

Multi-agency working: what are the perspectives of SENCOs and parents regarding its development and implementation?

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With a national drive in England for the development and restructuring of services encouraging interdisciplinary approaches and multi-agency working, the question remains as to how services should be developed and why it is perceived as so important. This study by Pearl Barnes, who is an Every Child Counts Teacher Leader and a member of the Specialist Advisory Board for nasen and the Child and Family Public Education Board at the Royal College of Psychiatrists, explores the perspectives of special educational needs co-ordinators (SENCOs) and parents regarding the rationale for multi-agency working and explores what an effective service might look like. The interviews revealed overwhelming support for multi-agency activity. Although no single rationale was identified, the general consensus was that a multi-agency approach can provide a child-centred pedagogical response, tailored to the individual needs of the child. Multi-agency working was perceived as enabling and enhancing inclusive education by providing an early and holistic assessment of individual needs through identification of all individual barriers to achievement. No specific set of protocols was identified as offering the most suitable way forward within the project region. However, there was general agreement that a multi-agency teamwork approach, accessed directly by schools and intervening proactively within the community, was an effective way forward.

Key words: interdisciplinary approaches, special educational needs, co-ordinators, parents, interviews.

Introduction

Over the last few years, there has been a wealth of UK governmental documentation and policy reforms upholding the notion of agencies working in partnership to support vulnerable children. The documents confront the history of fragmentation between agencies and the subsequent failure to share information; the perceived importance of early identification and intervention; and the need for 'more co-located, multi-disciplinary services in providing personalised support' (DoH/DfES, 2004). The Children's Act (2004) was the culmination of the *Every Child Matters: Change for Children Agenda* (DfES, 2003), and legislates

that every locality has power to administer pooled budgets and implement a Children's Trust, in order to integrate and unite services around the needs of the child.

Although partnership working is upheld as beneficial for all children, children with special educational needs and/or disabilities have formed the focus of much of the educational inter-agency activity (Wilson & Pirrie, 2000). The aims of co-ordinating services through 'joint posts' and 'joint working practices' across health and education, and providing a 'seamless service' and a 'one-stop shop' for all service provision, with more inter-agency collaboration, are emphasised throughout governmental literature (DfES, 2003, 2004). Joint working is therefore unequivocally viewed as the means of providing a more cohesive and integrated approach to addressing the needs of the child and family, overcoming many additional stresses that are imposed upon families through fragmented services and giving children the best possible start in life (DoH, 2006).

Although no one argues against the benefits of integrated services (Stiff, 2007), and there is clear strategic backing and direction for local restructuring and reorganisation to configure services to meet the needs of the most vulnerable children more effectively, the detail surrounding the configuration and delivery of local services has not been prescribed (Rutter, 2006). There is still little research-based evidence regarding the efficacy of multi-agency practice or suggesting which activity is most useful, with no comprehensive model of the factors influencing its success (Salmon, 2004). However, the Government has demonstrated substantial commitment to localities developing multi-agency partnerships, providing considerable flexibility for local authorities and communities to develop their own multi-agency activities, tailored to meet their own localities' needs.

In order to gain the perspectives of other colleagues in the teaching profession, the researcher conducted a small-scale study to explore and examine the concept and context of multi-agency working within schools across a single county. The study was specifically intended to find out whether practitioners and parents viewed multi-agency working as important, and if so, why. In so doing, the study aimed to provide a context for the impetus towards fundamental change. A further aim was to discover any barriers and facilitating factors to the implementation of multi-agency

practices, in order to discover practical implications for its implementation. The 'terminological quagmire' (Lloyd, Stead & Kendrick, 2001, cited in Scottish Government, 2006) itself provides a number of barriers to discussion. Terms such as 'liaison', 'co-operation', 'co-ordination', 'collaboration' and teamworking are encountered time and again and could be regarded as being situated along a continuum, with 'liaison' indicating the least degree of communication between agencies and 'collaboration' indicating the greatest degree of teamworking (Percy-Smith, 2005, cited in Scottish Government, 2006).

What reasons are identified in the literature for adopting multi-agency working practices?

A plethora of reasons are proposed within the literature for developing multi-agency practice across communities. When discussing children with social, emotional and behavioural difficulties (SEBD), for instance, Roaf (2002) advocates the essential nature of multi-agency working for enabling inclusion through adequate support and meeting individual needs. She endorses raising attainment and enabling children to achieve their full potential as the essential features of multi-agency working:

'Despite the complexity of their difficulties, in school, teachers often find that when professionals work closely together, young people reach their educational potential . . . It is argued here, on the basis of such evidence, that inclusion depends more than is fully appreciated on the ability of agencies not only to co-operate, but to go further and co-ordinate their services.'

