Practitioner Briefing 2: Multi-Agency Needs Based Practice

This briefing provides tips to practitioners in West London and UK to highlight best practices in social inclusion through employment. It is drawn from a wider research on *Good Practices in Social Inclusion through Employment,* using examples of Roma integration. The study is published as a separate paper for policy makers together with map of relevant organisations and further reading. The study is a part of the ESF funded project *New Pathways to Work in West London*, led by Ealing Council (2009-2013).

Summary: Vulnerable groups often experience multiple barriers and complex needs related to their social exclusion. Problems related to employability are often interconnected with wider issues such as lack of education, insecure housing, poor health, and discrimination. Key learning for practitioners is the importance of working in multi-disciplinary teams and/or adopting a tailored case-management approach to best meet the diverse needs of vulnerable individuals and families. This ensures that the obstacles behind the barriers for their employability are addressed.

Context

West London is an area of contrasts: while in general it is relatively prosperous with a vibrant business economy, this masks significant pockets of deprivation, social exclusion and worklessness. Groups particularly affected locally are lone parents, disabled, people with mental health needs, young people (16-25), ex-offenders, social housing residents, older people, migrants, black minority and ethnic (BAME) groups, refugees and asylum-seekers. They often experience multiple challenges to their social inclusion, such as poor housing, health, low-education and skills, discrimination, mental health issues, and language barriers – all of which can be both a cause and consequence of employability barriers. In order to improve access to sustainable employment for these groups, practitioners have to address these multiple needs.

About the Practice

A multi-agency needs based practice seeks to address the complex and diverse needs of vulnerable individuals. This involves strategic coordination of work between multiple actors (both statutory and voluntary) and across different practice areas (e.g. education, employment, housing, health, social work and community cohesion). It can also include working in multi-disciplinary teams and/or adopting a holistic, and individually tailored case-management practice to address multiple needs.

How can this be done?

The steps taken by practitioners on the ground can include:

- Setting up a strategic working group with different agencies, employers & community

representatives to jointly design a programme or method of work.

- Conduct a need assessment of vulnerable groups (ideally involving communities themselves) to review whether your service is adequately meeting their needs.

- Build relationships with NGOs and organisations already working with certain vulnerable groups to improve understanding of specific needs and effective practices.

- Creating joint tools to be used across different services, such as needs-assessment frameworks, referral systems, data collection & ethnic monitoring (e.g. to capture 'hidden' groups such as Gypsy, Roma and Traveller communities).

- Contracting specialist NGOs or practitioners already working with certain hard-to-reach communities to deliver training for mainstream frontline staff to improve skills in engaging and working with specific communities.

Individual Placement and Support Model (IPS) introduced by the New Pathways to Work in West London Project. This model supports mental health service users to return to work, by having an Employment Specialist working as a core member of a clinical team. The underpinning philosophy is that anyone, no matter what their mental health experiences, is capable of working if the right kind of job can be found with the right kind of support. The aim is to effectively match people to the right career option and workplace, which best reflects their interests and skills, and then create as much support around them as possible. This includes natural supports in the workplace, support from health professionals as well as family and friends. There are three elements to the model.

- Occupational Therapists are the clinical employment lead within the teams. They have at least one session per week dedicated to fulfilling this role both in direct work with clients and in providing advice and support to other team members in relation to vocational issues.
- The Occupational Therapy lead works in conjunction with trained Employment Specialists whose role is to provide a specialist vocational resource to staff and clients within the team.
- Individual Care Coordinators provide ongoing support in work and education for clients. The idea being that the whole team is focused on improving access to employment, education and volunteering, rather than just the Employment Specialist working on their own to achieve this.

- Have multi-agency teams of staff, ideally based in same geographic location e.g. staff from education, employment, health, youth work, social work, housing.

- Have employment specialists brought into other teams e.g. into existing health teams, housing or youth services.

- Setting up a central administrative 'hub' as a single point of contact for service users that manages referrals between different agencies.

- A single case-manager undertakes a holistic assessment of an individual's multiple needs and acts as a mediator between different services, facilitating a flexible and tailored package of support

- Developing individual and tailor-made action plans e.g. tailored work placements and training developed specifically for each individual.

- Providing on-going, individualised support for the person after they enter the job market, including support with wider needs such as housing and health.

- Undertaking holistic work with the wider family and community e.g. assessing and supporting any family needs that interlink with an individual's needs.

