Multi-agency working and outcomes for children looked after: Evidence review

Introduction

'At risk' children and families will frequently interact with multiple agencies and services. It has been a long-held aspiration that these bodies and the services that they provide are better coordinated and, moreover, centred on the people that they are seeking to help. With other work focusing on the factors that lead to children being in care[i] and the uniqueness of issues and pathways of children in care[ii], this review seeks to advance the topic by analysing how multi-agency working in children's services can lead to positive outcomes. This is predicated on an understanding that greater coordination and coherence can lead to improved outcomes for children and their families.

As a result, multi-agency working has been discussed both academically and by governments around the world as a key driver in improving the children's social care system. In the UK, multi-agency working has been a focus for children's services since the 1980s[iii]. In Wales, there is an extensive policy framework that buttresses multi-agency working for children, which includes **programmes** such as Families First, **legislation** such as the Social Services and Wellbeing (Wales) Act, **inspection frameworks** from Care Inspectorate Wales, and **a Ministerial Advisory Group** on Improving Outcomes for Children.

This briefing note seeks to draw together insights from academic and grey literature to connect multi-agency working and outcomes for children looked after. Seventy-five studies were reviewed, most from the UK, although there was relevant evidence from other countries, such as Portugal,

Australia, and New Zealand. These studies also cover a range of specific needs, such as children with disabilities, but also young children and children in vulnerable situations.

We explore the factors that the literature shows can increase the effectiveness of multi-agency working in children's services and what that effectiveness can mean in terms of outcomes for children in care and their families.

What can the evidence tell us?

Multi-agency working in children's services has been shown to produce positive outcomes for children in care in many circumstances. Evidence is often focused either on:

- Whether the agencies involved perceive efforts to engender multi-agency working to be a success or failure[iv]; or

- The extent to which multi-agency working contributes to successful outcomes for children[v].

Almost none of the studies reviewed was comparative. Where it looks at the outcomes for children, the evidence is usually on a specific multi-agency programme or experience, rather than a systematic view of multi-agency working, that is, analysing beyond single cases[vi]. Owing to the qualitative nature of the literature, there are no findings here from trials or experiments, or 'before-and-after' analyses that encompass a large number of cases. Researchers and

practitioners focused instead on interviews and lived experience. There are literature reviews bringing together examples of good practice, but most stop short of linking this to children and families' outcomes[vii], with the exception of a study by the Early Intervention Foundation[viii], which brings together several case studies of multi-agency working and their outcomes. The findings should be considered with these limitations in mind.

We have found that there are factors that lead to effective multi-agency working, although their exact combination is unknown (that is, what is sufficient and necessary is unknown). Multi-agency working, when effective, can lead to positive outcomes for children and families, either directly or through early identification and prevention/intervention. See Figure 1 for a diagram representing these findings.

What makes multi-agency working effective?

Evidence shows that effective multi-agency working leads to positive outcomes for children. We found two different but related types of practices that comprise successful multi-agency working: those related to **governance structures/mechanisms** in services and those related to **effective team working**.

Governance structures/mechanisms

A key worker

While the key worker role is not well-defined in the literature it is widely mentioned, and more often than other factors in relation to effective outcomes of multi-agency working. The idea is to have a dedicated person who acts as a link between the family and the range of services and agencies that they interact with, who makes the process seem simple and accessible to children and families. That individual is not required to have a specific background[ix]. They are someone the family knows they can contact for whatever reason or need[x].

Where they are effective, the key worker establishes clear lines of communication between families and the workers/agencies

providing the services and support they require. They also help to define accountability for projects or care plans, and have been found to prevent the need for more complex services[xi]. Consequently, they are essential to providing clarity and accountability to processes. Despite the apparent simplicity of the role, it is in reality often very complex[xii]. It is important that key workers are committed and that communication is well-maintained. There is evidence of high turnover of key workers in particular being a challenge for families with children in care:

> **A high staff turnover in some areas was problematic for maintaining continuity. Some families said they had felt 'let down' by keyworkers, or that they still had to say things over and over again and that messages did not get passed on.**
> (Abbott et al., 2005b, p. 235)

Information sharing

Information sharing allows workers in a multi-agency team to be aware and have input in the details of a child's care plan. Rather than have, for instance, a social worker, a teacher, and a psychologist who separately assess 'need' and match this to services, these actors can be included in each other's work and plan accordingly.