(Roaf, 2002, p. 2)

A review of joint working between schools and Child and Adolescent Mental Health Services (CAMHS) (Pettitt, 2003) recognised the importance of joint working for strengthening the support that CAMHS provide for schools. The Mental Health Foundation (2001) identified the importance of multi-agency teamwork as 'absolutely essential', expressing the view that 'teachers must not be left to cope alone'. Other studies evaluating the provision of multi-agency support teams – for example, in the form of BESTs (Behaviour and Education Support Teams) working within schools – identify the importance of 'resolving some of the deep-rooted issues' such as 'poverty, underachievement and disruptive behaviour' (Mortimore, 1997, cited in Hamill & Boyd, 2001). Effective multi-agency working is particularly welcomed by teachers (Stewart-Brown & Edmunds, 2003) and is seen as a means of enabling increased access to specialist support and resources, facilitating inclusion and resulting in raised attainment. Forbes (2007) endorses the notion of a support network for teachers, describing how 'no one school can possess all the skills, understanding and knowledge . . . to ensure all students achieve their maximum potential'.

In outlining services for 'looked after children', Evans (2007) identifies these children as being at greater risk of mental health problems and exclusion, in addition to having a disproportionate number of Statements of Special Educational Needs for emotional and behavioural difficulty. She

explains that looked-after children are 'let down by poor communication within and between caring authorities', identifying improvements in collaboration as the key to improving outcomes (Evans, 2007).

For children with complex and multiple needs, Roaf (2002) identifies how accessing the services of more than one agency can often lead to lengthy delays. She describes how children sometimes get 'lost' in the system and are 'difficult to place', as they are defined by individual agency boundaries rather than by an analysis of their needs, and are therefore sometimes seen as being on the margin or outside of any one particular service provision. This demarcation of agency boundaries is described as leading to 'through-the-netness', whereby individuals do not fit 'neatly into the health, education or social services categories' and are passed between agencies like 'pass the parcel', with no single agency taking ultimate responsibility (Lacey, 2001). This is further reinforced by Tett (2005), who advocates multi-agency teamworking as a means of taking joint responsibility and accountability. A study by Glenny (2005) resolved that inter-agency working was adopted as a direct result of 'system failure', with the 'system' being described as a powerful agent or 'dragon' that could be neither controlled nor ignored but merely 'fed'. Glenny went on to describe how systemic failures were not a function of a particular field worker, nor even a local response to the legislative framework, but 'a frequently seen by-product of well intentioned national policies'. The question is, *how* can agencies begin to pre-empt systemic failure and avoid 'crisis point' from being reached by adopting inter-agency activity?

Early identification of and intervention to deal with 'need' has been identified as being closely associated with inter-agency working. Carpenter (2000) discusses the concept of multi-agency working in the context of the development of early childhood intervention, particularly through the Early Support Programme for children aged up to three years. He provides a context within the national development of children's services for early identification and intervention, outlining the stream of legislative documents emerging from the UK central Government over the last five years.

A complicating factor in the identification of children considered as experiencing less severe, but more complex, needs is that research suggests that the 'co-occurrence' and the overlapping nature of a number of difficulties is high (Maras, Cooper & Norwich, 2002). The overlap of difficulties indicates that children who experience specific learning and/or behavioural difficulties are more likely to experience multiple strands and a complex range of difficulties (Kirby, Davies & Bryant, 2005). The net combination of a child's complex needs coupled with environmental factors can lead to a poor outlook, if a holistic appraisal of all of the child's individual strengths and weaknesses is not conducted. Maras et al. (2002) view multidisciplinary working as a means of providing this appraised holistic assessment, implying also that it is essential for enabling the identification and subsequent removal of barriers to learning and participation, which are often considerable.

The emphasis upon multi-agency partnerships and teamwork essentially supports the premise that people are more powerful, more accountable and more able to achieve as a team than as autonomous individuals and agencies. However, Pirrie, Wilson, Elsegood, Hall, Hamilton, Harden, Lee and Stead (1998) question whether it is indeed possible to enable more collaborative practice simply by putting people from different backgrounds together. They raise the concern that it could actually further reinforce the boundaries that demarcate professional groupings, rather than fully integrating services. Effective teamworking is only possible if team members are able to collaborate and share knowledge effectively, and to give up some of their autonomy for the 'greater good of the whole' (Tett, 2005). Difficulty in using meetings effectively, petty power struggles, interprofessional rivalries (Huxham, 1996, cited in Tett, 2005), 'professional distancing' (Carpenter, 2000) and 'professional imperialism' (Jones, 2000) are all factors that prevent effective collaborative practice, and thus counteract the benefits of working together. In order to facilitate the integration of professionals and agencies, it has been suggested that shared aims, values and beliefs, and the sharing of a common goal from the outset, are necessary to counterbalance the separateness of the individual agencies (Atkinson, Wilkin, Stott, Doherty & Kinder, 2002).

