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AGAINST THE ODDS: SUCCESS AND COLLABORATION IN SAFEGUARDING CHILDREN

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ABSTRACT

FACULTY OF HEALTH SOCIAL CARE AND EDUCATION
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Safeguarding children in the UK generates few reports of success. Poor or tragic outcomes continue to be associated with collaborative failures despite recurring attempts by Government to improve joint working. These initiatives are often justified on the basis of improving outcomes but the basis for such claims remains unclear. Better knowledge is needed of what success means in safeguarding children and the part played by collaborative practice.

This study contributes to this knowledge by exploring the perspectives of different participants on success and collaboration and their inter-relationship. It adopts an interpretive stance and uses a multiple embedded case study design to gain an in-depth portrait of success and collaboration in one children's trust area. This portrait is built from an analysis of interview, observation and documentary data drawn from three different collaborative domains within the children's trust: the Local Safeguarding Children Board; the workplace of two safeguarding teams; and accounts of safeguarding work with individual children and parents.

In a context where there is an overriding concern to avoid failure, success can be found, but in multiple, coexisting forms that vary for different participants. These successes relate to organisational improvements, personal gains and resiliencies, symbolic achievements, as well as perceived benefits for children and parents. For organisations and to some extent for practitioners, the imperatives of organisational improvement and regulatory compliance encourage collaborative practices that are self-serving and focused on surveillance and risk management. For parents, austerity and marginalization limit opportunities to engage services. Despite these unpromising circumstances, this study finds evidence of collaborative practice by parents and by practitioners that contributes to participant satisfaction and meaningful change in children's and parents' lives. Such forms of success are likely to be further cultivated by respectful services that family members can engage with, relational practices between practitioners and family members, and acknowledging and learning from their successes. These developments require multi-organisational arrangements that have the power and capacity to develop safeguarding systemically, workplaces that contain the open climate necessary for sharing achievements as well as uncertainties, and leaders with the ability to inspire confidence in practitioners and courage to bring about change.

Keywords: safeguarding children; success; collaboration; local safeguarding children boards

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ACRONYMS

ACPC	Area Child Protection Committees
ADCS	Association of Directors of Children's Services
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service.
CDOP	Child Death Overview Panel
CPC	Child Protection Conference
CP plan	Child Protection Plan
CQC	Care Quality Commission
DCS	Director of Children's Services
DfE	Department for Education
DCSF	Department for Children, Schools and Families
DHSS	Department of Health and Social Security
ECM	The Every Child Matters programme
FGC	Family Group Conferencing
FNP	Family Nurse Partnership
ICO	Interim Care Order
ICS	Integrated Children's System
IPE	Inter-professional Education
IRO	Independent Reviewing Officer
LAC	Looked after children

LGA	Local Government Association
LSCB	Local Safeguarding Children Board
MARAC	Multi-agency Risk Assessment Conference
NSPCC	National Society for the Prevention of Cruelty to Children
OECD	Organisation for Economic Co-operation and Development
OFSTED	Office for Standards in Education, Children's Services and Skills
PLO	Public Law Outline
RCT	Random Controlled Trial
SCR	Serious Case Review
STC	Secure Training Centre
YOI	Young Offenders Institution

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CHAPTER 1

INTRODUCTION

1.1 About the study

This study focuses on success in safeguarding children, and the contribution collaboration makes to this success. I take an interpretative stance, one that accepts that what we know about the world is necessarily an interpretation; situated temporarily and culturally; subject to change; but one that may be shared intersubjectively in our interaction and dialogue with others.

My purpose is to enlarge and deepen an understanding of what success and collaboration mean in safeguarding activity. The intent is to contribute to knowledge both theoretically and practically. Theoretically, by offering illuminations of the ways in which those involved in this activity understand success and collaboration and find interconnections between the two. Practically, by developing conclusions and recommendations that encourage managers, practitioners, parents and others to identify, evaluate and learn from collaborative and successful forms of safeguarding practice.

My original aims were threefold. Firstly, to gain an inside perspective; to get close to practice; to learn what success and collaboration mean for safeguarding participants (children, parents, practitioners, managers and others) as demonstrated by what they say and do. Secondly, to see how recent policies on integrating children's

services impinge on collaborative practices and successful outcomes. Thirdly, to contribute to a better recognition of successful safeguarding work amongst those with a direct and indirect interest.

During this study, these aims have been refined and modified as my understanding of the topic has developed and in response to broader shifts in the context for safeguarding. The original research questions referred to successful outcomes, good collaboration and good communication. I have come to regard good communication as being a facet of good collaboration. Therefore, throughout this thesis I focus on collaboration - not on collaboration and communication as separate phenomena. I have also come to regard the term 'successful outcome' as restrictive. The term 'success' encompasses some idea of an outcome, however small or brief. Its use enables a greater openness to phenomena that may be more fluid, experiential or unmeasurable but are nonetheless regarded as success. The term 'success' is therefore used throughout.

These originating questions also focused on local children's trusts. These emerging institutions were relevant to the research topic as they were intended to improve multi-organisational collaboration and enhance success in safeguarding children. However, during the course of this research the policy shifts of a new Government have diluted the role of children's trusts leaving Local Safeguarding Boards (LSCBs) with the principal responsibility for coordinating local safeguarding services. The multi-organisational aspects of the research have therefore focused more on the LSCB than the Children's Trust. I see these changes to the original research questions as wholly in keeping with the traditions of qualitative research (Bryman, 2008). A dimly lit research topic requiring exploration demands a flexible pathway rather than one set in advance.

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In this first chapter, I explain why this is an important topic for exploration and provide an account of the context of the study: both the broader context of contemporary safeguarding work with children, and also the local context (Bluechester) that became the site of fieldwork. I then give an outline of the methodological approach and its implementation before concluding the chapter by describing the structure of this thesis.

1.2   The Importance of the Topic

My personal interest in this topic has been shaped by several aspects of my own experience of safeguarding work as a social worker, supervisor, social services manager and independent consultant over the past thirty-five years. Firstly, in these different roles I encountered examples of successful safeguarding work. Lives were improved for parents and children but within a context of public mistrust and media hostility. Safeguarding was portrayed as practice pitted with failure, performed by the callous, naive or incompetent who neglected to talk each other; failed to rescue children or else over-reacted and undermined family life. Finding success in the midst of failure has therefore been troubling. Secondly, I have participated in different initiatives designed to improve professional and organisational collaboration.[1] Benefits were expected from these projects but somehow, gains were hard to discern and attribute to organisational or practice changes. Thirdly, the experience of chairing adoption panels for local authorities highlighted further contradictions: in the representation of success, failure and collaboration in safeguarding work. The adoption process signified new, safer and brighter possibilities for children whilst at the same time apparently confirming both

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[1] These initiatives included joint commissioning projects; the co-creation of multi-agency child protection procedures; and establishing new multi-organisational services such as a therapeutic team for looked after children and a family group conferencing service.

the failure of parenting by the child's own (birth) family and the defeat of safeguarding interventions to bring about change in parents. The available narratives depicted birth parents as pathological; irredeemable; people who had failed to engage or resisted help. By contrast, adopters had extensive strengths; subjectivity; a capacity to work with services. Finally, in undertaking independent consultation for a local authority I was asked to interview parents for their views on child poverty, including parents with experience of safeguarding activity. They had complaints about services but also accounts of positive individual change. One parent described what she had done to change her own life and get her children returned from local authority care. She felt social workers had ignored her achievements, and she was particularly angry that social services had claimed credit for this change. These experiences have generated perplexity about this topic; a sense that what I thought I knew about successful safeguarding is more complex. At the same time, it has motivated a search for a better understanding.

Beyond its personal significance, the topic is important for three further reasons. Firstly, because of the recurrence of collaborative problems in safeguarding work over the past forty years. From the Colwell Inquiry (Department of Health and Social Security, 1974) to more contemporary examinations (Sinclair and Bullock, 2002; Rose and Barnes, 2008; Brandon et al., 2008, Brandon et al., 2009, Brandon et al., 2012), reviews of child deaths in the context of maltreatment have criticised collaborative practices. This includes information exchanges between practitioners (delays, withholding information, illegible messages); professional misunderstandings (about roles or the use of processes); and failures in managing collected information (its organisation and analysis). These repeated stories of what seem simple but costly errors are easily transmitted through the media, negatively affecting public confidence.

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Secondly, the topic has importance because of the sheer scale of effort expended in the past forty years in improving collaborative work. This investment includes measures to proceduralise collaborative behaviour between practitioners, mandate and incentivise organisational cooperation; and integrate the diverse services that work with children.[2] Thirdly, the topic is important because of the combined impact of the problem and its remedies on the lives of children and parents and on the confidence and good standing of practitioners. Beyond the reputational damage done by simple stories of professionals not talking to each other there is the upset of organisational change; of discarding old practices and adopting new ones; of learning new roles; of forming new working relationships. Such changes have significant impacts for practitioners. For children and parents, it means interruptions in support or the rupture of significant helping relationships. Remedies for collaborative problems are often justified on the basis of improving outcomes for children. It seems important therefore that there is a basis for such claims - knowledge that enables the recurrence to be understood, that justifies the investment, and that allows us to have confidence that such change and disruption will produce improvement.

1.3   The Current Context for Safeguarding Children

<u>Neoliberalism, poverty and safeguarding children</u>

Histories, comparative studies and contemporary commentaries remind us of the importance of context in shaping conceptions of child maltreatment (Corby, Shemmings and Wilkins, 2012). What is taken as maltreatment, accepted as the legitimate territory for safeguarding practices, and seen as success in tackling

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[2] Introduced by the last Labour Government (1997-2010), the Every Child Matters (ECM) programme aimed at knowledge, process and service integration of the different disciplines and organisations working with children.

maltreatment, is situated in time and place and affected by change in socio-economic and political environments. The following discussion focuses on the UK context, and England in particular.[3] The contexts of other nations and cultures generate varying approaches to the problems of welfare (Esping-Andersen, 1990) including the response to child maltreatment (Hetherington et al., 1997). This appreciation is important, not only in understanding the present but in enhancing critical reflection on future possibilities. The conflicts and complexities of contemporary safeguarding practice owe much to several important features of the current context.

Poverty and inequality are major part of the context of child maltreatment and safeguarding practice. In income terms, power and resources remain unequally distributed both in the UK (Belfield et al., 2014) and internationally (OECD, 2011). This inequality is associated with the distribution of social problems, a distribution that disproportionately affects poorer individuals, households and communities (Wilkinson and Pickett, 2009). Persistent exposure to poverty adversely impacts on children's well-being in multiple dimensions including health, living environment, opportunities, and fears and stresses (Hooper et al., 2007; Bradshaw, 2011). It means, for example, exposure to hunger, cold, and exclusion from activities with peers. Yet within the current context, problems of welfare are largely seen as the outcome of individual failure rather than structural disadvantage. Neoliberal modes of thinking[4] strongly influence this perspective, inspiring policies that encourage or compel individuals to find welfare through market participation rather than through systems of social support.

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[3] Within the UK, safeguarding is devolved, and there are legal and policy variations between countries (Stafford, Vincent and Parton, 2010).

[4] Neoliberalism is referred to here as sets of ideas and practices which emphasise the primacy of the market; of entrepreneurial activity; of competition; where welfare is achieved for and by responsible individuals themselves participating in the processes of production and consumption offered by markets. The role of the state is to "create and preserve an institutional framework appropriate to such practices" (Harvey, 2005, p.2)

Market participation does not however guarantee an answer as poverty also afflicts those in work.[5]

This tendency to see social ills as problems of individuals produces policies that make individuals increasingly responsible for managing their welfare. Those who cannot be made to do this must be closely managed to minimise the social and wider economic impact of their adversities. This thinking is best exampled by the current "Troubled Families" programme (Department of Communities and Local Government, 2012), which, in "turning lives around", aims to reduce the burden of these lives on public expenditure and sensibility. This toxic representation of some individuals and families as a burden to the normal, respectable community is an important feature of the current context. It is captured in the concept of "othering" (Lister, 2004) and graphically portrayed in a series of contemporary case studies offered by Jones (2011) showing how poor families and communities are subject to social distancing and stigma. Instead of being disgusted by poverty we become disgusted by the poor themselves (Moore, 2012). These social relations can have profound impacts on social identity creating situations where individuals internalise an awareness that they have failed to come up to standard. They experience the double blow of both material privation and psychological pain (Frost and Hoggett, 2008).

The resilience and resourcefulness of parents become critical in circumstances where children must remain well cared for, and the stresses of life on an inadequate income managed on a daily basis.[6] Parents in this situation also require the strengths to manage the problematic social relations and threats to identity associated with poverty.

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[5] Some sixty-three per cent of children in poverty in the UK live in households where at least one adult is in employment but in receipt of low income (Department for Work and Pensions, 2014, p.48). Low-income is defined by the UK Government as less than 60% of median income.

[6] First-person accounts of what this coping means can be found in the publication "Getting By? A year in the life of 30 working families in Liverpool" (Kyprianou, 2015).

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In the current context, this includes contending with the views of politicians and media that poverty is largely self-inflicted; that threats to child well-being in the context of poverty arise from parental failures; and that: "what matters most to a child's life chances is not the wealth of their upbringing but the warmth of their parenting" (Cameron, 2010). Where such views are dominant, the connections between structural oppression and child maltreatment are easily severed. Child maltreatment and neglect become the result of parental action, inaction and moral irresponsibility. The manifestations of poverty may be too easily taken as parental neglect; the stresses associated with social and material hardships too easily overlooked in the ways child maltreatment is understood and responded to. However, the interconnections between poverty and forms of child maltreatment are complex. Parents and carers play a critical part both in the instigation of instances of maltreatment and in its prevention. The majority of children who experience poverty are not maltreated within their family (NSPCC, 2008).

Crisis and reform in safeguarding children

At the same time, children who do experience maltreatment are under-represented in the activity of safeguarding services. Prevalence studies highlight a significant gap between the numbers of children and young people who experience intra- and extra-familial maltreatment and those engaged with by local authorities and their partner agencies (Cawson et al., 2000; Hooper, 2002; Radford et al., 2011). This gap is partly about unrecognised or disregarded maltreatment of children by parents and carers. It also concerns the lack of attention towards the extra-familial maltreatment of children and young people by peers and non related adults.

The traditional boundaries of safeguarding work are broadening, and this seems important. New sites of child maltreatment are being uncovered in trusted institutional

settings such as schools, children's homes, hospitals, religious orders, and the company of celebrities. Maltreatment through trafficking of children, on-line exploitation by internet-based paedophiles, peers in gangs and organised groups of adults, have all incited public alarm, triggered formal inquiries (Waterhouse, Clough and le Fleming, 2000; Scott-Moncrieff, 2015; May, 2015), and prompted supplementary safeguarding guidance (Department for Education (DfE), 2015; HM Government, 2011; Department for Children, Schools and Families (DCSF) and The Home Office, 2010). The prioritisation of such sites of maltreatment has been emphasised by Government and reinforced by audits of local compliance (OFSTED, 2014; Casey, 2015).

Questions remain however, as to whether the current safeguarding system is capable of expanding its activity into these areas whilst at the same time producing interventions that are effective and meet quality standards. Continuing austerity means reduced public spending (HM Treasury, 2010) and consequential cuts in children's services budgets. Shrinking budgets are likely to impact on service availability and threaten 'early help' services (Brookes and Brocklehurst, 2014). Public confidence in the safeguarding system, the system's stability and its effective operation are all closely related. The deaths of children such as Maria Colwell (Department of Health and Social Security, 1974), Jasmine Beckford, (Blom-Cooper, 1985), Victoria Climbie (Laming, 2003), and Peter Connelly (Haringey Safeguarding Children Board, 2009) represent moments of tragedy in what Warner (2015) terms an accelerating cycle of crisis and reform in child protection work. The criticism of practice following these events is amplified by the media. The public alarm that result prompts reform. At the same time, this reaction can destabilise the safeguarding system and increase workload pressures as practitioners and managers engage in more defensive and risk-adverse practices.

The events following Peter Connelly's death for example, exacerbated recruitment and retention problems and saw increases in local authority children's services' workloads. Table 1 below shows increases in the main categories of children's social care workload in the six years following Peter Connelly's death. There have been

	2008-9	2009-10	2010-11	2011-12	2012-13	2013-14
Referrals to social care	547,000	603,700	615,000	605,100	593,500	657,800
Children in need	304,400	375,900	382,400	369,400	378,600	397,600
CP Plans	34,100	39,100	42,700	42,900	43,100	48,300
LAC	60,900	64,470	65,500	67,070	68,060	68,840

Table 1: Children's Services Workload 2009-14 (Source: DfE)

fluctuations in referral trends with declining numbers in the period 2010-13, attributable perhaps to changes in threshold management and 'front door' reception practices (Brookes and Brocklehurst, 2014). Overall, the upward movement is persistent and significant with a forty-two per cent rise over this period of children subject to child protection (CP) plans.

Beyond staff turnover and increasing workload, this instability has other dimensions. As Jones (2014) suggests, Peter Connelly's death fractured the collective ownership of safeguarding. Under intense public and media pressure for scapegoats, Jones paints a story of political self-interests, self-protection by regulators and by organisations within the LSCB in whose area this child died. More broadly, the aftermath prompted significant change in policy and organisational environments. In 2013, Action for Children identified four-hundred different initiatives, strategies, funding streams and structural changes to children's services over the preceding

twenty-one years. According to the authors half of these developments began in the period 2007-13 (Action for Children, 2013, p..4).

Over this period, there has been sustained criticism of safeguarding practices with little recognition of its achievements. Criticism has come from multiple sources: from regulators based on inspection findings,[7] and from those with power. Narratives castigate the inactivity of managers and local politicians (Casey, 2015), or portray practitioners as naive and gullible, desensitized to squalor (Gove, 2012), and lacking in common sense (Cameron, 2008). Voiced by politicians, columnists and judges (Jones 2015, Warner, 2015), such views resonate with the findings of serious case reviews (SCRs), with instances where parents have misinformed, knowingly deceived or practised forms of disguised compliance with safeguarding practitioners (Brandon et al., 2009).

On the other hand, current safeguarding arrangements can be framed in a different light. The medium to longer-term history of safeguarding children provides reason for encouragement. Trends in child deaths related to abuse or neglect, for example, show improvement (Pritchard and Williams, 2010, Jütte et al., 2015). A recent NSPCC annual report broadly agrees with this sense of progress: "Behaviour towards children, has changed in the past 30 years, their rights are better protected, they have more opportunities to speak out and social norms, determining how children are treated have shifted, largely for the better. A child was two times more likely to die from physical assault about 30 years ago compared with today." (Harker et al., 2013, p.14). The dominant discourse of safeguarding rarely refers to these improvements. This is a continuing paradox, noted by Ferguson ten years ago, that: "while problems

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[7] Three out of four local authorities whose safeguarding activities were inspected by OFSTED in the nine months to July 2014 for example, were judged as "needs improvement" or "inadequate" (OFSTED, 2015).

undoubtedly exist within 'systems', the relentless focus on professional failure has arisen at a time when, overall, professionals are protecting more children than ever in time." (Ferguson, 2004, p.194).

The current system for safeguarding children has strengths. Developed and improved over a forty-year period, it provides a framework (HM Government, 2015) that defines responsibilities and action at different stages. This framework is underpinned by a set of powers and duties. These require services to be made available to children in need that may prevent maltreatment from occurring; they compel intervention where individual children are thought to be suffering significant harm; and they permit individual children and adults to contest interventions and raise concerns about service quality. In practice, these powers and duties generate contradictions for practitioners: children and families must be supported, but at times family life must also be forensically probed for significant harm; individual lives must be opened up for scrutiny but at the same time their privacy must be respected.[8] These conflicts require many balancing acts to be performed: practitioners must empower children and parents whilst remaining ready to use legal powers to intervene; they must respect the rights of family members who may have irreconcilable interests; and they must steer a path between under- and over-intervention.

This is an evolving framework, shaped by political preferences. Reforms by the Blair and Brown Governments (1997 – 2010) introduced the concept of safeguarding, an activity which combined child protection with prevention of harm and the promotion

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[8] The powers and duties referred to here are contained mainly in the Children Act 1989 and in particular in Part III (the provision of support) and Part V (the protection of individual children) of that Act. The European Convention on Human Rights is an important part of the framework particularly article 2 (the right to life), article 3 (the right to protection from torture, or inhuman or degrading punishment or treatment) and article 8 (the right to respect for private and family life).

of children's wellbeing.[9] These reforms aimed at modernizing services, obtaining 'best value', and utilizing interventions with proven effectiveness (Frost and Parton, 2009). Value was placed on process compliance, target attainment, audit and close regulation of practice. At the same time there was a corresponding concern to intervene earlier and integrate service delivery. As the response to criticisms of the Victoria Climbie Inquiry (Lord Laming, 2003), the ECM programme aimed to improve protection of the maltreated child in the context of safeguarding all children. The programme introduced local children's trusts and LSCBs to lead and coordinate children's services and safeguarding work. It proposed database sharing between organisations (Contactpoint'); common strategic plans; joint commissioning and pooled budgets; a common outcomes framework relevant to all children; development of a common core of knowledge for different professionals working with children; and the creation of a common assessment tool for multi-professional use in the earlier response to additional needs (HM Government, 2004).

Although developments such as LSCBs and the common or early help assessment survived a change of political administration (to the Coalition Government, 2010 – 2015), the current emphasis in policy is on coordination rather than service integration. Contactpoint, the five common outcomes, and Children's Trusts have all disappeared from the agenda. As Parton (2014) notes, the meaning of early intervention has shifted from the early support of families to the earlier removal of children from their parents where there is 'neglect or criminal mistreatment' (Gove, 2012). The safeguarding framework has not been radically configured, but new emphasis has been

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[9] Government guidance employs the term safeguarding in conjunction with promoting the welfare of children defining their joint use as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes (HM Government, 2015, p.5).

placed on its assertive application; on the earlier removal of children from parents in the context of maltreatment; on more clearly placing children's needs before the interests of biological parents; on being more transparent in learning from mistakes; on improving standards exposed by inspection; and on scaling back what is seen as excessive bureaucracy in organisational coordination (Fauth et al., 2010; Davies and Ward, 2012). There are signs also of a more punitive stance towards the 'wilful negligence' of individuals who fail to act on safeguarding concerns (Cameron, 2015), and on rescuing more children and providing them with the permanence of adoption. These political preferences have dovetailed with professional concerns about the unintended consequences of earlier reforms: the extent of pre-scripted, proceduralised practice and its impact on the development and exercise of the expertise safeguarding work requires (The Social Work Task Force, 2009; Munro, 2010; Munro, 2011b; Munro, 2011a).

The persistence and depth of the current criticism of safeguarding makes it possible to advance radical arguments for change. In 2014, the Coalition Government encouraged a process of reform based on sector-led innovation (DfE, 2014), the reduction of bureaucracy, improvements in leadership and in the quality of entrants to social work (DfE, 2015a). The current Cameron administration (DfE, 2016) is set to move further, towards a mixed economy of safeguarding services - one where a high performing councils, not for profit organisations and trusts have the freedom to innovate and are called on to take over the safeguarding responsibilities from failing local authorities.

Uncertainty and the complexity of safeguarding practice

Ferguson (2009) has suggested that the central problem of contemporary child protection is the struggle to meaningfully reach and engage with the maltreated child.

He provides examples from fatal child abuse inquiry reports of how social workers can be immobilised by their own fear and by the behaviour of resistant or hostile parents. Ferguson reminds us how in the cases of Jasmine Beckford, and Peter Connelly for example, parents actively concealed injuries from social workers and stage-managed visits to the home so as to not reveal evidence of maltreatment. The possibilities of deception in safeguarding work have been commented on by others. Based on their reviews of child abused tragedies Reder and colleagues (1993) highlight the danger of disguised compliance: where the parent gives the outward appearance of cooperation with the intention of deflecting or defusing professional concern and intervention.

Safeguarding the child within their family requires relationships to be built. At a very basic level practitioners must develop some rapport with parents and carers in order to gain access to children and to glean information about their needs and the risks they face. This may be sensitive information about intimate aspects of family life. Understandably, such information is not easily surrendered. The lessons of SCRs mean that this relationship work must be practiced with a constant awareness that what is seen and heard may be a misrepresentation of the child's world. Trust cannot be presumed. The practitioner must attempt to simultaneously establish a working understanding and be sceptical about the fruits of that understanding. This requires that two conflicting mindsets are concurrently held and kept in tension: being supportive, and yet also being suspicious (Cooper, Herrington and Katz, 2003).

Holding the tension between these mindsets is important to maintaining what Laming (2003) calls "respectful uncertainty": the practitioner's capacity to critically evaluate what they are told and to maintain an open mind. This balance is not easily won or maintained. Reed (2015) in commenting on relations between parents and social workers in care proceedings, warns that not all scepticism is healthy; it may

become warped and present as profound suspicion and mistrust. Equally, the balance between being supportive and being suspicious may be distorted by social and psychological pressures that create an over-optimistic outlook, where progress or change is exaggerated.

Safeguarding children is saturated with uncertainty. Beyond the scepticism to be attached to parental disclosures, on a daily basis judgements are required about uncertain events: about responsibility for incidents; the likely course of complex events; the consequences of intervention or non-intervention. With very limited direct access to children's lives these questions generate conclusions that are provisional and situated. Deliberation and reflection is required but there are contrary pressures. White (2009) has observed that appropriate uncertainty about the phenomena social workers encounter can be destabilised in a number of ways: by the application of simplified theory in practice; by organisational processes that encourage premature categorisation of problems and impose time limits for judgement; and by group norms and the pressure to make socially acceptable moral evaluations.

Uncertainty is also inhibited by a logic that underpins dominant expectations about how contemporary safeguarding should be practised. This logic presumes that outcomes are predictable, observable and quantifiable, and can be attained through prescribed sequences of action. Based on neoliberal values and presumptions of the rational actor, this logic renders safeguarding as an activity capable of management and control. If outcomes and the means of achieving them are certain, then the practice of safeguarding is less about reflection, and more about ensuring the compliance of practitioners and of service users with programmes of action that will bring about these outcomes. These ways of thinking have permitted the growth of proceduralisation in safeguarding work and the corresponding adoption of information technologies that act

to reduce uncertainty. They distil the complexity of practice into a series of standardised workflows that structure the work of practitioners and facilitate performance monitoring (Wastell et al., 2010). Critics maintain this approach to practice suffocates professional discretion (Munro, 2010), reduces the face-to-face time between practitioners and families, erodes job satisfaction and increases staff turnover (Munro, 2011a). Proceduralisation also restricts the development and use of expert knowledge seen as essential in observing and interpreting risk (Akister, 2011; Kirkman and Melrose, 2014).

Whilst proceduralisation has some role in situations where legal duties must be complied with, controls are exercised, and rights are at stake, it becomes problematic if it erodes reflection and creates a misplaced sense of certainty. Cooper and Lousada (2005) have written about the dominance of a contemporary welfare logic that evacuates the personal, emphasising the solid practices that operate at the surface rather than the depth of problematic social relations. Rather than experiencing regularity and order, the daily practice of safeguarding generates profound states of emotional arousal, uncertainty and anxiety. For the practitioner, it is psychologically dangerous, generating experiential knowledge that can barely be thought about. This latent knowledge and the practices necessary for its revelation and examination is however of central importance in understanding and healing social relations. Its reality and significance are nevertheless repudiated by the ideas that dominate contemporary welfare practice: by their rationalities; their reductionism; their impatience for doing rather than also reflecting (Ruch, 2007). In a similar way, Featherstone, White and Morris (2014) argue that in the current context, the moral identity of the social worker has been evacuated in safeguarding work; that practice has been driven by concerns over risk to children and outrage over 'bad' parents. They make the important point that the focus on being

"child-centred" often represents a short-cut that reduces the ethical burden involved in the respect for multiple subjectivities, and erodes the moral sensitivity towards family relationships. Ethical practice demands an acceptance of complexity of what may be divergent interests - child and parent for example - and the scope for critical deliberation on real dilemmas. In this context, there is a risk that proceduralised safeguarding promotes a form of mindless practice where practitioners follow rules, but the emotional and ethical complexity of the daily activity is suppressed or glossed over. Injunctions to be child-focused may produce practice that ignores the individuality and dignity of parents. In short, it may involve, in the words of Bauman and Donskis, "the destruction of a stranger's life without the slightest doubt that you are doing your duty and being a moral person." (Bauman and Donskis, 2013, p.9).

This current context for safeguarding children contains many puzzling conflicts. Ferguson for example, reminds us that "the relentless focus on professional failure has arisen at a time when, overall, professionals are protecting more children than ever in time." (2004, p.194).

1.4   Bluechester

Bluechester is an area of some 250,000 people and comprises several adjoining towns built on the banks of the same river. Historically its economy was rooted in trade, port activity and related industries. Since the closure of its dockyards a generation ago, the work that disappeared has been replaced by newer industries requiring a different type of worker. Some Bluechester residents now commute to jobs in a nearby city; some work in the local service economy which offers low rates of pay. Rates of unemployment have been falling in Bluechester, but there remains local concern about the long-term unemployed, the high numbers of young people without work, basic

skills and an achievement gap[10].

Bluechester is a mainly white community with black and minority ethnic residents making up around five per cent of the population with higher rates among children and young people. Over thirty languages are spoken in the area. Bluechester's most recent migrants are from Eastern Europe. Data from consultation meetings between Bluechester Council and groups of parents suggest the arrival of migrants has prompted concern amongst more established residents. Parents swap stories about their threat to jobs and housing. There is fear that children are not safe as migrant workers apparently congregate in local parks drinking alcohol. The Council's data suggests that by Government's measures, about one Bluechester child in five lives in poverty. These children are from families where the parent(s) or carer(s) is either unemployed, on benefits or else in work but receiving low wages. Overall Bluechester does not have high deprivation. However, locally, there is considerable variation with both pockets of affluence and deprivation. These poorer more densely occupied areas of the town contain rented accommodation and public housing much of which is in need of modernisation or improvement. These streets are known well by local social workers. Passing through them on warm days residents can often be seen sitting in groups, talking on the doorsteps of their homes.

Bluechester is situated in Greenshire. The town's council used to receive some local authority services from its larger neighbour, but now Bluechester is a unitary authority, responsible for providing all local authority services to its residents. Central to Bluechester Council's current plans are balancing its budget and

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[10] According to Bluechester Council's performance assessments, compared to similar local areas, Bluechester young people are less likely to gain the basic skills from education required for participation in work locally or further afield. Also, proportionally more Bluechester children who start from a disadvantaged base fail to keep pace with the educational progress of their peers (regionally and nationally).

transforming services through a "better for less" programme of change involving more shared functions, better use of property and expected efficiencies through more extensive use of information technology (IT). For children's services, this means priorities in combating underperformance in schools, using IT to improve social care practice, and using a triage approach to children's services. In addition to Bluechester Council's own range of services there are over 100 schools in the area, two Further Education Colleges, a complex network of different Health Trusts for community services, acute care, and mental health services, and a wide range of voluntary sector organisations providing services for children and families. Some of the health providers, the health commissioning bodies, the local Probation Service and the Police operate across Greenshire. These arrangements mean that although Bluechester is a focus for their services and plans, it is only one patch in a wider area of responsibility. This lack of coterminosity makes it in Bluechester Council's interest to work with its larger neighbour on many issues.

