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# **From ‘silo’ to ‘network’ profession – a multi-professional future for social work?**

## **Introduction**

This article argues that the future of social work is fundamentally as a ‘network’ profession – one that is largely situated in co-located settings and/or in working closely with other related professionals. The origins of social work as a ‘silo’ profession is explored and it is argued that some re-thinking is required before social work becomes a truly ‘network’ profession. The history of social work and the range of skills situated within the profession, and the nature of the social problems faced by professional social workers, means that networking is both an existing social work skill and essential to its future. The article will draw on theory, social history, policy and two qualitative data sets collected from social workers working in co-located, multi-disciplinary settings.

## **The wider context**

Some of the early roots of the British social work profession are to be found in the work of the Charity Organisation Society (COS) during the 1860s (Bamford, 2015). In the age of specialisation, which was to reach a peak in the twentieth century, social work had to carve a space where it could argue for a specific professional identity and expertise (see the Seebohm Report, 1968). Social work had to develop recognised professional training programmes in order to play a key role in emergent industrial societies. The emerging ‘modern’ identity was as a ‘silo’ profession: free-standing, qualified and defined in relation to its difference from other professions (Bamford, 2015).

Whilst the early social worker had a particular role – organising charity for the ‘deserving’ poor – this role would inevitably bring them into contact with other professions. The COS workers would interact with Poor Law administrators, the medical profession and the Clergy in particular. The NSPCC officers of the 1880s would sometimes conduct visits accompanied by police officers (Ferguson, 2004). The early practice of social work was in many ways (and before the concept existed) ‘multi-disciplinary’.

There are perhaps two roots that lead to social work being a networked profession: one, in the nature of the problems faced by social workers, and the second based in the theoretical base that social workers draw on.

First, the problems faced by social workers are fundamentally multi-faceted and require holistic approaches. For example, whilst a teacher can focus on ‘educating’ the child and the consultant on ‘healing’ the child, the social work task is multi-faceted and focuses on elements of health, education, well-being, economic security and safeguarding. The social worker sees the person as a whole and therefore requires a holistic approach (see classic social work texts, such as Beistek, 1967). Further, whilst the teacher can deliver a lesson as a free-standing entity (teacher to pupils) the social worker more often acts as a broker – sharing information and organising services from, for example, foster carers, therapists, health staff, police and other professionals. Thus, it is argued here that social work is a holistic and multi-faceted activity, embedded in complex, networked, multi-professional working.

Second, social work theory is multi-disciplinary in the academic and theoretical sense. Social work education and theory draws on law, psychology, criminology and

sociology in order to educate and socialise the social work professional and for social work to build its own unique, if eclectic and pragmatic, knowledge base (Payne, 2005). This is, arguably, simultaneously both a strength and a weakness. It is a strength as it situates the social worker as someone who understands the other professional knowledge bases, and thus the importance of professional networking. The skill of the social worker is in being the link between the other professionals – but this is often the reason for perceived failure when they are constructed as a scapegoat when multi-professional information sharing is perceived as lacking (e.g. the case of ‘Baby Peter’ Connelly; see Jones, 2014).

There is, therefore, an argument that social work is fundamentally a networked profession and in many ways always has been. However, there is a global and contemporary factor at play – the twenty-first century is the century of networking. The Spanish sociologist Manuel Castells published his influential trilogy “The Network Society” in 1996 and argued that we had recently entered a new age of networking that can define the way our society operates. For Castells the network society:

‘Is associated with the emergence of a new mode of development, informationalism’ (Castells, 1996, p. 14)

Castells see this as central to the way that the social structure works:

‘This is why information is the key ingredient of our social organisation and why flows of messages and images between networks constitute the basic thread of social structure’ (Castells, 1996, p. 477)

Networks are not a sideshow, or a detail, because:

‘Networks are appropriate instruments for a capitalist economy based on innovation, globalization and decentralised concentration; for work, workers and firms based on flexibility, and adaptability’ (Castells, 1996, p. 470-1)

Modern corporations are based in this concept of networking – the most obvious examples being Google and Facebook. Across the business world, as Gillan Tett has argued in her book, “The Silo Effect”, networking is the key feature of the contemporary world of business:

‘Our world does not function effectively if it is rigidly streamlined. Living in specialised silos might make life seem more efficient in the short-term. But a world that is always divided into a fragmented and specialist pattern is a place of missed risks and opportunities... in today’s complex twenty-first century world we are all faced with a subtle challenge: we can all be mastered by our mental or structural challenges or we can try to master them instead’ (Tett, 2015, p. 254)

The shift towards networking is a dominant, global movement and it is unsurprising that social work is also moving in the same direction.