It is generally agreed that the purposes of the many guises of multi-agency practice – ranging from simple meetings between professionals from different agencies, to professionals from different agencies working closely together in teams across local communities – is essentially to improve the quality of service to children and families and therefore improve the outcomes of 'vulnerable' children through an improved system of support for them, their educators and their families.

Method

The researcher (a primary school teacher with an interest in identifying ways of improving outcomes for children with special educational needs and/or disabilities) conducted a small-scale study in order to gain insights into the perspectives of SENCOs and parents of children with special educational needs and/or disabilities. The aim of this was to obtain their opinions regarding the development of multi-agency working, and the research consisted of interviewing respondents across a large semi-rural county. Prior to the interviews, the researcher conducted a number of preliminary visits to investigate a variety of models of multi-agency activity from five contrasting areas across the UK, in order to gain insight into the different approaches available. The models reviewed included both multi-agency assessment and diagnostic clinics, in addition to educational partnerships and inter-agency joint training models. The information gained from these visits provided practical examples of different multi-agency approaches, and these were used to form the basis of the questions used in interviews with parents and SENCOs. Models of effective multi-agency practice may be transferred to different situations (Roaf, 2002), and the provision of practical examples of working

models was viewed as a means of widening the perspectives of respondents to what was feasible and already available in other regions.

During the time when this study was being conducted, the region being examined was undergoing a period of rapid change in line with national developments, including the integration of education and social care within the local authority and the appointment of a Director of Children's Services and Joint Commissioning Arrangements. At the national level, a Children's Commissioner was appointed, and a new Government department integrating children's social care and education was formed. On the ground, the development of children's centres in line with the Government's Sure Start Local Programme was underway, and services for children within the early years (aged up to five years) were experiencing significant change. Although the models that were initially visited were models for children of all ages, the SENCOs interviewed all worked within the primary phase (four to 11 years) and all parental respondents had school-aged children between the ages of five and 14 years.

After conducting an initial pilot study, a range of potential respondents were contacted by telephone. As many schools as possible were contacted across a range of geographical locations in the county and representing as wide a range of number of children on roll as possible. Hence the final selection was made primarily on the basis of location, size of school and consent being given. Follow-up calls were made, resulting in consent being obtained from 30 primary school SENCOs. Ideally, the geographical location of each respondent was intended to ensure a representative view of experiences across the whole county. However, as obtaining consent from SENCOs proved to be a formidable challenge, the geographical location was subsequently considered to be less important than obtaining individual insights and personal perspectives. Finding parental interviewees was complicated further by ethical considerations, as SENCOs were not able to pass on any potential parental interviewee's details directly. The difficulty in accessing parental contributions was overcome by requesting that SENCOs pass on the invitation to participate to potential parental interviewees. The researcher was subsequently contacted by telephone and obtained the consent of nine parents of children with a range of special and additional educational needs across both mainstream and special educational settings. The resulting parental sample is not, therefore, considered to be representative of parental perspectives generally, as the parents who responded to the invitation may be, for example, those whose experiences had been less favourable, and who felt more inclined to voice their opinions about it. All interviewees were promised complete anonymity and were provided with an ethics protocol, outlining their rights to withdraw from the study at any time.

The majority of SENCO interviews were semi-structured, based around a lengthy interview schedule, which had initially been designed to be completed as a postal questionnaire. Having considered the difficulties in obtaining

responses to detailed questionnaires, it was decided to deliver the questionnaire face-to-face in an interview, which could be tailored to the situation of the interviewee and varied in structure and length. The interviews with parents were conducted within their homes, enabling parents to feel at ease, and were invariably far less formal. Individuals were questioned regarding their experiences of current local practices relating to multi-agency working, in addition to eliciting their views regarding the importance and rationale for multi-agency working, and finally, after detailing models on offer in other regions, their views regarding what they would consider as the best way forward for them. The data were analysed by recording and collating all the individual responses. Common themes were identified by trawling and searching for keywords and comments, and subsequently the themes were apportioned into categories and sub-categories.