	Referrals received by children's social care		Children subject to child protection (CP) plans		Children looked after (LAC) by the local authority	
	Bluechester	England	Bluechester	England	Bluechester	England
2010	436.0	537.5	38.6	34.8	58.0	57.0
2011	547.0	545.3	46.4	37.9	69.0	58.0
2012	881.0	533.5	56.2	37.8	73.0	59.0
2013	1,195.0	520.7	32.5	37.9	67.0	60.0
2014	691.3	573.0	58.1	42.1	61.0	60.0

Table 2: Workload trends in Bluechester .[11]

Table 2 provides data on key aspects of Bluechester's workload over the past five years (referrals, children subject to CP plans and children who are looked after by the Council). This workload increased in Bluechester as it did nationally following Peter

[11] All data relates to the position on 31 March for each year and refers to rates per 10,000 children aged 0 to 17 years

Connelly's death. The pattern is not consistent. 2013 stands out as not only did numbers of children subject to CP plans fall but referrals continued to rise significantly - in both cases this deviating from national trends. It was in this year (January 2013) that Ofsted judged Bluechester's Children's Services to be "inadequate". Inspectors criticised practice that failed to engage children adequately; assessments and plans that did not identify and focus on risk. They highlighted failures in supervision, in strategic monitoring; in establishing robust early help; and in performance analysis. The findings listed deficiencies in engaging and effectively challenging agency partners, in strategies to control demand, and in evidence that management action led to improvements. The outcome of this was that Bluechester's social care services went to special measures. In the following weeks, senior managers left the organisation, as did many social workers. The Council increased its use of agency social workers to cover vacant posts[12]. Although its comments relate principally to Bluechester Council, the OFSTED judgement was also a comment about the local safeguarding system. Shortly after the Council's services received this negative judgement, inspectors judged the local hospital also to be failing.

The context for safeguarding in Bluechester contains all the contextual elements discussed above. The boundaries of its safeguarding work are expanding although its services face budget reductions. It is a community of rich and poor with safeguarding interventions in the main touching the lives of the latter. Bluechester has followed Government policies on safeguarding although in some areas (domestic violence responses and use of the common assessment framework) its implementation

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[12] Department of Education workforce data show that nine months after this inspection (September 2013) Bluechester recorded a vacancy rate of children's services social workers of 28%, twice the national rate (14%); that the turnover in social workers over the year to September 2013 was 40% compared with a national figure of 15%; and that 36% of its children social work workforce consisted of temporary agency placements (12% nationally).

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is inconsistent. Finally, safeguarding in Bluechester is undergoing a traumatic period of change and transformation having been publicly judged as failing and as deficient with significant impacts on the stability of its workforce.

1.5   The study

The following overarching research question drove the study described in this thesis: *What is the nature of the relationship between collaboration and success in safeguarding work with children?*   A series of further questions initially focused and framed the field of inquiry:

- How is this relationship understood by social workers, service users, other professionals, managers and leaders involved in safeguarding?

- What is their rationale for collaboration and communication and how does this relate to achieving successful outcomes?

- Are any changes in collaboration and communication practice stemming from the Every Child Matters programme likely to promote better outcomes?

- If not, what other developments should the Children's Trust consider?

For practical reasons and to explore in depth a rich source of data, the study focused on just one local area. A multiple embedded case study design (Yin, 2003) provided a suitable framework for the research, offering the flexibility required by an exploratory study. The case study approach allowed a focus on three points of analytic interest (three "cases") within one local area: the safeguarding of children who had been subject to a child protection plan; the everyday workplace activity of social services safeguarding teams; and the activities and interactions of members of the LSCB.

Research elements		Time scale																					
		2009		2010				2011				2012				2013				2014			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		

Figure 1: Study Timescale and Research Elements

Figure 1 above shows the timescale of the study and the general approach to data collection and analysis. This study involved collecting observational, documentary and interview data from these three cases (or domains).   The analysis of data from these three different cases enabled the construction of a multi-level picture of collaboration and success in one local safeguarding system. In making sense of this picture the analysis drew on principles of grounded theory (Charmaz, 2006) in coding and in identifying analytical categories from the data.

Preparations for fieldwork occurred in the immediate aftermath of Peter Connelly's death (Haringey Local Safeguarding Children Board, 2009). Gaining access for the study proved complex. Some local authorities were reluctant to open themselves to scrutiny in a climate of regulatory criticism and media hostility. The authority that agreed to participate (Bluechester) was one with whom I had a prior relationship as a management consultant. Although some trust had been established with Bluechester, gaining agreement for the detailed aspects of the study required further networking and negotiation. Bluechester approved the research proposal though its research governance arrangements; LSCB members agreed to Bluechester LSCB's inclusion; and team members agreed to the ethnographic aspects of the fieldwork as individuals, following team briefings and discussions. Parents were approached through Independent Reviewing Officers (IROs) and contact made following consultation with the social worker in the case. All participants gave written consent to their involvement, having first received information in advance about the research.

The fieldwork that took place between 2010 and 2013 consisted of a total of 150 hours of ethnographic observation in two safeguarding team workplaces and LSCB meetings, interviews of three social workers and three parents, in-depth documentary review of three case records and documentary review of local authority and LSCB

records relating to safeguarding. The intention was also to use focus groups with participants to gain views on emerging themes. However, significant change occurred in the local authority following the imposition of special measures by the Government. All key stakeholders who had endorsed the research in 2010 had left the authority by mid-2013. It implemented a detailed plan of change management and improvement and further support for more data collection through focus groups could not be obtained in this context. However, feedback was provided to safeguarding teams and the LSCB. Interviewees were offered and provided with written feedback where this was requested.

1.6   The Thesis Structure

This thesis is set out in nine chapters. I have chosen to discuss the literature in two different chapters. The first of these (chapter 2) describes the process of the review before focusing on the literature on collaboration. The second (chapter 3) concentrates on the literature on success. Chapter 3 also discusses themes in the literature on the relationship between collaboration and success. This way of structuring discussion of the literature permits each construct (collaboration and success) to be explored individually in depth and for their associations to be explored analytically: how success features in literature on collaboration; how collaboration appears in literature on success; as well as how the constructs feature together as a topic for inquiry.

Chapter 4 describes the conceptual framework and methodological approach taken in this study. I explain the epistemological position I have taken, provide a rationale for the research design and describe the steps taken in gaining access and approvals, collecting and analysing the data and disseminating the findings. This chapter also comments on the methodological originality and limitations of the study. In chapters 5, 6 and 7, I present and analyse the findings from the study. Each of these

three chapters focuses on a "case" - a unit of inquiry - within the broader case study. Each concentrates on a different domain of collaborative activity. Chapter 5 concentrates on multi-organisational collaboration as exampled by the LSCB in Bluechester (the location for the study). This chapter is concerned with membership and interaction within the LSCB and what passes as success in the Board, in its subgroups and in its written accounts of its activities and plans.

Chapter 6 focuses on the multi-professional domain and provides an account of collaboration within the workplaces of two different safeguarding teams in Bluechester. This chapter considers what appears to be instances of success and collaborative interactions between team members and with practitioners outside of the team. Each safeguarding team is considered individually, and common themes identified. Chapter 7 discusses collaboration and success as it arises in the interaction between practitioners and family members. It focuses on accounts of individual safeguarding experiences as told by parents, by social workers and as recorded in individual case records on children who have been subject to CP plans. The first part of Chapter 8 provides a cross case analysis (Yin, 2003) characteristic of multiple embedded case studies. The findings from the previous three chapters are considered, compared and themes identified. The chapter goes on to consider these themes in detail.

The thesis ends with a conclusion in chapter 9 that states the main argument and answers the research questions. This chapter also summarises the study's originality and its limitations, the implications for practice, the dissemination of the findings and recommendations for further research.

1.7   Summary

This chapter has introduced the topic, the purpose, the research questions and rationale

for a study on success and collaboration in safeguarding work with children. It has discussed the current context and contemporary challenges for safeguarding children. The chapter provides a pen picture of Bluechester, the site of the study and some of the historical, geographical, social-economic and political features that frame its safeguarding practices. The features of this broader context for safeguarding children are present in Bluechester. That judgement was passed on its safeguarding practices during the course of this study, makes Bluechester an uncommon and important site for a case study. Bluechester provides the opportunity to develop knowledge on how success and collaboration are associated from the perspective of different participants and across different collaborative contexts. As the following two chapters will show, this has not been researched. The development of this knowledge is important to the proper recognition of successful safeguarding practices, to learning from such success, and to having a firm knowledge base for service developments.

CHAPTER 2

COLLABORATION IN THE LITERATURE

2.1   Introduction

This is the first of two chapters that explore the current literature on success and collaboration.   This literature review explores the current state of knowledge concerning success and collaboration in safeguarding work.   This includes outlining the arguments about the validity of these constructs, their importance in elucidating the relationships between individuals, groups and organisations in safeguarding work; to assess the evidence for claims, and also areas for further research.   In this chapter, I focus on the process of the literature review before turning to an examination of the ways collaboration features in recently published work.   I suggest that although many sites of collaborative activity are possible in safeguarding work, studies and theoretical argument focus on three main domains: the collaboration between organisations; between professionals; and between professionals or practitioners and service users. There is some consistency in findings on what helps and hinders particular collaborative activity in these domains.   However the literature remains under-theorised and neglects other domains of collaboration.

2.2   Searching for relevant literature

Notions of success and collaboration are used extensively in literature on child welfare

topics and public services more generally. As separate or more rarely, joint topics for inquiry, they are the focus of governmental documents, empirical research and evaluation reports, secondary syntheses of research, toolkits, and theoretical commentaries. Identification is not straightforward. Authors use the terms *success*, *successful outcomes* and *collaboration* in very different ways. This diversity may stem from definitional ambiguity, underlying discrepancies in theoretical perspective, and from their use in very different contexts. The variance poses challenges in searching for studies and comparing research findings.

The search strategy involved a series of database searches supplemented by searches of key journals and tracing of significant texts from citations and reference lists as relevant themes emerged. This strategy allowed consideration of a broad range of texts. Tables 3 and 4 below summarise the approach taken in searching and filtering literature found through databases. The inclusion criteria guiding database searches concerned (a) publications in the topic area identified in the overall research question that had been (b) published in English and (c) since 2000. The rationale for this period related to focusing available review time on the most recent research and current thinking on the topic. This period was also thought to be a fertile period for literature on this topic. As described in chapter 1, the period saw a series of new policy and service developments associated with combating child maltreatment through improved service integration.

On-line databases were selected for their relevance to the general topic area. Two sets of searches were performed on these databases with *child maltreatment* as the main topic. The first of these focused on *collaboration*, the second on *success*. Initial reading on the topic generated a vocabulary of alternative search terms for *child maltreatmen*t, *collaboration* and *success*. For both sets of searches, pairs of terms were

combined (see Table 3) in multiple searches of each database.

Search set	Search Term A	Search Term B	Databases
Child maltreatment and collaboration	'Child abuse' 'Child maltreatment' 'Child welfare' 'Child protection' 'Safeguarding'	'Collaboration' 'Coordination' 'Cooperation' 'Inter-agency' 'Inter-professional' 'Inter-disciplinary'	Applied Social Sciences Index and Abstracts (ASSIA) Social Services Abstracts Sociological Abstracts ISI Web of Knowledge Zetoc
Child maltreatment and success	'Child abuse' 'Child maltreatment' 'Child welfare' 'Child protection' 'Safeguarding'	'Success' 'Good outcomes'	Academic One file.

Table 3: Searching the literature

Retrieved items were entered into an electronic reference library (Refworks). Duplicates were removed as were items published in languages other than English. The remaining 1,962 items were then reviewed for relevance and exclusion criteria applied (Table 4). Some items were summarily excluded where the title clearly indicated an unrelated field of research. Abstracts were read on the remaining items. For a paper to be selected for further review, collaboration or successful outcomes in the field of child welfare had to be its main subject. This process identified 170 papers for detailed review.

The full text of each remaining item was read with notes taken on the focus, the methodology, sampling (for empirical studies), and main findings. Notes were also taken on any theoretical position evident in the work, and the way success or collaboration appeared to be understood. Finally, empirical items were examined for quality using criteria (Table 4) adapted from other sources (Spencer et al., 2003; Dixon-Woods et al., 2004). This process was not straightforward as some texts reported different aspects or stages of the same study requiring joint consideration of these

papers. Other items gave only brief accounts of the research process and could not demonstrate depth or coherence. Using this criteria the 116 empirical studies were graded into three groups based on strong (n = 29), partial (n = 55), and doubtful (n = 32) fulfilment.

Inclusion criteria for database search	Criteria for excluding items generated by searches	Criteria for considering quality of items
Topic area concerns child maltreatment,	Unrelated topic or field of research	The purpose and relevance of the research questions
Subject concerns collaboration and / or success	Main subject does not involve success or collaboration	The clarity and coherence of the study in relation to design, sampling, analysis and reporting
Published since 2000		The depth, richness and diversity of data
Published in English		The importance of its contribution to knowledge on this topic

Table 4: Filtering the literature

The principle analytical interest in reviewing each text related to the way success and collaboration were conceived and linked. Very few empirical reports made specific claims about this relationship. Most focused either on successful outcomes or collaboration. Texts that principally concerned success were reviewed not only to understand the meaning given to success or successful outcomes but also to discern the presence of collaborative themes and how authors linked collaboration to success. Similarly, attention was paid to the location and characterisation of success within expositions concentrating mainly on collaboration in literature broadly concerned with safeguarding. In many cases, either success or collaboration was implicit in the focus of a work but was referred to through other related terms.

This process of reviewing texts was also applied to literature identified

through supplementary searches of *grey literature* within particular websites and hand-searches for particular texts, authors and journals. Online bibliographic databases reference much relevant material but have limitations. The extensive vocabulary of terms used for success and collaboration means that relevant items are referenced by a broad array of keywords. Without generating and using a very extensive set of alternative terms, search results may omit relevant items. Additionally, journals drawn on by these databases may not receive or publish all relevant research findings. Reviews on these topics commissioned and published by Government, by organizations such as the Local Government Association (LGA) the Association of Directors of Children's Services (ADCS), or third sector organizations may only be available through specific websites.

2.3 Characteristics of the literature

The reviewed literature contains empirical studies, literature reviews, critical or theoretical commentary, and policy guidance for services, organisations, practitioners or the public more broadly in the arena of safeguarding. Diverse epistemological and theoretical perspectives are apparent in the literature: post-positivist approaches seeking observable and measurable outcomes (Bai, Wells and Hillemeier, 2009); social justice or rights perspectives championing the views of children and parents (11 MILLION, 2009); social constructivist accounts of success or collaboration in safeguarding (Wrennall, 2010); and phenomenological explorations of the views of particular participants (Dale, 2004). Empirical reports relate to studies undertaken in diverse child welfare contexts (Canada, USA, Taiwan, Australia, Israel, Ireland, the UK and other European countries). These adopt quantitative, qualitative or mixed methods approaches using data from in-depth interviews with practitioners, managers and

families, assessment scales, observations, surveys, vignette studies and documentary reviews.

A number of the UK studies evaluate developments arising out of the former Blair and Brown Governments' policies including ECM programme initiatives designed to foster integration. These are evaluations of Sure Start (The National Evaluation of Sure Start (NESS) Team, 2010), the Extended Schools Pathfinders (Cummings et al., 2004), the On Track programme (Ghate et al., 2008), the adoption of the Common Assessment Framework (Brandon et al., 2006a; Easton C, Morris M, and Gee G, 2010), and Lead Professional working (Brandon et al., 2006a) and the University of East Anglia (UEA) and National Children's Bureau (NCB) evaluation of Children's Trust Pathfinders (O'Brien et al., 2006; UEA and NCB 2007).

The Sure Start and On Track evaluations contain a longitudinal perspective but are not specifically related to safeguarding. The long terms studies of child protection work by Brandon and others (Brandon et al., 2005; Brandon and Thoburn, 2008) and Lutman and Farmer (2012) focus on outcomes but not on collaboration. Some studies centre on collaboration in problematic interfaces between two or more service domains. These include child protection and mental health services for adults (Darlington and Feeney, 2008; Stanley et al., 2003); child protection and substance misuse services for adults (Altshuler, 2005); child protection and law enforcement (Newman and Dannenfelser, 2005; Davies, Seymour and Read, 2001); child protection and domestic violence (Alaggia et al., 2007; Banks et al., 2009); child welfare and public welfare services (Ehrle, Andrews Scarcella and Geen, 2004); child welfare and juvenile justice services (Chuang and Wells, 2010); child protection and family support services including intensive family support projects (Biehal, 2008; Campbell, 2002); child welfare and child mental health services (Bai, Wells and Hillemeier, 2009); child

welfare and substance misuse services (Smith and Mogro-Wilson, 2007); and the coordination of services required by children with disabilities and their families (Abbott, Watson and Townsley, 2005; Greco et al., 2005).   In these papers, findings are reported which tend to detail or elucidate the nature of the special collaborative problems in these contexts, provide possible remedies, or evaluate the impact of projects aiming to achieve this.

There are limited studies of intra-organisational collaboration. Smith and Mogro-Wilson (2007) report on the personal and internal organisational factors behind external collaboration showing how shared intra-organisational beliefs can discourage inter-organisational collaboration. Glad (2006) explores the importance social workers attach to intra-organisational collaboration and external joint working in serious child welfare cases and cross-national differences in these attitudes.

2.4   Conceptualising collaboration

There is something symbolic about the regard for collaboration within the literature; something hopeful that connects with social work values and cherished democratic images (Longoria, 2005). This belief is shown in an unquestioned acceptance of collaboration as an desirable objective despite definitional confusion and scant evidence that collaboration benefits children and families (Hallett and Birchall, 1992; Easen, Atkins and Dyson, 2000; Tomison, 1999).   Like success, multiple conceptions of collaboration abound. Terms such as *integration*, *coordination*, *partnership* or simply *working together* are frequently used interchangeably with collaboration. This plurality makes for difficulties in identifying a coherent body of knowledge and comparing studies about collaborative practice. At the core of most uses of the term is the phenomenon of two or more people, groups or organisations working

together to achieve a common purpose. This *working together,* as Warmington and colleagues (2004) point out, may mean interaction in concurrent or sequential working. Both forms of work have a place in current child protection practices, referral processes being an important example of the latter. In the same way, collaboration may involve horizontal or vertical working - team and networking amongst frontline practitioners, or supervisory and management relationships. Importantly, it is a term that has come increasingly to describe not only relations within organisational and professional worlds but the working together between professionals and family members in child welfare work. This liberal usage is exampled by the 2010 Government Guidance on safeguarding children (HM Government, 2010) which makes extensive use of the terms *collaboration* and *partnership*. However, neither term is defined. Partnership is both something to be sought in multi-organisational relationships and desired in relationships between organisations and parents.

There are several areas of conceptual difficulty. Firstly, is collaboration a structure or a process? Mostly, the literature treats collaboration as a process but attention is also given to the structures that collaborative processes support; that in turn, function to sustain or encourage collaborative practices. Atkinson and colleagues (2002) identify five basic types of multi-agency structures in child welfare: decision-making groups; consultation and training; centre-based delivery; coordinated delivery; and operational-team delivery. The landscape has altered significantly since their research. Recent Government reports provides a more extended list of typical multi-agency structures including inter-organisational governance bodies, joint management teams (DCSF, 2007) and multi-agency information sharing hubs (Home Office, 2014).

Secondly, is collaboration dimensional and, if so, what is the basis for identifying its strength? Frost (2005) refers to collaboration as a stage within a

hierarchy of partnership working ranging from cooperation (level one), collaboration (level two), coordination (level three) and merger/integration (level four). For Frost, collaboration is distinguished from cooperation by having a shared goal, and from coordination by less formalisation and greater autonomy for participants. There have been similar and earlier attempts to describe a concept of collaboration by way of a continuum (Gregson, Cartlidge and Bond, 1991, quoted in Leathard, 2003, p. 94; Gough et al., 1987 quoted in Hallett, 1993, p.11). Horwath and Morrison (2007) propose a five-point dimension ranging from *communication*, where individuals from different disciplines talk together; *cooperation*, which involves low key joint working on a case-by-case basis; *co-ordination*, which is more formalised joint working but with no sanctions for non-compliance; *coalition*, which is joint structures that sacrifice some individual autonomy; and *integration* where organizations merge to create a new joint identity. Munro and France (2011) draw on this continuum to describe the changing nature of coordinating arrangements in UK child protection work in the past forty years. However, there are dangers here of regarding progression along a continuum as a necessary or even, a virtuous path; also, of overlooking the possible co-existence of these different states of collaborative practice with each or with other processes responsible for coordinated multi-organisational work. Renade and Hudson (2003) for example, claim that hierarchy and markets have also been significant. As mechanisms of governance all three forms - collaborative networks, markets and hierarchies - may play a greater or lesser part during the life-cycle of a service system.

Dimensions such as formalization, intensity, reciprocity, and standardization have been proposed (Marrett, 1971, cited in Horwath and Morrison, 2007 p.56) as the basis for distinguishing collaborative strength along this continuum. These factors seem specifically relevant to the strength of multi-organisational collaboration rather

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than collaboration generally. Edwards and colleagues (2009) offer an alternative approach. Drawing on work by Engeström (1987) the authors distinguish degrees of collaboration on the basis of whether expertise and the rules governing professional practices are kept intact or are questioned and transformed. The stronger form of collaboration involves disruption to the rules, the division of labour and social practice within an organisation and the creation of new forms of collaboration, new forms of shared understanding to support new work practices.

This latter point about transformation relates to a third area of conceptual difficulty: whether collaboration has additive or multiplicative effects (Leathard, 2003); whether it reconfigures the familiar, or produces more than the sum of its parts? The output of the former may be coordination or synchrony; the latter, on the other hand, may produce new knowledge or understanding (Warmington et al., 2004). Ranade and Hudson (2003) use this distinction in discussing traditional and newer forms of partnership between public sector organisations. They characterise traditional partnerships as concerned with coordination; formed on the basis of known collective goals and behaviours necessary to achieve them; and driven by a desire to reduce duplication, pool resources or a better fit the respective functions of each organisation. On the other hand, they identify newer co-evolving partnerships as attempts to tackle *wicked problems* (Rittel and Webber, 1973), that is a class of social problem that appears stubbornly resistant to existing solutions but may be amenable to new approaches arising from joined up thinking. The aim of this collaboration is synergy. The collective goals involved are less well defined as are the behaviours and actions necessary to their attainment.

Fourthly, there is the problem of consensus or conflict. Conceptions of collaboration can presume unanimity and deny a role for conflict as a force for debate,

reflection and change. The process of collaboration may inevitably produce contradiction and conflict, and it is the articulation and exploration of difference that may facilitate the birth of new knowledge (Warmington et al., 2004; Frost, 2005). On the other hand, this view of conflict as constructive energy appears difficult to reconcile with a range of studies that suggest various forms of professional and organisational conflicts to be fundamental barriers to collaborative practices. It may be that the creative potential of conflict is released in circumscribed contexts. Presumptions about consensual values, combined with optimism about the benefits of collaborative practices may, as Hallett (1995) suggests, feed a fundamental conservative force. This force is one that transforms structural problems into administrative and organisational ones and which justifies proposals to improve collaboration as a response to problems that may require more radical treatment.

In addition to these ambiguities, there are different rationales to explain the emergence of collaborative processes. Three main accounts are discernible in the literature. The first sees collaboration as driven by altruistic motives; by a voluntary desire to meet complex needs; recognising perhaps, that in a highly specialised service system, meeting concurrent needs requires some level of cooperation between different inter-dependent providers (Nylén, 2007). The second views collaborative activity as arising out of a rational pursuit of self-interest through self-benefiting exchanges between organisations or power-dependency relationships (Hallett, 1995; Farmakopoulou, 2002). Finally, collaboration is attributed to mandatory requirements with policy makers specifying minimum levels of cooperation and imposing sanctions for non-compliance. None of these accounts provides a wholly convincing rationale for collaborative safeguarding activity; they may work in combination and be more influential for some organisations and in some contexts. Hallett (1995) characterises the

UK child protection system as an elaborate set of organisational arrangements designed to secure cooperation, supplemented by a series of less formal interactions at case level. These arrangements may be the product of both individual initiative and organisational convenience, and underpinned by mandatory requirements on organisational cooperation that are strengthened periodically.

The argument about mandatory requirements begs a question about why lawmakers advocate collaborative practices – whether their motivation arises from altruistic concerns or possibly also from an underlying concern about social control. Parton (2010) for example, building on the earlier work of Castel (1991), detects a shift from assessing need and dangerousness in child welfare, to identifying and managing risk. From this perspective, partnership and the encouragement of service collaboration represent attempts to construct apparatus to enhance surveillance and enable more effective risk identification and management. The holistic practice facilitated by collaborative relationships provides a power to discipline and control the lives of the poor and marginalised (Allen, 2003).

2.5   Domains of collaboration

A further aspect of the concept of collaboration concerns its fields of application. Figure 2 below (reproduced from Hornby and Atkins, 2000) provides a comprehensive picture of the diverse fields of potential collaborative activity in safeguarding work. In this model, *faceworkers* represent a primary and accessible source of personal help. Faceworkers are formal and informal helpers working at the interface with individual and family and known by them. Beyond faceworkers are informal, family and community based resources; formal universal and specialised services provided within the public or independent sectors. Using this model, Hornby and Atkins identify three

basic types of collaboration:

Figure 2: The Resource Pool (Source: Hornby and Atkins 2000, p.84)

1. primary collaboration where user and faceworker start working together to do something about the situation;

2. secondary collaboration as the relationship between helpers working together for the benefit of the user without the user being present; and

3. participatory collaboration, as the complex web of individual and group relations occurring when the user is present and takes part.

These distinctions help emphasise the complexity of one-to-one and many-to-one modes of help within this resource pool. They also highlight potential ethical dilemmas associated with collaborative practices that the service user may be unaware of or be excluded from. However, the concept of secondary collaboration does not sufficiently convey the spectrum of different inter-personal and multi-organisational collaborative practices found in the literature. These practices occur within and across the different

quadrants in Figure 2 and may not be anchored to a particular service user.

Figure 3 (below) extends Hornby and Atkins work by identifying the collaborative possibilities offered by two dimensions: collaboration between different types of participant (i.e. participants undertaking different roles in the safeguarding context); and collaboration between the same type of participant (same or similar role). In this formulation, the child's and parent's collaboration with practitioners represents just one possible domain of collaborative interaction in safeguarding situations. Other possibilities include collaboration with *informal* helpers from the local community or within a personal network of family members and friends. The formulation in Figure 3 also suggests collaborative possibilities between parents and children and service organisations, unmediated by practitioners or professionals in a safeguarding role. Such situations may arise where children and parents directly activate services (for example income maintenance, health, housing, or education services) that have a beneficial effect on preventing problems or crises that may threaten children's safety or well-being.

Figure 3 also illustrates the collaborative possibilities between participants of the same type. This includes domains of collaboration between organisations, and collaboration between professionals who are engaged in work with either the same child or family or with the same group of children (children in a particular community for example). Other collaborative possibilities include domains of collective support between those who share a personal experience of safeguarding activity: between different parents and children; or between members of different family friendship networks.
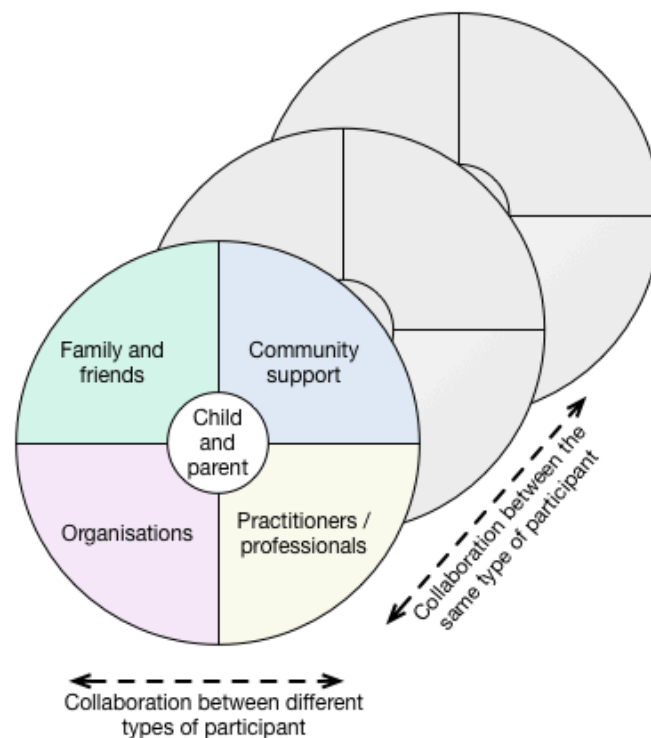
Figure 3: Domains of Collaboration

Although there are many possibilities, the literature tends to focus on three main domains of collaboration: that between parents and children on the one hand and practitioners on the other (described here as the s*ervice user domain*); that between different practitioners (the *multi-professional domain*); and that between organisations with a common role in safeguarding children (the *multi-organisational domain*). Few studies or theoretical commentaries explore the collaborative possibilities in helping relationships between, for example, service users or between service users and organisations. These domains may be considered unpromising sites to find collaborative activity in safeguarding situations; or the potential for members of different families to offer something positive to safeguarding services or provide effective mutual help in safeguarding contexts may be unrecognised. Therefore, the

following review of the literature is structured around these three domains of collaboration. The main characteristics of each are summarised in Table 5 below and then considered separately.

	Multi-organisational domain	Multi-professional domain	Service-user domain
Participants	Two or more organisations (or subgroups within the same organisation) in the public or independent sectors	Two or more workers undertaking a professional role within the same or in different organisations with the same or different disciplinary background	Service users with family and friends, other individuals sharing the same service user identity or with professionals
Goals of collaboration	Meeting objectives that cannot be secured individually Compliance with mandates Mutual benefits Risk management	Coordination of collective action Improved understanding Professional development	Effective help Respect for rights Influence over service provision Coordinated help
Key properties	Shared objectives Formalisation Sharing of resources and risks Systemic and interpersonal	Shared purpose, perspectives, information and responsibilities Interpersonal process Reciprocity and trust	Shared goals Negotiated power Interpersonal process Reciprocity and trust
Example processes	Joint goals and plans Pooled budgets Shared commissioning Governance arrangements	Information sharing Joint assessment and decision making Coordinating roles Co-working	Participation in key processes (assessment, planning, decision-making) Consultation Dependable helping relationship

Table 5: Three Domains of Collaboration

The service user domain

In safeguarding work, partnership has had a checkered history. Many of the factors that have driven service user involvement in wider social care services apply in safeguarding. These include the legal and ethical imperatives associated with respect for humans and their rights; also, the accumulating knowledge of the resilience and strengths of those who experience adversity, the legitimacy of their knowledge of their needs, and capacity to exercise control over services they receive (Beresford and Croft, 2004). There is also a belief that practice built on partnership is more effective. It produces less distress for family members and more reassurance for children; parents are more likely to commit to plans they have helped to create (Berg and Kelly, 2000) and to pass on key information needed to inform intervention decisions.[13] Practice that acknowledges strengths promotes learning and change; and parental involvement can reverse feelings of social exclusion (Gardner and Cleaver, 2009).

On the other hand, doubts exist over whether this form of collaboration is possible in safeguarding work, particularly in situations where parents do not want intervention, or where intervention is met by evasion or intimidation (Littlechild, 2003). Broadhurst and Holt (2010) suggest that only a restricted form of partnership is possible in work with parents where children are at risk of significant harm. To some extent, Government has recognised this (Social Services Inspectorate, 1995). Bell (1999) and Cooper (2004) argue that conflicts endemic to the safeguarding system undermine partnership or limit opportunities for participation. These difficulties have been

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[13] According to Berg and Kelly, "The reality is that, unless the solution is the family's solution, the best that will occur is compliance - until no one is looking. Imposed mandates are very different from mutually agreed upon goals between the workers and the families. This allows clients to work on building their own solutions." (Berg and Kelly, 2000, p.44)

described in various studies from a worker's and parent's perspective (Thoburn, Lewis and Shemmings, 1995; Farmer and Owen, 1995; Corby, Millar and Young, 1996; Bell, 1999).