### **Working in multi-professional settings**

If there are both global factors and social work specific factors at play in the increasing dominance of networking and multi-professional working how does this operate in the real day-to-day world of the social worker? In facing complex and ‘wicked’ social problems, multi-disciplinary teams have become the key mechanism: in the British context Youth Offending Teams, Child and Adolescent Mental Health Services, Drugs and Alcohol Teams, as well as those addressing issues such as child sexual exploitation, taking initial referrals and working in the field of family support

are all multi-disciplinary teams (AUTHOR, 2016). Where we are facing a complex social problem, the policy response often seems to be to establish a multi-disciplinary team, bringing together social work, health and police, in particular.

A further contextual development is that modern British social work has been dominated by the discourse around child protection. Policy has been driven largely by major child protection public inquiries and Serious Case Reviews, such as that into the circumstances surrounding the death of Peter Connelly, often referred to as 'Baby P' (see Jones, 2014). This study has a focus of multi-disciplinary teams, but it should be recalled that the majority of social workers are employed in largely single discipline, area teams where the majority of work is made up of child protection work (Ferguson, 2013).

Drawing on two studies of social workers in such co-located, multi-professional settings, this article aims to illuminate and explore the role and function of professionals in these innovative multi-disciplinary teams. Study One was a multi-method, ESRC-funded study, involving observation of team meetings, the use of vignettes, and undertaking semi-structured interviews with all professionals in five such teams. All the teams were co-located. This article has a focus on the data gathered from the eight social workers in this study. The focus of the study was on team work, functioning and learning. Interviews were thematically analysed using NVivo software. Study Two was a small-scale study based on semi-structured interviews, focussed on six social workers' experiences of working in contemporary, co-located multi-disciplinary teams, exploring how they worked with the other

professionals with whom they are co-located. Interviews were manually, thematically analysed.

Insert Table One here

Insert Table Two here

The following themes emerge about social workers in multi-disciplinary teams from the two studies: information sharing, skill sharing and development, leadership, values and identity, process and outcomes and, finally, pressures and tensions. All the social workers in these two studies were co-located with other professionals. The data therefore relate specifically to co-location, but the findings have some relevance to multi-disciplinary working, for example in case conferences. Each key theme is explored in turn below.

*a) Information sharing*

The social workers in both studies enjoyed the ease of information sharing - which they felt was enhanced by multi-disciplinary working in co-located settings. In Study One a team had procedures to overcome barriers to information sharing:

‘You get a young person coming through the system and you want to go and chat to someone about him or her and say, “I have got the person and what do you think?” And they even might know them.’ (Study One Social Worker Team 1)

A social worker in Study Two reports a similar experience:

‘I just sit on the edge of someone’s desk and nine times out of ten they are able to tell you what you need to know. Much better than endless hanging on

the phone, press button one, press button two and so on!’ (Study Two Social Worker 5)

But this is not always this straightforward, referring to a colleague from a psychology background, one social worker reflected that:

‘I’m used to working in an arena where we do share things all the time and so to have somebody come in with a very strict confidentiality policy makes it... I found it sometimes more difficult to work in.’ (Study One Social Worker Team 2)

Where information sharing works this as a two way process where social workers are able to provide information to others and gather information that other professionals require:

‘I am sure that my assessments are more rounded and much fuller as the information is more easily accessible and more easily gathered from those I share the office with.’ (Study Two Social Worker 2)

*b) Skill sharing and development*

The co-located social workers felt that they were able to both share skills and develop their skill base in these settings. In terms of child sexual exploitation (CSE) as one social worker stated:

‘I am much more aware of the powers of the police to disrupt and prosecute the perp(etrator)s. They have loads more tools to use than I ever knew about ... and it all helps protect children, so we are on the same page when it comes to protecting children.’ (Study Two Social Worker 4)

Another referred to the assessment skills of health staff in a ‘front door’ setting:



‘the health staff know about sexual health, contraception and all that stuff, much more than I do. I have learnt a lot from them – and I hope they have learnt something from me too!’ (Study Two Social Worker 1)

Working together and being co-located can lead to enhanced skill sharing and professional skill development.