Results

SENCo perspectives and experiences of the current 'system'

In order to investigate whether personal experiences of inter-agency working, and hence responses, could be influenced by a number of variables – such as the location of the school, its size, the percentage of children with special educational needs and the school SENCo’s level of experience (the number of years they had worked as a school SENCo and their level of training at postgraduate level, and specifically whether they had any additional qualifications, such as PGCert, PGDip, MA) – details of these variables were obtained at the outset of the study. Although the results revealed huge variations in school sizes, percentages of children with special educational needs and the SENCo’s level of experience, there were no substantial differences in their responses and perceptions. Geographical location was, however, identified as the single most overriding factor influencing access to multi-agency provision, and hence the perspectives and responses of respondents were influenced accordingly. The location of the school appeared not only to affect the ability to communicate with other agencies effectively, but to increase the complexity of referral and co-ordination between agencies. This is illustrated by one SENCo who, when asked to relate her perspective of the current system, described her difficulties in communicating across different agencies:

'Here is left out of it and out on a limb as we fall between two big geographical areas/boundaries and

don't get invited to different partnership meetings. We have to access so many different services: from so many different towns . . . there is a lack of communication and we don't always have copies of reports.'

(SENCo 23)

A series of questions was asked relating to the referral framework in the county, and in particular, SENCo respondents were asked to describe how children in need of more support were identified, assessed and referred to outside agencies in order to determine how children currently accessed the support of other agencies. An additional aim was to clarify how children entered and passed through the ‘system’ from one agency to another. Was there a uniform and consistent approach to identification, assessment and diagnosis, for instance, or was this process reliant upon individual expertise and insight? Answers to such questions may provide clues for the identification of a rationale for multi-agency working. The results of the questioning regarding the current identification and referral route are outlined within Table 1. The results were analysed and apportioned into six categories of sources of initial identification and two categories of methods of identification. The most frequent source of identification was class teachers’ concerns, and the attempt to investigate methods of identification revealed that in the majority of cases there were no formal structures in place for identification, instead relying upon individuals to identify children who were causing concern.

Parental perspectives and experiences of the current services

All parental respondents had experienced multi-agency involvement across health and education, with a number of parents accessing the provision of over ten different health professionals across a range of health authorities. Three parental interviewees also had social care involvement.

In addition to asking a series of questions relating to how children were identified, assessed and diagnosed, parents were asked more specifically to relate any difficulties that they personally encountered in gaining support for their child. There are a number of multi-agency models that directly relate to supporting children and families, and the study was intended to clarify whether the experiences of parents could be influenced through multi-agency working.

Table 1: Processes used by SENCos for identifying children

How children are identified, including specific processes of screening used to identify children of concern:	
Six sources of initial identification	Two methods of identification
1. Class teacher concerns (nine responses)	1. Structured framework for identification (12 responses):
2. Parental concerns (five responses)	• Systematic screening of children (four responses)
3. Pre-school alerting to possibility of special educational needs (six responses)	• Regular meetings for all school staff (five responses)
4. Previous school (four responses)	• Provision of a ‘log of concern’ (three responses)
5. Routine screening (five responses)	2. No structured identification framework (16 responses)
6. Foundation stage profile (two responses)	

All respondents stated that they found the initial identification and assessment process particularly stressful, and there was an overwhelming concern regarding the lack of communication, with particular reference to information sharing. A number of additional tensions were discussed; these were categorised as:

- Lack of communication over the help available and where to go for help:
'The specialists work in the system and yet become complacent, and forget to tell you things. No one tells you what to do and where to go for help. It's taken about four years to learn the system through a lot of heartache and a lot of trial and error, but I know now where to go and who to go to for what' (parent 5).
- Waiting for and delivery of the diagnosis: *'The delivery of possibility of diagnosis was not good'* (parent 3).
- Lack of information about their child's diagnosis: *'Search for information, constant search'* (parent 4).
- Lack of cohesion and integration in approach:
'... there was still confusion as to who to contact, lack of response regarding "overall picture", each professional very isolated in their approach' (parent 9).

Perspectives of respondents regarding the importance of multi-agency working

Unanimous support for multi-agency working was expressed by all respondents. The reasons behind its perceived importance and the perceived advantages it might afford were then investigated more thoroughly.

The responses outlined within Table 2 illustrate the perceived impact of multi-agency activity, and have been collated and broadly allocated to two categories:

- The direct impact upon the child and family: responses in this category referred to improvements in child and family support, with a more accurate, timely, holistic and balanced appraisal of individual needs.
- The impact upon services being provided: responses in this category identified the perceived advantages of services working together, providing improved information sharing, more specialism within school and pooling resources and expertise in order to provide the right support as early as possible.

Other reasons for greater integration were proposed; these were saving time and money, monitoring service provision, delivering a co-ordinated service and joint awareness of the child's problems. Two interviewees specified the impact that multi-agency working has upon the community as a whole, implying that as schools are embedded within local communities, endeavouring to improve outcomes for

vulnerable children by working in partnership has the additional effect of benefiting the whole community.