Information sharing can be habitual and a cultural practice but there are also protocols that facilitate it. Therefore, it is unclear what the most effective methods of information sharing are, but these include a continuum of analogue and digital, from face-to-face or phone interactions to a shared database or software[xiii]; regular meetings where information is shared person-to-person[xiv]; and making information accessible to

multiple team members[xv]. Good practices point to examples where workers can easily access information – but again, that can be because the key worker is in the same location or because there is a shared database.

Joint training

Joint or interagency training is connected to bettering relationships among workers in a multi-agency team, preparing them for multi-agency working, and can enable them to share the same processes and language. This also includes training on multi-agency working itself. The evidence argues that a better trained and connected team, that has had the same training, is linked to better outcomes for children in care[xvi].

Co-location

Co-location often means a place where the multi-agency team works together on a day-to-day basis[xvii], although in certain situations it can mean regular face-to-face[xviii] or virtual[xix] meetings. This possibility for interaction and shared space promotes 'relationship building, mutual professional understanding and the development of trust'[xx]. Co-location facilitates information sharing and developing of shared language and processes, while lessening the potential for power imbalances[xxi].

Joint funding/pooled budgets

Joint funding or pooled budgets were seen to lead to better accountability and better services as agencies and workers share the same funder. Agencies working together also felt better supported in their work when they had joint funding[xxii].

Parental/carer empowerment

This includes involving the parents/carers and children (when possible) in discussions and planning about their care[xxiii]. One study on healthcare systems in Greater Manchester showed that there are small changes that can be made to produce significant results, including regular team meetings with rotating chairs to disrupt power imbalances[xxiv].

By sharing power and including parents/carers in discussions and decision-making, multi-agency working is able to respond to needs that are voiced by the family and have their support with solutions.

Effective team working

Clarity and accountability

'Clarity' is commonly associated in the literature with successful multi-agency working, and is related to goals, actions, and individual responsibilities (i.e., clarity over 'who is doing what', including parents/carers).

Accountability appears often in connection with it, as clear roles and communication enable individuals to account for one another's actions and their own. This also includes individuals understanding what they are responsible for. Accountability also appears linked to funding and key workers, through the transparency and direct communication lines that these provide[xxv].

Leadership/senior management and local governance

Leadership and senior management and local governance affect how multi-agency working is set up and governed. These factors appear less often in the literature reviewed, although Atkinson (2002) and Atkinson et al. (2007) point out the importance of leadership, in particular related to vision and tenacity. Strong leadership is also supported by common frameworks throughout local government which are found to be key in ensuring good outcomes, regardless of the local authority the child lives in or the agency/programme they fall under[xxvi].

Brock and Everingham (no date) demonstrate how variation in leadership and the abilities and interests of leaders can affect services. Having personnel in senior roles that are more or less dedicated to children's services and multi-agency working can drastically change how that service is provided. One senior social work manager states "I have been lucky, my chief officers have seen the importance of children's services, particularly around child protection." (Ibid., p.19)

> **Strategic leadership emerged throughout our research as the single most important factor in enabling or hindering joint working and integration at local level. This was down to local leaders' power to set strategy, influence organisational culture and support initiatives that enable integration.**
> (Allard et al., no date, p. 28)

Power-sharing between agencies

Power imbalances between agencies can hinder effective working and affect outcomes. Evidence of positive outcomes is often linked to multi-agency teams that see each other as equals and feel able to discuss the child's care openly with one another[xxvii].

Shared language/processes/understanding

Shared language is often found alongside joint training, information sharing, and power-sharing, (sometimes two or three of these, other times all four) as part of what is defined as effective multi-agency working.

Both an outcome of other factors, mainly information sharing and joint training, and a factor in itself, sharing language, processes, and understanding means supporting those involved in a child's care to speak to one another without communication issues or barriers, and share protocols and systems[xxviii].