*c) Leadership*

Most of the social workers interviewed work in multi-disciplinary teams managed by other social workers. Good, ‘boundary spanning’ (Glasby and Dickinson, 2014) leadership can lead to a strong shared culture:

‘I think that the team manager has the respect of all the team – no matter what their job is. I have never heard otherwise. She is a good communicator, and hopefully, that is something social workers are good at.’ (Study Two Social Worker 1)

The key role in English children’s social care (usually referred to as Director of Children’s Services [DCS]) is often a social worker, again perhaps illustrating that social work can offer boundary crossing leadership:

‘Our DCS comes from a social work background and I think that helps. He seems to have respect across the board, people refer to him almost with affection’ (Study Two Social Worker 2)

Leadership is crucial in establishing effective multi-disciplinary teams:

‘The leader sets the tone, the feel of the team. We could be fragmented but we are untied, a really strong united team’ (Study Two Social Worker 3)

*d) Values and identity*

Each profession has a set of particular values – which perhaps share some features with others but differ in places (Beddoe, 2013). There was little evidence gathered

about value conflict apparent from the interviews with the co-located social workers. A social worker in Study One, for example, had a strong sense of identity within the team:

‘I would be worried if I heard a colleague saying, “Hello, I’m a social worker in the child development team”. I would think, no you’re not, you’re child development team worker who used to be a social worker.’ (Study One Social Worker Team 4)

The social workers tended to have a strong sense of the ‘social model’ in understanding the problems they come across:

‘95% of the people I see fit into the deprivation/economic exclusion model ... the overwhelming bulk of young people we see have very, very, very similar problems; its drug use, it’s exclusion... there is no discussion around that.’ (Study One Social Worker Team 1)

The issue of models of explanation was mentioned in a hospital based team too, where the social worker saw themselves as being able to:

‘look at the family as a whole not just the medical model of being well, but to look at the child and family as someone who is needing more than just to get physically well.’ (Study One SW Team 3)

One may hypothesise that social work and police values may contrast, but this does not seem to be the case:

‘(the police) cultural norms they have brought with them, have changed over a period of time. They’ve modified them ... and they’ve absorbed themselves into a multi-agency culture’ (Study One SW Manager Team 1)

Further, the two social workers co-located with police officers in CSE teams expressed how harmonious working with police staff was:

‘I think the police are on board now – we all share the same agenda when it comes to CSE and keeping the kids safe (Study Two Social Worker 3)

I can’t think of any disagreements with the police – we just want young people protecting and the offenders out of the way. It works!’ (Study Two Social Worker 4)

However, some tensions were evident between social workers (with statutory powers) and some third sector workers:

‘The (third sector) staff can think they are like the champions of young people and that people like me are just following procedures and acting like faceless bureaucrats. It’s not fair – but I suppose there is no harm in some healthy tension!’ (Study Two Social Worker 1)

*e) Process and outcomes*

All of the social workers interviewed for the second wave study felt that the process (ways of working) and the outcomes (what changes as a result) for children and young people were improved by co-location and by enhanced multi-disciplinary working. In terms of process this related to the lack of duplication and ease of access for young people and their families:

‘It really is a one-stop shop for the families – they can’t be referred to the wrong place!’ (Study Two Social Worker 1)

‘I know parents tell me that they are pleased not to tell their story over and over, time and time again – I don’t actually think they worry that much about confidentiality, they are pleased we share stuff and we all know what’s going on.’ (Study Two Social Worker 6)

In terms of outcomes, although hard data are difficult to come by (but see Easton *et al*, 2012), the feeling was that the services were operating well. As one co-located social worker stated:

‘The service for the young people is so much better than I’m used to. We can offer a seamless service that really delivers (for the young people).’ (Study Two Social Worker 6)

A CSE team social worker referred to successful prosecution of offenders and better support services being provided to the young people:

‘The kids are better supported, the offenders are either scared off or are arrested.’ (Study Two Social Worker 4).

*f) Tensions and pressures*

Whilst social workers in both studies were overwhelmingly positive about their experience, inevitably there are challenging issues that emerge in these settings. Three sub-themes emerge in terms of tensions and pressures: power and status, funding and organisational issues.

Professionalism is associated with the deployment of power – in the case of social workers the power generated through the *Children Act* 1989 and subsequent legislation. Multi-disciplinary working cannot do away with power differentials. The legal and medical professionals are often seen to exercise the most power, “when the consultant speaks everyone else seems to jump” (Study Two Social Worker 5) as one of the social worker respondents stated.

