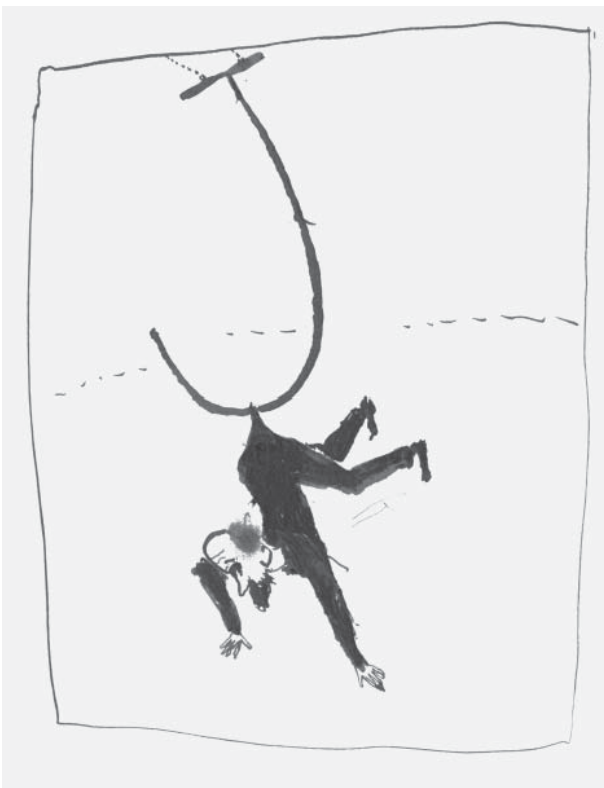


An Alphabet of Helpful Hints: J is for Joint Working

Peter Limbrick



There is much talk about the need for joint working in support of children who are vulnerable or who have disabilities and special needs. In the babies, children and young people who are the primary concern of IQJ, any lack of appropriate joint working has direct consequences for the children themselves and for their families – many of whom have had to put up with unco-ordinated services characterised by fragmentation and, what Penny Lacey has termed, *benevolent chaos*¹. Such unsatisfactory service provision is *benevolent* because individual practitioners around the child and family are well-motivated and professional. But the overall result can be chaotic from the family's point of view when each practitioner and each service act independently of the others.

While the call goes out repeatedly for more joint working, UK practitioners in this field only rarely cover joint working in their professional training and, when in work, might not be given guidance in what joint working is and how to do it. This alphabet piece is intended as a straightforward account of joint working in support of babies, children and young people who have disabilities and special needs.

The first question might be 'Who is supposed to do it?'

My answer is firstly that practitioners must work jointly with parents of babies and young children and with young people themselves, secondly that practitioners around each child and young person must work jointly with each other.

Another question is 'Why do they need to do it?'

My rough and ready definition is that people must joint work with each other when that brings better outcomes for the child and/or family than would be possible by people each doing their own separate thing. This definition shows that some joint working can be a waste of time if it is not really necessary! Senior managers from health, education and social care services need to work together in order to create the culture and environment for effective joint working at the grassroots.

Is there just one level of joint working as a 'one size fits all'?

It seems common sense that one size will not fit all (it never does with children and families) and that we need to think in terms of different levels and types of joint working for different degrees of child and family needs. A three-tiered structure for joint working, which I have found helpful, is as follows:

1. Children and young people with a lower level of need for joined-upness, perhaps because needs are simpler and there is no requirement for a number of extra people to be involved, might only require that those who are involved liaise and network with each

other and with the family.

2. Next, for children and families who are being supported by a number of agencies, services and practitioners, (both universal and specialist) there will probably be a need for effective co-ordination so that all appointments, meetings, assessments, interventions, etc. fit well together. This type of joint working, service co-ordination, is designed to minimise stress, time demands and travelling for child and family. Effective child and family-centred service co-ordination will consider child care arrangements for pre-school siblings and travel needs if there is no family car.

3. The next level, when needs are more complex, is for collaborative teamwork to plan and deliver programmes for the child or young person and to support the family as necessary. This close teamwork comes in response to the multifaceted nature of the child and family's situation and needs and gives key practitioners opportunities to get together to share observations, learn what each other is aiming for, and then come to a collective, detailed agreement about approaches and goals. Collaborative work at this level would include the young person and the parents of younger children.

These three categories of liaison, service co-ordination and collaborative teamwork cannot be rigidly defined. There will be fuzzy edges and, importantly, joint working arrangements must allow for changes within a single family as their situation changes, as they anticipate significant transitions and encounter crises. It is probably best to see the three stages as a continuum and to recognise that level two embraces level one and level three embraces levels one and two.

A matrix of shared responsibility

My ideal is that everyone in a locality works to build a matrix of shared responsibility in which all practitioners who work with children from universal and specialist services are encouraged and empowered to joint-work at the appropriate level for each child in their care. In this matrix, which needs full strategic support, no practitioner or team can claim that joint working is someone else's job. Here is how it could work:

Each practitioner from health, education, social care and voluntary and private agencies, while working with a particular child or young person, asks herself the following questions:

1. To help this child or young person, with whom should I now be liaising and networking?
2. With whom should I be co-ordinating my appointments, clinics, reviews, etc?
3. With whom should I be closely collaborating?

Joint working of this sort will confront practitioners with questions about their identity in their work. For example, in an early support service, when a practitioner meets with a child and family, is she –

- representing herself as a particular professional?
- representing her team?
- representing her service?
- representing her agency?
- representing the locality's whole integrated multi-agency early intervention system?

These are important questions because the parent might have one assumption while the practitioner has another. Some parents might assume that when they ask a practitioner for help with a particular issue, they are asking the whole local multi-agency early support system – and then become very disillusioned and let down when they discover their plea did not go beyond the individual practitioner and perhaps her team. Conversely, other parents might not have expected their observations about their family problems to be spread across the local agencies.

Joint working does mean that we accept that for some children and families we cannot 'go it alone' and that effective support means some people have to work together in some way. An essential part of this is that local systems for joint working are very carefully designed at strategic level and then very clearly explained to families, young people and all local practitioners.

The first joint working that needs to happen in any locality designing new systems is for senior managers to consult disabled young people, families and practitioners about what is needed.

1 Lacey, P. (2001) *Support Partnerships: Collaboration in Action* London: David Fulton. p 141

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