Perspectives of respondents regarding the drawbacks and barriers to multi-agency working

In order to determine the implications for multi-agency practices, interviewees were asked about any perceived disadvantages or barriers to multi-agency working. Only two respondents considered there to be any disadvantages to multi-agency working. Although supportive, they considered the act of multi-agency assessment to be potentially stressful for the child and family. Table 3 summarises the responses about the perceived barriers to multi-agency working, and highlights many possible problems for consideration in the establishment and implementation of multi-agency practices.

Perspectives of respondents regarding the key factors for success

The perceived key factors for effective and successful multi-agency working were identified through the responses obtained, which were broadly categorised into two groups:

- Personal qualities: personal qualities that were mentioned as being important for effective and successful multi-agency practice included commitment, clear direction, good social skills, ability to work with parents, good listening, good communication skills, being able to see all points of view, flexibility, co-operation, open-minded, respectfulness towards others' viewpoints, enthusiasm and determination to overcome obstacles and break down barriers, persistence, approachability, professional knowledge, knowledge of all associated agencies and of the local area.
- Logistical factors: this category can be subdivided further into three logistical factors that respondents suggested would need to be addressed for successful management of multi-agency activity:
 1. parental involvement;
 2. communication and co-ordination, including speaking a common language;
 3. joint commitment and sustainability.

All of these perceived factors for successful inter-agency practice are mentioned in the literature (DfES, 2003; Atkinson et al., 2002; Atkinson, Wilkin, Stott & Kinder, 2001; Carpenter, 2000; Pettitt, 2003) as essential components, and merely reinforce the universal nature of the difficulties and barriers encountered when endeavouring to integrate services for children.

Parental respondents offered many ideas about how services could be developed further, which were broadly apportioned to two categories:

- more information and support, including better and more personal communication;
- a personal keyworker.

Table 2: Perceived impact of multi-agency activity

Impact upon child and family (27 responses)		
Child and family-centred support was cited as important in order to provide a holistic view of the child and improve outcomes.		
• Provides a holistic view of the child	Eight responses	<i>'The child is at the centre and there can be all sorts of different behaviours presented. We should be talking together about the child holistically.'</i> (SENCo 4)
• Gathering a wider picture of the child	Four responses	<i>'From my point of view it widens my knowledge of the child. I feel more informed.'</i> (SENCo 7)
• Provides more support for the child and family	Three responses	<i>'I think it enables children and families to feel more supported so there is not the passing from one agency to another, each saying it is the other's responsibility. Sometimes you feel like piggy in the middle.'</i> (parent 3)
• Provides a balanced view of the child's needs	Four responses	<i>'In order to have a balanced view of the child's needs to produce the best possible support.'</i> (SENCo 6)
• Provides earlier identification and earlier support for the child	Five responses	<i>'Enables earlier identification, things happening earlier and in place earlier.'</i> (SENCo 30)
• Supports social inclusion and provides equal opportunities	Three responses	<i>'It's the next step for equal opportunities. Everyone having the right for the best in society and for social inclusion.'</i> (SENCo 14)
• To improve outcomes	One response	<i>'I'd like to think that it is to improve outcomes.'</i> (SENCo 3)
• Impact upon the community	Two responses	<i>'Good opportunity to impact upon families and community. Common understandings and moving in the same direction.'</i> (SENCo 12)
Impact upon the agencies providing the services (36 responses)		
Multi-agency working was perceived as being of benefit to individual professionals and to the services provided. These benefits include pooling resources, sharing expertise, earlier identification, joint accountability and agreement, and saving time, money and resources in the long run by reducing the need for multiple appointments.		
• Services pulling together and pooling expertise	11 responses	<i>'Everybody should be working together towards achieving the maximum aims for the child and you can only do that if you are all communicating.'</i> (SENCo 8) <i>'Other professionals are aware of other information, which we don't know about and may be of help. It's two ways as there are things that we observe that would help them to diagnose.'</i> (SENCo 15) <i>'Everyone talking to each other means everyone can jointly decide on the best course of action, and everyone knows what is going on. It improves the communication between professionals and parents.'</i> (parent 2)
• Reducing overlaps and fragmentation	Five responses	<i>'Otherwise you get a fragmented view of a child or pupil. If communication isn't there you get lots of repetition.'</i> (SENCo 1) <i>'I believe it provides a better service. Everyone is aware of what is going on with the child. Future provision can be planned for. Information can be centrally held and everyone has access.'</i> (parent 4)
• Saves time and money	Five responses	<i>'I think the principles are sound. I think money comes into it somewhere and there is a lot of wasted money in the system and the aim is to reduce the overlaps.'</i> (SENCo 4)
• Provides a standardised procedure and framework	One response	<i>'It's trying to make a uniform framework so that we are all doing the same thing.'</i> (SENCo 18)
• Drawing upon others' expertise/specialist services supporting mainstream services	10 responses	<i>'We feel like we are just scratching the surface. Having more specialist expertise on the ground where it really makes a difference would be useful.'</i> (SENCo 25) <i>'There are limitations to my expertise and experience. We need specialist information on the ground, someone with a wider knowledge who is up to date with modern practice. We are just enablers to enable children to be seen by other specialists.'</i> (SENCo 2)
• Shared accountability/joint agreement	Four responses	<i>'Shared accountability and possibly cost-effectiveness as there would be more efficiency in the information being shared.'</i> (SENCo 27)
• Job satisfaction	One response	<i>'... the most powerful thing within my teaching career has been working with a speech and language therapist, it has really impacted my practice.'</i> (SENCo 21)