Why multi-agency working is important for children's outcomes

The factors discussed above are connected to various positive outcomes for children. Multi-agency working is found to lead to:

- **Placement stability** (including reunification and fewer days in care)[xxix];
- **Improved mental health**[xxx];
- **Improved behaviour**, including reduction in drug or alcohol use[xxxi];
- **Improved and/or faster access to appropriate services**[xxxii];
- **Improved school attendance and educational attainment**[xxxiii];
- **Greater family commitment to the care system**, specifically in terms of attendance of parents/carers at multi-agency meetings and interest in the child's care plan[xxxiv];
- **Whole family focus**, meaning also a concern for other family members, including parenting training/capacity, adult services, and job skills[xxxv];
- **Fewer disparities in access to services** in terms of unequal access for children from different backgrounds[xxxvi];
- **A more holistic view of the child** that recognises their wider needs, as opposed to what is described as a more 'reductionist' view about which specific service a child requires at any one moment[xxxvii];
- **Overall wellbeing and quality of life for children, families, and their communities**[xxxviii].

The most prominent theme in the literature is stability for the child, closely followed by overall wellbeing and happiness of the child and sometimes also family. Evidence suggests that frequent change of social workers can contribute to placement breakdown[xxxix]. Swann and York (2011) point out that information sharing is key in situations of high staff turnover, to ensure team members know the case and child.

Easier to measure outcomes are better school attendance and attainment and improved mental health, although the evidence on these is limited, with most studies relying on data from interviews and lived experience.

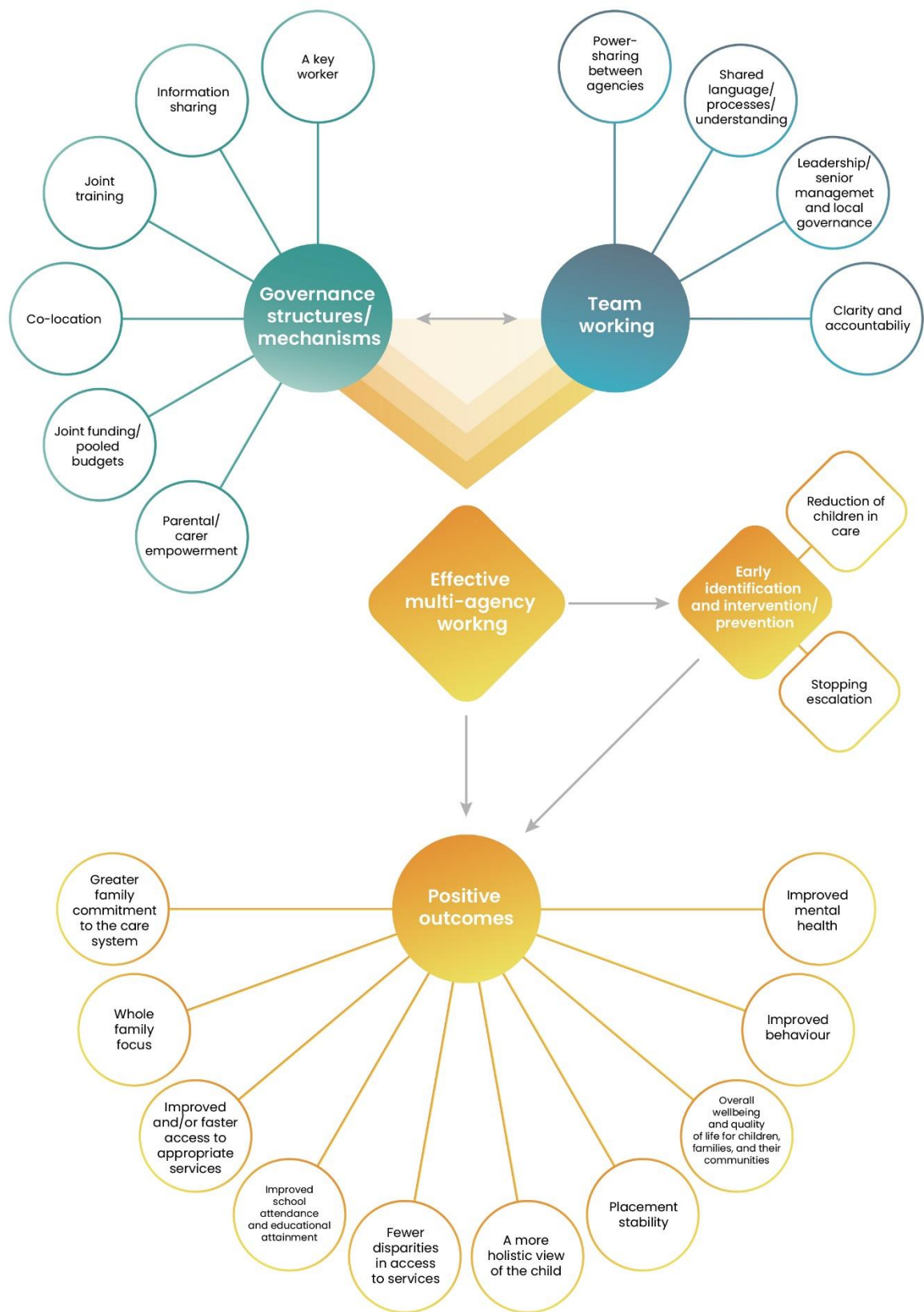Multi-agency working can lead to a more holistic

