved until problems start arising. Collaboration requires awareness and skills. Anning (2005) investigated the impact of working in multi-agency service delivery settings on practitioners' beliefs and practices and found that multi-agency teams bring together a diversity of knowledge, beliefs and values and that it is often assumed that practitioners cope with the complexities involved in working according to a multi-agency approach, but there is very little evidence to support this belief.

According to The Framework for the Assessment of Children in Need and their Families (DoH, 2000) promoting children's well-being and safeguarding them from significant harm depends crucially on effective information sharing, collaboration and understanding amongst agencies and professionals. Hornby and Atkins (1993) confirm the importance of a shared identity so as to ward off a potential sense of inadequacy. According to Miley *et al.* (2004), clients benefit from the harmonious operation of helping systems and if teamwork is fundamental to the helping system, implementing teamwork skills such as respect for team members, sharing common goals, and communicating clearly are essential for effective collaboration.

Although there is general agreement on the principle that organizations and team members should work together to safeguard and promote the well-being of children, this does not always occur in reality. The key case worker (researcher) is in a vital position to identify and document barriers and obstacles to effective teamwork in multi-agency work (see Miley *et al.*, 2004). Therefore the aim of this study was to identify the challenges and successes in multi-agency team collaboration concerning child protection based on four objectives, namely:

- i. To describe the collaboration challenges teams face in multi-agency work
- ii. To describe how these challenges impact on service delivery.
- iii. To describe the positives in multi-agency team collaboration.
- iv. To describe possible methods for improving collaboration in multi-agency teams.

2. THEORETICAL STATEMENT

Once the collaboration challenges and successes in multi-agency teams are identified, it will be possible to recommend ways to improve it to the benefit of the service user.

3. METHODS OF INVESTIGATION

3.1 Design

A qualitative research process was followed using an instrumental case study strategy (Fouché, 2003) as an in-depth exploration and description of a single case. The purpose of the design is to collect detailed information in order to clarify and define the communication and collaboration problems in multi-agency teams, using a specific family the researcher was involved with. An exploratory design was followed.

3.2 Participants

A purposeful selection of research participants was done (Strydom & Delport, 2003) including the six professionals involved in the case, also known as the core group. See Table 1 for an outline of the core group.

3.3 Data collection

Data was collected by means of:

- × Interviews with participants from the above settings
- × Case file - secondary analysis
- × Observations

3.4 Data analysis

Data was analyzed and interpreted using the process described by De Vos (2003). The findings of the research were tested against the four criteria developed by Lincoln and Guba (1985), namely credibility, transferability, dependability and conformability to ensure the soundness of the research (in De Vos, 2003:352).

4. ETHICAL ASPECTS

The researcher had attained permission from the manager of the agency to use the case study. The privacy and confidentiality of participants were protected at all times. All information is reported anonymously (Strydom, 2003). Ethical approval had been obtained from the North-West University.

5. CASE DESCRIPTION

The case description was compiled by means of a secondary analysis of the case file, as well as the researcher's observations and experiences.

The case is a family of a one-year old child whose name was entered into the Child Protection

Register in November 2004 under the category of emotional abuse. The motivating factors had been the ongoing domestic violence in the family home and the mother being unable to protect the child sufficiently.

The verb *abuse* means that somebody might ill-treat or neglect a child by inflicting harm or by failing to act to prevent harm. *Emotional abuse* refers to persistent emotional ill-treatment of a child with severe and persistent adverse effects on the child's emotional development (DoH, 1995).

The researcher became involved with this family in 2005 at the first Child Protection Conference Review when the social worker who was dealing with the case had left the Department and the case was allocated to me. These reviews were held six months after the child's name had been entered into the register to assess the progress of the case. The purpose of the Child Protection Review Conference "is to review the safety, health and development of the child against intended outcomes set out in the child protection plan, to ensure that the child continues adequately to be safeguarded, and to consider whether the protection plan should continue or should be changed." (Wiltshire Area Child Protection Committee & Swindon Vulnerable Persons Committee, 2002).

The UK Children's Act (1989) places a duty on social services (and other agencies) to make enquiries into circumstances where they suspect that a child is at risk of significant harm, or is actually being harmed. When the child's name is placed on the register, a protection plan has to be drawn up and specific professionals are allotted responsibilities towards the child. This core group of staff has to meet regularly with the family members to review the child's needs. The core group and their key responsibilities are outlined in Table 1.

The family consists of the mother aged 16, father aged 21 and child aged 1. The family had a negative perception of and attitude towards Children Services. There was a non-engagement with services and lack of cooperation from the family ever since their involvement with Children Services. The family felt that Children Services interferes in their lives and that there was no need for them to be involved. Both parents were minimizing the risk to the child.