Cleaver and Freeman's study (1995) suggests the relationship between social worker and parent is dynamic, and that each participant's operational perspective governs their behaviour. Parents and professionals are unlikely to share similar operational perspectives at the outset where the investigation process typically leaves parents bruised and disaffected. However, as the relationship develops perspectives can converge. Where this happens, it is associated with better outcomes for the child. Operational perspectives are situated in changing social, psychological and material contexts of participants' lives and are therefore subject to change. The authors note that this convergence of view is often reached over a period during which each party experiences pay-offs for cooperation.[14]

From the social worker's perspective, the engagement necessary for this convergence is enhanced by providing support but at the same time undermined by surveillance. Social workers in a study by Spratt and Callan (Spratt, 2001; Spratt and Callan, 2004) showed considerable skill in managing this dynamic: monitoring potential risks while at the same time engaging with families. Practitioners balanced these conflicting logics of intervention by a strategy of covert surveillance and high engagement or one of overt surveillance and low engagement practice. Concerning the latter:

In this model, social workers were more interested in policing possible

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[14] Accordng to the authors, parents "quickly learned - if they did not already know- that admitting some measure of culpability was frequently found to be a way of obtaining help, the more so if the likely future risk to the child was considered to be minimal. The message can be regarded as encouraging by professionals involved in child protection work. They might feel manipulated but, on the other hand, it is crucially important that they should be able to establish a working relationship with families. (1995 p. 134).

child protection risks with only perfunctory attempts made to engage the family. This way of working replicates many of the features of child protection investigations with concern for the categorisation of event, the reduction in focus once investigative processes have played out, and the consequent estrangement of families. (Spratt and Callan, 2004 p. 218)

Other authors emphasise the importance of how power is used in obtaining and sustaining engagement. In a study by Dumbrill (2006) parents distinguished their worker's use of power *over* them from power *with* them, the latter being associated with a more collaborative approach. Rather than power being wholly in the control of workers, Bundy-Fazioli and colleagues (2009) suggest parents can use power to shape the relationship. In a study of workers' and parents' perceptions they identify a continuum of power relations with three basic positions: the hierarchical and imbalanced position where parents experience powerlessness in the face of intervention; a negotiated and reciprocal power position between the two parties; and at the other end of the continuum, a shared and balanced power position consistent with empowerment practice perspectives. The authors find little evidence of relationships in the third position, and comment on the movement from inaction, action to co-action as workers and parents engaged, with power being constantly negotiated. There is some evidence that practitioner values, characteristics and approach is important to securing and sustaining engagement. In a study of worker and parents' perceptions of engagement, Kemp and others (2014) find empirical support for an association between parents' willingness to engage in services and the use of strength-based interventions.[15]

The literature contains no consensus on these issues. In an earlier study Thoburn and colleagues (1995) suggest that workers should focus on protecting

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[15] By 'strengths based' the authors mean an empowerment orientation that builds on parents' competencies, emphasizes the development of supportive, collaborative relationships between workers and clients, is optimistic that families have the capacity for change, and aims to enhance family self-sufficiency.

children first before maximising empowerment and participation. Thoburn (2009) also reminds us that extrordinary steps may be needed to gain a sense of partnership. Achieving a dependable relationship for parents and children in complex and high-risk situations, where problems are minimised or concealed, may require co-working and organisational support for small caseloads and twenty-four hour availability to families.

Key decision-making processes within the safeguarding system also have traditionally offered little scope for negotiation with parents. Service user participation in child protection conferences (CPCs) excludes decision making rights and is limited to consultation, and respectful attention to their views (Bell, 1999). This tradition of decision making remains stubbornly resistant to reform despite the emergence of newer practices such as family group conferences (FGCs). Whilst the practice of social work often involves enlisting support for an individual from their extended network of friends and relatives, in child welfare, decision making processes have tended to marginalise the knowledge, expertise and influence of members of this network.[16] Schmid and Pollack (2009) maintain this marginalisation stems from multiple factors. It arises from viewing the actions of parents, children and relatives through a deficit lens. It accrues from recording norms, processes and discourses that construct an official truth about the family that neglects family member interpretations and over which family members have little control. It also springs from the use of exclusive vocabularies, and the withholding of information and explanations. The result is the establishment of knowledge that reflects the power imbalances in the social worker - service-user relationship.

This imbalance in key moments of planning and decision-making may be

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[16] The extended network referred to here is that represented by the upper left quadrant of Hornby and Atkins' Resource Pool in Figure 2 above.

redressed by FGCs. Originally established in New Zealand from kinship practices in the Maori community FGCs have been adopted in a wide range of countries including the UK, Scandinavia, the USA and utilised where key decisions are required about family member involvement in child welfare, mental health, and youth offending services. Schmid and Pollack (2009) argue that the research indicates FGCs to be an effective planning mechanism, improving partnering between workers and family members, stimulating intra-family connections, enhancing child and adult safety, increasing kinship placement of children and representing a good use of family and institutional resources. However, Crampton (2007) is more circumspect about the evidence, identifying unresolved questions around the expected outcomes of conferences, the families who should participate and the processes that should be used. On the basis of observational research of FGCs in Australia, Healy, Darlington and Yellowlees (2012) reach similar conclusions but also point to the tensions involved in attempting to integrate a decision making process with a democratic ethos into a forensically orientated system of protection. Other concerns centre on FGC availability, its marginal use (Brown, 2003) and the control exercised over who gets access (Lupton and Nixon, 1999). Holland and colleagues (2005) question implicit and naive assumptions of democracy within families underpinning the family group conference model.

Given that there is at least some potential for power imbalance, oppression and intra-family conflict to surface in FGCs, research on the experience of family members is important. Bell and Wilson (2006) report findings of experiences of 20 families participating in pilot FGCs in the North of England, focusing particularly on children's experiences of the process. Children's responses suggested overall that they had valued the experience of being consulted and listened to and welcomed the

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opportunities for their family to work together on issues free from the attention of social services. However, it appears FGCs remain on the margins of service and research activity; a parallel and supplementary process, albeit one valued by families.

The multi-professional domain

The literature on multi-professional collaboration focuses in particular on the environment for collaboration: on processes, enablers and barriers; on benefits and strategies for improving multi-professional practices. There are few definitive statements on the nature of multi-professional collaboration. From their literature review of collaboration in health care, D'Amour and colleagues (2005) identify seven different ways of understanding collaboration in multi-professional contexts. These draw on different theoretical traditions (organisational theory, organisational sociology and social exchange theory) and conceptualise collaboration variously within input-process-output models, or as a constant process of negotiation to achieve mutual benefits. The authors identify four commonly used concepts to describe collaborative processes - sharing, partnership, interdependency and power - and maintain that in conceptualising collaboration, account needs to be taken of the environment, the processes in terms of human interactions and the outcomes.

On the environment for collaboration, the literature makes several distinctions. Firstly, relating to the nature of work activity, multi- and inter-professional activities are differentiated. The former refers to parallel working where there may be no interaction, and no mutual adaptation; the latter, to interactive work by different professionals where there is some mutual adaption of roles, knowledge or skills or responsibilities (Payne, 2000). Hornby and Atkins (2000) make similar points and provide a more explicit account of the nature of interactive tasks (interlocking, interactive and conjoint tasks). Collaboration is associated with mutual adaptation and

this in turn is associated with a work context with a high degree of inter-dependence. The second distinction is between multi-professional and multi-disciplinary activity. Collaborative activity may occur between members of the same professional discipline, or between members of different disciplines. Valued collaborative synergies may arise from interaction amongst those with the same professional background as well as from those with diverse skills, knowledge bases and frames of professional reference. Thirdly, multi-professional collaboration may take place within the same team or organisation, or between members of different teams or organisations (Willumsen, 2008). Finally, Payne (2000) offers a further distinction that emphasises the network of relationships that build outwards, organically, from individual team members, across teams, and across organisations, based on the regularity, quality or utility of established contacts rather than institutional membership.

Recent literature on multi-professional activity includes evaluations and studies of various integrated working initiatives. The main focus has been on multi-disciplinary collaboration with a particular emphasis on impact rather than process. Atkinson and others (2002) do give attention to process. Their case study illustrations include accounts of co-location (to facilitate multi-disciplinary networking), information sharing (to support shared assessment and decision making), and coordinating roles (to enhance the spread of information and understanding between professionals previously working in isolation). These processes are also illustrated in reviews of the key worker role in Early Support Programmes (Young et al., 2006) and coordinators in multi-disciplinary teams for disabled children and their families (Abbott, Watson and Townsley, 2005; Greco et al., 2005). Williams (2002) provides a detailed account of boundary spanning roles, emphasising their importance in networking, bridge-building and resolving obstacles to collaborative working reported

by other researchers. A large qualitative study by Anning and colleagues (2006) considers multi-disciplinary working in children's services focusing in particular on different multi-professional teams.[17] They provide an account of the nuances of sharing knowledge and expertise in these settings, and the importance of informal exchanges (such as ad hoc conversations in corridors and social events) as well as the more structured settings of meetings and training events.

Concerning outcomes of multi-professional working, secondary reviews (Sloper, 2004; Atkinson, Jones and Lamont, 2007; Oliver, Mooney and Statham, 2010) offer little evidence of positive impacts for children and families. The findings are more encouraging for professionals in four main areas. Firstly, in terms of working practices, inter-professional working improves data sharing and communication (Atkinson et al., 2002; Abbott, Watson and Townsley, 2005; Moran et al., 2007), coordination (Atkinson, Jones and Lamont, 2007; Easton, Morris, and Gee, 2010; Statham and Smith, 2010; UEA and NCB, 2005) and, on the basis of more anecdotal evidence, in maintaining focus on young people (Social Information Systems, 2009, cited by Oliver, Mooney and Statham, 2010, p.36). Against this, there is some evidence that inter-professional working can increase workloads (Abbott, Townsley and Watson, 2005) and the demands and pressures felt by professionals (Atkinson et al., 2002). Secondly, Abbott and others (2005) report gains to professional identity through multi-professional working with individuals feeling more accountable although there are risks of confusion or uncertainty concerning professional identity (Atkinson, Jones and Lamont, 2007; Anning et al., 2010), and marginalisation (Abbott, Townsley and Watson, 2005; Moran et al., 2007). A third area of benefits concern professional development, with

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[17] These are a Youth Offending Team, a Child Mental Health Team, a Special Needs Nursery, a Neuro-rehabilitation team, and a Child Development team.

multi-professional working enhancing professional understanding (Anning et al., 2010; Atkinson et al., 2002), creating new knowledge of cross-disciplinary issues, improveing understanding of other professionals' roles (Abbott, Townsley and Watson, 2005; Anning et al., 2010; Atkinson, Kinder and Doherty, 2003; Moran et al., 2007), and also providing opportunities for personal skill and career development (Harrington, Trikha, and France, 2004 cited in Worrall-Davies and Cottrell, 2009, p.341). Finally, multi-professional working may enhance the professionals' well-being through improved job satisfaction (Moran et al., 2007), confidence gains (Abbott, Townsley and Watson, 2005; Moran et al., 2007), increased stimulation (Atkinson, Jones and Lamont, 2007; Abbott, Townsley and Watson, 2005), and stronger professional relationships (Abbott, Townsley and Watson, 2005; Moran et al., 2007).

Realising such benefits requires knowledge of these collaborative barriers and enabling factors. The configuration of professional roles can facilitate or inhibit collaborative relationships. This includes openly addressing status and hierarchy differences (Frost and Lloyd, 2006; Anning et al., 2010), and establishing role clarity (Carpenter, Griffin and Brown, 2005; Anning et al., 2010). On the other hand, Warmington and colleagues (2004) see role contradiction as a source of change and development. Trust and mutual respect are also cited as facilitators. These qualities include positive regard for workers from different agencies and disciplinary backgrounds (Darlington, Feeney and Rixon, 2004; Oliver, Mooney and Statham, 2010). Other facilitators include a broad appreciation of the contribution of other agencies and disciplines and the development of a culture of partnership (Atkinson, Jones and Lamont, 2007). Finally, although some authors claim training helps to develop such facilitators (Sloper, 2004; Carpenter, Griffin and Brown, 2005; Glennie, 2007) systematic reviews of impact studies of inter-professional education (IPE) in

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health care have so far produced limited evidence of resulting change in behaviour, service delivery or patient outcomes (Freeth et al., 2002; Reeves et al., 2013). Charles and Horwath (2009) reach similar conclusions about the impact of IPE in safeguarding work although they see an accumulation of indicative evidence of positive effects on participant skills, knowledge and attitudes. They acknowledge that training impacts are hard to disentangle from the effect of factors such as supervision, workload and organisational systems.

Beyond the potential of multi-professional collaboration to change professional behaviour or activity, there is a sense in the literature that collaboration enhances the capacity to think as well as to do; to cope with the present as well as build an improved future. A recent review of child protection (Munro, 2011a) refers to the importance of the reflective function at both a system and individual level. The reasoning, deduction and judgment necessary in anxiety provoking activities such as safeguarding requires deliberation, the capacity for self-criticism and ability to have a change of mind (Burton, 2009). The absence of space to critically review progress and developments constricts the scope to identify improvement, recognise success and, therefore take steps to acknowledge and reinforce it. Ruch (2007) maintains that the contemporary practice culture involves a compulsion to *do* something. This is fed by pressure to eradicate child deaths; the fear of media reprisals for not doing enough soon enough; day to day pressure from other professionals exhorting social workers to do something about problem situations; and pressure from managers seeing performance as actions that are done, counted or completed. If Social Workers are to experience the emotional containment necessary to undertake what Ruch describes as *reflective practice*, they require safe spaces within the workplace; fora capable of nurturing the sense of professional vulnerability and dependency necessary for this reflection;

emotional listening to explore the depth and breadth of the circumstances of the service user(s) being discussed and its impact on the practitioner. Furthermore, they need the curiosity necessary to encourage holistic thinking from different directions.

Ruch sees collaborative processes - co-working, consultation fora and case discussions - as playing a part in creating this safe, thoughtful space for social workers, enabling them to stop *doing* and start *thinking* about their practice. Ferguson (2009) makes similar points about the importance of managers and colleagues providing genuinely attentive emotional support that assures social workers that they will be held, organisationally and emotionally, in the face of the anxiety and emotional reverberations generated by their daily work.

The multi-organisational domain

The literature describes collaboration between professionals and between organisations in similar terms. In the multi-organisational domain, collaboration also appears to be about systemic collective action to fulfil common or overlapping service responsibilities, joint production, and exchanges that provide some form of mutual benefit. At an interpersonal level, it is also about human relationships although the focus may be more on leaders with strategic responsibilities rather than those with professional roles related to service delivery. In this sense factors such as communication, understanding of the other, resource and risk sharing, and trust are relevant organisationally as well as professionally. Yet there are significant differences. Percy-Smith (2006) emphasises the formalisation present in multi-agency organisational partnerships. Horwath and Morrison (2007) identify factors about the mandates for collaboration that are specific to the organisational environment including political support, coterminosity, awareness of legal and public accountabilities, and links to other partnerships. Service organisations may be members of multiple service

systems and, therefore, have mandates, objectives and priorities that conflict, or exhaust collaborative capacity.

There is difference also in collaborative process. Based on observation, documentary evidence, interviews and consultation with service users, Children's Trust Pathfinder evaluation (UEA and NCB, 2007) provides a robust and comprehensive view of multi-organisational collaborative processes. This emphasises the importance of the overall governance arrangements of local children's services including alignment with other partnership groups; arrangements to share strategic decision making; the operation of leadership (including the role of the DCS); joint strategic planning, commissioning and funding shared areas of work; and how support is provided for the establishment of new modes of multi-professional work, roles, delivery locations and services. A more recent study of LSCBs (France, Munro and Waring, 2010) examines similar processes although additional attention is given to communication between Board members, and between the Board, local agencies, children and parents, and the public more generally.

There is some evidence that multi-organisational collaboration produces benefits for organisations and some of these gains may benefit individual professionals. Evidence of benefits for children and families is not well established. Benefits for organisations appear to include improved (speedier) service access (Brandon et al., 2006b; Rummery, 2009), earlier problem identification (Wilkin et al., 2008), strengthened assessments (Whiting, Scammell and Bifulco, 2008 cited by Oliver, Mooney and Statham, 2010, p.28), improved inter-agency communication (Moran et al., 2007) and data sharing (Harker et al., 2004). The evidence is mixed in several areas. Whereas Wilkin and colleagues (2008) find evidence that common assessment processes reduce assessment duplication, this is not supported by the UEA and NCB

study. As organisational participation varies, we can expect any benefits to be inconsistently distributed. Barnes and colleagues (2009 cited by Siraj-Blatchford and Siraj-Blatchford, 2009) report difficulties in engaging health organisations in Family Nurse Partnership (FNP) pilots, although Worrall-Davies and Cottrell (2009) find good collaborative engagement between primary health care and child mental health services. The Children's Trust Pathfinder study (UEA and NCB, 2005) and the evaluation of Early Support for disabled children and their families (Young et al., 2006) both found inconsistent involvement of the voluntary sector although the national study of LSCBs (France, Munro and Waring, 2010) reveals good levels of participation in the Board's work. Evidence of benefits also has to be treated with some caution as many research studies focus on the early stages of initiatives, and some reported evidence relies on survey responses or solely on anecdotal self-reports from respondents.

Studies have highlighted factors that may facilitate the establishment of effective multi-organisational collaboration. These include financial factors such as adequate funding levels (Atkinson et al., 2002; Kennedy et al., 2001), financial certainty (Sloper, 2004; Carpenter, Griffin and Brown, 2005; Townsley, Abbott and Watson, 2004), financial equity and explicit financing agreements (Carpenter, Griffin and Brown, 2005; Glendinning et al., 2002); staffing issues such as recruitment, retention and adequate staffing levels (Carpenter, Griffin and Brown, 2005; Atkinson, Jones and Lamont, 2007), continuity of personnel (Easen, Atkins and Dyson, 2000) as well as co-location of professionals (Tomlinson and Local Government Association, 2003; Frost and Lloyd, 2006; Abbott, Townsley and Watson, 2005; Farmakopoulou, 2002). Other facilitators relate to organisational and leadership issues. These include inclusive planning systems (Frost and Lloyd, 2006), the use of needs analysis and extensive consultation (Percy-Smith, 2006); establishing protocols and procedures

(Atkinson et al., 2002), establishing clear and realistic aims (Sloper, 2004), and a shared vision (Percy-Smith, 2006). Beyond the formation of a steering group or partnership board, there are claims that personal characteristics of leaders have an additional effect. Characteristics cited include drive, vision and tenacity (Atkinson et al., 2002), adaptability and ability to compromise (Mattessich, 2001) and supportive and available management styles (Noaks, Moreton and Williamson, 2004; Carpenter, Griffin and Brown, 2005). Finally, a history of collaboration (Mattessich, 2001; Percy-Smith, 2006) and attention to evaluating collaborative progress (Sloper, 2004; Percy-Smith, 2006) are also claimed as facilitators.

2.6   Summary and areas for further research

In a context of continuing change, improved collaboration remains an important quest for policy makers and safeguarding services children and a significant topic for research. Although the literature lacks agreement on what collaboration is, there is broad agreement that it must be a good thing. The literature tends to focus on three identifiable domains of activity. Empirical inquiries in these domains are somewhat narrow and context specific, the topic is complex, and general conclusions difficult to draw. Nevertheless, there are important findings from studies on multi-organisational and multi-professional collaborations, with some measure of agreement about benefits and associated facilitators and barriers. In the service user domain, although collaboration with service users is seen to be essential in broader child welfare work there remains disagreement about its possibilities in safeguarding contexts. This chapter concludes with thoughts about three areas deserving further research.

The first concerns possible transformations in collaborative practices with parents and children arising from the introduction of the Public Law Outline (PLO) as a

solution to delay in care proceedings (Ministry of Justice, 2014). The implementation of the pre-proceedings stage of the PLO has significant ramifications for social work with parents (Broadhurst and Holt, 2010; Masson, 2010) requiring earlier planning between lawyers and social workers over threshold criteria for care proceedings; formal letters to parents where concerns exist; and pre-proceedings meetings with parents that may involve lawyers to agree plans. There are questions about the impact of this process on collaborative working between parents and social workers: whether it has improved transparency; ensured respect for rights; or enhanced planning and follow-through. Alternatively, it may have prematurely formalized relationships, increased fear of intervention, eroded help-seeking, and encouraged a form of safeguarding that is about getting parental cooperation with actions defined by professionals and endorsed by Courts. Research findings are beginning to appear on the implementation of the process; its impact on delay and preparation for court; participant views of the process; and whether a balance has been struck between speed, thoroughness and justice (Masson et al., 2013; Dickens, Beckett and Bailey, 2014). However, broader questions about impacts on collaborative practices and experiences require investigation.

The second concerns the relationship between these three collaborative domains. Authors have tended to focus in one of these three domains but the connectivity of practices between these spaces remains unexplored. A paper by Morrison (2000) drawing on work by Howe (1992) and Glisson and Hemmelgarn (1998) comments on these links. Morrison's argues that inter- and intra-agency culture is strongly associated with the nature of the partnership professionals establish with family members. Four basic examples are provided (reproduced in Table 6 below). This perspective opens up potential lines of exploration about the power of shared beliefs and is discussed further in chapter 8 below.

	Involuntary	**Voluntary**
No participation	2. Adversarial Power struggle Worker v Client "watch your back" Collaboration as threat	1. Paternalism Expert model You need me "we know what's best" Collaboration on our terms
Participation	3. Play fair Entitlement based Acknowledge power differences Procedural justice Openess Clarity Inclusiveness	4. Therapeutic or developmental Psychological model Negotiated agenda for change Working learning together Some inter-dependence Empowerment

Table 6: Morrison's Matrix (as adapted from earlier work by Howe 1992)

The third area relates to fields of collaborative activity in Figure 3[18] that appear neglected by research. These include the possibilities for effective mutual help between service users who share an experience of safeguarding intervention. Also, the extent to which individual organisations or partnership bodies can collaborate with children, parents and family members over policy and service direction. They include collaborative activity by faceworkers such as helpers from community groups and volunteers whose involvement is commissioned in safeguarding work and who interact not only with family members but with a range of different professionals (Akister, O'Brien, and Cleary, 2011). These are not new topics for research but, from this literature review, they appear unexplored in relation to safeguarding. Having identified the ambiguities, areas of focus and remaining gaps in the study of collaboration, chapter 3 returns to the literature to consider how success is used in accounts of safeguarding contexts and how success and collaboration are jointly studied.

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CHAPTER 3

SUCCESS AND THE LITERATURE

3.1   Introduction

This chapter considers the literature from the perspective of success and is organised into four parts. The first explores the literature through an established framework for thinking about safeguarding work.[19] This illustrates the different contexts where safeguarding is studied and success may arise. The second part of the chapter highlights variations in the underlying conception of success. Six different concepts of success are discerned, examples provided of their use, their inter-relationships and their combination in published work. The third part of this chapter discusses the ways collaboration is associated with success in the literature. It uses the siz success concepts and the three domains of collaboration considered in chapter 2 to identify three basic types of association. Finally, the fourth and last part of the chapter offers an overall summary of this literature review. It then identifies the conceptual framework that underpins the methodological approach to the study.

3.2   Success in the literature

Success appears in the literature on a broad range of safeguarding topics. Figure 4

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[19] See Figure 4 below

below (adapted from Barlow and Schrader McMillan, 2010), illustrates the principal

areas of focus for empirical studies generated by the literature review that refer to

safeguarding success.[20] It shows the different junctures and moments for constructing
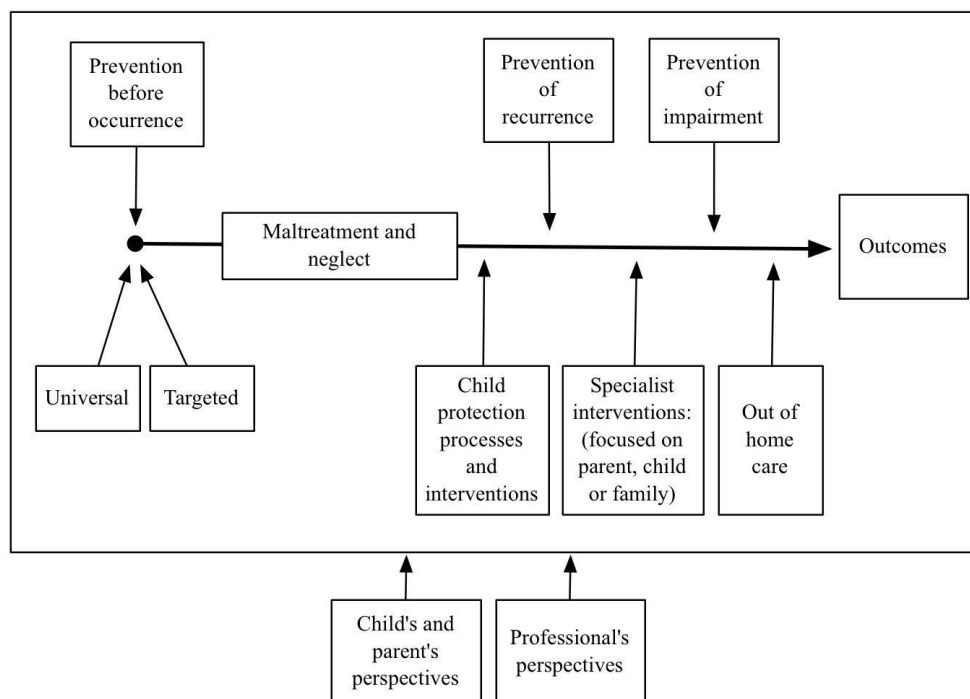
Figure 4: **Areas of focus of the empirical studies**

outcomes: the opportunities to reflect, evaluate and find success. However, Figure 4

conceals the accomplishments of parents and children in preventing maltreatment, in

halting its recurrence, or in recovering from its effects. It masks the part played by

structural forces such as wealth and power in transforming children's and parents' lives,

in reducing stress, in promoting development, and in providing protection from

adversity. Lastly, it provides no indication of finely grained activity at the micro level:

everyday safeguarding practices such as referral making, investigation, assessment,

family visiting, or even task completion all of which offer junctures for reflection and

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[20] Table 14 (See Appendix 1) contains summary details of sixty empirical studies that refer to success. Where authors are explicit about what success means, this is reproduced. Otherwise, the concept of success that inhabits the report of the study has been discerned from close reading of the text and constructed for inclusion on that basis.

evaluation, and moments of latent success.

Prevention

Most of the ten studies of prevention focus on specific risk groups rather than on population-based public health approaches to prevention: parents with substance dependence (Suchman et al., 2004; Keen et al., 2000; Richter and Bammer, 2000; Morris, Seibold and Webber, 2012); children with complex health needs (Abbott, Watson and Townsley, 2005); children or adolescents with additional needs (Pithouse et al., 2009; Biehal, 2008); marginalised ethnic minority families (Gray, 2009); and young parents (Zielinski, Eckenrode and Olds, 2009). The extended schools evaluation (Cummings et al., 2004) focuses on multiple groups: pupils, parents and the local community. Qualitative and quantitative methodologies are used including RCTs. These studies mainly look at programme impacts on the risk group. Only Richter and Bammer (2000) explore what parents themselves do to reduce risk - the strategies adopted by heroin-using women to prevent harm to their children.

MacMillan and others (2009) provide a helpful summary of the impact of programmes on the incidence of different forms of maltreatment and neglect. The authors highlight the FNP programme as displaying the most robust evidence of prevention of physical abuse and neglect. Such programme evaluations tend to use the absence of maltreatment as success although this is represented in different ways (substantiation records, hospital or clinic episodes or self-reports by parents).

Referral and reporting

Eleven studies focus on reporting maltreatment by different professional groups to child protection services. These include school-based professionals (Goldman and Padayachi, 2005; Smith, 2005; Chanmugam, 2009), family therapists (Jankowski and

Martin, 2003), nurses (Lee, Fraser and Chou, 2007; Feng et al., 2010), and paediatricians (Vulliamy and Sullivan, 2000). Horwath (2006) looks specifically at the referral of cases of neglect by a broad range of professionals.

The majority of these studies are problem-focused, exploring identification difficulties, ethical dilemmas and related barriers to reporting maltreatment. If success is detectable, it lies variously in increasing reporting, changing attitudes to reporting, improving recognition, or harmonising ethical obligations to children and parents with mandatory duties to report maltreatment. Just three studies contain a clear idea of success. Bledsoe and others (2004) consider the outcome of mandated reporting of domestic violence. Success here concerns the extent to which reporting leads to safety planning, information and services for adult victims. Antle and colleagues (2010) focus on mandatory reporting of domestic violence but explore the outcome from the adult victim's perspective. Their respondents offer multiple views of success including being emotionally supported, feeling safe, and satisfied with interventions, resources and policies on domestic violence. Finally, Boehm and Itzhaky (2004) explore the outcome of a social marketing approach to encouraging reporting of sexual violence to children within an ultra-orthodox Jewish community in Israel. Success here relates in part to increasing disclosures and reports.

Investigation and assessment

Success in studies of investigation and assessment in child protection is multifaceted and contradictory. Research interests focus on effects of collaborative working for service users and practitioners including the personal impacts. Three of the four studies are exploratory. Although there is no direct focus on success, it is detectable in the aims of researchers and reported aspirations of participants. Law enforcement and social work respondents in a study of integrated investigative working by Newman and

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Dannenfelser (2005) seek reduced trauma to children, increased services to families, and improved arrest and prosecution rates. Wright, Powell and Ridge (2006) find that police officers involved in child protection investigations look for personal success: the job satisfaction of helping people in the face of adversity; protecting children; client gratitude; praise from superiors or colleagues; and better police-community relations. By contrast, in a study of child sexual abuse investigations (Davies, Seymour and Read, 2001) children and parents emphasise the importance of sensitivity of the process; the synchrony of actions of social workers, police, prosecutors and doctors; the timeliness of the process; and access to appropriate support services.

A fourth study (Walton, 2001) tests whether earlier collaboration in investigations - between intensive preservation service (IPS) caseworkers and child protection service (CPS) workers - reduces out of home placements. Using a quasi-experimental design, the authors find no difference at seven months in out of home placement rates. However, other benefits experienced by the experimental group are emphasised: higher reunification rates, increased worker and parental satisfaction; and better parental engagement in services.

Decision making

Two main themes are evident in decision-making studies. The first concerns whether decision making accords with normative values. Bell (1999) on CPCs, and Harlow and Shardlow (2006) on core groups find almost no redeeming features of current decision-making arrangements. For Bell, decision processes lack authethnicity, justice, and arrangements that promote the welfare of the family as a whole. For Harlow and Sharlow, the gap is shared responsibility between professionals and meaningful involvement by families in decision making.

The second theme concerns the success of minimising decision-making

errors in child protection work. Prince and others (2005) investigate the potential for on-line support for CPC members to reduce group effects and biases highlighted by earlier research (Corby, 1987; Hallett, 1995; Farmer and Owen, 1995; Bell, 1999). Davidson-Arad (2001) is concerned with whether social workers' decisions about separating a child from their parents are biased by perceptions about parental cooperation, and expected outcomes for the child (expected changes in the child's quality of life). The author's point is that the social worker's sense of parental cooperation influences judgements about expected success (quality of life) for the child, and both influence critical decisions. Different factors appear relevant in reunification decisions. According to Wade and colleagues (2011) successful reunification (safety stability and wellbeing) is associated with establishing acceptable risks to safety, the perception that originating problems had improved and the strong desire on the part of the child to return home.

Outcomes

Research in this area relies on multiple measures of success. Different views exist on who is the subject of success, and there is little agreement on success criteria beyond the end of maltreatment for the child. Farmer and Owen (1995) include meeting the needs of the child and his / her primary carer. Cleaver and Freeman (1995) include family-related factors such as family relationships, living situation, and also parenting behaviour. The more recent reunification studies of Wade et al. (2011) and Lutman and Farmer (2012) rely on stability and wellbeing for the child, however, each constructs wellbeing in different ways. Wade and colleagues build their measure of wellbeing from social worker and teacher ratings on children's risk behaviours, overall progress in line with ECM outcomes, emotional and behavioural development, and school adjustment. Lutman and Farmer's concept of wellbeing is essentially a researcher

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rating of the child's overall wellbeing informed by case-file information on educational, health, emotional and behavioural development, combined with information from case record summaries. Two studies examine the relationship between maltreatment on the one hand and educational outcomes on the other. Both Fantuzzo, Perlman and Dobbins (2011) and Coohey and others (2011) use academic attainment as a success measure although the former study also incorporates the absence of behaviour problems.