Table 3: Barriers to multi-agency working

Logistical barriers		
• Time, money and resources	13 responses	Many interviewees commented that there would be difficulty in attending meetings due to time constraints. The time taken to travel across a large rural region to lots of small schools was a concern for some. <i>'Time, resources and number of people involved.'</i> (SENCo 17) <i>'Too many things to discuss at one meeting. How can it be co-ordinated? Time and money, where are the professionals going to come from, especially speech therapists?'</i> (parent 3)
• Information sharing	Two responses	<i>'Not being able to talk openly, medics and confidentiality and how much we do share information. Communication is also a barrier.'</i> (SENCo 3) <i>'Confidentiality. I don't think everything needs to go everywhere.'</i> (parent 5) <i>'Some parents may not want agencies to talk together. Regarded as big brother if went too far with everyone having access to everything.'</i> (parent 4)
• Different cultures/systems boundaries	Three responses	<i>'Cultural boundaries.'</i> (SENCo 25)
• Co-ordination and efficiency	Three responses	<i>'Bureaucracy of it. If not done well it could become too complicated. Sometimes there can be too many meetings and some big meetings can be off-putting.'</i> (SENCo 9)
Personnel barriers		
• Individual personalities	Three responses	<i>'It's always going to be personalities, or departments who don't gel with a school.'</i> (SENCo 18) <i>'Professional boundaries and personal egos. Individual professionals who lack communication skills.'</i> (parent 2) <i>'No disadvantages but can see funding as a barrier. Personality clashes between professionals forced to work together.'</i> (parent 9)
• Professional challenges	Two responses	<i>'Professional cultures and boundaries. Some professionals don't like to be challenged.'</i> (SENCo 16)

Perspectives of respondents regarding different multi-agency models

After outlining and describing briefly the multi-agency models on offer in other regions in order to widen the perspectives of respondents, respondents were asked which model they would consider to be most useful and effective. Table 4 outlines the responses to each model, with the models of the single-point-of-contact/keyworker and the specialist teamwork approach being overwhelmingly supported by both SENCo and parental respondents. A notable number of SENCo and parental respondents had expressed considerable concern over the ability to communicate with other agencies for a number of reasons, and the idea of a single point of contact appeared to offer a solution to many of their issues, as outlined by one parent:

'Having a single point of contact would have really helped, in order to know who to go to for what and what to expect. We were attending appointments and had no idea why we were doing so, no one told us what they were looking for, all we knew about was that his speech was delayed.'

(Parent 9)

The concept of the specialist teamwork approach, accessed directly by schools, appeared to overcome the inexorable difficulty faced by many SENCos and parents in accessing adequate funding and services and the consequential time delays incurred:

'Multi-agency assessment is sequential. The child has to fail and keep failing in order to get the referral, and will then go from one professional to another.'

(SENCo 27)

Discussion

This section contains discussion of the implications of the non-standard and inconsistent nature of the current referral route upon the identification of children's needs as a precursor to multi-agency involvement, and the subsequent implications for multi-agency working. The findings of the study will be drawn on in order to discuss how services could be developed further through the concept of a multi-layered support network.

The relative notion of need

Interviewing SENCos and parents in advance of any implementation of increased inter-agency activity not only provides a basis for identifying and addressing 'gaps' in current services, but also enables potential pitfalls to be identified, as far as possible, *before* putting a multi-agency approach into practice, thereby facilitating its success.