CO.RE Project: Community shared responsibility to promote disadvantaged people's inclusion. This is an international project funded by PROGESS in the European Commission, focused on youth unemployment and social exclusion in the UK, Bulgaria, Italy, Spain and Portugal. It promotes a participatory model of managing employment support in high risk regions, where local economic and social resources are mobilised. This involves innovative models of local partnerships where a 'community agreement' is created based on shared responsibilities between the different stakeholders, including NGOs, social enterprises, businesses, and local authorities. Each partner agency uses a similar model to engage participants, which involves having an initial meeting to discuss their individual problems and also identify tailored solutions to them. In parallel, there is an analysis of the existing employment opportunities that could be matched to each individual. Regular meetings take place between the local partner agencies in order to collaboratively discuss individual cases and jointly assist clients in their journey to employment and self-employment.

Making this Work Locally

To help practitioners implement multi-agency needs based practice or improve existing work, there are some key success factors and also challenges to consider.

Success factors	Challenges to consider	Tips to overcome challenges
• Undertaking outreach, personal contact and face-face relationship building with vulnerable communities, in geographic areas where they are located.	• It takes considerable time to develop an effective partnership, and to engage and build relationships with community partners.	• Specific time and resources allocated in projects for outreach and building partnerships. • Fixed and regular partnership meetings are helpful in the beginning when multi-agency procedures and communication are set up. • Make sure you pay special attention to different organisational aims, priorities and languages.
• Working through organisations and trusted community representatives that have existing contacts with these communities and groups.	• Some services and practitioners may find it challenging to work with a different target group	• Make a careful initial assessment of what the implications of working with a particular group are: speak to colleagues and experts, discuss within the team whether you have the right resources and capacities.
• Having these organisations or community members participate actively in delivery. e.g. as community mediators, linguists, case-managers or employed as health	• Organisations and practitioners may have different priorities and targets which can make coordination difficult.	• Pay attention group dynamics in teams and partnerships: it is easy for those who are more powerful or better equipped to take over the agenda. • Having an external facilitator can help manage different perspectives in multi-agency meetings. • Or have a chairing rota to ensure that all

		organisations or staff have equal chance to present their perspective.
• Having a mix of voluntary and statutory services, partners and staff with complementary skills, ideally with some services that have worked together before.	• Challenge of managing a new partnership, with different organisational cultures, discourses and working practices.	• Avoid jargon and encourage others do this too. • Develop joint action plans with clear feasible outputs, outcomes and impacts. • Allow 'friction' time to develop the action plans and make sure that everyone agrees with the plan and their role in it.
• Having formal partnership/ communication agreements, and establish shared goals, protocols and clarity of purpose.	• Lack of clear monitoring and sharing of data amongst partners	• As a part of the action plans agree on what data is feasible to collect in order to monitor progress. • Include data sharing as a routine item in the agenda of multi- agency meetings.
• Holding regular meetings between different partners and services providers, including space for practical/operational as well as strategic issues.	• Competition between partners over funding and providing services, and the challenge of sharing budgets.	• Avoid duplication and make sure that your services are not provided by others. • Identify what makes your service unique & look for partners who complement you. • Make sure that shared budgets are explicitly discussed early in the planning.
• Nominating a coordinator to organise partner attendance at meeting and roles.	• The recession - financial cuts for some partners and pressures on staff time and resources.	• Ensure organisations or staff who join a partnership have capacity to be involved. • Negotiate new roles for those who are now unable to contribute as intended. • Be honest about new pressures and find a replacement for your role if needed.
• Holding joint staff training.	• There may be different staff training needs among partners and practitioners from different sectors.	• Design joint training to cover the basics that you share with space to tailor sessions to specific needs and expertise. • If staff needs are too different – have training modules for specific groups.
• Having staff work inside other partners organisations e.g. employment staff working in health teams.	• Staff changeover can mean learning between services is lost.	• Foster ways of sharing organisational memory and experience: briefing sessions and talks, clearly organised electronic and hard copy libraries, a recurrent item in team meetings on learning, appoint exchange staff at mentoring positions.
• Sharing partner's networks to promote the service and make referrals, involving wider partners.	• Lack of understanding about the work and aims of different services, which can make referrals difficult.	• Set up a database with relevant services based on careful assessment e.g. based on good practice criteria. • Ensure each staff member updates the database or get help from volunteers.

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