The child's father has a schedule one offender status. He was not supposed to have unsupervised contacts with the child, but the mother was unable to enforce it. I assessed him as controlling since the mother could not communicate properly in his presence. The mother was practically and emotionally dependent on her relationship with him. He had a great deal

of influence on her in the home, but when she was on her own, she was able to talk freely. The mother had a tendency to minimize the risks to the child. As a young mother it was recognized that she required a huge amount of encouragement. I felt that it was important to work in partnership with the parents, especially the mother. She required clear information in an attempt to work as openly as possible in order to keep them involved with the process.

TABLE 1: THE CORE GROUP

CORE GROUP MEMBERS		
Name of agency	Profession	RESPONSIBILITY/FUNCTION
Children Services - The lead agency.	Social worker	Coordinate the services and is the case holder Also the researcher
Youth Offending Team	Social worker	Responsible for supporting the mother to attend all her drug assessment appointments and for making referrals where necessary
Youth offending Team	Probation worker	Monitors the completion of the court referral order
National society for the prevention of cruelty to children (NSPCC)	Counsellor	Counselling and emotional support to the mother
Connexions	Personal advisor	Advocates for and supports mother
National Health Service (NHS)	School Health Nurse	Responsible for advising the mother, who was regarded to be a child herself, on health issues
National Health Service (NHS)	Health visitor	Assess and counsel the mother regarding the health needs of the child

The mother was given information on domestic violence. I pointed out to her that research has indicated that there is an impact on children living with domestic violence (Jaffe *at al.* (1990). Prolonged and regular exposure to domestic violence has a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. The negative impact of domestic violence is exacerbated when the violence

is accompanied by alcohol or drug misuse (DoH, 1999). It was evident that most incidents of violence in the family home were aggravated by the father's drinking. The mother reacted positively to this information, but she could not maintain any change efforts.

The child also has developmental delays due to the mother's drug use during her pregnancy, as well as lack of stimulation from both parents. The mother has a history of involvement in the drug culture and youth offending criminal behaviour. She lived in the streets and ended in hospital for drug overdose before she had this child. She was still using drugs at the time.

The mother received support from all the agencies involved in the case, but she chose not to engage with services. The child missed medical appointments and her health was at risk. The mother also blamed her partner (the child's father), believing that the child was entered into the child protection register because of him. She could not acknowledge that she chose to be in that relationship and she herself was unable to protect the child.

We had regular core group meetings to assess the progress of the case and to share concerns on a monthly basis. The stated purpose of the core group is: all members of the core group are jointly responsible for formulating and implementing the child protection plan and monitoring the progress specified objectives in the plan. See Table 2 for summary of the progression of the case.

TABLE 2: SUMMARY OF THE CASE PROGRESS

DATES	CORE ACTIVITY
November 2004	Child's name was placed on the child protection register
June 2005	Case allocated to researcher
July 2005	First core group meeting
August 2005	Second core group meeting
September 2005	Review conference – child placed in foster care
November 2005	Third core group meeting
January 2006	Court proceedings and a psychiatrist assessed the mother's capabilities to care for the child.
April 2006	Adoption panel, adoption in best interest agreed.

May 2006	Application for a court order.
July 2006	Mother not agreeing to adoption.
August 2006	The mother's family was assessed to check whether anyone could take care of the child.
January 2007	Court provided children services with a placement order
May 2007	Prospective adoptive parents visited
July 2007	Child placed for adoption

At the first core meeting the other professionals felt that the child needed to be removed from its mother's care. I did not agree with them at the time. I was guided by the social work value to empower and have an understanding for the mother's situation because of her age and being an inexperienced mother. My decision was supported by the Children's Act (1989) which places a general duty on local authorities to safeguard and promote the well-being of children in need in their area and promote their upbringing by their families, as long as this is consistent with their well-being. I observed that the child had a strong attachment to the mother. I was of opinion that the mother needed to be given a chance to reverse her situation, to be helped and supported to parent this child. It was decided to give the situation time to develop.