The original aims of the study did not include evaluation of inconsistencies in approaches to the identification of the needs of children. However, in the process of questioning SENCos and parents about their current experiences, in order to determine whether any improvements could be made through joint working practices, many inconsistencies

Table 4: Perceptions regarding multi-agency models

Which services would you view of being of benefit?		
Keyworker service: single point of contact/lead professional to co-ordinate the needs of the child and be available to provide advice to schools and parents provided for every child and family at point of entry. Financed through pooled budget or single agency. Keyworker stays with the family longitudinally.	17 responses	<i>'Keyworker to liaise with, as long as it isn't expected to be the SENCo as I wouldn't have the time.'</i> (SENCo 15)
Specialist interagency/community support service: to provide advice, observations and assessments; to act as an intermediary service between the schools within a region and the health services for that region through direct referral; and to work in schools and provide direct access for referral (for example, specialist health and educational professionals working together in teams funded through a pooled budget).	16 responses	<i>'By far the most useful aspect would be to have a single point of contact, whether this is through your specialist interagency support service or through a different way, to have a co-ordinated service would help.'</i> (SENCo 27) <i>'Specialist support network would be brilliant. We ask for hands on as it would be great. A really good idea.'</i> (SENCo 24)
'One-stop shop' for all service provision in an accessible place (may include a multi-agency assessment centre): all agencies assess the child at the same time and place, reducing the need for multiple appointments.	Eight responses	<i>'What we really need is a one-stop shop where everybody is there for all these children with needs, with any need.'</i> (parent 7) <i>'The multi-agency assessment and a one-stop shop for service provision is the ideal.'</i> (SENCo 19)
Outreach service (home/school visiting): to observe, assess and support the child.	Two responses	<i>'A local clinic run by health visitors for children with special needs. I have to travel to [name of town] for everything. Everything is [name of town]-centred. If you're not from the main town you do feel as though you are on your own a bit.'</i> (parent 5)
Joint training and cascade training: specialist training supporting mainstream.	Six responses	<i>'More training earlier. Joint training so we all start at the same level.'</i> (SENCo 29) <i>'Skills groups for the cascade and joint training for understanding what everybody else is doing.'</i> (SENCo 23)

were revealed in approaches to identification, referral and assessment across the region studied. The existence of these inconsistencies highlights the complexity of trying to categorise and partition children's individual needs. The initial identification and screening process within many schools was based upon the individual SENCo's perception of need. The effectiveness of this process appears to be highly dependent upon many events taking place, often relying upon personal expertise and knowledge. Screening which relies upon intuition or 'concerns' is subjective and therefore unreliable, as a 'concern' for one teacher may not be a 'concern' for another. Florian (2002) identifies the 'looseness' of the definition of special educational need as a by-product of a non-categorical approach to meeting special educational needs, coupled with systemic variables. She explains how this non-standard approach is responsible for creating the five-fold variation between local education authorities in the proportion of pupils with Statements of Special Educational Needs. Without a standard procedure, it is difficult to ensure a consistent approach to identification and referral, as the difficulties identified may not be of equal severity as those of children within other settings. Starr and Lacey (1996) assert that the 'severity of the child's difficulties will determine the appropriate professionals'. Given the inconsistent nature of the initial identification of the severity of need, is it possible for any improvements to be made through increased

inter-agency working, where a team of specialists are on hand to assess the needs of children holistically at the earliest opportunity?

Overriding concerns of SENCo and parental respondents

In addition to difficulties in identifying children who are causing concern, some respondents experienced difficulties in communicating with some agencies and professionals. The need for improved communication between professionals exemplifies the rationale for multi-agency activity, as multi-agency working is often designed to remove some of the barriers to communication and improve collaboration across the interfaces (Roaf, 2002). One respondent, however, commented, on the basis of her personal experience of intra-agency practice, that communication *within* agencies needed to be tackled and improved before agencies could begin to communicate and collaborate *across* agency boundaries. The need for effective intra-agency collaboration is endorsed by Roaf (2002), promoting the importance of each agency operating effectively as a separate agency before embarking upon working with other agencies.

The overriding concerns for parents related to poor communication and information sharing. Carpenter (2000) affirms the finding that parents often feel unsupported and devalued:

'Families do not seek sympathy, and do not wish to be patronised, but want to be valued and treated as equals. They are not interested in being converted to particular educational ideologies or medical or therapeutic doctrines, but desire recognition of the individuality of their children and the uniqueness of their families. If these needs are to be met in families, a co-ordinated and coherent approach is necessary.'

(p. 140)

The notion of a keyworker/single-point-of-contact model was perceived as overcoming the difficulties experienced in information sharing and communication, and the perceived lack of support experienced by some parents.