Figure 1: Effective multi-agency working for children looked after

approach to supporting the family and child, with positive outcomes as a result. In some cases, this also includes the community. For instance, Vale Guerra and Leitão (2020) report that Roma children in Portugal not only stayed in school and reached a drop-out rate of zero, but parents received training and job assistance, and the community was an active participant in the development of programmes and integration between Roma and non-Roman communities.

Therefore, the benefits, which could have been focused on the children and perhaps their parents, were felt throughout the Roma and non-Roma community.

There were examples in the literature reviewed of breakdowns in the effectiveness of a multi-agency team or programme, which subsequently led to poor outcomes for children and families[xl]. Four papers specifically mention the idea of a geographical lottery, where children 'get lucky' to be in areas where effective multi-agency working is present[xli]. In these cases, the issues identified correspond with a failing in relation one or more of the factors listed above.

The evidence is inconsistent on what combination of factors is essential to effective multi-agency working and positive outcomes for children, as each study focused on different aspects, specific programmes, and contextual issues. Atkinson (2002; 2006) and Atkinson et al. (2005; 2007) provide the most detailed evidence on these factors and demonstrate how varied multi-agency experiences can be and how their success or failure is not dependent on one single factor or combination of them.

The evidence shows that multi-agency working leads to early identification/intervention and prevention; these are identified as a main source of positive outcomes for children, as long as obstacles such as short-term funding, lack of continuity, and appropriate design of universal and targeted policies, can be overcome[xlii].

The early identification process is also seen to ensure that 'services are not duplicated, decisions are not taken in isolation and the right

professionals are involved with families'[xliii]. Early intervention reduces the need for more support down the line and provides more stability for the child on the whole[xliv]. Young et al. (2008), in their evaluation of the cost-effectiveness of early support for disabled children and their families, find that such support is financially sound, depending on the complexity of the multi-agency/early support programme and its embeddedness in the care system.

Conclusions

Outcomes for children in care are different for each child. The evidence on the impact of multi-agency working is, however, still mostly focused on processes, infrastructure, bureaucracy, and outcomes for workers.

This evidence review aimed at identifying the links between multi-agency working and positive outcomes for children. We found that various approaches to multi-agency working can have a positive impact on outcomes for children. In particular, a significant body of evidence suggests that the presence of a key worker and of early intervention or prevention are especially important.

The presence of the key worker that is connected to the family and can direct the work of other agencies, while also establishing relationships of equality – where all involved feel their input is valued and heard – is shown to be essential in learning about possible issues before they become problems. It is important to highlight that this work should be done with the backdrop of a supportive system that includes stable funding and senior management.

Multi-agency working in various forms and for varied cases has shown to be an effective tool to improve the outcomes for children in care. By enabling a holistic view of child and family, it creates a better support system that identifies problems before or as they arise and guides children to the services they require.