Research indicated, that removing a child from the birth family, is an extreme step to take because of the value society attaches to parenthood (Munro, 2002). Children, on the other hand, have a right to be protected from harmful abuse and neglect. The family situation deteriorated and an urgent meeting (the second core group meeting) was called. The level of concern was too high and the child was at risk. The health visitor, the school health nurse and the youth offending worker agreed with my level of concern. Although the health visitor agreed with us, she was not sharing her concerns with us on a continuous basis. She usually waited until we had a meeting. As a result we missed on important information because of a lack of regular feedback from her. The connexion worker and mother did not agree with our level of concern. The connexion worker felt that mother had made progress and, having to choose between her child and her partner, she was not able to cope with that dilemma at that time. The connexion worker advocated for the mother, and her focus was on the mother's needs. I explained to her that my role and the core group focus were the needs and safety of the child. My work was based on the common assessment framework triangle which

safeguards and promotes the well-being of the child and to make sure she is kept safe, she is stimulated, boundaries are set for her and stability provided. The members from the youth offending team and NSPCC agreed with my level of concern at that stage.

At this meeting it was recommended that the mother honour all her drug appointments and change her life style. She, however, continued to use drugs and her situation deteriorated. She did not adhere to what was recommended and her life did not change. Despite all our efforts of support to the family, the level of risk was still high. There were still incidents of domestic violence which she also did not report to the police as was required. Her engagement was poor.

I put forward the time of the second review of child protection three months before the actual date of the review, as the reviews are held after every six months, to share the concerns raised in the previous core group meetings in a conference setting.

At this meeting I emphasized that we must not lose focus on why the child's name had been entered into the child protection register, and that the child's needs are paramount. The expectations were once again outlined, namely that the mother needed to ensure that the child's health needs, emotional and behavioural development are met. The aim of professional services was again stressed, namely to empower the mother, not to disempower her, to enable her to meet the child's needs. The child missed out on health appointments and the house was in a chaotic state and very untidy (as a social worker for the family I had a statutory requirement to visit the family home on a regular basis to see the child). Once again the mother offered many reasons for not effecting change and not being able to meet the child's needs, notwithstanding the support she was given.

In my opinion the comments from the connexion worker made working with the mother very difficult, as the mother regarded me as a threat. Her resistance increased and she only engaged with the connexion worker, as she was the only professional the mother trusted. In my opinion the mother began to be dependent on her.

It was agreed at the Review Conference that the child needed to be removed from the mother's care. The child was removed and placed in foster care. The mother continued to be given support with the aim of reintegrating the child back in the family home. At the Review Conference the core group had a 3rd meeting to check whether the mother had implemented what was recommenced. She had not. It was concluded that the child was at risk and the mother's prognosis poor. We then continue with court proceedings. Children Services

applied for a court order and the placement was granted by the court in January 2007. Subsequently the child has been put up for adoption.

6. FINDINGS

The data of this study was collected by interviewing the professionals involved in the case that the researcher used as a case study. All the research participants were female and their ages ranged from 35 to 52 years. The data were analysed and are presented in four main themes. Each main heading summarises a theme together with its sub-themes.

6.1 Challenges facing team members in multi-agency working

The most frequently mentioned challenges facing participants were:

- Clarity on roles and responsibilities
- Poor communication
- How to address confidentiality
- How to deal with disagreements

6.1.1 Clarity on roles and responsibilities

The participants were asked how they understand their role and responsibilities in multi-agency working. Three remaining participants described their roles as assessing children's development, and agreeing on a programme of activities with parents and carers. They also said their role was to share information, to communicate and to adhere to policies and procedures in relation to child protection. This view is in line with the Multi-agency Child Protection procedures and Guidance (Wiltshire Area Child Protection Committee & Swindon Vulnerable Persons Committee, 2002).

The three remaining participants described their roles in multi-agency working only in terms of their role regarding the client, namely to safeguard children and protect them from significant harm. This is noteworthy as they did not see their role as collaborative in terms of the clients as well as the team.

Although the participants were clear about their own role and responsibilities in multi-agency working, they indicated having clarity about one another's roles and responsibilities to be a main challenge. They seem to experience other team members as not understanding their roles and responsibilities. They were also uncertain about their status in the child protection network and about the value of the information they make available to such proceedings at

the case conference. Some child protection practitioners felt that too much responsibility was placed on them in their ascribed role.

Most participants indicated that roles and responsibilities can have an impact on the professionals if it is not clarified from the very beginning of the involvement with the family. They agreed that, if responsibilities are clarified, each professional will know his/her roles. Without clear roles, agencies work on different agendas and this could lead to misunderstanding. Role clarification will minimize tension and distress and it will also build mutual trust. In addition, the confidence professionals place in one another will increase. Participants believe that clear roles will contribute towards agencies respecting one another's roles and valuing one another's contributions in child protection.

Most participants believe that professionals need to understand the priorities in child protection cases. It is asserted by the Multi-Agency Child Protection Procedures and Guidance (Wiltshire Area Child Protection Committee & Swindon Vulnerable Persons Committee, 2002) that it is the role and responsibility of all agencies to work together to implement the child protection plan.