The overriding concerns of SENCOs, however, related to the difficulties in access to specialised services and provision, which may or may not be due to the rurality of the region studied. The multi-agency model of a collaborative team of specialists, in the form of a specialist support network working jointly out of and within schools, was perceived as overcoming many of the difficulties experienced in accessing services, funding, resources and provision to meet the individual needs of children. It was perceived as providing support for the child, family and school at the point of a need arising, ensuring that tailored provision could be implemented at the earliest opportunity.

Indications for the further development of services

Taking into account the fact that recent studies suggest that those most likely to be in need are least likely to access services (White & Verduyn, 2006), Ward and Rose (2002) propose three levels of support as necessary to ensure that children do not 'slip through the net'. The primary level is a universal preventative level that involves 'community development'. The secondary level is a more specialised layer that provides help at the onset of 'problems' arising, in order to avoid the development of more severe complications, and the tertiary level provides highly specialised interventions. Ward and Rose (2002) describe the necessity of developing a 'continuum of services between all levels' in order to ensure the availability of a safety net to 'catch' and support children in the event of a need arising; this is analogous with a 'seamless service' (DfES, 2003). However, since different agencies are responsible for different aspects of 'need' and service provision, and since 'children with complex problems do not fall neatly into the health, education or social service categories' (Salmon, 2004), the 'continuum of services' would need to be a multi-faceted (Berelowitz, 2005) and multi-dimensional configuration or web, reflecting the multiple appearances of 'need'. Would the rational approach, therefore, be for a multi-layered system of intervention, with multi-agency collaborative teamwork across all layers and tiers? In order to design a model which provides more support through the concept of a specialist multi-agency team working within the community and out of schools and centres, we can look to Rutter's (2006) rigorous yet inconclusive evaluation of the UK's most recent and prolific multi-agency preventative strategy: the Sure Start Local Programme, which was predominantly designed

as a universal preventive service to target general improvements in outcomes for children within the early stages of life.

The present study indicates a number of implications for the future development of universal services, with particular reference to the integration of universal services with targeted and specialist services. In the words of Rutter (2006):

'Universal interventions need to be combined with targeted interventions and both need to involve well trained staff likely to be trusted and respected by families.'

(p. 140)

This study has several implications for the future development of multi-agency practices. It has highlighted:

- the need for professional groupings across all tiers and levels to devote additional time, effort and resources to meeting on a regular basis;
- the importance of improved accessibility of specialist trained professionals to support universal services, preferably working out of and within local schools and the community;
- the necessity of improved communication by specialists with parents and professionals, and the appointment of a personal keyworker or co-ordinator, who has the time to take on a key role in sharing and disseminating information and to act as the single point of contact;
- the development of a clearer and more uniform referral approach in order to ensure that those with multiple disadvantages and in greatest 'need' are able to access the services that they require.

Conclusion

This study has revealed overwhelming support among SENCOs and parents for increased multi-agency activity within the school-age population. There was a general consensus that either the keyworker/single-point-of-contact model or a collaborative teamwork approach, working within the community, accessed directly by families and SENCOs, would be the best way forward for supporting 'vulnerable' children. Respondents perceived that a single point of contact would improve communication and information sharing, and that multi-agency teamworking would improve support to both the child and family, in addition to improving the efficiency of the 'system'. However, the study also revealed a subtle difference in the perception of the needs of the community, whereby the *lack* of multi-agency teamwork may be viewed as a *cause* for increased stress in families. This view was endorsed by Christine Lenehan at the Special Educational Needs Strategy launch in 2004:

'Partnership working must be the way forward evidenced by shared information, shared assessments and under shared values because fragmented services create vulnerable families.'

No single rationale for the perceived importance of multi-agency working was determined from the study, as multiple approaches were identified, with a plethora of reasons for undertaking them. However, multi-agency working was perceived as not only improving the accessibility of and communication between specialist professionals and services, but also providing a means whereby individual and additional needs could be identified at the earliest opportunity, in addition to providing a holistic child- and family-centred approach to supporting the child and family. In essence, multi-agency working was perceived to be the means whereby many frustrations and anxieties, encountered within a fragmented system of time-consuming multiple appointments, assessments and poor information sharing, would be alleviated.

Effective multi-agency working is perceived as requiring a group of people who communicate and share information

effectively. This may be facilitated through the sharing of a common vision, working towards common goals and sharing a common language, in support of children and families.

There is a need for more evaluative studies in order to inform the development of multi-agency practices and, in particular, to improve services for children and families. Future studies could also begin to explore the impact of multi-agency working upon local communities, as their development and implementation begins to become embedded within, and to impact upon, local services. The differences between regions could be evaluated in order to determine whether demographic differences have any effect upon the detail or focus of the chosen multi-agency activity, and thereby determine whether a specific multi-agency model or strategy is more efficacious over another across particular regions and for particular foci.

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