References

i   Hodges, 2020.

ii   The Nuffield Foundation, 2021.

iii   Cheminais, 2009.

iv   Atkinson et al., 2005; 2007; Cheminais, 2009; Constantino et al., 2018; Patsios and Carpenter, 2010; Salmon and Rapport, 2005; Sloper, 2004.

v   Farmer, 2018; Farmer and Wijedasa, 2013; Hyde-Dryden et al., 2015; Pollock and Farmer, 2001; Wilkins et al., 2015.

vi   Baginsky and Manthorpe, 2020; Ball, 2014; Brock and Everingham, no date; Chiumento et al. 2011; Golden et al., 2011; Ofsted, 2013; Oxford Brookes, 2019a, 2019b; Talbot et al. 2020; Vale Guerra and Leitão, 2020.

vii   Atkinson, 2002; Atkinson et al. 2007; Townsley et al. 2004.

viii   Messenger and Molloy, 2018.

ix   Davies, 2006.

x   Abbott et al. 2005a, Abbott et al. 2005b; Barnes, 2008; Burch et al., 2020; Cooper et al., 2016; Dickinson et al., 2009; Holmes and McDermid, 2016; Ofsted, 2013; Pollock and Farmer, 2001; Simkiss, 2012.

xi   Holmes and McDermid, 2016.

xii   Dickinson et al., 2009, p. 42.

xiii   McManus and Boulton, 2020.

xiv   Ofsted, 2013.

xv   Atkinson, 2006; Balloch, 2007; Centre of Excellence for Information Sharing, 2016; Moran et al., 2007; Oxford Brooks University, 2019a; Social Care Institute for Excellence, 2013; Social Services Improvement Agency, 2011a; 2011b.

xvi   McLean, 2012; Messenger and Molloy, 2018; Patsios and Carpenter, 2010; Pithouse, 2002; 2006; Sloper 2004.

xvii   Cooper et al., 2016; Golden et al., 2011; He, 2015; Home Office, 2014; Solomon, 2019.

xviii   Ofsted, 2013.

xix   Luckock et al., 2017; Baginsky and Manthorpe, 2020; McManus and Bolton, 2020.

xx   Crocket et al., 2013, p. 42.

xxi   Messenger and Molloy, 2018; Nooteboom et al., 2021.

xxii   Allard et al., no date; Atkinson, 2006; Cooper et al., 2016; Townsley et al., 2004.

xxiii   Burch et al., 2020; Carlson et al., 2020; Messenger and Molloy, 2018; Ofsted, 2013; Townsley et al., 2004; Van Dongen et al., 2020.

xxiv   The Behavioural Insights Team, 2018.

xxv   Chuang and Wells, 2010; Connelly, 2013; Lutman and Farmer, 2013; Townsley et al., 2004.

xxvi   Allard et al., no date; Ervin, 2004; Golden et al., 2011; Hymans, 2008; Sloper, 2004.

xxvii   Barnes, 2008; Farmer and Wijedasa, 2013; Golding, 2010; McLean, 2012; Townsley et al., 2004; Vale Guerra and Leitão, 2020.

xxviii   Atkinson et al., 2007.

xxix   Allard et al., no date; Atkinson, 2006; Brock and Everingham, no date; Centre of Excellence for Information Sharing, 2016; Chuang and Wells, 2010; Connelly, 2013; Golding, 2010; Messenger and Molloy, 2018; Nooteboom et al., 2021; Pithouse, 2002.

xxx   Atkinson, 2002; Burch et al., 2020; Carlson et al., 2020; Golding, 2010; Lutman and Farmer, 2013.

xxxi   Bai et al., 2009; Cooper et al., 2009; Talbot et al. 2020.

xxxii   Lutman and Farmer, 2013; Welsh et al., 2008.

xxxiii   Atkinson et al., 2007; Barnes, 2008; Golding, 2010; Moran et al., 2007.

xxxiv   Burch et al., 2020; Easton et al., 2010; Dalzell et al., 2007.

xxxv   Burch et al., 2020; Easton et al., 2010; Moran et al., 2007; Nooteboom et al., 2021; Vale Guerra and Leitão, 2020; Welsh et al., 2008.

xxxvi   Cooper et al., 2016.

xxxvii   Barnes, 2008.

xxxviii   Abbott et al., 2005; Barnes 2008; Vale Guerra and Leitão, 2020.

xxxix   Abbott et al., 2005; Ball, 2014; Iredale and Cooke, 2020; Nooteboom et al, 2021.

xl   Conway, 2009; Golding, 2010.

xli   Brock and Everingham, no date; Carlson et al; 2020; Social Services Improvement Agency, 2011a; Walsh, 2018; Watson et al; 2002.

xlii   Easton et al., 2010; Golden et al., 2011; Golding, 2010; Home Office, 2014; Pithouse, 2002.

xliii   Ofsted, 2013.

xliv   Farmer, 2018.

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