Participants believe that professionals practise on the subject of the nature of childhood itself, as well as views on the rights of parents from different theoretical frameworks. They also believe that, when there is no shared identity, a potential sense of inadequacy is likely to emerge, and that difference can give rise to conflict. Professionals need to understand the nature of their differences. These include different professionals' identities and cultures, different skills, different parts of the process, differences in power, capacity and resources, as well as different goals and accountabilities. Mathias *et al.* (1997) indicate that when a number of people from different disciplines come together, each being accustomed to working in different structures and having different expectations, it is not surprising that, in various ways members come to feel that their contribution is not given the status they think it deserves.

6.1.2 Poor Communication

Poor communication within and between agencies was cited as a major challenge to successful multi-agency working. The participants pointed out the following as obstacles to effective communication: unavailability of team members, a negative attitude, defensiveness, avoidance and conflict.

Communication was hampered by the non-availability of service professionals. Professionals are not always available to provide needed services when required because of the demands of their own work. Professionals also tend to wait until a situation has deteriorated before they can share their concerns about the family. The different professionals do not see the family situation deteriorating in the same way. For example, the health visitor will focus on the child's health and conclude that the child is healthy, while not concentrating on the emotional well-being of the child. In the meantime the social worker will be of opinion that the home environment is dangerous to the child's emotional well-being.

Participants believe that, as the social worker is the lead professional in child protection cases, she has the power to call a Child Protection Conference. Therefore they are hesitant to share concerns when they believe the situation can still be worked on and corrected. They do not wish to raise their concerns with the family and spoil their relationship with them. They avoid confronting families with regard to their situation. Occasionally they will refer the family to the social worker only when the situation has escalated and worsened. In the end the social workers are often blamed if the system has failed the clients, since they are the lead agency. Other professionals are not blamed as much as the social worker.

Most participants believe that positive attitudes and communication within organizations is an essential prerequisite to effective collaboration. Open communication is helpful seeing that we convey feelings as well as facts and opinions, without using defensive methods or protective devices. Lack of open communication can lead to mixed messages to families and to confusion and alienation. Real lasting trust, respect and understanding between professionals rather emerge from positive experiences in cooperation. It is necessary to build mutual trust through open communication and by discussing difficulties.

Key factors concerning communication and information sharing centred on providing opportunities for dialogue or keeping lines of communication open between agencies. This in turn requires communication skills, including the capacity for negotiation and compromise, as well as building personal relationships and information dissemination. Procedures and systems of communication also need to be in place (Atkinson *et al.*, 2005).

Partnership works best when each party to the arrangement has a clear sense of and confidence in its own unique identity and contribution. Positive attitudes and communication within organizations are an essential prerequisite to effective collaboration with service users and within other agencies. Participants need to share the same goals (Hitchinson & Campbell,

1998).

Open communication is helpful as we convey what seems to be relevant, including feelings, facts and opinions without using defensive methods or protective devices. Real lasting trust, respect and understanding between professionals rather emerge from positive experiences in cooperation. It is necessary to build mutual trust through open communication and by discussing difficulties. Where rivalry is concerned, as in interagency situations, clear definition of roles and boundaries can assist in reducing and containing it (Buckley & Ovretveit, 1997).

6.1.3 How to manage confidentiality

The participants agree that professionals are bound by the principle of confidentiality and this has an impact on service delivery. However, some of the participants believe that professionals deliberately withhold certain information on the client and that they falsely use the confidentiality principle as their motivation, while it is perceived to be an excuse not to disclose information due to other motivations.

The participants identified lack of trust, fear of damaging the relationship with the client and power struggles as possible motivations for hiding behind confidentiality when not sharing important information.

Lack of trust. Participants believe that professionals need to be capable of sharing confidential information and sharing crucial information in the conference to make it possible for the plan made for the family to be inclusive. Professionals need to develop trust in one another and have confidence in their unique input make in the conference. If information is not shared, it affects the outcome of the plan, seeing that the decision made in the conference will only be based on the information shared there.

Professionals fear damaging the relationship with the client Professionals do not feel confident to share sensitive information with the family, since they wish to maintain a good relationship with that particular family. Professionals also have the tendency of not adequately sharing information with the family. They are not confident enough to share their concerns with the family and explain why they are concerned.

Power struggles. Professionals often are caught up in their differences and forget about the needs of their clients and what had brought them together, and rather concentrate on their differences at the expense of the family. Professionals occasionally hide behind the issue of

confidentiality when not communicating with one another and rather concentrate on their differences.