By contrast, Trotter (2008) and Lietz (2006; 2007; 2009a) focus on a shared success for family members rather than success only for the child. Trotter's success criteria are based on practitioner assessments of family progress: the absence of further maltreatment, whether children remained at home, and client satisfaction. Lietz's study constructs a sense of family progress from the self-evaluations of family members and includes perceptions of increased parental effectiveness; improved communication and relationships; progress with substance abuse; and increased insight. Rather than judge success based on current developmental progress or the absence of manifest problems, Brandon and Thoburn (2008) emphasise the child's personal qualities of resilience and coping as forms of success along with contextual features such as the presence of a high level of commitment from friends and family.

Recurrence and prevention of impairment

Attempts to end or prevent recurrence of maltreatment need to be distinguished from treatments designed to prevent impairment for those affected (Macmillan et al., 2009). There is little evidence of programme effectiveness in reducing the recurrence of physical abuse and no evidence of effectiveness concerning neglect (Barlow and Schrader McMillan, 2010). This includes the application of the FNP programme suggesting what is effective in preventing maltreatment may not be effective in preventing its recurrence (MacMillan et al., 2005). Drake, Jonson-Reid and Sapokaite

(2006) adopt a more ecological perspective and seek associations between rates of recurrence and a range of child, caregiver, service, and neighbourhood characteristics. Describing the story in their data as complex, they find a basis for associating lower recurrence rates with multi-service usage by families. The authors make the important point that most research in this field focuses on the characteristics of who is "re-reported" with little attention being paid to children and parents who appear to have successfully exited the safeguarding system.

Studies of treatment approaches for those exposed to maltreatment and neglect can fail methodological criteria for inclusion in systematic reviews. A summary of approaches provided by Barlow and Schraeder-McMillan (2010) highlights the promise of interventions such as Cognitive Behavioural Therapy and the 'Triple P' parenting programmes. Their review distinguishes between programmes for parents or carers with the objective of controlling behavioural effects for others, and interventions for children and young people that are more concerned with healing. Surprisingly, the literature search produced just two treatment-related studies. The first (Barker and Place, 2005), focuses on one centre's work of eclectic therapeutic help for children who have experienced maltreatment or neglect. This uses changes in clinical scores and satisfaction (of children, parents and other professionals) as success. The other, a qualitative study (Einbinder, 2010), reports the outcome of a residential treatment programme for mothers with substance dependence and substantiated child maltreatment reports. Success is conceived in terms of reunification with separated children, insights on parenting, agency, and the development of peer support for sustaining change.

Perspectives of parents, children and young people

Several studies offer parents' perspectives including comparative research of English

and French parents' experiences (Baistow and Hetherington, 1998); studies of parents' views of interventions (Spratt and Callan, 2004; Dale, 2004; Buckley, Carr and Whelan, 2010); and a study of practice in situations requiring the concurrent intervention of children's and adult services (Cleaver et al., 2008). Although much of this research focuses on problematic practice as parents saw it, we can find rare glimpses of success. Satisfaction and the provision of practical and emotional help are recurring themes. The respondents in the study by Buckley, Carr and Whelan (2010) also valued freedom from the gaze of child protection services.

A growing number of studies explore the perspective of children and young people about intervention in maltreatment and neglect (Bell, 2002; Morgan, 2006; Ward, Skuse and Munro, 2005; Happer, McCreadie and Aldgate, 2006; Woolfson et al., 2009; and Cossar, Brandon and Jordan, 2011). Success themes in these studies cluster around two issues. Firstly, there is a theme of successful engagement with professionals in the process: being listened to; having influence, choice, involvement, or a sense of control; and trust. The second theme concerns gains or benefits experienced from the intervention: the removal of the perpetrator; relationship improvements; better physical standards at home; clearer family communication; a sense of belonging to a family; feeling helped with personal problems.

Searching for success

Success is discernible but rarely explicit in these empirical studies (Appendix 1). It is often hidden within a focus on deficiency and error requiring careful reading to bring it to light. Alternatively, it is taken for granted and embedded in methodologies of evaluation. Only six of the sixty empirical reports focus directly on success in safeguarding work. Knei-Paz and Ribner (2000) explore client views about a successful helping relationship. De Boer and Coady (2003; 2007) and Knei-Paz (2009)

report the outcome of small qualitative studies that gain both social workers' and clients' views of a successful helping relationship. What emerges is a rich narrative conveying the felt importance of the helping relationship, the practical and emotional gains, and the actions that facilitated the relationship develop. Rosenfeld, Schön and Sykes (1995) report the outcome of a seminar exploring the success of several Israeli projects in working with families with young children considered to be beyond help. This account looks at the gains for families and at the things these projects did in common to establish a basis for successfully serving the families and communities involved. Lietz (2009a) looks at improvements arising from intensive in-home service involvement from the family's perspective. She emphasises the interaction of family strengths and service involvement in producing gains for families. Finally, the study by Shapiro and colleagues (2009) examines the meaning of successful outcomes for a group of Australian Hospital Social Workers. It illuminates a conception of success constructed around achieving tasks rather than goals, receiving no complaints, and gaining positive feedback from clients or colleagues.

Clearly, combating maltreatment, making improvements, finding justice and fairness all require close and sustained attention to difficulties so that the problems experienced by parents, children and practitioners are fully understood. It is surprising, however, not to find more studies of achievements, where accomplishments are also understood, and where triumphs are explored for learning. Reasons for this vary but include the preferences of researchers to focus on problem areas.[21] The significance of this preference for the problematic is discussed further in chapter 8. At this point

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[21] In describing their study of core groups, Harlow and Shardlow for example state: "While there was evidence of some excellent practice in this particular borough, the focus here is on the general difficulties associated with the functioning of core groups… What follows is not a balanced account of practice within one authority, but a spotlight on the kind of challenges that may be faced by practitioners and their managers throughout England. (Harlow and Shardlow, 2006, p. 65-6)

however the discussion turns to making sense of these diverse notions of success in the literature.

3.3   Six conceptions of success

This second part of the chapter examines the literature from a different perspective. It highlights, in ideal-type form, several different underlying concepts of the success in this literature. Key dimensions illustrate the similarities and differences between these concepts:

- *Subject*: whether the success concerns an individual or social group (for example a child, family, neighbourhood or organisation);

- *Temporality*: whether the successful outcome is anchored to a short or long-term event or episode, or else is linked to a likely future trajectory;

- *Structure*: whether success is dimensional or categorical (for example, whether it is meaningful to speak of partly successful outcomes or mixed success);

- *Attribution*: whether success is attributed to action, inaction, or interaction, through simple or complex processes, involving internal or external forces;

- *Specificity*: whether success relates to some highly specific element or something more composite or global; and

- *Substantiality*: whether success is a subjective experience or a social fact; understood only from the subject's perspective, or something that is externally knowable and amenable to survey or measurement.

Table 7 below summarises six conceptions of success discernible in the literature and differentiates them with respect to these dimensions. In the following section, each concept is discussed in turn together with examples of use in particular published work

	Safety as success	Developmental success	Wellbeing as success	Satisfaction as success	Inclusion as success	Effectiveness as success
Subject of success	The individual child	The individual child	Individual child or adult	Individual child, adult or social group	Individual child, adult or social group	Activity of the child, adult or service provider(s)
Temporality	Short-term	Medium to long term	Medium to long term	Short, medium or longer-term	Short, medium or long term	Short, medium or longer term
Structure	Categorical about the present (safe or unsafe); dimensional about future threats	Dimensional	Dimensional or categorical	Dimensional (for example: degree of satisfaction)	Dimensional or categorical	Dimensional (for example: partly effective)
Attribution	Made safe by external action	The result of interplay of external help and internal strengths	The product of a therapeutic alliance formed through intervention	The internal response to external action or intervention	The result of agency and accessible relevant services	The result of actions and interactions by participants
Specificity	Specific to particular threats (potential or actual)	Specific to certain developmental dimensions	Global but specific gains in sense of wellbeing, esteem and competence	Global but may be dissected into particular areas	Relates to specific or multiple areas of inclusion	Specific to particular actions or methods of intervention
Substantiality	Observable social fact, made apparent by the absence of actions or events deemed abusive or neglectful.	Observable social fact, measured against norms or standards of adjustment.	Subjective but socially constituted and self-reported by the individual	Subjective and self-reported by the individual or group	Observable social fact but may have a subjective component	Normally treated as an observable social fact to be measured against pre-defined criteria

Table 7: **Six Conceptions of Success**

<u>Safety as success</u>

The imperative of achieving safety for children at risk of maltreatment or neglect is perhaps the most fundamental and powerful force in safeguarding work. The social worker in the following quotation conveys this:

> The most urgent task for us is to secure the child's safety and crisis management. Intervention for family interaction or dynamic can come later.
> (Feng et al., 2010, p. 1486)

Safety as success means rendering the child safe by external action; making safe rather than making safer; and doing so in the face of external threats. Although it has particular traction in the early uncertain moments of safeguarding where risks are not understood, this idea of success is embedded within the legal and policy framework for practice and in the concept of significant harm. The absence of further significant harm - further maltreatment or neglect - is a fundamental objective and incorporated in guidance on the circumstances where CP plans may be discontinued. These plans may only end when:

> ...it is judged that the child is no longer continuing to, or be likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan (HM Government, 2015, p.49).[22]

This is a complex message. It calls for judgement that there is no current exposure to physical, emotional, or sexual maltreatment. It requires a prediction that maltreatment or neglect is unlikely to reoccur. Finally, it implies the need to judge what contribution safeguarding activity has had in producing current safety and sustaining it in the future. In a context where demands on services require constant prioritization of work, where it is easier to assess current safety than predict the future, and where long-term

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[22]The guidance also permits a decision to end a plan where the child has died, moves permanently outside the UK or to another local authority area within the UK, or has attained 18 years of age.

consequences are difficult to establish, the ending of the child protection plan may be equated with safety and taken as sufficient success. Summary and narrow judgements in these circumstances can dilute the case for longer term support. Whilst children and parents may not always need or want continuing support, the long-term effects of maltreatment and neglect are often significant (Bentovim, 2009) and for children, may raise the risk of experiencing wider sources of harm.[23]

Several authors warn of a preoccupation with short-term safety. Horwath (2006), based on research in Ireland, finds that referring professionals focus on incidents and children's physical safety, marginalising other developmental needs. Brandon and others (2005) and Devaney (2008) both provide illustrations of the adverse effects of failing to provide long-term help for children and families with chronic problems. "Quick fixes" are rarely possible where children have been abused or seriously neglected. These findings suggest that a safeguarding system driven by safety as its primary success criteria may downgrade the longer-term work necessary to mediate the effects of abuse and neglect. It may be prone to equating safety with the absence of expressed concerns - no news is good news! As such, safety is a necessary achievement but a preliminary, and by itself, an insufficient success.

Developmental success

Like safety, a second concept - developmental success - also focuses on the individual child, but over a longer time-span. The successful outcome here is a moving target, becoming available for assessment at different points of childhood or in entering adult life. Progress is assessed against norms or standards of adjustment derived from studies of wider populations. The focus is on specific or multiple areas of development.

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[23] See for example evidence discussed by Finkelhor et al., (2009) concerning child maltreatment and polyvictimisation.

Success is conceived in dimensional terms. It can be measured and compared qualitatively or quantitatively with normative expectations. Whereas safety is the result of external action, developmental success is the product of an interaction between context and the maturation of the child.

Realist assumptions underpin this view of success - that different dimensions of human development can be assessed, measured and compared between individuals. Such judgements are not straightforward. They require knowledge and precision. Memory and intuition are insufficient (Munro, 1999). Several attempts have therefore been made to encourage practitioners to make systematic use of assessment tools: with children looked after by local authorities (Ward 1995) and more generally with children in need (Department of Health, 2000). Both systems focus on the same dimensions of child development.[24]   The first is based on the logic that age-related achievements in these different developmental dimensions are associated with particular caretaking activities. Tools[25] support practitioners in checking for these activities and in assessing developmental outcomes. The second system takes a similar perspective but makes use of a wider array of checklists and scales. Judging success therefore becomes a question of different participants (parents, carers, teachers, the child him/herself) applying - at baseline and later - standardised scales, checklists and questionnaires to measure and quantify progress with precision.

This approach is criticised for its prescription, the extent to which it minimises children's views of what are in their best interests (Munro, 2001), its claims of reliability and objectivity and the association of practice tools with Government policy (Garrett, 2002). Horwath (2006) questions the techno-rational assumptions,

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[24] Health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.
[25] Known as *Assessment and Action Records*.

claiming these frameworks lack appreciation of the organisational, interpersonal and less rational influences on judgements about children's vulnerability.   A further set of objections concern how the tools have been embedded in interagency practice, including their use in workflow based electronic recording systems (Pithouse et al., 2012; Wastell et al., 2010).

Nevertheless, many studies identified in the literature make use of standardised scales to assess developmental outcomes, normally comparing follow-up with initial or baseline assessments. These include changes in children's mental health (Bai, Wells and Hillemeier, 2009; Barker and Place, 2005); in psycho-social functioning (Glisson and Hemmelgarn, 1998; Finch et al., 2006; Biehal, 2008); in psychological distress or depression experienced by adolescents and parents (Brandon and Thoburn, 2008); and changes in family functioning (Biehal, 2008).

Other studies make greater use of researcher judgements about outcomes. This may be because the opportunity to measure developmental progress is not available and researchers must rely for example on events and developments contained in records or the memory of interview respondents. Forrester and Harwin (2008) for instance report on a retrospective study of outcomes of children and parental substance misuse two years after referral. Outcome assessments (good, poor or mixed) are based on researcher judgements of children's educational, health and emotional and behavioural problems at the time of referral and at follow-up. These judgements are in turn based on data from social work records rather than from administered assessment instruments.

Finally, instead of considering developmental success retrospectively, it can be viewed prospectively. Longitudinal research by Brandon and Thoburn (2008) of children considered at risk of significant harm suggests that positive developmental

outcomes for young people may be as much the result of their own qualities and personalities as the product of support and intervention. From this perspective, developmental success can be viewed as strengths or assets; not just a previous positive pathway but also a positive developmental trajectory into the future. Theories of resilience suggest children can develop important areas of competence despite the experience of major adversity such as maltreatment and neglect (Masten and Coatsworth, 1998; Afifi and Macmillan, 2011).

Wellbeing as success

This view of success concerns the individual child or adult. Like developmental success, it relates to a longer time-span. Wellbeing as success is subjective but also socially constituted and influenced by interaction with others. It is not easily measurable or comparable. Success from this perspective represents something of a cathartic change; a global and emotional sense of enhancement in the way individuals understand themselves, their world and their capacity to negotiate its opportunities and challenges. It may be experienced as dimensional - with individuals being able to sense some gradation - or as a distinct, discrete and categorical transformation of thoughts and feelings about themselves and their lives. Like developmental success, this idea of success is the product of interaction but, specifically, the interaction arising from a therapeutic alliance or relationship.

In the reviewed literature this view of success appears in a handful of qualitative studies relying on small samples of parents and young people. The narrative of these participants communicates something of the depth and richness of meaning of this sense of success. Three examples follow. de Boer and Coady (2003; 2007) report research with worker-client dyads claiming to have had a positive helping relationship. Respondents use language such as healing and life-changing to convey participant

feelings about the outcome of work. According to the authors:

> One client said: 'She [the worker] really, really massively healed a gaping wound that I had my whole life'. Another client remarked, 'I owe her [the worker] my child. I really do. I owe her my whole life'. A third client described her worker as 'the stake beside my tree, as I grew.' (de Boer and Coady, 2007, p.39)

This strong, positive evaluation is also conveyed in an Israeli study by Knei-Paz (2009) on the therapeutic bond established between worker and clients in the context of child welfare intervention. The author claims that for the client, the bond brought a sense of relief from the weight of their distress and also enhanced their self-image, self-awareness and recognition of self-worth:

> 'Yes, today I can say that I'm a different Rivka, I'm not the same Rivka that I was. I now have self-confidence, from many, many points of view . . . from the point of view of my own image, my decisions, my thinking, my behavior. I went through a very big change, a drastic change. I'm not the same weak Rivka, stupid, stupid, zero, worthless. No. Today I can say that I do have worth. (Rivka, client) (Knei-Paz, 2009, p.189)

Finally, a UK study by Biehal (2008) offers similar evidence but of relationships established with young people by a family support project. The project offered individual attention and an opportunity to talk enabling young people to feel listened to and valued. The author's extract from eleven-year-old Heather explains:

> 'We watch TV and then I talk to her about how school's been, how the past has been, if I had had any bad feelings or anything, iron the anger out . . . . I tell her everything and then I don't have the problem again. It's just like, when I release them, I don't have them again, the problems. Feels like . . . a clean part of my heart's been put in, instead of the bad side of it.' (Biehal, 2008, p. 455)

Two objections can be made to this idea of success. First, whether this form of success is found more in the therapist's room rather than in conventional safeguarding activity with its turbulence and conflict. However, child protection concerns are evident in the stories and descriptions given by de Boer and Coady (2003; 2007) and by Knei-Paz (2009). Although Biehal's study focuses on preventive work

with adolescents and their families, the presenting difficulties of the young people and families are significant, as would be the challenges of forming a helping relationship. The second objection concerns whether expressed feelings of wellbeing are accompanied by changes in behaviours or relationships, something of particular importance in safeguarding work. Knee-Paz (2009) provides some evidence that the therapeutic bond not only brought relief from distress but corresponding improvements in parenting abilities. Howe (2010) has suggested that this form of relationship, where a parent feels understood by a worker who is able to keep both parent and child in mind, helps the parent feel safe and less stressed when they undertake the unsettling task of thinking about difficult things. "Feeling less stressed, parents are better able to keep their children and their needs in psychological focus." (Howe, 2010, p.339).

Satisfaction as success

This concept of success relates to child or adult views of intervention. It is a subjective expression, but unlike wellbeing, it is measurable, comparable and capable of aggregation. It is dimensional, may be applied globally, or dissected to reveal satisfaction about particular aspects. Whereas success as wellbeing relates to a deeper therapeutic experience, this success relates to a broader range of service experiences that may involve multiple actors, diverse objectives, short or long-term encounters, and more superficial relationships.

Satisfaction as success can be found in studies of participant views of safeguarding activity. Whilst deficiencies are often focused on, areas of satisfaction can be buried amongst stories of problematic practice. This imbalance relates in part to the inaccessibility of the subject matter. Particularly with children and vulnerable adults, studying satisfaction with safeguarding intervention means navigating a minefield of ethical, practical and also methodological issues (Kirk, 2007). There may be legal

restrictions, continuing safety concerns or fear of reactivating traumatic feelings. All of these may limit whose views can be studied and in what context. Additionally, as suggested above, children's views about child protection processes may be restricted by a lack of involvement in the process (Farmer and Owen, 1995; Sandbæk, 1999; Bell, 2002; Stanley et al., 2010; Cossar, Brandon and Jordan, 2011) or because they regard such involvement as peripheral to their main interests and concerns (Sandbæk, 1999).

However, over the past two decades children have been increasingly recognised as active agents, capable of representing their experiences, and expressing their satisfaction in a reliable way given proper consideration, inclusion and support throughout the research process (Thomas and O'Kane, 1998; Shaw, Brady, and Davey, 2011). An emerging body of evidence suggests children associate service intervention with the activities of key professionals, particularly social workers, and especially in contexts where they may not know or understand the interventions involved. Children may link successful intervention to whether the social worker was helpful (11 MILLION, 2009; Bell, 2002; Cossar, Brandon and Jordan, 2011). Children and young people in abusive contexts attach importance to sensitive, reliable help, to being listened to and taken seriously (McGee, 2000; Stanley et al., 2010; Gorin, 2004; Oliver, 2010).

Surveys provide important evidence of children's and young people's satisfaction.[26] The credibility of findings is enhanced when survey data is triangulated and supported by other forms of evidence. The study by Ward and colleagues (Skuse, and Ward, 2003; Ward, Skuse and Munro, 2005) includes evidence from questionnaires, semi-structured interviews and data from tracking care pathways over an extended period. This approach provides a fuller exploration of areas of satisfaction, the basis

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[26] Morgan (2006) provides a good example of this approach.

and context for this.

Studies of parents' views of child protection interventions (Cleaver and Freeman, 1995; Farmer and Owen, 1995; Baistow and Hetherington, 1998; Bell, 1999; Dale, 2004) referred to earlier in relation to decision-making, highlight parental dissatisfaction with particular processes. By contrast, studies of parental views about family support services show relatively high levels of satisfaction (Social Services Inspectorate, 1999; Tunstill and Aldgate, 2000). Although this research does not concern children subject to CP plans, a significant group of participants in both studies have experience of child protection interventions. Similarly, a study by Cleaver and others (2008) on domestic violence and drug misuse in the context of child welfare concerns shows that in half the cases both parents and workers rated their relationship as good. Parents valued social workers who treated them with respect, who were honest, transparent, listened to them and involved them in assessments. Parents who expressed satisfaction valued, in particular, a combination of both practical and emotional support. Levels of satisfaction may relate to the stage of safeguarding (Cleaver and Freeman, 1995) and to the skills of practitioners in attending to parents' needs as well as the specific issues of risk (Davies, Seymour and Read, 2001; Spratt and Callan, 2004).

As to the significance of success as satisfaction, Cleaver and Freeman (1995) suggest, by itself, satisfaction is unlikely to be an adequate indicator of success. Despite the best efforts of all involved, parents and children be unaware of all relevant factors, or may feel they have had a fair deal when their wishes have been given inadequate consideration. On the other hand, satisfaction appears to be valued in practice (Shapiro et al., 2009), may correlate with other sources of outcome evaluation (Trotter, 2008), and could indicate the converging of perspectives associated with a

broader form of success (Cleaver and Freeman, 1995; Platt, 2007).

Inclusion as success

As social inclusion, success relates to the individual or the social group; to the short, medium or long term; and to specific or multiple areas of exclusion. Success as social inclusion marks emergence from exclusion, through personal agency and action by others. While seen as capable of being studied as an objective social fact, it has a subjective component.[27]   Similarly, those affected may experience it categorically (included or excluded) or dimensionally (partial inclusion).

This concept is relevant to understanding the focus of many studies on achieving social integration for the disengaged or those unable to access services. This perspective has roots in earlier ecological thinking: that the conditions for child maltreatment include parental "isolation from potent support systems" (Garbarino, 1977, p.726). The assumption is that particularly for young parents, social support provides a buffer against stress and helps with the socialisation of parenting practices. Its absence increases the risk of child maltreatment. More recent research challenges this assumption citing ambiguity over the meaning of isolation, highlighting that many parents convicted of child maltreatment have quite developed networks of support, and emphasising that what is important is the richness and stability of support networks (Thompson, 2014).

Two studies (Abbott, Watson and Townsley, 2005; Cummings et al., 2004) feature inclusion as a form of integration. The first concerns multi-agency working for families with a disabled child with complex health care needs. Success in this study relates to project objectives of enhancing the quality of life for children and families in

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[27] For example, feeling a sense of belonging rather than stigmatised or discriminated against.

dimensions relating to improved service access: to an appropriate physical environment, schooling, personal development, health services, and sources of leisure and social support. Integration is a key objective in the second study, which evaluates extended school pathfinder projects (Cummings et al., 2004). Here, success is enhanced attainment and attendance, together with improved family and community involvement in children's learning. In both studies, the success of inclusion involves a form of social integration through improved service availability and accessibility. Services are deemed already effective and appropriate to needs. It is access that needs improvement.

Children and parents can of course receive services but still experience exclusion. Research on participation and decision making in safeguarding work (considered above) highlights this point. Success in this context is less about gaining service access and more about humanising existing approaches to participation. Rosenfeld and Sykes (1998) make a similar point in contending that services may be available but be inapt particularly for socially excluded families. Success in this broader context involves changes to services that can only come about through meaningful dialogue with families that use them.

Effectiveness as success

Effectiveness concerns the extent of achievement of desired goals or results. It applies to goal-directed activity undertaken by an individual, group or organisation in the short, medium or long-term. This success is dimensional in that we can refer to a partial achievement, and attribute achievements to specific action by identifiable participants. Finally, goals or results are specified in advance and are capable of being measured or their achievement confirmed in some way. Within the reviewed literature, this form of success takes three main forms. It is apparent in commentaries on the use of

performance measurement in safeguarding work; in reviews or critiques of evidence-based practices; and in accounts of the methodology of particular interventions.

Performance indicators are widely used as part of a goal management approach to service delivery. Effectiveness measures provide information on the extent of attaining targets or goals.[28] Tilbury (2004) provides a useful summary of the criticisms of this approach: that the emphasis on indicators produces a distorted understanding of performance; reshapes what are considered problems requiring attention; and leads to assumptions that indicators must in some way represent some objective reality. In needs to be said, however, that some performance indicators are more meaningful than others. The problem is that even in the most significant areas of policy and public concern (recurrent child maltreatment for example) case events form the basis for indicators rather than observed or first-hand knowledge of events in children's lives. Indicators, therefore, come to rely on decisions taken by individuals and groups about CP plans for example. We know from UK research that these decisions are subject to inconsistency and bias (Devaney, 2008; Pugh, 2007). Poertner and others (2000) make similar points about the use of outcome indicators in the United States. There are warnings also about the impacts on practice. Munro (2010; 2011a) claims the culture that valorises indicators encourages a form of social work that emphasises compliance with managerial direction and procedural guidance. This process in turn undermines professional confidence, discourages the reflection and feedback that is not only central to learning and service improvement but critical in making assessments and decisions in child protection work. More recent research

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[28] For example, the goal may be to reduce the number of children who have a child protection plan for a second or subsequent time. A service may set a target of 15% (of all children with a child protection plan) by a set date. A performance indicator will show the actual percentage at the set date, representing the extent of achievement or effectiveness.

(Broadhurst et al., 2010; Wastell et al., 2010) suggests adherence to workflows and improving performance metrics encourages shortcuts, work-arounds, front-line disengagement, and mindless compliance with management direction - behaviour that distorts recording, and creates a gap between practice as it is for practitioners and its representation in organisational data.

Indicators emphasise ends and are agnostic on means. By contrast, the interest in evidence-based practice is a search for particular practices known to be effective in attaining those ends. There is a strong case for this search. As Gambrill notes, interventions vary; clients may be harmed as well as helped; harmful interventions may continue unchallenged; and there are gaps between claims of effectiveness and evidence to support such claims (Gambrill, 2013). It is clearly important therefore that practitioners and the families they work with know something about the likely impact of proposed interventions. However, there are controversies here about what is defined as evidence of effectiveness and who is involved (Gambrill, 2006); whether the standards applied suit certain methods of intervention and render others as untestable. There are further questions about whether effective practices that emerge from testing regimes can be manualised, exported and replicated elsewhere without considerable adaptation given differences in social and organisational contexts (Barton and Welbourne, 2005). Finally, there are also doubts as to whether approaches found to be effective in other fields of child welfare will be successful in work with families where maltreatment is a principal concern (Thoburn, 2009).

A third form of effectiveness as success can be found in the literature focusing on the methodology of interventions. Task-centred approaches (Marsh and Doel, 2005) and solution-focused practice (Berg and Kelly, 2000; Turnell and Edwards, 1997) make extensive use of goals and objectives. The logic is that the achievement of

goals agreed between worker and client provides motivation, becoming the building blocks for larger solutions. Solution-focused thinking encourages a concentration on successful accomplishments; on exceptions where clients resolve problems; of joint reflection on the extent of progress. Such approaches have their critics who see task centred practices as disconnected from coherent theoretical knowledge; and as ignoring the structural origins of individual and family problems (Gambrill, 1994). The relevance of solution-focused approaches have also been questioned on their brevity and relevance for individuals with severe problems, the neglect of broad-based assessment and their pretense to be "all things to all people" (Stalker, Levene and Coady, 1999). Despite such criticism, practices such as the 'signs of safety' approach to child protection (Turnell and Edwards, 1997), based on solution focused methods continues to attract grass-root support internationally from frontline practitioners.[29]

Combining and inter-relating the concepts

Having explored the significance of each of these six concepts (Table 7 above), their possible combination and inter-relationship requires comment. Parker and colleagues (1991) distinguish between final outcomes (fundamental experiences and longer term changes for the child and parent) and intermediary outcomes (intervening outputs or areas of impact which may be a stage towards or influence the establishment of these longer term outcomes). Final outcomes for the child (and parent) can also be conceived hierarchically (Figure 5 below), in a manner similar to that proposed by Maslow (1954). Here safety is a fundamental foundation for the successful individual development, and both are necessary for a meaningful sense of personal well-being.

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[29]See for example the growing international interest in this approach reflected within the originators website - www.signsofsafety.net.

The literature contains examples of combinations of these concepts. Safety and developmental success are employed in a number of studies (Cleaver and Freeman, 1995; Farmer and Owen, 1995; Brandon and Thoburn, 2008), with safety considered as a necessary but, by itself, an insufficient condition for success. Safety may be necessary for developmental success and constitute a first concern for intervention, but the growth of a sense of well-being may also be essential for self-protection and coping with future threats to safety (Howe, 2010).

Intermediary outcomes, the more immediate and possibly measurable markers of success, facilitate or reinforce the achievement of successful final outcomes. Figure 6 below uses the concepts of success (Table 7) to illustrate this, suggesting intervention and other factors influence both types of outcome.

Figure 5: **Final Outcomes and Maslow's hierarchy of needs**
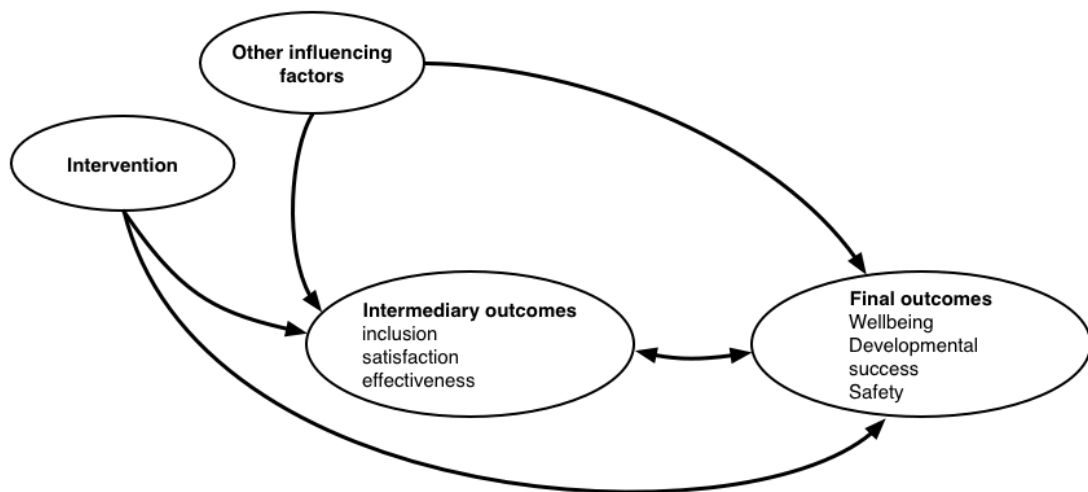
Figure 6: **Intermediary and Final Outcomes**

This sort of formulation infers conceptual links or empirical correlations between intermediary and final outcomes. These provide a basis for important assumptions in safeguarding work. Improved indicators concerning repeated CP plans may be taken that more children continue to be safe following intervention. Using effective parenting interventions may give confidence about gains in children's emotional and behavioural development. Achieving the inclusion signified by parental engagement with counselling services may generate a sense that a parent's wellbeing will be enhanced.

