Top 5 challenges for improving multi-agency working

What you said

- Local partnerships to have a robust understanding of the work of others. Achieved by briefing days.
- Relevant agencies involved/where child known to them to be invited to CPCs.
- Monitor attendance at CPC and core group. Identify any barriers to attendance
- Improve take up of BSCB training, e.g. by SPOC training leads in relevant agencies to contribute to multi-agency training packages
- Improve agency understanding and capacity to demonstrate the voice of the child to enable effective scrutiny, even where voice of the child cannot be evidenced.
- A culture of more mutually supportive inter-agency risk management to replace professional silos.
- Financial pressures leading to fragmentation or withdrawal of services and associated partnership resources restricts effective collaborative working.
- Clear understanding across agencies of communication and information sharing arrangements to help inform decision making.
- Clear TOR MASE (in progress).
- Clear TOR MAPP / or requirement for MAPP (in progress).
- Quantity of meetings / necessity to attend.
- Framework to challenge at the appropriate level to ensure escalations are to first line managers.
- Perceptions of risk from other agencies sits at different levels.
- Further develop a culture of mutually supportive inter-agency risk management arrangements in place of professional silos.
- Funding reductions and constraints lead to fragmentation or withdrawal of existing services and risk future effective collaborative multi-agency working.
- Improving communication pathways and data sharing.
- Understanding the thresholds of partner agencies.
- Fragmentation / change in various establishments e.g. academisation of schools.
- To work with children’s social care to ensure a smooth transition to new arrangements for early help (family wellbeing).
- Embed arrangements for health involvement in decision making in strategy discussions.
- Work with Named GP to ensure improvements are made in the provision of GP information to CP conferences
- Restructuring/service redesign – frequent changes in personnel.
- Understand roles and responsibilities – professional respect
- Getting the best out of people – making sure the right people are on the right work streams, sub groups etc
- Clarity of purpose, clear aims and objectives.
- Constant competing demands, having too many ‘priorities’
- IT systems being used and lack of understanding of their limitations and the problems they can cause, between agencies.
- Frequent reorganisation of how services are provided in the borough, this interrupts communication as pathways are destroyed.
- Staff turnover in Bexley borough social work department is very high so relationships do not have time to develop.
• Decrease in availability of health-visitors and contact between health visitors and practices due to the changes of provision to being limited to the borough in which the child lives
• GP workload increase for routine work in the light of decreased availability of GPs due to retirement and difficulty in recruiting in the present regime.
• Limited resources. Currently reliant on support from a Consultant in Public Health from Bromley to support Bexley’s CDOP panel. There is a suggestion of a child death sub group of BSCB but there is no capacity to chair or lead the group
• Following the return from maternity leave of the commissioner for substance misuse services in April and the imminent changes to children’s social care, resume work to ensure referrals to services are made by CSC.
• All agencies have challenges around budgets; individual agency consideration about budget impact in their services need to be mindful of overall impact on multi-agency working.
• Understanding and application of thresholds between services and at Early Help and High Threshold levels of intervention; children receiving the service they require at the right time
• Joint ownership and commitment to agreed BSCB priorities; all agencies contributing to these and engaged in the multi-agency partnership.
• An appropriately skilled and stable workforce across all the agencies, that includes skills at multi-agency working.
• Obtaining data from all agencies about the single agency performance that is clear, understandable for all agencies, demonstrates analysis regarding safeguarding impact and any links across the agencies
• Sharing information- in a timely, relevant, straightforward way
• Systems- clarity of process
• Relationships- safeguarding network all has a role, contribution of colleagues is valued
• Training- people identify the need and value of bringing people together in the challenging context of budgets
• Managing increasing demand with diminishing resources and also constant change of personnel
• Ensuring partnership connectivity in a lean effective way
• Communication – ensuring all agencies involved are kept up to date with developments
• Information sharing- not all colleagues are comfortable with sharing information and possible wider access to Social Care information – Liquid Logic Currently contact needs to be made with social worker to request information
• Co-location – It may be useful if there was an extension of agencies working in one location