The issue of confidentiality can be useful litmus test, of both the state of knowledge partners have pertaining to one another's responsibilities and the general health of the collaboration, says Hardley and Muijjen (1995). Hiding information from team members can have a detrimental impact on the family. Withholding significant information might contribute to harming the child. Professionals know that the child's well-being is paramount. Professionals should value one another's inputs and take them into consideration because it will boost confidence in all. Agencies should communicate openly and be in a position to share information with one another.

6.1.4 How to deal with disagreements

Due to professionals not understanding one another's roles and backgrounds, disagreements result. Responsibilities were not clarified at the beginning of the involvement with the family under discussion. Hence team members became tense and distressed.

Buckley and Ovretfeit (1997) are of opinion that, if different groups within the organization resent or do not understand the work and contribution of the other groups, conflict will arise. Different departments may pursue their own interests at the expense of other departments or the organization as a whole. Organizations need to exploit the differences to generate new ideas and to stimulate and channel energies to the benefit of the family. Where rivalry is concerned, as in interagency situations, clear definition of roles and boundaries can help to reduce and contain it. This will assist in minimizing conflict among professionals.

Participants stressed the importance of working through differences in an open honest manner. Multi-agency working is about managing the differences and getting the best from them. Participants believe that information should be shared appropriately and timely with other agencies, and that the need to understand and acknowledge concerns expressed by each party is important. All agencies should respond promptly to concerns raised, and action needs to be taken to address the concerns. Mathias *et al.* (1997) argue that professionals working together, which is highly desirable and vitally important, does not guarantee that the desired outcome will be achieved.

Participants pointed out that it occasionally occurred that child protection plans were not adhered to due to differences regarding priorities. Hence delays followed. As a result,

professional conflict resulted in mixed messages to families. Families then became anxious about what would happen. Because professionals occasionally hide behind confidentiality, they take time sharing concerns with the family and this can cause a delay for a decision to be made about the child's well-being.

Every Child Matters (2005) states that professionals occasionally forget that the administrative routes selected for cases (child protection route) mean little to parents. Professionals have to weigh up which stages in the child protection process are relevant to involve the family. Agencies need to agree on thresholds for the child protection conference. Professionals need to agree when the case should be brought to the Child Protection Conference.

A more deep-rooted issue was also linked to the surfacing of disagreements between core group members. Some participants refer to their colleagues' ignorance of their biases. They felt that professionals must acknowledge that a part of society subscribes to discrimination and that they must examine their own bias in this regard and deal with it. This seems to be a question of being aware or unaware of one's cultural and diverse worldview or paradigm - obviously an issue that requires further investigation.

6.2 The main impact these challenges have on the professionals and services

Members feel that other team members did not give their contribution the value it deserved. This had an impact on their confidence. They often felt uncertain about their status in the team. It hampered their confidence and left them with a sense of inadequacy. A failure to clarify roles caused confusion, tension and rivalry. In the end, professionals distrusted one another. Professionals expressed a need to be given recognition for their contribution. This will boost their level of commitment and cooperation, respect and understanding.

Uncertainty about status in the team and the value of one's contribution results in members experiencing tension and distress. As a result issues in the family were not addressed timely and adequately. Thus the quality of the services to the family was put under pressure.

6.3 Positives in multi-agency teamwork

Although the participants acknowledged the challenges inherent to multi-agency working, they still displayed a positive attitude towards multi-agency working. They believe that multi-agency working could improve their relationship and would build trust in all. They also believe that multi-agency working would help professionals to communicate more openly and

honestly. It will enhance their practice, as it will help them in developing confidence in child protection work and feeling valued and that their contribution is taken into consideration. They will have a clear understanding of other agencies and the way they operate. Nobody suggested a totally different system or expressed the opinion that multi-agency working is not a workable system.

6.4 Improving multi-agency collaboration and teamwork

The participants were asked how collaboration in multi-agency teams can be improved. Three main themes tended to dominate their responses, namely training and role clarification, joint assessments of clients' needs and accessibility of team members.

6.4.1 Training and role clarification

Suggestions for clarifying roles and responsibilities:

- Responsibilities need to be clarified at the very beginning of the involvement with the family, so that each professional knows what his/her role is. This will minimise tension and distress and build mutual trust. It will also increase confidence in all the professionals.
- Professionals need to have periodic training on the different role players' roles and responsibilities in child protection. Ensure that training is available to all and ample notice is given to all the agencies about training.
- Give continual feedback to the lead professional to prevent any misunderstanding.
- Encourage ownership of plans and delegate actions to specific professionals and agencies to encourage participation and cooperation.