However, intermediary outcomes are likely to have different meanings for different participants. For service providers, they provide pragmatic and convenient ways of assessing current or prospective impacts of interventions. For children or parents, these intermediary successes may fail to grasp the interior experience of safety, to provide a language to reflect on developmental progress or to adequately convey changes in feelings of well-being.

3.4   How success and collaboration are related in the literature

This third part of the chapter focuses on the connections between collaboration and success. In chapter 2, three domains of collaboration were highlighted. The previous part of this chapter identified six conceptions of success. The following discussion highlights some basic connections by exploring the ways these sets of ideas intersect in the literature. Table 8 (below) offers a sense of these associations.

Studies of collaboration that consider success in some way and studies of success that contain some consideration of collaboration tend to focus on particular collaborative domains and concepts of success. The concentrations of studies in the matrix in Table 8 enable the rudimentary identification of three perspectives on success and collaboration. The first concerns the relationship between success and collaboration within the helping relationship between practitioner and service user (column one). A second perspective relates to how success and collaboration are inter-related in a multi-organisational context (column two). The third concerns this relationship in multi-professional activity (column three). Each perspective offers different theories of change to explain the association between success and collaboration.

Success and practitioner - service user collaboration

The first perspective is found in studies of the insider's view of the helping relationship through qualitative interviews with small samples of parents who have experienced safeguarding interventions. The helping relationship is the collaborative process that generates success. It promotes wellbeing but is also associated with service user satisfaction, increased service use, and competence in relationship sectors such as parenting. The success is principally one for the service user.

Success concept	Collaborative domain		
	Service-user domain	Multi-organisational domain	Multi-professional domain
Safety as success	-	-	-
Developmental success	-	-	-
Wellbeing as success	Relief, emotional growth, insight (Knei-Paz, 2009)	-	-
Satisfaction as success	Correlations between service user satisfaction and absence of further reports of abuse (Trotter, 2008)	-	Increased job satisfaction of professionals in a joint working project (Abbott, Townsley and Watson, 2005)
Inclusion as success	Mutual trust, self-esteem, independence, integration, diminished risk (Rosenfeld, Schön and Sykes, 1995)	Improved access to child mental health services (Chuang and Wells, 2010)	-
Effectiveness as success	-	Improvement in multi-organisational practices towards domestic violence (Banks et al., 2009) Improvement in multi-organisational responses to children of substance dependent parents (Altshuler, 2005) Improvement in selected performance indicators (Bachmann et al., 2009)	Creation of new knowledge, mutual understanding (Frost, Robinson and Anning, 2005) Speedier service access (Brandon et al. 2006) Improved communication (Moran et al., 2007) Strengthened assessments (Whiting, Scammell and Bifulco, 2008)
Multiple concepts	Life changing, honest disclosure, ownership of plans, changed attitude to child welfare (de Boer and Coady, 2007); Emotional support, concrete services (KneiPaz and Ribner, 2000); increased family strengths (Lietz, 2009b)	Improved mental health service use and mental health status of children (Bai, Wells and Hillemeier, 2009) Improvements in children's psycho-social functioning (Glisson and Hemmelgarn, 1998)	Reduced repeated interviewing of children; increased prosecution rates (Newman and Dannenfelser, 2005)

Table 8: **Collaboration and Success**

For de Boer and Coady (2007) the worker's behaviours within this relationship facilitates this form of success: their ability to exercise "soft, mindful and judicious use of power"; their "humanistic attitude and style that stretches traditional professional ways-of-being." (de Boer and Coady, 2007, p.35). This study, like similar research (KneiPaz and Ribner, 2000, Knei-Paz, 2009), highlights a common core of facilitative behaviors by workers:.[30] The authors suggest these behaviours convey respect and build trust. For the social worker, this provides a foundation for increased honest disclosure, improved accuracy of assessments and selection of interventions and also greater ownership of service plans. For the service user, it instils hope and feelings of nurturance and support.

The theory of change underpinning success and collaboration in this genre of research is principally a psychodynamic one although there are differences in emphasis. In Knei-Paz's study it appears the therapeutic bond is both an outcome and a necessary vehicle to enable further personal and emotional change in the context of this continuing form of help. For Biehal (2008) the therapeutic alliance represented an essential basis for effective structural interventions such as behaviour programmes or parenting strategies. This contrast may reflect differences in beliefs about effective therapeutic change including eclecticism.

The help depicted in these studies is somewhat one-sided. There is scant attention to the parent's or young person's contribution to the relationship and no sense of the negotiation and mutual change in perspective referred to by Cleaver and Freeman (1995). To some extent, Lietz's study redresses this imbalance as it emphasises the

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[30] These behaviours are: care in the use of power; following through; returning calls; being on time; acknowledging and affirming service user strengths and achievements in conversation; avoiding reacting with counter hostility; going the extra mile by stretching normal personal-professional boundaries; reducing the emotional distance in the relationship; and getting to know service users and their life situations beyond the narrow confines of the presenting child welfare concerns.

family's contribution. However, the theory of change is more about the impact of multiple helping relationships both within the family and with practitioners, and how intervention releases rather than develops family strengths. The collaboration in each of these studies tends to be dyadic and exclusive. It centers around particular practitioners and family members with no one else in the frame. There is little sense in these accounts of how this form of primary collaboration was supported by other faceworkers or by processes such as multi-professional consultation or information sharing. Knei-Paz reports that when workers contemplated referral for the benefit of their clients, the clients interpreted the referral as a rejection, believing that "the workers could help them in every area of their problems." (Knei-Paz, 2009, p.188-9).

Success and multi-organisational collaboration

This second perspective constructs associations between what are considered proxies for successful outcomes and collaborative processes between service organisations. It is an outsider's perspective rather than one seeking the service user's view. It relies on aggregation and correlation. Constructs are defined in advance; hypotheses developed on their relationship; these direct sampling, data collection and the type of analysis performed. Explanations are offered on significant correlations of variables, drawing on other research findings. This genre of research can be found in evaluations of the impact of policy efforts to improve service engagement, change practices or reduce the incidence of particular social problems by changing multi-organisational relations.

Banks and colleagues (2009) for example, focus on collaboration in the field of domestic violence. The collaborative development involves child welfare agencies and domestic violence service providers. Markers of collaborative activity are defined such as the presence of a coordinating group, the level of contact between services, the presence of specialist domestic violence advocates within child welfare agencies and

specific funds for supporting child welfare clients. Markers of service effectiveness define success. These intermediary outcomes are the adoption of policies on domestic violence, the implementation of joint training, and the use of screening and assessment processes related to domestic violence in individual case records. Quantitative data analysis enables the researchers to explore the relationship between the two constructs using data from surveys, questionnaires and qualitative interviews. The findings suggest this collaboration produced an inconsistent level of change in child welfare agency practice, but the authors identify no mediating variables that may help to explain this.

A study by Altshuler (2005) contains a similar logic although the topic concerns collective responses by Police and Child Welfare agencies to drug endangered children (DEC). The collaborative activity is a multi-organisational coordination group; the success is the presence of a completed assessment of the child's needs within case records. A lack of data limits analysis the formulation of any meaningful conclusions on the impact of collaboration. However, the study is notable for the significant variation between coordinating team members and external observers in rating collaborative activity with the former tending to evaluate their actions as more collaborative than independent observers.

Chuang and Wells (2010) focus on access to behavioural services for young people with complex problems. Multi-organisational collaboration is operationalised in relation to three variables: clarity about jurisdiction concerning the young person; information sharing between child welfare and juvenile justice services; and connectivity (the number of ties connecting the two services). Success is represented by a young person accessing behavioural treatment (mental health and/or substance misuse treatment as an in- or out-patient). Using a large data sample and logistic

regression models, the authors find significant associations between jurisdictional clarity and information sharing on the one hand and, on the other, young people's odds of receiving the necessary behavioral health services. No significant association is found between the measures of collaboration and the intermediary outcomes or success measures.

Finally, Glisson and Hemmelgarn (1998) focus on developmental success (improvements in children's psycho-social functioning) and changes in organisational integration. In one of the most significant studies of this type, the authors examine the effects of organizational variables on service quality and gains in psycho-social functioning of children entering state custody in a context where service coordination teams are being introduced into practice. Multi-organisational collaboration is represented by three variables (authorization, responsibility, and monitoring), and developmental success is taken to be an improvement in a child's psycho-social functioning during their first year in state custody. The findings suggest that success is related more to organizational climate, to service provider attitudes that characterize a given service system, than to service system reconfigurations. The authors report an association between increased service coordination and decreased service quality, a finding contradicting prevailing assumptions about the positive impact of collaboration on quality and outcomes. The study finds that intra-organisational factors are more significant for outcomes. The implication is that organisations should first be looking at improving the climate in their own workplace before considering workplace integrations with other organisations.

Bai and colleagues (2009) challenge these findings. They examine connections between the intensity of multi-organisational relationships, the use of mental health services and mental health outcomes for children served by the child

welfare system. The authors claim their findings show an association between more intense multi-organisational relationships and a higher likelihood of both service use and mental health improvement. Significant differences exist in the theory of change underpinning these studies. Glisson and Hemmelgarn view the worker as a critical mediating factor between organisational or multi-organisational developments and impacts for the child. They argue that positive workplace climates are likely to encourage the flexibility, tenacity and resilience needed to obtain a good placement and ensure services are made available to meet need. Bai and colleagues suggest inter-organisational developments such as information exchanges have a more direct effect on outcomes. However, they do not detail any causal pathway that helps to explain this effect.

Success and multi-professional collaboration

Effectiveness and satisfaction constitute the main forms of success employed by studies of collaboration in multi-professional domains. Knowledge about success and collaboration is generated largely from professionals and mainly concerns gains and benefits for professionals, rather than for organisations or service users. Darlington and colleagues (2005c) for example focus on the interface between child protection and mental health services. The collaborative issue arises from the large proportion of families coming to the attention of statutory child protection agencies in Queensland (Australia) who also have mental health, physical disability or substance abuse problems. Reports of their study (Darlington, Feeney and Rixon, 2005b; Darlington, Feeney and Rixon, 2005a; Darlington and Feeney, 2008) draw on the analysis of data from surveys and interviews with mental health and child protection workers about collaborative barriers and enablers. Benefits reported by their respondents include outputs such as care plans that address both child protection and mental health needs.

The authors describe the complexities, challenges and risks associated with work at this interface. Their accounts suggest that collaboration functions as much to effectively reduce risk, manage challenges, and provide more appropriate responses to problems as it does to improve outcomes for families.

Frost and others (Frost and Robinson, 2004; Frost, Robinson and Anning, 2005) examine the role of the social worker in five different types of multidisciplinary teams. While Darlington and her colleagues identify how structures support processes that foster collaboration, Frost and Robinson report disjuncture between structural arrangements for interagency working and the realities of doing the work within multiagency teams. The success explored here concerns the effectiveness of these teams in establishing new knowledge and new ways of working that, in turn, may positively impact on service users. Potential conflicts persist in these settings about frames of understanding, status and power, information sharing, and around links with other agencies. At the same time, the research encounters situations where teams find ways of working together that do generate shared meanings and understandings, building new ways of working despite difficulties. The authors refer to the importance of nurturing a positive organisational climate - involving both team maintenance (co-operation and respect for diverse values) and team transformation and inter-professional learning (involving challenge) - as central to fostering collaborative work. A similar approach is taken by Edwards and colleagues (2009). Within their framework, overall success means preventing the social exclusion of children. The intermediary outputs of interest are not only new knowledge and professional practices, but a capacity within the professional system to learn how to sense, respond and adapt to the individual experience of those that use services. The argument is that social exclusion involves a trajectory that leads to detachment from the community; one that is the outcome of

interactions of effects across different domains of a child's life. This exclusion is amenable to disruption if the responses to it are also multi-dimensional.

Significant differences exist in the theory of change underpinning these studies. For Darlington and others (Darlington, Feeney and Rixon, 2005c; Darlington and Feeney, 2008), the diversity of professional knowledge is part of the array of barriers to collaborative practice. The solution is training, inter-professional processes, even co-location of different professionals. These steps enhance role knowledge, improve communication, and establish the trust necessary for sharing information. It is these developments that have benefits for professionals and service users alike. For Edwards and colleagues (2009) the key is not some form of mutual multi-professional adjustment around existing knowledge bases, but the establishment of new knowledge based on a reflexive understanding of the changing and evolving contexts of the lives of children and their families. Rather than a barrier, difference and conflict is a potential strength and resource to support the emergence of new understandings.

3.5   Summary and conceptual framework

This final part of the chapter summarises the conclusions of the literature review and provides a conceptual framework to guide the development of new knowledge of the topic. The literature on safeguarding children reviewed in this chapter and chapter 2 suggests our knowledge of success, collaboration and their inter-relationship is provisional. There is a plurality of terminology and different understandings of what success and collaboration mean. There is a noticeable selectivity in the theoretical and empirical work. Collaboration has generated many empirical studies and commentaries. Success, on the other hand, is peripheral to the diction and focus of research on child maltreatment and neglect. There is a preference for studying collaboration in certain domains and a bias towards the study of problematic practice.

Furthermore, there is a tendency in the literature to see collaboration and success as properties of organisational and professional activity rather than something that is also attributable to the actions and interactions of children and parents.

The literature lacks a body of knowledge on the relationships between collaboration and success in safeguarding work. This chapter has made a start at discerning the threads of this from diverse genres of research. The developing body of knowledge on the importance of collaboration to success in safeguarding work mainly concerns benefits for practitioners and organisations. There are some promising findings on the importance of relationship practice with parents and children, and intra-organisational relations in facilitating success for children and parents. In both fields development is needed. Given these knowledge gaps, policies designed to facilitate improved outcomes for children through enhancing multi-professional and multi-organisational collaboration appear to represent shots in the dark. Preliminary studies have begun to generate some relevant insights into the effects for example of ECM policies. The studies of LSCBs (France, Munro and Waring, 2010), and the children's trust (UEA and NCB, 2007) both provide limited evidence of impact. They tell us more about how these structures have developed and something of the views of managers and practitioners involved rather than the impacts children, parents and practitioners can expect in the longer term. Knowledge is undeveloped on what safeguarding practice means in a context of multi-dimensional collaboration[31] where parents and children are active agents in safeguarding interactions, and where there are multi-voiced perspectives on success.

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[31]This refers to coexisting and inter-related collaboration between organisations, between professionals, and between professionals and service users.

Figure 7 below summarises the initial conceptual framework guiding the empirical research reported in chapters five to seven. The framework has six components, linked to the findings of this literature review.
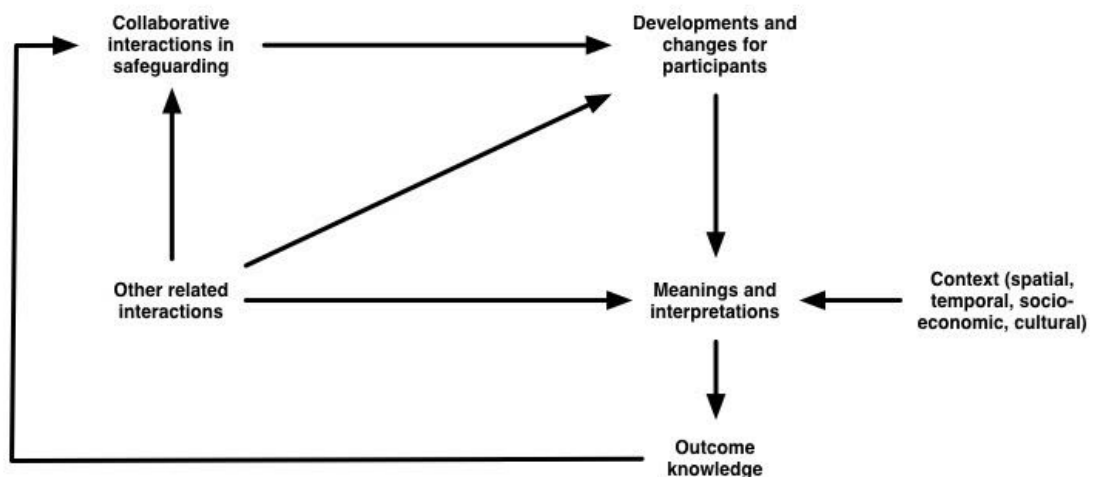
Figure 7: **Safeguarding, collaboration and successful outcomes**

Collaborative interactions in safeguarding

Safeguarding activity is essentially interactive. Interactions occur in multiple domains: (a) between organisations that have some safeguarding purpose (the multi-organisational domain); (b) between professionals who have some general or specific responsibility for safeguarding children (the multi-professional domain); (c) between professionals and organisations on the one hand and children, parents and family members on the other (the service user domain); and (d) between children, parents, and those in their wider network of friends and family members. In each domain, the interaction is collaborative where there is some commonality of purpose, reciprocity and trust between participants. The commonality of purpose relates to the prevention or response to child maltreatment including the provision of care for those affected. The reciprocity is typically asymmetrical and engendered by unequal power relations. The

relative dependence of the more vulnerable party limits the development of trust.

These layers of collaboration coexist. Focal interest may be on interactions in the service user domain where workers, children and family members interact in direct ways in the context of expressed safeguarding concerns. However, these occur in a broader nexus of formal and casual interactions between professionals and strategic relations between organisations. These strategic ties include personal interaction between those in management and leadership roles and also systemic and anonymous interactions between individuals in different organisations including the routinised exchanges of information and resources necessary to fulfilling collaborative agreements.

Other related interactions

A wide range of everyday interaction affects children's and family members' wellbeing that may not be perceived as safeguarding. Children, parents or family members for example will access services and resources, be members of numerous social groups and have multiple roles related to their education, health care, training and employment, housing, leisure interests, friendships and kinship networks. They may initiate or participate directly in these diverse group interactions or remain at the periphery. These interactive worlds promote the acquisition of physical, social and psychological resources to meet need, and they also help to construct meanings concerning self, others and the broader environment. Other participants – those working with services users, managers and leaders – also have multiple engagements with groups outside of a safeguarding context that have physical, social and epistemic effects.

Developments and change for participants

Socially, psychologically, economically, this social interaction, whether in a safeguarding context or otherwise, influences participant lives. It maintains routines

and prompt changes; it both establishes stable ways of behaving, thinking and feeling and produces ruptures, provoking new emotions, cognitions and competencies; and it can provide access to resources to meet need or constrict these opportunities.

Meanings and interpretations

Social interaction sustains the multiple meanings participants use to make sense of their experience. Collectively held meanings, communicated in powerful ways through professional and codified language, gestures, pictures or texts are used by participants to interpret events. Amongst other things professionals use these meanings to frame their work, evaluate its progress and judge its impact; they enable children to make sense of changes in their lives associated with safeguarding activity; they facilitate the construction of parents' understandings of the interventions that are affecting their lives, their value and their effect. Such meanings signify what problems are; what constitutes change in family lives, in parenting, in children's development; and what is to be considered important or noteworthy including what success or failure is.

These meanings also shape how interaction is conducted. Collectively held meanings on the ends and means of safeguarding are likely to facilitate collaborative practices. This includes shared meanings on what is good collaborative safeguarding practice. Shared meanings shape the practice of collaboration in multi-organisational, multi-professional and service user domains but these are not uniform. Subgroups and individuals may come to understand events in different ways based on factors such as power or role in the safeguarding context.

Context

Safeguarding activity occurs within a particular time and space. It is a situated activity shaped and conditioned by community, national and global level developments. Political, socio-economic factors, class, gender, race, technology all impinge on the

social world of participants. Structural and cultural change will change existing meanings or make new meanings available to interpret safeguarding activity and its objects.

Outcome knowledge

Outcome knowledge is a set of understandings about what is seen as success or failure in safeguarding activity and the conditions in which each occurs. This knowledge is derived from developments and changes for children and families but mediated by an interpretive lens of shared and internalised meanings. The knowledge may be rudimentary or sophisticated; explicit, well documented, or tacit and barely articulated; it may be constructed rationally with argument and reason, or exist as narratives that summarise the significance and complexity of events and their connections in a digestible story form. While this is shared knowledge, coherence and consensus between all participants is unlikely given the varying interests, standpoints and experiences of safeguarding participants and stakeholders. Intra-personally, new interactions and encounters in safeguarding work may confirm existing meanings or lead to the acquisition of new meanings; to a process of individual re-evaluation, or a renewed search for ways of understanding that resolve internal discrepancies.

In summary, safeguarding is fundamentally a set of socially interactive practices that both generate and are shaped by shared meanings, and have outcomes that are understood and acted upon individually through the interpretive lens these meanings provide. Knowledge of successful safeguarding is knowledge subjectively understood by the person concerned. There may, however, be a large measure of inter-subjective agreement. If collaboration is understood in terms of commonality of purpose, reciprocity and trust between participants, its presence may both facilitate this inter-subjectivity and be facilitated by it. Its absence may fracture or prevent such a

shared understanding from emerging. The following chapter outlines the assumptions

underpinning this framework and describes its application in the design of the empirical

study.

CHAPTER 4

METHODOLOGY

4.1 Introduction

This chapter presents the methodological approach taken in this study of safeguarding success and collaboration. The previous two chapters note the conceptual complexity and diversity of use of the terms success and collaboration in the literature. In this chapter, I provide the working definitions I employed in undertaking this research and highlight some key methodological challenges of researching this topic. I outline the interpretivist assumptions underpinning the research, their relevance to the topic, and the challenges arising from my biography and belief system. I also consider alternate worldviews and what validity and reliability mean for a study of this topic. The chapter describes the strengths and suitability of the chosen research design - one that incorporates grounded theory in data collection and analysis within an overall case study framework. It explains the approach to sampling and participant recruitment including issues encountered in gaining access to conduct the research. Safeguarding children is a sensitive area of social care practice, and I describe actions taken to meet professional standards of ethical research practice. I also set out the approach to data collection and analysis including the use of grounded theory principles. I conclude the chapter with reflections on the methodological originality and limitations of my

approach.

4.2   Definitions

The terms safeguarding, successful outcomes and collaboration are central to this study. As the conceptual framework assumes these terms have meaning specific to individuals or shared by social groups, their definition is an empirical question. A starting point was needed however, in order to identify the boundaries of the study and establish a research design. The following summarises these preliminary assumptions.

Safeguarding

Government Guidance (HM Government, 2015) provided a working definition of safeguarding. This regards safeguarding as a broad continuum of activity, from practices designed to prevent maltreatment, to those associated with the response where concerns have already materialised.[32]

A successful outcome

Government guidance does not generally help with defining success or collaboration. Chapter 1 refers to a preference for the term success rather than successful outcome and, that viewed broadly, a concept of success encompasses some idea of an outcome. However, regarding an outcome as a property of success raises problems of definition in a safeguarding context. As Parker and colleagues (1991) note, an outcome is a complex idea containing dimensions of temporality (when does an outcome occur?), specificity (what specific aspects of an outcome to select?) and reference (whose outcome is it?). Gain and Young (1998) suggest these complexities justify drawing on

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[32] The Guidance links *safeguarding* with *promoting the welfare of children* defining this as involving "protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. (HM Government, 2015, p.5)

multiple perspectives and measures in outcome evaluation.

Outcomes may be good or poor and the good outcome needs to distinguished from the successful outcome. Values shape the good outcome, but there may be no consensus on these. Cultural norms or those developed from research to evaluate children's progress may be used to identify the good and poor outcome.[33] But outcomes, good or not, may arise from human action or from natural processes; from purposeful activity or accident. Success, on the other hand, not only involves a good outcome but attributes this in some way to human endeavour. In practice, it may be difficult to distinguish the result of nature unfolding, accident, or purposeful human action. A wide range of service and non-service inputs influence outcomes for children considered at risk of maltreatment. These include interventions as part of a CP plan, the activities of friends, family members, or a supportive teacher, as well as genetic factors, and earlier experiences that affect vulnerability or resilience to life events. In this context, the question of whose endeavour and whose success are relevant.

The following represented the initial working understanding of success:

- Whether children subject to CP plans have received further abuse or continuing neglect since the establishment of a child protection plan; and

- Whether children's overall welfare and development have improved since the establishment of a CP plan; and

- Whether the needs of parent(s) or carer(s) are being met

This working definition draws on concepts discussed in chapter 3, combining the concept of safety and longer-term developmental progress and incorporating a sense of improvement for both the child and parent. This combination was considered to provide a richer view of success, one that may be relevant for different participants

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[33] The framework for assessment of children in need (Department of Health, 2000) exemplifies this.

(parents and professionals for example).

Collaboration

Using the literature explored in chapter 2, constructing a preliminary definition for collaboration meant accounting for participant diversity, the common characteristics of collaborative activity, and distinguishing collaboration from related terms.   This definition understands collaboration to be: (a) a process of interpersonal interaction rather than structure; (b) engaged in by a wide array of participants including family members, face-workers[34] and others indirectly involved such as supervisors and managers in a wide spectrum of organisations; and (c) performed in three main domains of activity (multi-organisational, multi-professional and service user domains), distinguishable by their members and focus[35] (see chapter 2).   In each domain interaction was regarded as collaborative where there is some commonality of purpose, reciprocity in terms of benefits exchanged, and some degree of trust between participants - characteristics that may be demonstrated in multiple ways.   Further, collaborative processes were seen as varying in intensity, in formalisation and in the balance of power present in participant interaction.   Finally, collaboration can be distinguished from coordination and cooperation.   Whereas collaboration is about a commonality of purpose, trust and voluntary reciprocal exchange, cooperation may mean compliance or enforced obedience, particularly in contexts where power is unequally distributed.   Similarly, collaboration and coordination are not the same things. Coordination is understood here as aligning or synchronising activity - between organisations or individuals - which involves some commonality of purpose but may not involve trust or reciprocity.

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[34] See Hornby and Atkins (2000) and Figure 2 in chapter 2 (page 40 above).
[35] See chapter 2 and section 2.5 (page 39) for a fuller discussion of these domains.

4.3   Some methodological challenges of researching success

Exploring success from the starting point described above raises some methodological challenges. From their educational research, Schechter, Sykes and Rosenfeld (2008) suggest participants may be poorly aware of success, be reluctant or hesitant to reflect on or articulate it. Poor awareness may stem from success being tacit knowledge (Polyani, 1966). Practitioners may know at some level that certain strategies in particular contexts time and again bring good results, but this form of knowledge-in-action is not easily brought to consciousness (Schön, 1983). Restricted awareness may also arise from the transient, dissolving character of much success. It comes and goes and may be easily extinguished by the next crisis. Doubt may accompany awareness of success. Participants may attribute their successful actions to luck or coincidence or fear talk about success will be questioned or not recognised by colleagues. Additionally, success may be considered undiscussable in organisational cultures focused on pursuing errors and rectifying failure.

These are relevant points for researching success in safeguarding work. Pathology and failure too often preoccupies those involved in social work (Saleebey, 2009). We can expect safeguarding participants to be more familiar with searching for problems rather than reflecting on success. Researching success therefore requires a research design and process of data collection that probes and uncovers tacit knowledge; one that draws out participant perspectives rather than expecting these to be readily manifest and easily accessible; one that looks for different sources of evidence (voice, action and artefact); and one that generates awareness of power relations. For these reasons also, an interpretive approach is preferred and a research design that supports multiple methods of data collection.

4.4   Reflexivity

An interpretive perspective underpins the conceptual framework (Figure 7 above). Interpretivism is a term used here to describe a broad but related set of philosophical positions. The intellectual contributions come from several directions.   The strands include the sociology of Weber (1947), and the influence of his concept of verstehen as a basis for inquiry into social life; the phenomenological concept of intentionality (Husserl, 1931), the indivisible relationship "between the conscious subject and the object of the subject's consciousness" (Crotty, 1998, p.44); the long-standing traditions of hermeneutic inquiry involving the examination of theological and secular texts to discern their meaning from the perspective of the author or tradition of authorship; and the importance of social interaction in the acquisition of meaning in the work of Blumer (1969) and from the earlier work of Mead (1934). These intellectual traditions have in common, a focus on the other's lived world; their standpoint; the first-person perspective as a basis for understanding an individual's actions. They also share a rejection of objectivism (objects have an independent meaning) as an ontology, and positivism (the application of a natural science paradigm to social phenomena) as an epistemology.

Ontology and epistemology

The position taken here firstly assumes the existence of a prior world – a world of objects that exist independently of our experience of them. Secondly, however, it is assumed that the world's objects have no inherent meaning. Meaning is not to be discovered in them, as a positivist epistemology would presume; instead, meaning is constructed through the individual's continuing interaction with the objects of their world. This view is in keeping with the idea of consciousness as always consciousness

of; the interdependence of subject and world; the intentionality of the phenomenological tradition. Thirdly, the acquired knowledge – the sense made by the individual – is their interpretation of what the world and its objects means to them: their meaningful reality. Fourth, and following Blumer (1969), meaningful objects for the individual will include physical, social and abstract objects. Research within an interpretive perspective attempts to study all such objects and the individual's interaction with them whereas the study of abstract objects, for example, would be negated by a positivist epistemology. Fifth, although this supposes multiple subjective realities with multiple individuals experiencing their world uniquely, interaction establishes common social worlds and shared language. This activity provides a basis for shared meanings that, in turn, individuals internalize and use in making sense of their experience. These shared meanings make inter-subjective realities possible. This process not only shapes the meaning of objects for the individual but also the meaning of self as a social object (Mead, 1934). Sixth, and finally, because these meanings are contingent, knowledge and truth are provisional and lack the certainty sought by positivist approaches. Additionally, because meaning varies between social groups, sub-groups and individuals, knowledge of human action needs to be generated inductively and cannot be presumed with any certainty in the manner of hypothesis formulation and testing.

Terms such as *collaboration* and *success* are not categories that correspond to particular independent phenomena - external things out there - but social products constructed and maintained by continuing action and interactions of people with each other and other objects. These terms may or may not be part of the discourse(s) that occupy the meaningful social world of particular individuals. Where they are however, as individuals are part of multiple social groups, we can expect some inter-subjective

agreement on the meanings of these terms and also difference. We cannot presume the meaning of such terms in advance for individuals, as positivist methodologies advocate. Uncovering their meaning in particular contexts requires an exploration of the perspectives of the individuals concerned. Acquiring this knowledge means getting close to participants, hearing their voices, observing their actions and knowing something about their context as a basis for understanding their perspective.

The position of the researcher

Research from a critical theory, or emancipatory perspective is likely to involve an explicit stance by the researcher; an aim to use the research to support change, to challenge theoretical orthodoxy, or to empower some social movement.   The interpretive researcher may not have such a stance, yet their biography and belief system will introduce some inevitable bias. To what extent can this be self-limited. Is it possible for example, for the researcher through an introspective process to set aside or "bracket" (Husserl, 1931) the influence of their values, experiences, interests, beliefs and social identities on the research activity and the way the research phenomena is being understood; and how important is this to the trustworthiness of the research product?

This study began with a series of assumptions about success and collaboration in safeguarding work and their context. These assumptions – many value-based – were accrued over an extended period from experience of safeguarding practices and engagement with the literature. Some of this experience is available for reflective examination; some remains under the surface of everyday awareness. The experience of having been an insider can, paradoxically, stand in the way of achieving an empathetic understanding of how other insiders involved in safeguarding activity experience their world and the success within it. Insights and expectations based on an

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experience of the field elsewhere and at other moments may create assumptions that do not hold in this particular context. Examining assumptions about safeguarding, its successes and collaborative practices, is not straightforward and constitutes a challenge of reflexivity rather than objectivity as "it is not possible for researcher to set aside things about which they are not aware." (Ahern, 1999, p.408)

Aspects of my identity – being white, male, social worker, a manager – form a lens that directs attention to some aspects of participants' worlds rather than others. Correspondingly, for participants it creates difference – in terms of age, race, gender, class and power – that may influence what they say or do, and hence what becomes available for attention. Ahern's advice (1999) is to engage in reflexivity at various stages of the research process. I have attempted to practice this mainly through recording thoughts in a reflective diary and an online blog.[36] Prompted by texts, research supervision or encounters when collecting data, these thoughts have included reflecting on a sense of progress, on discordant feelings, new ideas, or revelatory experiences. It has helped make sense of changes in awareness and views on the topic.