A social worker in Study One summed the status issues succinctly:

‘I think the barriers are the status of different professionals.’  
(Study One Social Worker Team 2)

Study One revealed some value differences where social workers wanting to reward good behaviour amongst a group of young people:

‘let’s put it this way I think it was only the social workers that said they (the young people) should be allowed to get something (a treat)...’ (Study One Social Worker Team One)

whereas the other professionals in the team disagreed, on the grounds that a treat would be rewarding criminal behaviour.

Another social worker in Study One reflected on the deployment of power and jargon in relation to meetings:

‘I found it very hard to go into that ... meeting. And if I was a less experienced worker, I would find it extremely daunting. What is daunting is we don’t even speak the same language ...’ (Study One Social Worker Team 3)

Some of the respondents referred to uncertain funding as another challenge, either for their own role or for that of colleagues. One social worker reported:

‘We have worked really well with staff from (a national third sector organisation) but they have lost funding. It’s unbelievable!’ (Study Two Social Worker 1)

Another was seconded and uncertain about their future:

‘I am on a two-year secondment and we are nearly eighteen months in already. I’m not sure what will happen – and I can’t really get any answers. It’s pretty unsettling, all in all.’ (Study Two Social Worker 5)

This relates to the third changing theme: organisational issues. One social worker spoke of procedural difficulties reflected in (medical) Consultants using the available services differently:

‘I can clearly see which Consultants would use a Social Work service wisely and which wouldn’t get the benefit of the services because they wouldn’t make the referral’ (Study One Social Work Team 4)

In relation to procedures and information sharing one social worker stated that:

‘Really we should all be on the same procedures, but we aren’t. Health have theirs and we have ours. Even the computers don’t talk to each other ...it’s crazy!’ (Study Two Social Worker 5)

Having explored the views and experiences of social workers in multi-disciplinary teams, we move on to explore a specific example of a multi-disciplinary ‘hub’.

### **Child sexual exploitation: co-located, multi-professional working in action**

Perhaps highest profile amongst the recent shift towards multi-disciplinary teams has been those addressing the issue of child sexual exploitation (CSE) (Beckett et al., 2017). Such teams are often co-located in so-called ‘Hubs’ and may consist of social workers, police officers, health workers and voluntary sector professionals (see Hill, 2017). These teams exemplify the contemporary trend towards co-located, networked, multi-disciplinary teams working to combat perhaps the most complex and challenging of contemporary social problems. It also reflects the dominance of child protection in influencing policy shifts in social work, largely, but not exclusively, influenced by the Jay Report into events in Rotherham (2013). Setting up a multi-disciplinary team has become the default response in addressing such problems: social workers usually lay at the heart of these teams and can be found, quite often, in leadership roles.

CSE can be seen as a ‘wicked problem’ (Head, 2008) not amenable to any simple ‘solution’, and requiring a multi-faceted professional response. CSE is ‘wicked’ as it is often invisible to the professional gaze, is politically complex, the identified ‘victim’ may not perceive themselves as such, and the perpetrators of CSE use changing and technologically sophisticated grooming and control methods. It is unsurprising that professionals struggled to come to terms with CSE when it was an emerging, little-recognised and under-researched social problem (Jay, 2013).

To address the prevalence of CSE requires what we can identify as a ‘whole systems approach’ (White, 2000). It requires prevention, disruption, prosecution and support for survivors if it is to be challenged. To commence with prevention this ranges from publicity campaigns aimed at young people, to global education programmes about healthy relationships and more targeted preventive programmes in relation to young people who may be deemed as ‘vulnerable’ (those in care settings, for example).

Prevention may also include wider publicity campaigns and education of key players, such as taxi drivers and hoteliers. Social workers are unlikely to be involved in such universal programmes (although they should be aware of these initiatives), but are more likely to be involved in the more targeted programmes.

Social workers are more heavily involved in CSE work at the assessment stage – assessing young people who are ‘in need’ or ‘at risk’. This is the core of social work – assessment is a key social work skill and role. Assessment is a holistic process seeing the young person as having strengths and needs in terms of health, education, leisure, support and care and will involve the social worker in completing their agencies adopted assessment tools. Such holistic assessments will, of course, include working

with teachers, police, youth workers, health workers and many others, but it will usually be the responsibility of the social worker to implement and follow through the assessment process.