6.4.2 Joint assessments of clients needs

Currently, assessments are being done by the lead agency with invitations to the other agencies for their contribution. Yet some agencies choose not to respond in time or they do not contribute towards the assessment because of their own work pressure. At present the agencies do not get feedback or copies of the completed assessment.

To improve communication in multi-agency working, the participants suggested doing joint assessments of clients' needs. Confidential information can then be shared within a framework of a common understanding of the rules of confidentiality. Each professional

input should be considered and valued. Professional differences in background could enhance multi-agency working as differing professional judgment/assessment/plans are brought to the table.

6.4.3 Accessibility of team members

Communication can also be improved if other professionals are more accessible and contact details of the key professionals involved with the family are made available to the child protection plan.

This is supported by Mathias *et al.* (1997) who state that inter-professional practice necessitates interaction between professionals at various levels, group discussions, telephone communication and written communication, amongst others.

7. DISCUSSION

For a child protection plan to be implemented, it needs to be the joint responsibility of all the agencies as it is stated in the Multi-agency Child Protection Guidance (2002).

Multi-agency working can be very difficult if professionals have different view points and their role and focus do not correspond. If professionals do not understand their roles and the roles of others, conflict may arise over areas of responsibilities. This is supported by the finding that participants felt that responsibilities and roles need to be clarified right from the very beginning of the involvement with the family so that each professional understands his/her and the others' roles. This will minimise tension and distress and will build trust in all (Buckley & Ovretfeit, 1997). Without clear roles and responsibilities, it was considered easy for agencies to work on different agendas, to assume that a piece of work was somebody else's responsibility or for misunderstanding to develop.

Although social workers and health visitors are the professionals who work most closely on child protection, they are highly likely to differ in their approaches to cases (Mathias *et al.*, 1997). This was evident in the findings, namely that there is a danger of professionals being so preoccupied with professional roles that they are likely to forget that the client and other relevant people have a significant contribution to make. Needs cannot be properly defined or appropriately met without the involvement of all those involved in the plan. This also applies to doing joint assessments - something the participants in this study found to be a shortfall in multi-agency working.

Child protection procedures and legislation have placed the focus on the child and urged

professionals to work together. Inter-professional practice necessitates interaction between professionals at various levels. Each individual has a different role to play but it cannot be assumed that each understands the roles of the others. The findings indicate that clarification of roles from the onset is necessary. Hornby (1993) asserts that multi-agency working becomes difficult because usually no communication takes place between the different workers to assess progress until the case is discussed at the next conference. Collaboration is often overlooked or shelved until problems start cropping up. The findings confirm that collaboration can be improved if the lines of communication can improve and each professional understands his/her role and responsibility.

Users are the most important participants in the collaboration process. Beresford (1994) indicates that service users seek courtesy and respect and to be treated as equals, as individuals and as people who are able to make their own decisions. This sentiment is also expressed in the White Paper, *Caring for People* (1989) which states that assessment should take account of the wishes of the individual and include them as active participants.

Professionals occasionally find the idea of working in partnership with service users threatening, and users themselves can feel uncomfortable. These anxieties must be recognised by the users as well as the professionals, and opportunities need to be created to talk it through, lest it should become barriers to change.

It is very important to clarify roles and responsibilities from the onset, as it will minimise tension and conflict. Each professional will then know his/her role and responsibility. They will not assume that a certain task is someone else's responsibility. This will support professionals to take full responsibility and be accountable for their actions. They will all understand their role and know what is expected from them. The principle of confidentiality needs to be discussed at the very beginning of all professional involvement with the family and the family needs to be informed that information will be shared with other professionals if they feel that the child is likely to suffer significant harm. It must be explained to the family why the information is shared.

The Barclay Report (1982) states that collaboration between workers, social workers and other services should be rendered on a basis of mutual respect, arrangements for collaboration need to be planned and factors affecting relationships should be taken into consideration. This is supported by the findings from this study that professionals expressed the need for more positive experiences in cooperation. It is necessary to actively build mutual trust

through open communication and discussion of difficulties. Robin (1986:146) argues that “it is necessary to be in touch with our own feelings and to understand our own emotional responses in order to relate professionally to others”. We have to grasp what our emotional responses signify for our continuing and professional development and for the person we are working with. This also applies to professionals’ biases.

Working in partnership is one of the underlying principles of the 1989 Children’s Act. The well-being of children is a corporate responsibility of the entire local authority working in partnership with other public agencies, the voluntary sector and service users. Partnership works best when each party to the arrangements has a clear sense of and confidence in its own unique identity and contribution.