From manager to researcher, my views on the topic have changed. Positivism dominated my first experience of social science in higher education although subsequent training and experience as a social work practitioner loosened its grip and introduced modes of thinking based on core social work values. However, the ensuing management experience in local government meant immersion in a culture that downplayed perceptions and privileged quantifiable statements as the necessary evidence for judgments and decision-making. Becoming a researcher has meant exposure to alternative epistemologies and questioning this positivist legacy. Some old certainties have been lost including certainties about what success is and who defines it;

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[36] See www.safeguardingsuccess.wordpress.com

the place of professional expertise; and the significance of exclusion and poverty as key contextual factors in safeguarding situations. A constant challenge in pursuing this research has been to treat as anthropologically strange, a series of practices that I have been steeped in as a practitioner and manager. Reflection has been important, as has feedback and support and also utilising an appropriate methodological structure.

Dialogue with other researchers, including those from abroad, has helped the reflective process.[37] Discussions with Finnish academics and practitioners helped me to reflect on and enlarge my understanding of the meaning of child protection and, in particular, the importance of universal services, available to parents as a right of citizenship, in the prevention of child maltreatment and in responding to early difficulties. Ideas arising from this experience have contributed to the analysis of data and in particular, themes concerning the relationship between parents and service provision.

4.5   Research paradigms

Multiple research paradigms mean choices on how a topic may be studied. Guba and Lincoln (1994) identify a typology of four basic paradigms or world views: positivism and post-positivism, constructivist-interpretive, critical theory, and feminist-post-structural. Each contains different assumptions about ontology (the nature of reality), epistemology (what constitutes knowledge of that reality) methodology (how that knowledge is acquired), and axiology (the place of values in the process of inquiry). However, paradigmatic classifications may change over time as our ways of knowing shift and develop. Such taxonomies deal in ideal types, and imperfectly describe actual approaches to research within particular world views. Within such broad categories, we

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[37] During the research period I spent six weeks at a Finnish University as part of the International Doctorate in Social Work (INDOSOW) programme.

can identify more differentiated communities of research with more specific belief systems.[38] Further differentiation occurs at an individual level. Shared beliefs coexist with unique individual assertions about the world and legitimate research.   These beliefs narrow down topics considered worthy of research.

Paradigmatic diversity creates very different possibilities for studying the inter-relations between success and collaboration in safeguarding work. Positivist - post-positivist and interpretive approaches for example would differ in several ways. Firstly, in the type of research question asked. The interpretive researcher may ask an exploratory question: for instance: "what does success mean for safeguarding participants?" The researcher within a positivist and post-positivist tradition is likely to have more definitive lines of inquiry: for example: "does increased collaboration between participants improve the extent of success in safeguarding work?"

Secondly, differences surface in the importance attached to prior theoretical formulation.   The positivist and post-positivist worldview is associated with the application of natural science strategies of research to social life. This includes the classic hypothetico-deductive process of generating hypotheses and predictions about predefined phenomena, testing these through methods of observation, producing statistically valid results which are taken to confirm or refute the original predictions and hypotheses. Research within the interpretive paradigm tends to reject such prior formulation based on theoretical closure, the likely exclusion of participant knowledge in defining relevant variables, and the preference for strategies that build theory through induction rather than confirmation.

Thirdly, significant difference exists at an ontological level. Positivist and

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[38] Guba and Lincoln for example discuss this diversity identifying not only constructivist but also multiple version of feminist (Afrocentric and post-structural) as well as specific ethnic, Marxist, and cultural studies paradigms (Guba and Lincoln, 1994, p.33).

post-positivist approaches aim to reduce complexity and identify underlying consistent if not linear processes – those for instance, that can account for safeguarding success. The interpretive perspective emphasizes irregularity, complexity, and uncertainty. It draws on participants not only to identify what success means but also to convey the complexity of factors appearing to play a part in its constitution.

A fourth site of difference relates to diverging preferences for the nomothetic or idiographic. Positivist and post-positivist approaches will be inclined towards collective and common features – such as the trends in success or the patterns of collaborative activity. The interpretive perspective is more likely to show interest in diversity and uniqueness, in the interior and depth of the phenomena of success rather than on its breadth or surface characteristics.

A fifth and final area concerns the position of the researcher. Positivist and post-positivist perspectives emphasise the objectivity and neutrality of the researcher: correctly following procedures for data collection and analysis produces bias-free findings. Conversely, interpretative perspectives accept bias as an inescapable reality. Knowledge will be co-constructed with research participants. There is no assumption of neutrality, rather an acceptance that the researcher's presence and interactions with participants affects their thoughts and behaviours at some level. This influence, in turn, transforms research observations, reflections and recordings. The researcher's own prior experience, biography and interests further filters the data. This connectivity between the researcher and phenomena operates not only at the initial stages of fieldwork but throughout the research process in directing and limiting the ways in which data is analysed, understood and presented to others. However, the interpretive researcher should engage with the problem of bias; reflect on their personal influence; make this internal conversation explicit; comment on the nature of likely bias and how

it has been limited. Positivist and post-positivist researchers expect their findings to be at least potentially replicable. There is no such assumption within the interpretive tradition - the researcher who follows the footsteps of another with meticulous care will produce different findings.

These points are relevant in justifying an interpretive perspective in researching the topic. The paucity of knowledge of the topic area calls for an explorative approach. The diverse ways success and collaboration are understood in the literature provides no firm foundation for developing constructs and a priori propositions. Relevant work that has appeared on complex adaptive systems and public service problems, including child protection (Chapman, 2002; Stevens and Cox, 2008; Fish, Munro and Bairstow, 2008), highlights the multiplicity of factors that operate, often in unpredictable and counter-intuitive ways in the emergence of human activities such as safeguarding. These constituent factors and their interaction defy easy definition as in a computer system for example. Their precise formulation will depend on the perspective of those 'in the thick of it', who are not only well placed to know what is successful and what is collaborative, but also able to identify the multiplicity of contextual events and their meaning as they present. A research strategy based on an interpretive perspective, with its emphasis on getting at the participants' views and the meanings they apply to events is more likely to uncover the rich complexity surrounding participant interaction in safeguarding and the emergence of success.

Finally, the literature review suggests the topic of success to be the site of multi-faceted conflict, infected by the powerful feelings child maltreatment provokes. Neutrality in this context is not only not possible, but also not appropriate. Research in such settings should if possible play some part in informing practices that promote success, ease suffering, and reduce oppression. In this respect alternative paradigmatic

approaches cited by Guba and Lincoln, but not considered here in detail, may be relevant. An exploratory approach to the topic may pave the way, providing a clearer picture for more critical analyses from different theoretical and ideological perspectives.

On the other hand, there are several challenges that arise from adopting this position. As discussed above, the interpretive position establishes success and collaboration as something to be uncovered. The process of bringing it to light may be exacting in terms of the diligence required to produce a faithful rendering of participant perspectives. Secondly, the phenomena of interest are embedded in an organisational and political environment where the dominant discourse favours alternative epistemic practices. This may generate challenges of relevance or doubts about validity based on expectations of rigor or of objectivity current in positivist research. Alternative perspectives on what is valid research could limit the dissemination of findings. Thirdly, and related to this, taking an interpretive stance means going for depth rather than breadth; eschewing generalizability for rich thick description and theoretical insight. The political and organisational audiences within the institutions where safeguarding is practiced may seek knowledge claiming to have broader application. However, conducting principled research in ways advocated in the following section should help to abate skepticism and enhance the value of findings for stakeholders.

4.6   Validity and reliability

Different frameworks exist to judge the value, importance, and truth claims of research. They vary in basic ontological and epistemological assumptions; in preferred research designs; and in criteria related to data collection and analysis, and the presentation of findings. These differences of approach are partly individual and partly represent broader divisions between and within research groups and communities. The

worthiness of a piece of research to some extent therefore relates to the degree to which it is acceptable and will be endorsed by the community to which it is directed and may be influenced by, rather than its capacity to win universal approval. It cannot satisfy all.

The traditional natural science approach to evaluation, used particularly in quantitative methodology relies on external reliability (the degree of replicability), internal reliability (inter-researcher agreement on what they see and hear), internal validity (the match between observations and theoretical ideas developed) and external validity (the generalisability of findings across social settings). Research within an interpretive tradition must find a basis for persuading the intended audience of the worthiness of an inquiry. There are difficulties in applying the evaluative concepts of natural science in traditional ways in qualitative research. LeCompte and Goetz recognise this and propose that "validity necessitates demonstration that the propositions generated, refined, or tested match the causal conditions which obtain in real life." (LeCompte and Goetz, 1982, p. 43)

There are alternatives for those unable to accept such realist assumptions. Lincoln and Guba (1989) propose trustworthiness and authenticity as alternative criteria. By trustworthiness, they refer to four principle dimensions. Firstly, the credibility of the research, which involves both the quality of the research process against good practice markers and the extent to which the research findings have resonance for participants concerning their own experience of the researched phenomena. Using different data and different methods of collection may also enhance credibility. Secondly, trustworthiness also involves transferability of findings. This involves the power of the research to enable inferences about the applicability of the findings from context A to context B. Lincoln and Guba (2002, p.211) distinguish this

inferential process from generalisation on the basis that the latter is apparently context-free. Dependability, the third dimension,, refers to providing an audit trail that permits others to reexamine the data, the steps taken and conclusions drawn along the research pathway. Finally, trustworthiness also refers to confirmability, or the researcher's capacity to demonstrate that they have acted in good faith and not allowed their own values to unduly sway the process of the research and the presentation of its findings.

The second criterion, authenticity, refers to the impact of the research, to fairness in the representation of different participant viewpoints, and to its capacity to illuminate, empower, or stimulate change. Elsewhere Lincoln and Guba (2002) emphasise the evaluative criteria that relate more to the impact power of the text rather than the process of the research. This involves its rhetorical power (coherence, organisation and simplicity of argument) and its power through thick description (Geertz, 1973) to provide resonance for the reader.[39] They also set out applicability criteria, a broader notion than transferability; one that takes account of the power of research to evoke dissimilarity with the reader's context or to enable them to re-examine their existing construction of a given phenomenon.

Other authors emphasise a number of these points including the importance of researcher skills and the research process according with good practice (Spencer et al., 2003), and the role of self-appraisal and negative case analysis in demonstrating rigour (Padgett, 1998; Creswell and Miller, 2000). Beyond this, Yardley (2000) stresses sensitivity to context, potential theoretical perspectives and ethical issues. Each of these aspects of evaluation seems important for the qualitative researcher although their relative importance may of course depend on the form of qualitative inquiry.

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[39] This refers to the capacity of the text to provide a vicarious experience for the reader which is convincing from their own experience.

Another way of looking at this is to identify threats to what falls under the general idea of trustworthiness and emphasise practices deemed to counter their effect. Robson (2002) discusses a number of these including the threat of reactivity (the idea that respondents will be affected by the researcher's presence and provide distorted data), and of researcher and respondent bias. Padgett (1998) refers to negative case analyses, audit trails, member checking, peer debriefing and triangulation as practices that function to reduce researcher bias, whereas triangulation and prolonged involvement in the field functions to reduce respondent bias. This approach appears a shift into more realist territory. Guba and Lincoln (1994) accept the inevitability of bias, the point being to be open about it and to take steps to ensure it does not constrict a thorough exploration, analysis and presentation of the research.

With some variations, what Guba and Lincoln (1994) discuss under trustworthiness seems to offer an adequate alternative to concerns about validity. Within an interpretive perspective, the concept of reliability (external reliability as replicability, and internal reliability as consistency or inter-observer agreement) has a different meaning. If the social world is dynamic and the context in which research is undertaken continually shifts and develops then it is not meaningful to suppose that the context, participants and their perspectives could in some way be frozen or reconstituted in exactly the same way for the study to be repeated. Additionally, if one conceives that the researcher is part of the context - not external to or outside of it - and his or her findings include their interpretation of the phenomena of interest including participant views of this, replicability makes no great sense. As suggested above, different interpretations of the same phenomena are not only possible but also highly likely.

However, consistency is an important issue in at least two respects. Firstly,

it relates to getting the detail right, undertaking the various parts of the research task in a careful, thorough and honest way (Robson, 2002), having the necessary skills, and using procedures which are known to work. Secondly, on a technological level it refers to ensuring use of research tools that function correctly and reliably whether this is recorders, video, or some other piece of equipment necessary to capture or analyse data.

4.7   Research design: a multiple embedded case study

As an overall research design, a multiple embedded case study provided a suitable framework to organise the inquiries required by the initial research questions. Firstly, the criteria for use of a case study all appeared met: how? or why? types of research question; limited investigator control of the phenomena; and focus on contemporary events (Yin, 2003). The topic has a contemporary presence, cannot be manipulated for research purposes, and has to be studied in its own changing and dynamic context. The particularistic, descriptive and heuristic characteristics of case studies (Merriam, 1998) are likely to enhance exploration of this under-researched topic.[40]   Secondly, Yin suggests case studies are particularly suitable when "the boundaries between phenomenon and context are not clearly evident" (Yin, 2003, p.13).   The limited literature review on success and collaboration in safeguarding does suggest a rich array of multiple variables with ambiguity for instance between the phenomenon of success and the contextual factors surrounded its emergence. Thirdly, given that the Children's Trust was intended to be a vehicle that would impact on both collaboration and safeguarding success, it appeared to provide the "specific, unique bounded system" Stake refers to as providing the object of study for case study research (Stake, 2005, in

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[40] Merriam refers to case studies as "particularistic in that they focus on a particular situation, event, programme or phenomenon; descriptive, in that they result in a rich, thick description of the phenomenon under study; and heuristic in that the illuminate the reader's understanding or the phenomena under study and bring new meaning, extend experience or confirm what is known" (Merriam, 1998, p. 30).

Denzin and Lincoln, 2005, p.445). Fourthly, the flexibility offered by case study designs was considered a necessary component given the underlying perspective, the provisional knowledge of the phenomena, the need to harness different methods of data collection and document multiple viewpoints.

Attention needs to be given however of the criticisms levelled against the case study approach. These centre around the intensity of required resources (Miles, 1979), the limited capacity to offer generalisations, and positivist challenges on grounds of external validity or replicability. Interpretive researchers, as suggested above, are less concerned about generalizability, being sceptical about the discovery of general laws of human behaviour. Schofield (2002, cited in Huberman and Miles, 2002) suggests some middle ground where generalisability may be maximised through selection of the typical case, through multiple case studies or through the study of what could be cases - that is: "...locating situations that we know or expect to be ideal or exceptional on some a priori basis and studying them to see what is actually going on there." (Schofield, 2002, p.199). Rather than offering statistical generalisation, case studies provide a basis for theoretical generalisation although, as Charmaz (2006) argues in relation to grounded theory, care must be taken not to abstract the resulting analyses from time and place.

Case studies come in different guises. Merriam (1998) distinguishes case studies by way of disciplinary orientation and nature of the final report (descriptive, interpretive or evaluative). Stake (2005) identifies intrinsic, instrumental and collective case studies; and Yin (2003) highlights five categories (explanatory, descriptive, illustrative, exploratory and "meta-evaluation"). To this, Simons (2009) adds theory-led or theory-generated case studies and ethnographic case studies. Case studies can focus on the single case. Such attention may be particularly suitable for the deviant,

unique, extreme or revelatory case (Yin, 2003) considered worthy of exploration in detail. Alternatively, a study may focus on multiple cases. Yin suggests multiple case studies offer the potential for replicability. On the other hand, having several sources of analytic focus embedded within the one case – a multiple embedded case study - provides for triangulation of data and may enhance credibility.

A Children's Trust provides a bounded context that offers several points of analytic focus related to the success and collaboration. It contains responsibility for its local child protection system, and its territory represents the broad platform within which different domains of collaboration may be found. It provides multiple levels to explore the richness of the phenomenon in the activities and interactions of organisations, work groups and of individuals.

To enable a more in-depth study of how collaboration and success in safeguarding appear, the study focused on one Children's Trust. Studying more than one Children's Trust would have provided a basis for comparison but, as Stake (2005) points out, the danger is that the focus on comparison would replace the focus on the case, and gloss over uniqueness and complexity. A multiple embedded case design (Figure 8 below) provides a way in which the study could examine different perspectives of the same phenomena within the same Children's Trust, but also provide scope for comparing and contrasting experiences. It offers the opportunity to bring together a range of data to a single point for checking, comparison and analysis (Yin, 2003). Yin argues that this enhances the credibility of the research findings not because more cases (at a sub-case level) are being considered, rather that the process of cross-case analysis checks assumptions and generates further insights. However, this type of case study multiplies potential difficulties in obtaining access to participants or other

The purpose

Exploring the contribution of collaboration to success in safeguarding children

The Questions

What is the nature of the relationship between collaboration and success in safeguarding work with children?

What are the participants perspectives on these inter-relationships?

What is their rationale for communication and collaboration?

Are changes towards more integrated working helping?

If not, what other developments can the children's trust consider?

Theoretical perspectives

- Soft systems
- Social psychology theories on communication
- Psychodynamic theories
- Tacit knowledge
- Organisational theories
- Theories of poverty and marginalisation

Methods

- Interviews (I)
- Observations (O)
- Documentary review (DR)

The cases

The Bluechester LSCB

Bluechester safeguarding teams

Individual safeguarding work in Bluechester with children and parents

Sampling (method)

- LSCB participants (O, DR)
- Parents (I)
- Social Workers (I)
- Children with child protection plans (DR)
- Safeguarding teams (O, DR)

Figure 8: A Multiple embedded case study

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sources of data. For example, including multiple frontline teams as sites for inquiry increases the time required for immersion and data collection, the complexity and uncertainties of briefing and gaining informed consent from members in different groups.

The three "cases" (termed 'units of analysis' from this point) examined within the umbrella Children's Trust case study were:

- The LSCB, the body with strategic responsibility for safeguarding children in the Children's Trust area;

- Individual teams in the Children's Trust responsible for work with children with CP plans. The intention was to select for study teams that showed differentiation in their mix of professionals;

- Individual casework involving children who had been subject to a CP plan.

The above elements provided key dimensions for exploration and comparison enabling a more in-depth study of successful outcomes and the contribution of collaborative practices

4.8   Sampling

Theoretical rather than statistical concerns guided sampling. The aim was to collect a wide range of data on the phenomena of collaboration and success in safeguarding, seeking the perspectives of those closely involved with this phenomena (parents, practitioners and managers), observing their interactions, and also understanding the social and organisational context in which they operated. Examining the phenomenon in depth means gaining individual, interpersonal and organisational viewpoints: considering interaction between services users and professionals; between professionals themselves; and between organizations. On this basis, three units of analysis (referred to above) were identified.

Firstly, the casework unit of analysis comprised work with children who had recently been subject to CP plans. Data from case records and interviews with social workers and parents enabled a retrospective study of this work. Inclusion criteria centred on the CP plan having ended within the previous six months, and the child concerned living within the Bluechester area. Recruitment difficulties meant that this was a convenience sample. The size was determined by the need for theoretical saturation.

A second unit of analysis concerned interaction between practitioners based in safeguarding teams. Purposive sampling identified two operational teams within Bluechester Council's Children's Services. Inclusion criteria here related to the operational responsibility for safeguarding work, team focus on the Bluechester area, and a mix in terms of team function and or professional composition. The rationale for this choice was to permit comparisons between types of team in a context where public policy is encouraging greater children's service integration.

The third unit of analysis concerned the strategic, multi-organisational activity of the LSCB. Bluechester has only one LSCB. Consecutive meetings of its Board and of its sub-groups provided purposive samples. The concern for theoretical saturation determined the duration of observations in safeguarding teams and in LSCB meetings.

4.9   Recruitment

Gaining access and recruiting participants proved challenging and required sustained action on multiple levels.[41] Bluechester was the fourth local authority to be approached

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[41] The extended period of recruitment is evident from Figure 1 (page 23 above). This also provides an overall picture of the main elements of the research activity and their practical application within the fieldwork timescale.

with the research proposal. Having obtained general agreement on access, each site of data collection required the building of support and explicit consent for participation. This meant getting support from LSCB members and members of two safeguarding teams including supervisors and middle managers. It also meant getting access to parents and confidential records. In one sense, this should not be straightforward. For reasons outlined in chapter one, safeguarding is a controversial activity. Highly confidential information about children and parents lies in local authority records and features in workplace conversations. Moreover, such information needs to be held safely, and not disclosed to adults who are likely to use it maliciously or in ways harmful to a child or vulnerable person. Having said this, gaining access to casework concerning children who had been subject to CP plans proved more problematic than expected.   Initially, social workers were asked to identify parents who might agree to participate. This approach was unproductive and an alternative strategy devised with IROs.   Where a review CP conference ended a CP plan, the IRO chairing the conference provided parents with an information sheet concerning the study and invited them to consider taking part.[42] This invitation requested an interview and researcher access to their case records. Where parents expressed an interest in participating, the IRO responded to any immediate questions to permit the parents to make an informed decision. Otherwise, parents took the information sheet away with them for further consideration. Where parents decided to participate, a consent form was provided to them to confirm their decision.

Gaining sufficient and varied data meant obtaining up to ten children's cases. However, this strategy of using IROs, over an eighteen-month period produced just thirteen parents who agreed to participate. Records were not accessed unless

[42] The information sheets and consent forms are reproduced as Appendix 3 and 4.

parents had given explicit consent on the consent form. Table 15 in Appendix 2 summarises the varied experiences of seeking consent from parents. As Table 15 shows, some parents who initially agreed to an interview and confirmed this on the consent form subsequently withdrew including one at the point of the interview. Other parents agreed verbally to participate but did not respond to follow-up approaches. There were three instances where parents did agree to discuss inclusion, an appointment made at their home (at their preference) but there was no response to the visit or messages left. Finally, Social Workers were not approached for an interview unless parents gave explicit consent. In three cases where parents provided this consent, the Social Worker was interviewed. In the remaining cases, the social worker involved was no longer available. As a result, only in one instance could data be collected on the same case from all three sources: from records, the parent and the social worker.

In respect of operational teams, Bluechester Council identified seven teams for potential participation. Of these, the managers of two teams with contrasting safeguarding functions agreed to participate. Presentations were made at team meetings about the objectives of the study with time given for questions and answers. In both teams, consent forms and information sheets were provided to team members.[43] In individual follow-up discussions, team members confirmed their agreement to participate. A Bluechester manager with responsibilities for LSCB management support helped with LSCB member recruitment. This manager provided LSCB members with information about the research and sought the consent from each member through email communication. Also, the chair of the LSCB reminded members of the research before the first observed meeting providing opportunities for members to seek any remaining clarification.

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[43] See Appendices 3 and 4

4.10 Ethical considerations

I referred in chapter 1 to the aim of this study as one of enlarging and deepening our understanding of what success and collaboration mean in safeguarding children. The pursuit of this demands ethical obligations to two reference groups. Firstly, in relation to the audience and research community, the obligation is to produce sound and relevant knowledge, conveyed by accounts that are unlikely to mislead. Secondly, towards participants there is a basic obligation to do no harm, to respect their autonomy and to protect their privacy. Hammerseley and Traianou (2012) identify several philosophical perspectives on these obligations. What is considered the right course of action to generate sound knowledge and minimise harm may be specified in advance and become a question of adherence to principles such as those published by the Economic and Social Research Council (ESRC, 2005). From another perspective, in a changing context where risks are uncertain, the right course of action requires a researcher with particular virtues such as dedication and independent mindedness that enable them to make decisions at the time and carry out actions that fulfil these ethical obligations.

Pragmatically, each perspective has something to offer. Adherence to principles is important but research with human participants contains uncertainties: the research design may be emergent for example making it difficult to assess the likely nature and risk of harm. In some areas of research, harm may be unavoidable placing the onus on ensuring any harm is minimised and the benefits are justified. Personal qualities become increasingly important in situations where changes and turns in the course of research generate ethical implications and choices.

The approval of the study was subject to compliance with value principles.

Bluechester Council's research governance body approved the proposal in February 2010. The Council's governance arrangements complied with the prevailing guidance from Government (Department of Health, 2005) for approval of research within local authority social care settings. This process required amongst other things the specification of benefits and risks, the programme of research activity, the timetable and the submission of documents including participant information sheets and consent forms. The University's Faculty Research Degrees Sub-Committee received confirmation of the Council's approval of the proposal.

The research had the potential to evoke temporary discomfort or unusual levels of temporary discomfort for parents or practitioners in several respects. Interviewees could experience discomfort from the content of discussion; parents could experience a sense of intrusion at a researcher reading the family's social work case records; similarly operational team members could feel discomfort by the presence of an "outsider" observing their workplace. Information sheets prepared for participants advised them about the study and about these risks (Appendix 3). The series of information sheets provided both general information and information tailored to the specific contexts of parents, safeguarding team members and LSCB members. An experienced practitioner, unassociated with Bluechester helped pre-test the information sheets and discussion with the supervisory team produced further amendments. LSCB members received summarized information communicated by the Bluechester manager with responsibility for management support of the LSCB. This presentation of information in this way aimed to maximize the attention LSCB members would give to the research information.

Individual meetings with participants provided scope for explanations and questions before a decision on inclusion. It was made clear to parents that no one

would be informed if they choose not to take part and this would in no way affect the support or services they received. These conversations reminded participants that having agreed to take part, they could change their mind at any stage. Participants signed consent forms confirming that they had read the information sheet concerned, had the opportunity to raise questions, and freely agreed to take part in the study (Appendix 4).

As Council managers had recommended inclusion, team members may have felt under pressure to participate. Group and individual consultations with safeguarding team members therefore provided an assurance of the freedom to choose notwithstanding this management advice. Individual discussions also advised individuals of ways that the research could still proceed in a scenario where some members of the team had agreed to take part and others had decided not to.

To protect the identities of participants and of the participating Children's Trust body, the name of the local area was disguised in the compilation of field notes and transcriptions and names of real places substituted with fictitious names. Similarly, fictitious names and codes in field notes ensured anonymity of personal details drawn from individual cases. Physical items such as handwritten field notes and documents were securely stored in locked drawers. Password protected digital files were stored on a drive accessible only to the researcher. Information sheets and initial conversations with participants advised on these arrangements.

These actions were designed to minimise harm, respect the autonomy and protect the privacy of Bluechester participants. However, unanticipated dilemmas requiring judgement arose during the course of the research. These centred in particular on how much pressure, if any, to place on social workers and parents who had initially indicated interest in inclusion but who did not respond to follow up communications. I

reminded social workers personally but avoided multiple messages or the use of supervisors to gain social workers' responses. In relation to parents, a conversation with the IRO or allocated social worker assisted a decision on any follow up communication.

4.11   The approach to data collection and analysis

As the timescales shown in Figure 1 suggest, data collection overlapped with and was informed by data analysis. This inter-relationship is consistent with the principles of a Grounded Theory approach. Grounded Theory strategies were compatible with the interpretive perspective and specifically the closely related symbolic interactionist assumptions embedded in the conceptual framework. They provide a systematic method of managing qualitative data gathered about the social worlds of participants. Finally, in researching an under-theorised topic, Grounded Theory offered an established way of constructing theoretical statements from data gathered in the study.

Grounded Theory is an approach that aims to "generate theory out of research data by achieving a close fit between the two" (Bryman, 2008, p.694). Its key characteristics include undertaking data collection and data analysis in tandem; theoretical sampling to the point to saturation; a constant comparative method of coding data and refining categories; and theory development through induction (Charmaz, 2006).[44] Although it has ontological and epistemological affinities with symbolic interactionism (Clarke, 2005), Grounded Theory offers attractions for researchers from a broad range of theoretical positions. Its emphasis on systematic inductive processes

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[44] According to Charmaz the constant comparative method involves comparing data with data; data with category; category with category; and category with concept "in a systematic manner in order to develop additional concepts and explore their properties." Also, theoretical saturation is "the point at which generating more data about a theoretical category reveals no new properties nor yields any further theoretical insights about the emerging grounded theory." (Charmaz, 2006, p.189)

endears it to positivists and post-positivists alike based on its rigour and capacity to generate concepts supported by data. For the interpretive researcher it provides a structure and process for systematically exploring complex data at depth. It also places value on the context in which theory is generated.

Different strands of grounded theory have emerged which, for the newcomer, complicates its adoption. Glaser and Strauss (1967) developed the original approach although a divergence occurred between the writers in following years. Glazer saw Strauss' subsequent collaborations with Corbin (Corbin and Strauss, 2008) as over-emphasising technical procedures and verification, and undermining the original tenets of the approach by forcing theoretical categories on data rather than allowing their emergence (Glaser, 1992). Charmaz (2006) has also challenged the subsequent developments by Glaser and by Strauss and Corbin because of apparent adherence to positivist assumptions such as the externality of data and an objective world. Clarke (2005) is also critical of the absence of attention to wider situational factors in Strauss' approach and advocates a development of grounded theory that moves it into the territory of post-modernist ideas.

Grounded theory has been criticised on a number of points. Firstly, that researcher cannot reasonably suspend awareness of theory when approaching their data in the manner advocated by Glaser and Strauss (Bulmer, 1979). Related to this, there are realist assumptions particularly in Glaser's approach. As Charmaz puts it:

> the categories, concepts and theoretical level of an analysis do not inhere within the data but are produced from the researcher's interaction within the field and questions about the data. (Charmaz, 2000).

This appears a valid criticism, and only partly countered by calls for researchers to take a critical stance to extant theory or be theoretically agnostic (Charmaz, 2006). Secondly, it is argued that the procedure is time consuming and therefore problematic

on practical grounds (Bryman, 2008). Similar criticisms could be raised of other qualitative methods of data analysis however, which either requiring long periods of fieldwork (such as ethnography) or meticulous attention to coding textual data (as in hermeneutics).

Bryman (ibid.) cites three other criticisms. The first is that Grounded Theory rarely actually leads to new theories. This appears somewhat harsh given the plurality of definitions about what a theory is and that what passes as theory may depend on the specific theoretical perspective adhered to. However, it has substance to the extent that Grounded Theory has become a broad church. Some of its proponents criticize practices they see as Grounded Theory only in name, whilst other studies use Grounded Theory processes but fall short of developing the classic core category and theoretical story. Bryman's second criticism is that the process of chunking of small slices of data may engender for the researcher a loss of context and flow. There is some validity in this, although the fracturing and reconfiguration of data potentially establishes new insights. Finally, there are claims that accounts of Grounded Theory fail to sufficiently distinguish concepts from categories, a criticism that has some merit given that different coding paradigms have emerged since the originating work of Glaser and Strauss.

The guidance offered by Charmaz (2006) has been particularly helpful. This incorporates many of the fundamental processes of classic Grounded Theory but preserves the interpretive perspective by making no assumption of researcher neutrality or claim that research can render participants' perspectives in an objective manner. The lens of the researcher will always act as a filter. Charmaz's approach also incorporates the emphasis of symbolic interactionism on focusing on participant action in undertaking coding as indicated below. For the purposes of this study, the advantages

of Grounded Theory outweigh these drawbacks.

There appears no reason why this approach cannot be utilized in a case study methodology. Other studies have successfully combined a case study design and grounded theory data analysis (see Andrade, 2009 for example). The combination appeared suitable in pursuing an original research question, within the context of new arrangements for collective safeguarding (The Children's Trust). The purpose of this study was to both explore the phenomena and make a theoretical contribution. Whilst a case study design has the advantages of delineating the boundaries and the different perspectives to explore, as Andrade (2009) points out, case study advocates rarely provide a systematic guide for developing theory. Guidance offered by Yin (2003), and Eisenhardt and Graebner (2007) for example, tend to emphasise the development of theory for hypothesis testing and the use of multiple cases for replication and the enhancement of generalisability. Grounded theory on the other hand provides a rigorous and systematic approach for the collection of data, its dissection and examination and for development of concepts and potential theory.