Many social workers, whether in multi or uni-disciplinary teams, will be involved in care planning for young people who are being, or who have been, sexually exploited, following an assessment and perhaps court action taking place. This care planning is a complex and demanding process. An example of this complexity is that, whereas social work values and the available evidence suggests that children in care are often best placed locally, or in kinship care, so that they can maintain their networks and sense of identity, however in the case of CSE this may not be seen as good practice. It will often make sense for a child to be placed away from local perpetrators and networks in a so-called an 'out-of-area', specialist placement (Bradford Safeguarding Children Board, 2017). Again this care planning will be multi-professional – involving health professionals, education staff, carers and perhaps many specialist staff working with the young person.

Challenging CSE is a multi-professional function – perhaps more so than in any other field of child welfare practice. For example, the police have a key role in the disrupting and detecting CSE. They will work with other professionals in gathering intelligence and planning interventions. Where a perpetrator, or a group of perpetrators, are arrested a social worker will be asked to assess risks to any children living in the household. However, multi-disciplinary working spreads even further in the field of CSE: it involves, for example, local authority licensing staff who work with taxi drivers and licensed premises, which can be key to preventing and detecting



CSE. Whereas CSE teams are often co-located, but they will work more widely with a range of professionals with whom they will not necessarily be co-located.

This process needs to be led by a multi-professional, 'boundary spanning' leadership team (Hill, 2016). In England this has come largely from Local Safeguarding Children Boards (LSCBs), which bring together senior leaders from social work, education, police, health, the third sector, probation and others. It is these organisations that plan the resources, the training, the policies and procedures that underpin, and that are essential, for multi-professional interventions against CSE to work effectively.

CSE then provides a particular example for the role of social work in relation to multi-disciplinary working. CSE is a complex and intractable challenge, and it is not amenable to single profession interventions, it involves multi-professional information sharing and practice, and multi-disciplinary leadership. It is in addressing these complex, multi-faceted social problems where the future of a networked social work is to be found.

### **The future of social work**

Although national statistics are not available the growth of multi-professional working in child welfare such working seems be an increasing trend. It should be re-called however that the majority of social workers are still based in single discipline, largely child protection teams, and that data have not been gathered for this article reflecting that experience. Nevertheless the shift towards multi-disciplinarily working has profound implications for the future of social work. The Seebom Report (1968) for example, saw social work as 'the family service', of course working with others but existing in relative isolation in the Social Services Departments: this embedded the

divide between the NHS and social care which is often quoted as a fundamental challenge in health care delivery. What does the future look like?

First, attention needs to be paid to initial training and to professional socialisation. If the argument in this article is accurate, then professional training models are no longer appropriate: social work training remains fundamentally 'silo' based. The social worker qualifies with an under-graduate or post-graduate degree in social work and has to register as a social worker with the Health and Care Professionals Council. Of course, most courses have modules named Inter-professional Learning (IPL) or similar, but these remain marginal or as add-ons.

Second, as we explored as the core of this article, the social problems faced by social workers – violence, abuse, inequality, and so on, are fundamentally 'wicked', complex and multi-faceted. There are no single profession solutions to these complex challenges which require 'whole system responses' (White, 2000). Child sexual exploitation has provided us with an unfortunate exemplar which is explored above.

Third, it has been argued earlier that social workers bring a particular skill set that is appropriate for networked, multi-disciplinary settings. This skill set draws on the multi-disciplinary nature of social work knowledge – law, psychology, sociology, criminology and increasing neuro-science. This places the social worker uniquely as a networked professional – the 'cement' in the 'professional wall' may be a suitable metaphor: bringing together a team of professionals to address a particular social problem.

## **Conclusion**

This article has drawn on social theory, social history, policy analysis and qualitative data gathered during two studies to argue that the future of social work is both networked and multi-disciplinary – the age of the specialist, silo profession is largely shifting to give way to the dominance of multi-disciplinary, and often co-located, social work. This is a global development – where networking has become central to such a degree that the sociologist Castells refers to the current social formation as a ‘Network Society’. But it also has a specific formulation within the social work profession as we have seen. Another study is required looking at the issue of how social workers based in single profession teams view multi-disciplinary working. It has been argued here that there is a body of evidence to suggest that future of social work is fundamentally as a ‘networked’ profession.

### **Implications of the research for policy and practice.**

Social work professional training should place more emphasis on multi-disciplinary working

Social workers have a key role to play in co-located, multi-disciplinary teams

Elements of practice - including information sharing and skill development - are identified as being enhanced in multi-disciplinary settings

Child sexual exploitation teams provide a working example of the importance of co-located, multi-disciplinary working

More attention needs to be placed on the development of ‘boundary spanning’ leadership

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