Some confirmation was found in this study that at least some work undertaken with other agencies on behalf of clients was necessary only because the other agencies failed to provide prompt and adequate service. It emerged from the findings that this happened due to the mistaken view that the case ‘belonged’ to the case holder/lead agency and because responsibility was not shared.

Lack of a procedure for continuing communication disadvantaged the client and soured relationships between agencies and reduced the possibility of future collaboration ventures. According to Weinstein *et al.* (2003:16), it is organisations that frame what takes place in relationships, not only between the professional and the client, but also between professionals. Inter-agency partnership policies are necessary. However, without human intervention, these policies will not in itself lead to more effective partnerships between the professionals. This is supported by the findings, namely that professionals do get caught up in their differences and then tend to forget about the needs of their clients. Occasionally they lose focus of their goal and concentrate on their differences at the expense of the client. This could lead to conflict and tension and delay in the process of child protection, and the child might suffer from significant harm because the issues were not addressed on time.

Weinstein (2003) explains that *multi* means that professionals work together parallel to one another with clear boundaries between their roles. *Inter* means that professionals work more interactively. Could it be that, in this core group, the boundaries were not defined clearly enough, or did some members expect an ‘inter’ type of relationship, while others worked according to a ‘multi’ perspective? The findings suggest both. Clearly the boundaries and roles were not defined explicitly enough as professionals still felt that the lead agency was

mainly responsible for safeguarding the child from significant harm. Yet, some members felt that their contributions were not valued, they could not trust core group members with sensitive information, and they could not balance the professional-client relationship and did not deal with disagreements effectively. Still they expressed the need for improvement at all these levels of interaction.

8. CONCLUSION

With the information gathered and analysed, it is clear that there is still strong support and a need for multi-agency participation. Yet the collaborative team needs to change its practice and broaden its focus on how to improve on the quality of its work with families and other agencies.

Multi-agency working is an opportunity to learn and have equal ownership and responsibilities for the child protection plan. Families need to be educated on the roles and responsibilities of all professionals engaging with them. The family also needs to know its role and responsibility in child protection.

Communication needs to be improved between organisations and the core group members. Time scales to give feedback and assess progress need to be agreed upon. It needs to be recognised that each agency has a vital contribution to make to multi-agency working and they all need to work together to achieve the best outcome for children.

9. RECOMMENDATIONS

The following recommendations are made to the core group based on the findings of the research:

- Professional involvement in child protection should be increased and commitment and enthusiasm encouraged to all front-line staff working with children. This can be achieved if all professional input is valued equally and taken into consideration by the other team members. Every professional needs to feel confident to participate and contribute his/her best in child protection.
- Roles and responsibilities of the professionals as well as the family need to be thoroughly clarified at the very beginning of the child protection case. Tension and conflict will be reduced and a trusting relationship will be built. Families need to plainly understand why professionals are involved in their family and what the concerns are.

- All professionals should have the confidence to share confidential information with one another, and be able to explain to families why the information was shared. They have to understand that the child is paramount in child protection, and not sharing information may lead to the child suffering significant harm.

The following recommendations are made to the management structures of agencies:

- Continuous and regular training for all the professionals should be a priority. Based on the findings, there was a perception among the participants that they required additional multi-agency training in order to meet the demands of any new or extended role, as well as training to extend their knowledge and enhance their understanding of other agencies and of the way they operate.
- Multi-agency working needs to address the issue of role clarity. Professionals need to see their roles as inter-linked and interrelated. They can apply their diverse expertise to complement one another's roles and to be able to work together to the benefit of the client. They all need to understand that they are working towards the same goal.

Regarding service users, it is recommended that:

- Families be motivated and encouraged by all professionals working with them for them to know that all the professionals are working together. They must not feel that professionals are intruding into their family but are there to help to work together with agencies and understand the value of their participation.
- All professionals should treat families with respect and dignity to be able to build a working relationship with them. If they are treated with respect, it will encourage their participation and co-operation.

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ADDENDUM 1

NOTES FOR CONTRIBUTORS TO THE SOCIAL WORK PRACTITIONER-RESEARCHER

Editorial scope

The *Social Work Practitioner-Researcher* is a refereed interdisciplinary journal for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in Africa and in a changing global world. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, groups, organisations and communities to promote development and human well-being in society. The journal is committed to the creation of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: (1) conceptual analyses and theoretical presentations, (2) literature reviews that provide new insights or new research questions, (3) manuscripts that report empirical work. Topics that will be considered include, but are not limited to, the following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, welfare systems, development management, social security, social policy, human rights, community-based development, social development, comparative health, mental health, education, urban and rural development, civic service, voluntarism, civil society, social movements and social change.