4.12   Methods of data collection

The study used multiple methods of data collection from a range of sources in each of the three units of analysis (see Table 9 below). This strategy enriched the account of participants' perspectives and also provided between-method triangulation (Denzin, 1970) to enhance confidence in findings. Research tools[45] enabled data to be collected in a consistent manner.

Interviews can yield participants' perspectives about the past as well as the present, provide the researcher with control over the subject matter and can access

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[45]See the research tools reproduced at Appendix 5 and 6.

participants who cannot be directly observed. However not all participants are equally vocal in individual or group interviews and the presence of the researcher may bias responses. Observational data poses similar difficulties as rapport may not be easy with some participants, and the researcher's intrusion may affect participants' behaviour and interaction. However, observation gives unmediated exposure to salient events and may identify issues that interview participants consider too sensitive to speak about, have ignored or forgotten. Textual data is unaffected by the researcher's presence and yields more reflective perspectives than those provided by interview participants. Documents, may be more convenient to access but may not be authentic or accurate.

Triangulation of data (the use of different data sources) and of method (data from one or more sources but using different methods) was important for three main reasons. Firstly, this process maximises the depth of data available overall. Secondly, different data and methods of collection may, for example, increase the chances of drawing out the tacit knowledge of participants. Thirdly, and for reasons provided by Guba and Lincoln (ibid.) triangulation enhances credibility, although it increases the time required for and may compound the process of negotiating access.

Dataset / Units of analysis	Method of data collection	Aims	Objective / How this will add to Research Question?	Type of knowledge sought
Retrospective accounts of individual children subject to CP plans.	a) Documentary review (case records) b) Interviews (parents and social workers)	a) To examine the child's story, changes, successes, and collaborative patterns b) To obtain participant perspectives on outcomes and collaborative practices	a) Provides data on collaborative interactions and what is documented as success over an extended period. b) Obtains alternative perspectives permitting comparison between respondents and with documented views.	Participant explicit knowledge
Observation of Social Workers in two Social Care Teams	Non participant observation (130 hours)	To see how success and collaboration is revealed in the talk and everyday activity in different safeguarding workplaces.	Provides data on collaborative practices and how success is spoken of and understood within the social work workplace.	a) Participant explicit and tacit knowledge b) Context knowledge
Observation of LSCB participants	a) Documentary review (LSCB core documents) b) Non participant observation (20 hours)	To see how success and collaboration is revealed in the talk and activity of LSCB members and in the safeguarding expectations of members	a) Provides information on the context in which collaborative practice and safeguarding outcomes occur. b) Provides data on collaborative practices and LSCB member understandings concerning success	a) Participant explicit and tacit knowledge b) Knowledge of context

Table 9: **Datasets, collection methods and objectives**

Collecting data from observations

Observation data was collected in two settings: from the work base of safeguarding teams, and from LSCB meetings. Safeguarding team observations permitted data to be collected on both intra-team interactions and also aspects of interaction between team members and others outside the team. Interactions with outsiders included telephone contacts with parents, young people and professionals based elsewhere. These observations were intended to throw light particularly on informal collaborations within a workplace that may have some importance for participants but are not apparent in children's case records. LSCB observations occurred during meetings of the Board and its sub-groups and included the formal parts of meetings and informal activity before, after and during meeting breaks. In both types of setting:

- Observations were guided by a research tool (see Appendix 6) which prompted attention to activity and interactive elements such as social organisation within the setting, power dynamics, routines, decision making, symbols, stories and interpretations;

- Fieldnotes were taken of this observed activity. In LSCB meetings these notes were taken contemporaneously during meetings. This activity raised no apparent concern for members many of whom also took notes. In safeguarding team workplaces, fieldnote taking by an nearby observer may have caused discomfort to some team members. As a result, it was necessary to withdraw periodically from the workplace and construct fieldnotes in a separate, nearby private space.

The observation tool was constructed on the basis of advice offered by Adler and Adler (1998) who build on earlier work by Denzin. The pre-specified dimensions for

attention in this tool were regarded as provisional themes to guide observations and were reviewed as the research progressed and early analysis suggested new or significant areas for attention.

<u>Collecting data from documents</u>

Two types of document were focused on: Children's Trust and LSCB documents on policy and expected safeguarding practice; and case records compiled by social workers on work with individual children who had been subject to CP plans. Organisational policy and practice documents are likely to contain accounts of success, either achieved or sought, and views about the meaning of collaborative safeguarding work. Documents considered to be of central relevance included: Local child protection procedures; LSCB three-year plans and annual reviews; Board and Sub-group minutes, agendas and agenda item documents.

Case records maintained by social workers provide an important way of following the child's story. These offer a chronology of events, decisions, rationales for agreeing and ending CP plans, accounts of progress and collaborative activity between participants. Relevant documents include: the social worker's daily notes of events and actions; referral records; initial, core and specialist assessments; reports of investigations, CP conferences and core groups; notes of parents' or childrens' views in records of consultation, complaints, correspondence or recorded comments in case notes.

- Organisational documents were initially scanned, areas of interest highlighted and these segments given close reading;
- The files of individual children were scanned for documents providing accounts of work undertaken over the previous two years, the current situation and future plans. These documents were then closely read;

- Copies of organisational documents that were available electronically were imported into a NVIVO database for analysis. Otherwise fieldnotes were taken on their content and comments noted about its significance;

- Case records of individual children were read within the office of the social worker to maintain security and availability for operational use. These documents could not be copied and, at the time, were on paper rather than on electronic media;

- Detailed fieldnotes were taken on relevant documents within children's case records in order to give both a faithful rendering of the overall safeguarding story and also a meaningful account of micro encounters, perceptions of change and of progress;

- For all documents, structural features were noted such as authorship, purpose and currency.

Caution is needed in evaluating the quality and usefulness of documentary data. Scott (1990, quoted in Bryman, 2008, p.516) suggests documents should be evaluated in relation to crtieria of authenticity, credibility, representativeness and meaning.[46] Authenticity and clarity are important considerations, but Scott's standards of credibility and representativeness remain contestable from an interpretive perspective. Different participant perspectives make different accounts likely and different points of view provide a basis for claims of distortion. Distortion may also arise from forensic concerns (Parton, Thorpe and Wattam, 1997), from the limitations of human memory or the wish to suppress disagreements, or inflate consensus about action out of a desire to

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[46] According to Scott authenticity refers to whether the evidence is genuine and of unquestionable origin; credibility as to whether the evidence free from error and distortion; representativeness as whether the evidence typical of its kind, and, if not, is the extent of its un-typicality known; and meaning as whether the evidence is clear and comprehensible.

show that something is being done (Bryman, 2008). There are challenges also in terms of gaining a clear and comprehensive picture from documentary sources. The safeguarding narrative is told through many different kinds of documents which have different purposes. Research, inquiries and inspection findings also suggest social work records rarely provide a coherent picture and often fail to meet expected standards as practitioners may give recording a low priority, record minimally, or be selective out of concern about possible legal challenges (King and Trowell, 1992). Additionally, individuals may follow their own recording preferences in the absence of or despite good organisational advice (Goldsmith and Beaver, 1999). Organisational advice may also encourage the recording of factual statements and assertions but discourage the recording of a healthy unease or gaps in understanding (Fish, Munro and Bairstow, 2008).

<u>Collecting data through Interviews</u>

Individual focused interviews

The focused interview (Merton, Fiske and Kendall, 1956) is used to investigate a particular phenomenon, situation or event (Robson, 2002) with individuals who have been involved. Focused individual interviews involved three parents and three social workers responsible for work with children who had been subject to a child protection plan:

- Interviews were conducted with individuals who had given explicit consent.
  This was affirmed prior to the interview;

- The interview times and venues were negotiated with interviewees;

- Each interview was semi-structured with the use of a pre-prepared interview
  guide (Appendix 5);

- All interviews were recorded through a digital audio recorder with the

permission of interviewees. The recording was then transcribed.

The two interview guides (for parents and social workers) focused on what were considered important aspects of the safeguarding experience for the participant involved, their possible meanings and effects. Each guide was designed to loosely structure the interview and facilitate the expression of the participants' views and feelings. These guides had been produced and amended following comments from the supervisory team. The interview guide for parents contained open questions on:

- Their general experience of the work with them when their child was subject to a CP plan;

- What they considered went well;

- Their thoughts on how well the main professionals involved worked with them and also with each other

The interview guide for social workers contained similar open questions. In both instances, interview respondents were prompted to give examples or stories to illustrate what they meant.

Focus Groups

Focus groups were to be used in the final stages of the research to test emerging themes with groups of practitioners. The groups were not held. Following the imposition of special measures each of the managers who had given support for the research project left the local authority. While their successors supported the completion of work already under way, they would not sanction additional data collection if it required manager and practitioner time to be diverted from additional auditing and improvement work. Member checking by gaining focus group feedback would have further strengthened the study. Its absence does not detract from the study's credibility, which is enhanced by data triangulation.

4.13   Data analysis

Data collection and analysis were linked activities. Emerging themes from preliminary analysis of observational data from the LSCB led to focused scrutiny of LSCB documents; the themes emerging from analysis of observational data from one safeguarding team informed data collection in a second team in relation to similarities and differences; fieldnotes of case records were reviewed afresh in the light of emerging ideas from the analysis of data from interviews with social workers and parents.

Each "case" (the LSCB, safeguarding teams and individual casework with children) was analysed separately. For each, the process of data analysis involved several steps:

- Data was centralized in one NVIVO database to separately store, organise, and manage the different datasets and assist coding and comparison of data. Fieldnotes, interview transcripts and documents in electronic format such as meeting minutes and strategic plans were all imported into the database.

- Imported material was read repeatedly to gain familiarity with the data.

- Data was coded initially on a line by line basis, with short labels being applied to small segments of text that summarised what appeared to be happening in the data. The goal here was to identify and describe the action (Charmaz, 2006) in the data, using gerund-based labels, and employing where possible, the language of participants. For example, the code "booking into legal" was constructed as an initial code to describe a segment of a fieldnote that referred to talk between social workers about the process of gaining legal advice on a case where the phrase was used and appeared commonly understood.

- Throughout the process, data was scrutinized for similarities and differences; codes were compared; coded segments of data compared; segments recoded if similar codes offered a better fit.
- The comparative process prompted the writing of memos about the meaning of codes and initial thoughts about differences between codes.

Initial codes were assembled into clusters based on questioning initial codes ("what is this an example of?"). This identified underlying common variables that formed the basis of broader focused codes. These focused codes were further refined through the comparative process and through further memo-writing that explored thoughts about the properties of these concepts, their connections, and their relevance in relation to the research questions. Appendix 7 contains an example: a memo on the focused code "aligning". These codes guided further data sampling from documentary sources (Children's Trust and LSCB documents, and fieldnotes on children's case records) to further refine and explore their importance.

This work enabled certain focused codes to be elevated as important conceptual categories that illuminated and brought some coherence to the data. In the analysis of LSCB data, these conceptual categories included "improving organizationally", "conflicting obligations", and "managing the boundaries". Each of these categories were underpinned by a set of focus codes. For example, "improving organizationally", supported the importance of organisational improvement in the data, reflected in focused codes that conveyed the primacy of the organisation, imperatives to improve and discourse about having succeeded in improvement.

Memo writing and mind-mapping exercises helped to explore tentative theoretical links between these concepts that had relevance to the research questions. In relation to the LSCB categories for example, the theme of "demonstrating

collaboration" offered a way of understanding success and collaborative practices of individual organisations in a turbulent context of competing demands and pressures to attend to safeguarding improvements both within and outside the organisation.

The process of analysis was varied in relation to data on individual children's cases. The detailed field notes taken from case records of three children subject to CP plans comprised between 120 and 150 pages for each case. There were challenges in coding this data on a line by line basis. These fieldnotes were examined more selectively, informed generally by the search for data on collaborative activity and evaluations of progress or success and the themes emerging from the analysis of interview transcripts with parents and social workers. The coding process here began with larger segments of data from particular documents. Codes and data were compared on two levels: within the data set relating to an individual child (for example, data from interviews with the social worker and parent and the case record); and across the broader dataset of several children's cases.

4.14   Feedback

Participants received feedback about the outcomes of the study in the following ways:

- Parents who indicated they wanted feedback received a written summary of the findings and offer to meet the researcher to discuss this if they considered this would be helpful. Currently no parent has taken up this offer.

- One of the two safeguarding teams received a presentation of the findings. Team members discussed the findings but no corrections, challenges or additional points emerged. The other safeguarding team could not receive feedback. The completion of the data analysis coincided with the aftermath of the imposition of special measures. The members of this team – its manager and its practitioners – had either left the local authority or moved on to other

roles.

- LSCB members received a written and verbal presentation of the findings at one of their Board meetings. This presentation formed part of the LSCB self-evaluation. No challenges or additional points about the findings emerged from the ensuing discussion.

4.15   Methodological originality

Methodologically, this study has originality on two main grounds. Firstly, it provides multi-layered perspectives on the phenomenon of safeguarding success and collaboration within the same broad context (the Children's Trust), focusing on interactions and perspectives at strategic, multi-professional and service user levels. The study constructs these perspectives through a combination of several methods of data collection and the use of grounded theory methods of data analysis. The research design is therefore innovative in relation to this topic. Secondly, the period of fieldwork and data analysis was interspersed with an extended period at a Finnish University. This exposure to Finnish child welfare practices provided an opportunity to reflect more broadly on safeguarding and to discuss comparative practices with Finnish academics and practitioners. This dialogue has influenced what I bring to the study's conclusions.

4.16   Methodological limitations

As a case study, the findings generate an in-depth picture of the topic in Bluechester but as an interpretive study, the findings have no general applicability. Having given a full description of the research context, and the safeguarding practices encountered in Bluechester it will be for the reader to assess whether the conclusions reached in later chapters about collaboration and good safeguarding outcomes illuminate aspects of the

phenomena in other contexts.

Although grounded theory data collection and analysis requires the researcher to begin with an open (rather than empty head (Dey, 1999), this study began with some preliminary definitions. These starting points and the difficulty of eliminating assumptions operating at a sub-conscious level are likely to have affected data collection and analysis. It is inevitable that these disturbances and rigidities of thought had some effect notwithstanding the reflexive use of memos, a diary and a blog to regularly record and reflect on my thoughts.

Difficulties in obtaining access to data caused some revision to the sampling of operational work and delayed the overall timetable for collecting data and analyzing each of the three datasets. This delay prevented concurrency in the collection and analysis of datasets. As a result, data collection and analysis occurred over an extended period of change. There were differences in context at the beginning and end of data collection. For example, a service reorganization occurred during this extended period with changes in teams, personnel and work allocation. As far as possible, the discussion in the following chapters takes account of these changed contextual features.

4.17   Summary

This chapter has presented the methodology adopted for this study. It describes the philosophical assumptions behind the interpretive stance; the reasons for this choice; and the rationale for the chosen research design (a multiple embedded case study). The chapter describes the different stages of the research journey: the challenges of gaining access and recruiting participants; the steps taken to collect data in three related safeguarding domains using three different methods of data collection; and how significant categories were developed from the raw data of fieldnotes, interview transcripts and organisational documents. The chapter also describes how the

significant ethical obligations towards research participants and the wider research community were respected in this study. Finally, the chapter outlines the methodological strengths and weaknesses of this research journey.

Perseverance and flexibility have been important in collecting data on this topic. Nevertheless, collecting data from parents proved more challenging than from institutional and professional sources. As data from parents on this topic is limited, it has been important that collected data in each of the three units of inquiry in this multiple embedded case study is analysed in depth, giving attention to detail and context. The following three chapters present the results of this, beginning in chapter 5 with success and collaboration within the Bluechester LSCB.

CHAPTER 5

THE MULTI-AGENCY DOMAIN: THE BLUECHESTER LSCB

The March meeting of the Local Safeguarding Children Board (LSCB) meets in the offices of Bluechester Council. More than thirty people sit around tables in this large and formal meeting venue. The acoustics are poor. Some members mumble complaints to neighbours about not hearing presentations. Concentration is needed as the agenda is varied, complex, and set out in a voluminous pack of papers that members are expected to have read. New members have been introduced: two new Police representatives, a Nurse Consultant from a Child Mental Health service provider, and an Interim Head of Children's Social Care. Some existing members have given apologies and have colleagues substituting for them at the meeting. Minutes are checked for accuracy, updates are requested and given on actions agreed at the previous meeting. And then the members of the Board work their way through items on domestic violence, on Section 11 audits, on the proposed LSCB Business Plan for the following year and the outcome of a recent inspection of the local Secure Training Centre (STC)….
(Field note extract: LSCB Board meeting, March 2012)

5.1   Introduction

This chapter focuses on the Bluechester LSCB. As a site of multi-organisational

collaboration and charged with statutory responsibilities for coordinating local

safeguarding and ensuring its effectiveness (HM Government, 2015), the LSCB is of

particular interest. It is uniquely placed to assemble a comprehensive view of the

welfare of children in the local community; to lead systemic approaches to

safeguarding; to encourage synchronised, holistic, joined-up support and intervention.

It seems well-positioned also to challenge, stimulate and inspire local organisations

working with children and families; to encourage learning; to establish dialogues with children, parents and professionals about what is effective or helpful; to disseminate knowledge and safeguarding skills locally. Although there are other partnership arrangements in Bluechester, only the LSCB has this as its main focus.

The above extract provides a small indication of the way these opportunities and challenges are reflected in the work and topics considered by members of Bluechester LSCB. This chapter looks in depth at collaborative practice within the LSCB and the way success appears to be understood by its members. The focus is on the context for collaboration within the LSCB, the factors that both encourage and inhibit collaborative activity, the compromises that result and what this means by way of collective and successful safeguarding action.

5.2   Multi-organisational collaboration

The term organisation is problematic but difficult to avoid. For clarification, by referring to organisations and the LSCB as a domain of multi-organisational collaboration, there is no intention to reify or regard an organisation as something more than what it is - a system of interacting individuals. In fact, the LSCB can be conceived as a point of intersection between the boundaries of multiple systems of interacting individuals. Representing different professions and organisations they share common affiliations: purposes that are associated with the welfare of local children and their families. These interactions are multidimensional in the sense that there are sub-systems operating within broader systems.

Studying the activities of the LSCB and its collaborative practices in many senses means studying the interaction between people. However, this interaction may be personal and direct or impersonal and mediated. Multi-organisational collaboration may take the form of managers meeting face-to-face, deciding on action in LSCB

meetings. Alternatively, it may involve an administrator in one organisation preparing and distributing reports routinely to other local organisations. In the first example, the collaboration is direct, personal and has some interpersonal chemistry. In the second, it is distant and impersonal; it accords with rules and agreements; the actors may not be the originators of these agreements; and they may not perceive their actions as in any sense collaborative. LSCB collaboration in Bluechester involves these diverse forms.

The research gaze, discussed in this chapter, is therefore of Bluechester LSCB from a particular angle. Observing the Board meetings and working groups of the LSCB and studying its minutes and documents represents access to the more overt, personal but at the same time the public face of multi-organisational collaboration. Meetings, where participants interact and talk, are observable; reports that participants publish are readable. From this angle less light is cast on those actions that are woven into the routines and processes of the LSCB administrators and members that nevertheless help to sustain collaborative relationships on a multi-organisational and systemic level.

5.3 Purpose and scope of collective action

Like other LSCBs, Bluechester LSCB is expected to fulfil its statutory responsibilities to coordinate and ensure the effectiveness of local safeguarding.[47] Regulations list a number of specific responsibilities including developing safeguarding policies and procedures, awareness raising, monitoring safeguarding by organisations and advising on improvements, participating in service planning and undertaking SCRs.[48] These

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[47] Legislation require LSCBs "(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area"; and (b) to ensure the effectiveness of what is done by each such person or body for those purposes." (Children Act 2004, s.14).
[48] The Local Safeguarding Children Boards Regulations, 2006, Regulation 5.

may appear straightforward but locally, practically, in a diverse, everyday world of multiple and conflicting pressures and priorities, what they mean is subject to negotiation. Different voices in Bluechester - children and young people; parents and family members, diverse practitioner groups, managers, politicians, multiple public interest groups - mean a potential diversity of perspective on what these responsibilities mean and how to discharge them. In reality, managerial voices predominate on such questions. The fundamental task of building collective agreement (on purpose, scope, priorities for example) is privileged and performed by this interest group. Practitioners are minimally represented; links with community groups are undeveloped, and children and families using services or receiving safeguarding interventions have no representation.

Form of collective action	Example objects of action
Scrutinising	'Serious Cases' Child Death Reports Inspection Reports and Action Plans Audit Reports
Validating	Improvement claims Serious case review recommendations Developments in safeguarding (common processes knowledge and skills)
Overseeing	Multi-organisational safeguarding projects
Influencing	Individual members Commissioners and regulators Practitioners Other partnership bodies Public

Table 10: The Bluechester LSCB: Functions

The Bluechester LSCB practises four main forms of collective action to discharge these statutory functions: scrutinising, validating, overseeing and influencing

(Table 10 above). These are practiced within a range of formal settings and in more casual, private, and tactical exchanges between LSCB members. *Scrutinising* and *validating* are inter-related processes in the sense that what is collectively validated by the LSCB – approved, licensed, or endorsed - has normally been subject to some form of collective scrutiny. Scrutiny is not straightforward as it means LSCB members examining the activities of other members. Fairness is therefore important but observation suggests scrutiny is inconsistently applied.

In the same Board meeting for example, separate improvement claims made by the managers of the Children and Family Court Advisory and Support Service (CAFCASS) regarding local CAFCASS services, and the Director of Children's Services (DCS) regarding Children's Social Care services, received contrasting levels of scrutiny. The CAFCASS manager was required to demonstrate progress against an action plan to evidence improvement, while the DCS's promises of improvement passed with little or no challenge. This differential treatment may have stemmed in part from the recent arrival of the CAFCASS manager; it may also have related to differences in power, credibility or trust.

On the other hand, scrutiny may not result in validation. It may produce expressions of concern; renewed scrutiny, or conflict between members as in the episode with the CAFCASS Manager (referred to above):

> The chair asks the CAFCASS manager for sight of the action plan. She is insistent on this. The CAFCASS manager questions whether the whole group wants to see the detailed action plan. He considers it to be historical, doubts whether it would take the group further and suggests a better focus may be his own impressions. The Chair says she wants to see the actions in the action plan so she would like the CAFCASS manager to send it through please. The CAFCASS manager eventually agrees to this request but this conversation represents a high point of tension in the meeting. (Field note extract: LSCB January 2012)

Such conflict appears a rare event perhaps because of the need to avoid the reputational

damage arising from publicly withholding validation or questioning improvement; perhaps also because established LSCB members have learned how to present claims and progress reports in ways that garner support for their efforts and minimise direct challenge.

Overseeing relates to activities the LSCB does collectively. Rather than tracking and monitoring the individual activities of member organisations, overseeing focuses on areas deemed the responsibility of the LSCB and requiring its active supervision. These may be shared problem areas where responsibility is not attributed to any one organisation. These include information sharing, domestic violence, or the implementation of the common assessment framework (CAF). Overseeing involves facilitating, organizing and encouraging particular agencies to work collectively at solutions to such problems. This process often involves short-life "Task and Finish" groups to devise and implement action plans or to develop procedures, guidance, or toolkits that may shape multi-organisational safeguarding practices in particular ways.

Scrutinizing, validating, overseeing all require the exercise of influence by LSCB members and by its Chairperson. This influence is needed not only to bring members into line (as illustrated in the above example), but to gain support or quell opposition from the public and wider stakeholders. The LSCB must be seen and known to be a source of authority over safeguarding children in Bluechester; to have legitimacy and credibility with regulators, commissioners and other partnership bodies. It must also be able to influence how safeguarding is performed in work with children and families. This is a critical site for influence and relates to the dissemination and inculcation of a particular set of values, norms about safeguarding problems, preferred modes of practice and desired solutions. These are promulgated and reinforced through commissioning and endorsing procedures and toolkits; facilitating training; monitoring

its uptake; and auditing compliance with expected practice. Much of this is not a local invention but the tailoring and customization of broader approaches that Government expects all LSCBs to adopt.

Managers carry out these collective activities as LSCB members, mindful of other weighty responsibilities: management responsibilities for an individual organisation; obligations to other partnerships; the demands of other service user groups, employees, politicians, commissioners, stakeholders or regulators. These multiple demands bring with them tensions and conflicts.

5.4   Conflicting obligations

Organisations experience two basic forms of tension. Firstly, the tension occasioned by internal – external pressures. Member organisations of the LSCB must adhere to collective agreements. They must incorporate plans, adopt practices, take on commitments that arise from LSCB agreements, objectives and priorities. They must also resist acting unilaterally in areas subject to collective agreement. These are core aspects of collaborative behaviour. What is required externally, by the LSCB however, may not sit well with the organisation's individual priorities. Satisfying concurrent internal organisational needs and external demands may raise dilemmas associated with finite resources (time, money, attention). There is also a social and psychological aspect; a dilemma of self-determination; a reluctance to sacrifice power and authority in safeguarding matters to a collective body. Members are expected to influence others but also to be influenced; to scrutinise and submit to scrutiny; to validate other's work and to seek collective validation for aspects of one's own safeguarding work.

A second source of tension relates to conflicts in external pressures. Stakeholders, commissioners, regulators, and partnership bodies may make incommensurable demands. The organisation may be being pulled in different

directions. These conflicts are particularly acute for organisations such as the Police, the Probation Service, and the Mental Health Trust, organisations that operate in an area spanning Bluechester and Greenshire. The wider area contains additional partnership arrangements and stakeholders. Local need, local political pressure and identity may mean diverging demands on these organisations in each LSCB area. Organisations with this broader constituency have an interest in generating safeguarding solutions that sustain and do not threaten consistency of practice across Bluechester and Greenshire.

Legislative change relating to safeguarding; the work of the child death overview panel (CDOP) or the outcome of SCRs may increase such pressures. They may bring new resource demands or calls for practice changes at points where there seems no room on the organisation's agenda; or where other imperatives appear to take precedence. However, the LSCB, a quasi-public body, cannot be easily ignored. Organisations making mistakes in safeguarding children may be heavily punished; the public is unforgiving, and regulators are intolerant of error.

In the face of this, organisations deploy two basic strategies to reduce potential or actual conflicts. The first are boundary management strategies. These influence what is set as collective objectives and priorities, and what should be regarded as legitimate for LSCB consideration. Child welfare is well supplied with so-called "wicked problems" (Rittel and Webber, 1973); problems that appear intractable, have multi-organisational interest, where responsibility is liable to be shifted around. It is in the interests of organisations to guard the boundaries of what passes as a problem for the LSCB and what become its priorities. Boundary management is an act of self-protection and may prevent conflicts with other priorities. The following discussion provides two examples of boundary management.

The first concerns how problems are constructed. Community Midwives in

Bluechester have apparently had long-running difficulties in accessing patient medical and social histories on GP records and therefore, being unable to properly assess risk antenatally. This concern features in a SCR and is regarded as an information system problem. CDOP members identify a lack of action on the problem in their annual report. The issue is subsequently taken up by the Quality Assurance sub-group of the LSCB and then by the LSCB Chair, who writes a letter of concern to the Hospital Trust. At their following meeting, LSCB members discuss the matter (names have been changed to preserve anonymity):

> [The Medical Director of the Hospital Trust] reported that he had received the letter from the Chair and [the Hospital Trust] had reviewed the problem which has been going on for some time. [The Medical Director] reported that in his opinion the problem was "un-addressable" at the moment due to the high cost of technology needed. [The Hospital Trust] had considered the situation as not sufficient risk for the cost involved and had removed it from their risk register. The cost would not be met by [the Hospital Trust] but would have to be met by the centres. [The Director of Public Health] reported that she did not think it was acceptable to do nothing and members agreed. [The Director of Public Health] said she would contact the Clinical Commissioning Group (CCG) as this is a high-risk problem which needed to be resolved….Members to update at the next Board meeting. (LSCB Executive meeting minutes November 2012)

The issue is raised and the debate recorded in each subsequent Board meeting with the following noted in minutes of its May 2013 meeting:

> [The Medical Director] stated that a risk remained, however his view was that this is a clinical risk, rather than a safeguarding risk. [The Director of Public Health] stated that this was an important issue. There had been a serious case review where a midwife had not been able to access patient records. [The PCT Director for Safeguarding] stated that secure technology existed for remote access. For [the Hospital Trust] this was a financial issue. The Chair stated that he felt the Board could not rule out a safeguarding risk as a result of this. (LSCB Board meeting minutes May 2013)

In these extracts what appears to be a problem between health providers that threatens to impair 'safeguarding risk' identification and assessment by midwives becomes an issue for the LSCB. The Medical Director makes an attempt at boundary management

by categorising the problem initially as no longer a risk, and then re-categorising it as a "clinical risk" rather than a "safeguarding risk". This bid is unsuccessful. Had he succeeded, the issue may have been referred to health commissioners and removed from LSCB scrutiny easing some pressures for the Hospital Trust. However, the Chair was unconvinced, and other members regarded the issue as a legitimate concern for the LSCB.

The second example shows how boundary management is exercised by influencing what becomes collective goals. For organisations, control over collective goals may help to prevent conflicts arising with other imperatives. The process constructed by members of the LSCB to identify objectives and priorities helps to maintain boundaries.

> The second item of any other business concerns information for the annual report and business plan. The Safeguarding Manager tells members they will get a form to complete about what you have done and will do for the annual report. She says we need to identify priorities. The probation representative questions their capacity to do this as his service has yet to set a budget. The Head of the Local Youth Trust (and co-chair of the Training and Development Sub-group) says that we need a learning and development objective in the form. The LSCB chair says that in addition to the two you are being asked to do, set a training and development objective
> (Field note extract: LSCB Board meeting January 2012)

The process of setting objectives is not then based on collective analysis of what needs to be done to improve and develop local safeguarding systems, but on aggregating individual organisations' existing safeguarding plans. Observations and minutes of subsequent meetings show how the LSCB develops overarching and thematic objectives from the starting point of individual organisations' existing plans. Such a process permits boundary management. The prudent and influential organisation can influence what is agreed as collective objectives thereby minimising the disturbance involved in adopting additional priorities. Extraneous priorities may demand more systemic change; deflection from the current course; or the provision of

additional resources.

Boundary management resists the intrusion of added priorities, but it has limits. Organisations need different ways of managing conflict between LSCB demands and their broader obligations. Satisficing[49] represents a strategy for reducing conflict within accepted or unchallengeable priorities. This strategy involves tactics of alignment and association. These enable what may have been done by the individual organisation for other reasons or purposes to be counted towards meeting their LSCB obligations. "Quick wins" represent a variation of this where organisations perceive that a particular action can meet two or more obligations - 'killing two birds with one stone'. This process of association involves what participants term "feeding into" existing LSCB objectives, as in the following discussion on local responses to domestic violence:

> The probation representative speaks about the launch of one-to-one interventions for domestic violence perpetrators. He says there are other things happening in [Bluechester] which can be fed into the work. The PCT commissioner says that from a health perspective we have taken steps to appoint to domestic violence posts and were involved in homicide reviews and this could feed in to the work. (Field note extract: LSCB Board meeting, June 2012)

Here partners are associating or connecting their existing activity with LSCB objectives, but not necessarily undertaking this activity because of LSCB priorities. Aligning is the counterpart to associating. It involves encouragement for individual organisations to incorporate collective objectives into their action plans.

> The PCT commissioner speaks of a real opportunity for single agencies to build on this action plan by incorporating this into their own action plans and then those action plans would get monitored by the Board. (Field note extract: LSCB Board meeting, January 2012)

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[49] Satisficing is a concept credited to Herbert Simon (March & Simon, 1958) and describes the bounded rationality of individuals and organisations - their tendency to seek the good enough rather than the optimum solution.