As it is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

The reviewing process

Each manuscript is reviewed by the Editor and Assistant Editor. If it is judged suitable for this journal, it is sent to two reviewers for blind peer-review. Based on their recommendations, the editorial committee decides whether the manuscript should be accepted as is, revised or rejected. If a manuscript is published, the authors or their institution will be invoiced for page fees at the rate of R75,00 per page.

Presentation

1. Manuscripts should be submitted as electronic attachments to the journal administrator

swjournal@uj.ac.za in Word format. All authors should be shown but the authors should not be identified anywhere in the article.

2. A maximum *length* of 5 000 words (excluding references). No footnotes, endnotes and annexures are allowed and footnotes must be incorporated in the text.
3. On a separate page, a *title* of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.
4. An *abstract* of 150 words plus up to six *keywords*, which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context. Please note that abstracts are not summaries of research studies. No sub-headings should be used in the abstract.
5. *Headings* must be short, clear and not numbered. Headings should be formatted in capitals and bold, and subheadings in bold only (not underlined or italics). Refer to a copy of the journal.
6. *Figures and tables:*
 - All *figures* (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with Arabic numerals. Supply succinct and clear captions for all figures.
 - In the text of the paper the preferred position of all figures should be indicated by typing on a separate line the words "Place figure (No)".
 - *Tables* must be numbered consecutively with Arabic numerals and a brief title should be provided. In the text, typing on a separate line the words "Place Table (No)" should show the position of the table.
 - The maximum width for diagrams, line drawings and tables, should not exceed 104mm for portrait and 164mm for landscape (with a maximum depth of 104mm).
7. *References:*
 - References to other publications must be in modified Harvard style (see below) and

checked for completeness, accuracy and consistency. Include all authors' names and initials and give any journal title in full.

- You should cite publications in the text: (Adams, 1997) or (Mbatha et al. 2005). At the end of the paper a reference list in alphabetical order should be supplied using the following style. Do not use indentation when formatting your references.
- If a direct quote is used in-text references should include name of author, date and page number. All other references should not include page numbers.
- Ensure that only references cited in the text are included in the final reference list at the end of the article. Please cross check that only references cited in the text are included in the final reference list and that references follow the format set out below.
- Books: Last name, Initials. (year). Title of Book Place of publication: Publisher.

Swanepoel, H. & De Beer, F. (1996). *Community Capacity Building* Johannesburg: Thomson Publishing.

- For book chapters: Last name, Initials. (year). "Chapter Title" in Editor's last name, Initials. (Ed.) *Title of Book* Place of publication: Publisher, Edition, pages

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Mda, C. J. (2004). "Population ageing and survival challenges in rural Ghana" *Journal of Social Development in Africa* 19(2):90-112.

- For electronic sources: If available online the full URL should be supplied at the end of the reference.

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8. *Content:*

- Manuscripts should contribute to knowledge development in social work, social well-being or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.
- The journal will consider articles based on research studies but we will not publish articles which are merely a summary of a research report. The article should have a clear focus that contributes to knowledge building or informs policy and/or practice.

ADDENDUM 2: INTERVIEW SCHEDULE

SECTION A: DEMOGRAPHIC PARTICULARS

1. AGE / OPTIONAL
2. MARITAL STATUS / OPTIONAL
3. PROFESSION / TYPE OF WORK

SECTION B: THE QUESTIONS

4. Describe your role and responsibilities in multi- agency working.
5. What collaboration challenges / obstacles do team members face in multi-agency work?
6. Describe how challenges in multi-agency working impact on the service delivery.
7. Describe possible ways of improving collaboration in multi-agency teams.
8. Describe key success in multi-agency team collaboration.
9. Describe possible ways of improving communication in multi-agency working.
10. Describe how tasks and responsibilities of professionals involved in the case can be closely integrated.
11. Describe how can responsibilities can be clarified and the necessary lines of communications established.
12. Describe how collaboration in multi-agency teams can be improved, maintained and sustained to the benefit of the service users.
13. Describe how can families be fully involved in multi- agency working and be given opportunities to put their views across.
14. How can professionals improve on how they assess progress and concerns?
15. Describe how differences of opinion and roles of professionals affect their working relationship with one another.
16. Describe how differences of opinion of professionals can affect their working relationship with the family.
17. Describe how professionals can respect and acknowledge and value one another's contributions and inputs.
18. How can difference in background have an impact on multi-agency working?
19. How does partnership working add value to the outcomes of families and children?