This process of assimilating collective objectives into individual organisational priorities may achieve some overall alignment and be important to implementation. There are dangers however of grafting objectives on to plans without them being grounded in some form of analysis carried out by each organisation of what needs to be done. Tactics of alignment and association can be seen as coping devices in the face of the multiple pressures and diverse priorities; a form of compromise in which organisations in some way aim to do enough to meet minimum expectations in the chaotic and changing environments they operate in. The question this raises, however, is whether meeting minimum expectations is good enough and whether these strategies offer the appearance rather than the substance of collective action.

5.5 Participation and interaction

Although managers dominate the LSCB, it is not a homogenous group, and the extent of participation varies (Figure 9). Four factors can be discwerned from the data that help shape this pattern of participation. Firstly, there are biographical factors. Members differ in professional background, knowledge base, skills, interests, and in their personal exposure to children and young people who have experienced maltreatment. These personal factors are occasionally introduced into the talk of meetings, helping to explain member interest in the subject. Secondly, organisational factors play a part. Some members have organisational roles that give them accountabilities for safeguarding. Engaging in the LSCB is in their interests. Some come from organisations whose constituency stretches beyond Bluechester. Having responsibility for services that span beyond the focal area of the LSCB, these members

Outside: not contributing

Peripherally involved:
Attending but not contributing

Occasional / transitory:
Contributing spasmodically

Regularly involved:
Actively contributing

At the centre:
Leading and
co-creating
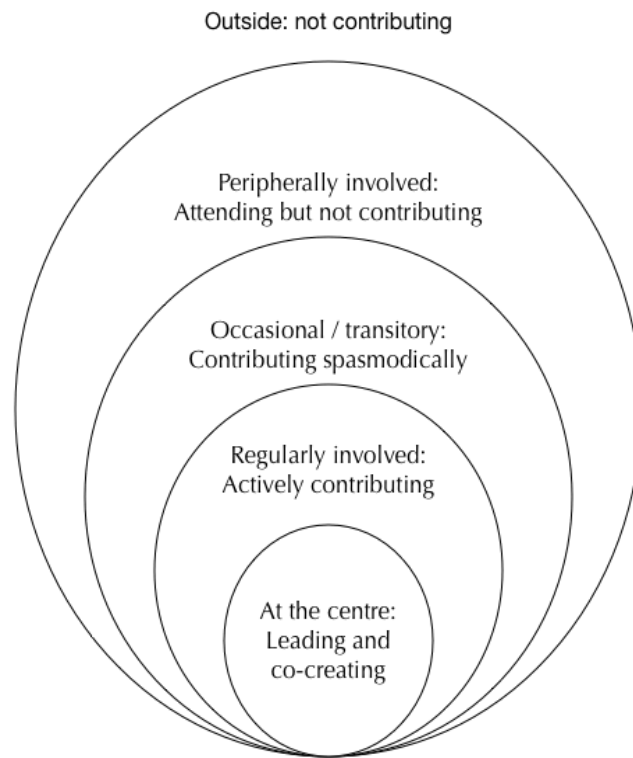
Figure 9: Degrees of participation in the LSCB [50]

are mindful of maintaining service consistency and coherence across this wider area. They must be active members to influence LSCB expectations and activities. Equally, service organisations have a different service user focus. Police and Community Health providers, for example, have broad responsibilities to serve multiple user groups. By contrast, the STC has specific functions and works with small groups of young people with particular needs. LSCB topics will, therefore, vary in their perceived relevance for members. Representational arrangements also produce differences in the authority to act and agree issues in meetings. Some LSCB organisations are directly represented by their senior managers whereas others, such the general practitioner or school head teacher are expected to represent the wider network of schools or GP practices in Bluechester. The former may be able to speak and decide for their organisation; what

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[50] Adapted from Wenger, McDermott & Snyder, 2002

the latter can do is dependent on mutual agreements, the effectiveness of consultation and communication systems within the loose federation of schools or GP practices. Thirdly, structural and power dynamics affect the pattern of participation. Some members represent organisations that are mandated to cooperate or whose participation is directed by commissioners. Some are regulated by inspection bodies that examine the extent of LSCB participation and penalise a lack of engagement.

Finally, change impacts on the pattern of LSCB participation. The change of Government in 2010 for example, ushered in new social policies, budget reductions and a significant health service reorganisation. Such changes affect personal careers, the configuration of local services, policy priorities, and regulatory arrangements. At a very basic level, this means shifts in personnel as organisations downsize, amalgamate or new ones are established. The ramifications for membership are clear from the recurring introduction of new members at the start of meetings and the presence of interim and substitute members. Whilst change brings new members and potentially, new perspectives, it may rupture important relationships within the LSCB; fracturing what may have been collective understandings and agreements. Personally it erodes knowledge and expertise within the membership, expanding what is transitory in LSCB membership, creating uncertainty about tenure, relationships, perspective and commitment. For the LSCB, change requires reorientation and the negotiation of relationships with new organisations, new partnerships and new commissioning bodies. Bluechester's new health Commissioning Group, its Health and Welfare Board, and the new Police Commissioner are all examples of this. Participating in the LSCB as Figure 10 suggests may also have an impact on the person, and on some of these organisational factors.
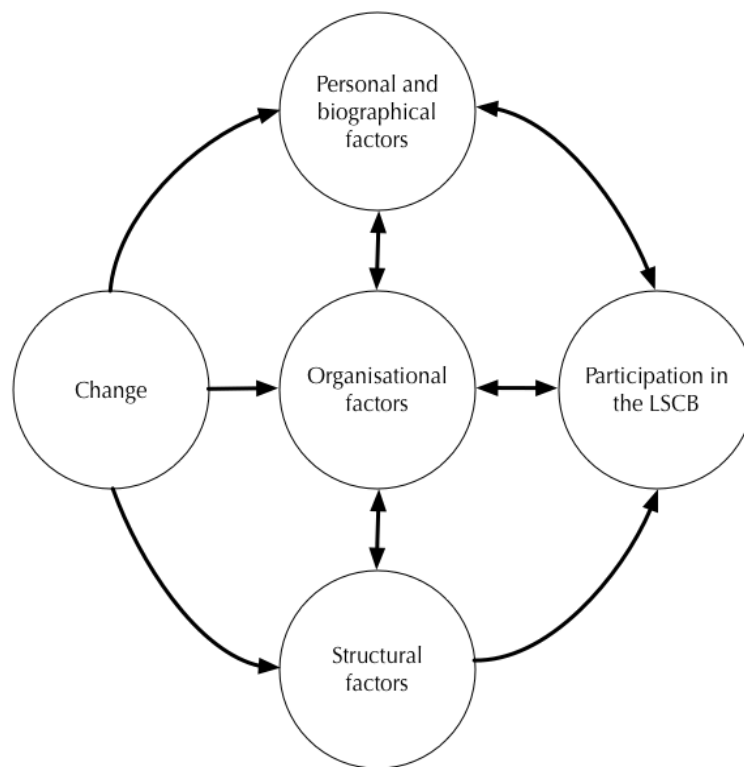
Figure 10: Factors influencing LSCB participation

The elements in Figure 10 influence interaction as well as overall participation and shape who is involved in debates. Some members can be regularly observed at the periphery of meetings, making no real contribution other than their attendance. Power relations between members may come into play transforming what seems a democratic process into one where direction is given. This becomes possible because membership includes both commissioners and commissioned; both regulator and regulated.[51] As an example, in the following extract members are discussing a recent Ofsted / CQC inspection which, amongst other things, had criticised the capacity of midwives and health visitors to complete the Common Assessment (CAF):

> The Foundation Trust representative (responsible for the Hospital and its
> midwives) speaks about this as a difficult issue as if to explain and justify

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[51] The District Council and the Bluechester and Greenshire PCT Cluster are both significant commissioners. The latter commissions services from the Bluechester Hospital NHS Trust and Bluechester Community Health Care. The PCT cluster is regulated by the Strategic Health Authority. All these organisations are LSCB members.

the current position. His comments are followed almost as interruption by the PCT commissioner who says: 'It is important that we make this happen; it is already happening in [Greenshire]", and "there is no question that it will not be delivered." The tone is strident. However she adds, with a note of compromise that "it will be delivered, but 100% delivery will take longer." (Field note extract: LSCB Board meeting, January 2012)

Here commissioning power is exercised to gain organisational commitment towards what is an important objective for Bluechester LSCB, for commissioners and for inspectors. The Foundation Trust representative has responsibilities to provide universal midwifery and health visiting services within budgets that are under pressure. CAF completion by midwives is an additional burden. The PCT commissioner has a responsibility for the broader constituency, can draw on her knowledge of the Greenshire response and needs to be mindful of regulator's presence in the meeting (the representative from the Strategic Health Authority). This relationship may have affected the dynamics of the episode, as local commissioners are themselves monitored by such bodies and expected to demonstrate commissioning that meets wider policy priorities.

5.6   The different worlds of LSCB members

The diversity of LSCB members' day to day concerns – the particular configuration of demands they face, their personal characteristics and organisational context – pose challenges for meaningful dialogue, understanding the perspective of the other, and establishing the commonality of view associated with effective collaboration (Mattessich, 2001). Although Government Guidance is directed to all LSCB partners, its requirements need to be worked into a local and shared understanding of answers to questions such as what coordinated multi-organisational safeguarding means for Bluechester; or, what constitutes effective safeguarding in Bluechester? Mutual understanding within the LSCB on such issues is only part of the picture. The

standpoints of practitioners, children and family members also need some recognition.

LSCB members occupy different worlds. At certain moments LSCB members seem to encounter an unfamiliar world of meaning; other worlds that challenge their own beliefs or values, that require inquiry, questioning, or exploration before any joint understanding can be achieved. This sense of strangeness prompts comment as in the following examples:

> The Co-Chairperson from the STC referred to Board members being very trusting of the information we are given. He said he came from a world where claims were 'not accepted at face value' and 'evidence is needed.' (Field note extract: LSCB Training Sub-Group, June 2012)

Also from the same meeting, during a discussion on good training practice:

> The Police representative says that when he attends meetings he comes 'thinking about my own world'. (Field note extract: LSCB Training Sub-Group, June 2012)

The search for a joint understanding prompts questions about the meaning of key concepts:

> The YOI manager talks about the need for definition: 'what do we mean by prevention – are we talking about early years or not?' The Chairperson asks questions about terms used on the map hand-out such as "floating support". (Field note extract: LSCB Training Sub-Group, June 2012)

The sense of strangeness is found not only in what others say but also in the course of examining documents. Commenting critically on the joint Bluechester and Greenshire Toolkit on child trafficking, the DCS comments:

> 'The document shifts into the [Greenshire] world very easily.' (Field note extract: LSCB Board meeting, June 2012)

The LSCB provides solutions to this problem in different ways. Members negotiate meaning through meetings that involve explanations, questions, rephrasings, and clarifications. Routines and conventions of sharing and debating information (giving reports, making presentations, the mediation and management of discussion by the chair) all provide opportunities for members to reflect, evaluate and where

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necessary question the content. The process of validating and adopting documents (reports, procedural changes, toolkits) normally involves collective work in document construction and then opportunities for comment and consultation during which difference of meanings and understanding can surface and be minimised. There are however limits to which the other's perspective can be fully understood. The work context, knowledge base and policy context of a particular organisation is difficult to grasp externally no matter how good the presentations, explanations and clarifications. Gaining such a solid appreciation of the range of diverse organisations in the LSCB is unrealistic for LSCB members.

These interactions may nevertheless provide sufficient understanding of the other's perspective for meaningful interpretation and communication to occur. They do little, however, to promote an understanding of the world of practitioners, or children and families. With few structural links to practitioner fora, or to groups representing children, young people or parents, the LSCB does not hear the voice of those most directly involved in safeguarding activity. At points, some LSCB members recognize this disconnection as problematic. The DCS's proposal in the following extract appears borne out of this concern:

> The DCS proposes a case study of a 19 year old in hospital and produces background information. The material is circulated: a short case history of multi-organisational involvement in a young person's life. The DCS suggests we look at such a case in a training event. The YOI Manager suggests young people could tell us whether they have had help and whether its good help. The Pediatrician agrees it would be good to talk about cases. The Foundation Trust representative says that something like this could be taken to a GP training time. The YOI Manager says her institution could produce case studies. The Chairperson says the Training Sub-Group will prepare material for an event for LSCB members and that this event will be only for Board members. (Field note extract: LSCB Board meeting, January 2012)

This is a positive and significant initiative. The training event took place in March 2012 although not all Board members attended. It is, however, a somewhat isolated

initiative. There are other points where members make suggestions and comments about understanding the child's experience. In a debate on domestic violence, for example, the Probation Service representative suggested that the child's journey through services is plotted; the GP representative also spoke about the impact of domestic violence on children based on her contact with them.

These comments demonstrate a concern to explore the service user's experience but appear not to have led to any different approaches in information gathering or presentation. There are alternative ways of achieving this. One alternative concerns the role of lay members of the Board:

> The DCS says we need more time to be informed by the experience of
> children and young people. We need a Board learning conversation. The
> Chair says the three lay members have been challenged with picking up the
> family's voice and developing this. A lay member responds and says we
> have started by meeting with a group of young people and a group of
> parents. (Field note extract: LSCB Board meeting, June 2012)

This task appears harder than these comments suggest. During an eighteen-month period of fieldwork, lay members had just one meeting with a group of young people and no meetings with parents. The meeting was one with a group of young people who mostly had not had contact with services in safeguarding contexts. These young people were nevertheless able to articulate their concerns that focused on unsafe situations around school gates and premises. The overall picture then is of a LSCB that from time to time recognizes the need to counter-balance a management discourse with the voice of service users but has no tradition of achieving this and lacks the structures and perhaps the determination to make this happen.

5.7   Demonstrating collaboration

Multiple and conflicting obligations; difficulties in bridging the worlds of different LSCB members and in engaging with the perspective of children, families and

practitioners; significant change in the wider environment - these all appear significant challenges to and constraints on collaborative activity in the Bluechester LSCB. However, in this environment collaboration is expected; non-participation brings censure from regulators and inspectors who look for partnership's manifestations. Caught between the pressure to cooperate and a sense of self-interest that circumscribes cooperation, what is played out in the LSCB are forms of strategic collaboration - balancing acts that produce limited collaboration; collective action which is conservative and non-threatening to a sense of vital interests; just enough partnership. Whilst this is not homogenous and there are exceptions, the efforts by organisations to feed existing work into the collective LSCB approaches (on domestic violence for example) are less about an enthusiasm to coordinate and join up activity, and more about attempts to publicly accentuate and amplify overlapping and parallel activity; to demonstrate collaboration ceremonially.

Within this general approach to multi-organisational collaboration there are individuals who show greater commitment; volunteers who take responsibility for leading on aspects of LSCB work and ensuring completion of projects; leaders who want to push the boundaries of LSCB activity forward. However, as the balance of forces produces a somewhat conservative and strategic approach to finding collective solutions, pushing the boundaries raises problems of compliance and cooperation. There is evidence of collectively agreed programmes of action not being implemented by organisations - CAF implementation and midwife access to records being examples. There are also indications that some members are dissatisfied with the degree of trust accorded to partners in fulfilling their collective obligations. This dissatisfaction was given voice by the STC Manager who considered the LSCB to be uncritical about member claims that collective requirements had been met (about training staff in

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safeguarding approaches). The strategic approach to collaboration and the underlying questions of trust of others are important in understanding what, for the LSCB is successful safeguarding activity.

5.8   Success and the LSCB

From observation and scrutiny of its written material, success appears to take several forms for LSCB members: improvement; effective joint work; and settled outcomes for children or young people.   Of these, improvement – change for the better - predominates.   Improvement figures in agenda items and discussion; it inspires reports; it provokes argument.   Its power and pervasiveness require explanation.   Being successful means achieving improvement but this is not improvement in the lives of children and family members; it is organisational improvement. It comes into play as a defence against judgements of failure, error or incompetence; or as the good news of emergence from ineffectiveness. In the LSCB it is primarily used as a first person, self-interested claim of success; an assertion by an organisation about their own improvement in circumstances of criticism by audit, inspection or by some other review of safeguarding practice.

The notion of improvement is familiar territory for these partners, an area where their different worlds overlap.   Individual members know of the risks of organisational failure. The head teacher, the Foundation Trust chief executive, the DCS, the Police and Probation representatives are all likely to have experienced the elations or the public shaming that follows inspection judgements on services they have responsibility for.[52]   The regulatory and inspection process provides a common

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[52] Such judgements have a moral dimension. The language of inadequacy serves to differentiate the inspectors from the inspected, the auditors from the audited. It contrasts those with expertise who can clearly see what needs to be done, from those who should know better and are responsible for inaction or incompetence.

language. There are similarities in the standards being applied and in the muscular language used to describe underperformance and failure of different organisations. Affinities exist in the expected process of improvement: in the value placed on timely actions, robust decisions, consistency and scrutiny. The following refers to the outcome of the recent inspection of the YOI:

> There were no significant areas of concern for the Inspectorate. The governor says this was a massive relief for the establishment to get to this point. She asked that the LSCB concerns about the YOI now go back to a normal level. Other members of the meeting voice congratulations and say "well done". The chair asks about Ofsted's ratings of the establishment and is told that it is a "2". The chair says "thanks on our behalf for the work you have done". (Field note extract: LSCB Board meeting, January 2012)

The importance of improvement also stems from the constancy of change. In a changing environment, goals seem open-ended or are constantly uprated. In safeguarding children, the public thirst to eliminate risk is never quenched. It appears there is always more to do. In this context, the success of organisational improvement is a continuous journey. Despite their differences then, LSCB members are all somehow on a familiar treadmill; subject to similar forces of change; under public scrutiny and vulnerable to allegations of complacency if appearing too satisfied with progress. They must all avoid failure.

Narratives of improvement

The LSCB expects to identify the need for improvement and examine an organisation's improvement journey in safeguarding work. There are three principal ways in which improvement is spoken about: narratives about the need for improvements; promises that improvements will be made; and claims that improvements have occurred. The first of these typically arises from inspection, review, or audit activity. These stories focus in particular on failure to meet standards and on a logic which presumes that if standards are not fulfilled service quality is poor; if service quality is poor, service

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effectiveness if doubtful; if service effectiveness is doubtful children will not be safeguarded. The standards upon which these narratives are constructed relate to a broad range of safeguarding activities and are reflected in safeguarding guidance issued by Government and regulatory bodies. They range from recruitment safeguards through to the quality of plans, decision making, assessments, communications, supervision and management oversight of safeguarding work. The emphasis varies with the context and function of particular organisations. Success or failure relates to whether these identified practice requirements have been complied with and the extent to which managers have recognized this and corrected it as in the following:

> Child protection enquiries are carried out by qualified social workers. They are timely once a strategy discussion or a strategy meeting has taken place. Other agencies contribute effectively to strategy meetings. In a number of cases there are delays in children and young people being seen and children are not consistently being seen alone. Inspectors observed delays in seeing children when there were presenting child protection concerns, due to the risks not being appropriately recognised and child protection processes not being initiated. In most cases the quality of section 47 investigations are adequate. (Extract from 2013 Ofsted Inspection Report on local authority arrangements for the protection of children in Bluechester)

In the above example the need for improvement centers on doing things on time, being consistent, recognising risk and following processes. Expressed in this way the need for improvement is understood by the organisation concerned and by the LSCB. The organisation concerned rarely disputes the story as the inspection body has significant power to exact damage if the organisation fails to accept the judgement and respond constructively. Damage may be inflicted on multiple levels: on reputation, political support, public and service user confidence and impact in turn on staff satisfaction and turnover. While there are risks in contradicting inspection judgements, there is scope for presentational adjustments that cushion the negative impact of poor inspection outcomes. In the same inspection report in 2013, OFSTED judged Bluechester Council to be inadequate in all areas (effectiveness of help and protection,

quality of practice, leadership and governance, and overall effectiveness). However referring to the report on its website Bluechester Council presented the outcome in the following manner:

> In its summary, the report states a number of areas rated as good or adequate: People and different services who work with children and families are passionate about their job and that any child at immediate risk is protected from harm by their social worker and other services. Children and families who find life difficult and ask for help are put in touch with services that make real differences to their lives. The new senior managers who run [Bluechester] Council's Children's Services are very clear about the changes they need to make and know the pace of improvement has been too slow. (Extract from Bluechester Council Website, Accessed March 2013)

Using constructive language, it also lists areas that need improving:

> Procedures are not always followed and that some children are not protected as well as they should be, or quickly enough.
> Decision making in the service needs to improve to ensure help and protection is offered to children and families at the right time and the way cases are closed – in some cases too early – needs to be reviewed. Decision-making needs to be based on clear and accurate plans and assessments.
> Recruitment of more permanent social workers needs to be enhanced to reduce the changes children and families face (Extract from Bluechester Council Website, Accessed March 2013)

A second way in which improvement is spoken about is in terms of promises. The LSCB scrutinises the organisation's response to inspection reports. The challenge for members is to ensure that what is required to improve is going to be improved and has been improved; that the inspection narrative is not significantly edited or obscured; and that claims about improvement have validity. This challenge is not a straightforward. LSCB members may be assured that problems will be corrected, and standards will be met. Normally, the LSCB requires more than a promise or undertaking. Improvement plans are usually required. They demonstrate in detail what action is to be taken mapped against specific areas of concern highlighted by inspection, audit or review. They show what is being done to meet standards. As a management tool, they have a familiarity for members of the LSCB.

The third type of improvement narrative is the *improvement claim*. In the presentation to the LSCB, these claims vary significantly in terms of subject, their exposure to previous scrutiny, their complexity, and the extent of explanation and evidence provided. Example 1 in Table 11 below, required of LSCB members an understanding of young people's 'felt sense of safety'. It attracted questions and discussion. Case allocation (Example 2) by contrast, seemed more readily understandable and provoked no challenges. Examples 2 and 4 represent claims about problem resolution rather than progress. In both instances, the problem and solution appeared straightforward and perhaps easily verifiable for LSCB members

Multiple layers of interpretation exist between the inspector's experience of services and the related improvement issues discussed by LSCB members (see Figure 11 below). LSCB members focus on improvement promises and claims based on highly filtered and reconstructed accounts of safeguarding practice. Improvement claims tend to refer to the action of the individual organization rather than multi-organisational activity or the activity of an individual. Where these claims become personalised, they convey an overall sense that managers within organisations create improvements. Action plans and reports communicate this by reducing improvement to the completion of specified actions; by making managers responsible for completed actions; and by narratives that underline the importance of leadership, authority and compliance in this process. These claims rarely acknowledge the part played by third parties (practitioners, parents and family members for example) in improving practice.

	Example	Improvement claim	Type of evidence	Form of interrogation	Nature of summary conclusion
1.	Safety of young people in the YOI	Acts of violence, self-harm and use of physical force have reduced and young peoples' felt sense of safety has increased	Periodic verbal and written reports to the LSCB over a two year period and Prison's inspection reports (with quantitative data)	Questions and answers (LSCB Board meeting)	Endorsement of improvement and congratulations to the staff
2.	Children's Social Care case allocation	All cases have been allocated	Reference to internal data report on caseloads and allocations	No interrogation (LSCB Board meeting)	Endorsement of improvement
3.	Rates of local domestic violence	Local rates of repeat domestic violence have reduced	Verbal presentation and written report providing data trends and comparisons with other areas.	Questions, answers and explanations (LSCB Board meeting)	No request for endorsement
4.	Safety of Hospital A and E facilities for children	Building modifications now make for a secure waiting area for children	Verbal report	No interrogation (LSCB Board meeting)	Endorsement of improvement
5.	Improvement in local CAFCASS services	Improvements (unspecified) have been made to the operation and management of the local CAFCASS office	Verbal report	Questions and answers (LSCB Board meeting)	Rejection of claim and request for further information

Table 11: **Example Improvement Claims**
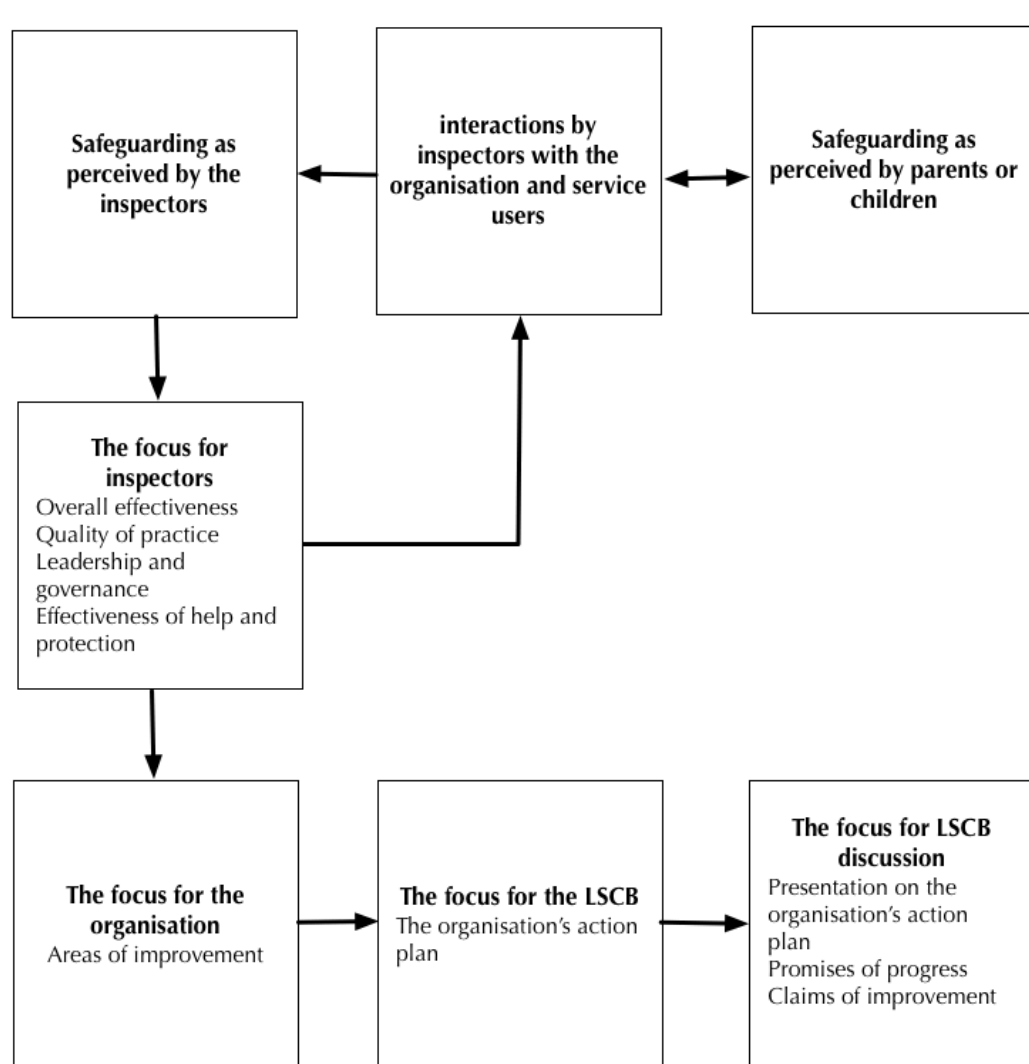
Figure 11: **Perceptions of the need for improvement**

Other forms of success

Although organisational improvement is the dominant form of success in the LSCB, other forms can be discerned. For some LSCB members, multi-agency working itself is a form of success. Described by the Police representative in a LSCB Board meeting as a success story and a true multi-agency forum, the success narrative of Bluechester's MARAC contrasts starkly with the filtered stories of organisational improvement. A Multi-agency Risk Assessment Conference (MARAC) is a meeting where information is shared between representatives from statutory and voluntary sector organisations on

what are considered highest risk domestic abuse cases[53]. Established also in other parts of Greenshire, the Bluechester MARAC aims:

> To facilitate the sharing of information to increase the safety, health and wellbeing of adults and their children placed at risk due to high risk incidents of Domestic Abuse;
> To jointly construct and implement a risk management plan that provides professional support to all those at risk, that reduces such risk;
> Improve inter-agency co-operation and interaction;
> Improve agency accountability; and
> Reduce repeat victimisation.
> (Greenshire Police's MARAC Annual Report 2013)

The claim that Bluechester MARAC was a success story arose during a LSCB Board discussion on domestic violence and was justified by the presenting police officer on the basis that it was well established, and had the highest number of referrals of all Greenshire MARACs. In the meeting, not all members of the LSCB understood this basis for this claim of success and no explanation was given as to why Bluechester's MARAC was a true multi-agency forum. There was a mixed response from LSCB members to the presentation. Members seemed to appreciate the presentation, asking questions and requesting additional data. On the other hand, doubts were raised by a GP concerning the awareness of MARAC amongst local family doctors. The important association between what appeared to be a well supported collaborative project and the valued outcomes (referral levels) was left unexplored by the audience and was not elaborated on by the presenter.

LSCB members are rarely confronted with stories of safeguarding individual children. The principal exception is case reviews where children or young people have

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[53]MARACs are established on the basis of a prescribed model, facilitated and supported by the work of the national charity, Coordinated Action Against Domestic Abuse (CAADA). The MARAC recipe - the risk assessment and information sharing protocols – has been adopted in Bluechester and is supported by its own part-time coordinator. Also adopted is CAADA's performance management system with its targets for numbers of referrals, repeat referrals., and children in referred households. On the basis of this performance system, Bluechester is attracting the levels of activity on these performance metrics that CAADA expect given its demographic profile. Other MARACs within Greenshire have lower than expected rates of referral.

died or been seriously injured, and concerns existed about maltreatment. Occasionally, however, specific reports about practice arise outside of this context. The LSCB's Quality Assurance sub-group receives periodic reports on the progress of services for privately fostered children in Bluechester. The report presented to the group in May 2012 was positive, describing actions taken to fulfill the local authority's obligations towards children in these situations.[54] In particular, the report and presentation referred to cases where "joint working has been extremely successful in offering a wider variety of options, services and support for the young person carer and / or family". The audience consisted of managers and some practitioners from different organisations in Bluechester. Potentially this was important information about collaborative work: partnerships that apparently enhanced support for a particular group of children and young people. However, the report and presentation provoked no questions and no discussion. The presenter was thanked and agreed to provide another report at a future date.

5.9   Summary

I provide here some concluding thoughts about success and collaboration in the Bluechester LSCB. The task of this group is not an easy one. For its statutory functions to be fulfilled its members must somehow build a collective vision of what an effective and successful safeguarding system means in Bluechester, and re-examine the role of individual organisations in bringing such a vision about. Developing a system of safeguarding is a challenging task and may require some substantial deviations from what organisations are currently doing.

For such a vision to be developed, more voices need to be heard. The

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[54]These include publicising the need to report private fostering arrangements, visiting carers and children to ensure children's needs are met and providing support.

concept of success that prevails focuses on organisations rather than on children or parents. It is the inspector's vision of success that dominates the attention and concerns of LSCB members. This view of success is largely confined to standards of practice and management within individual organisations. It has little to say about multi-organisational systems of safeguarding beyond information sharing, service thresholds and referral practice. Individual member organisations find themselves within this externally imposed paradigm of success - on a treadmill of improvement to meet regulatory expectations and stay one step ahead of the inspector. Failure to meet these expectations must be avoided. There is no alternative vision or no search for one. It is significant that the LSCB has no links with children's groups; with organisations representing parents who have experienced safeguarding interventions; or with fora of practitioners. Each of these interest groups could potentially assist with the development of an alternative vision and could provide advice on the impacts of developments.

I am arguing here that of the two statutory functions of the LSCB, referred to above, the primacy of organisational success emphasises the ensuring effectiveness function over the coordination function. In addition to giving undue authority to the regulator to decide what is successful, there are two further consequences. Firstly, as the horizons of improvement appear confined to each organisation it makes little sense for organisations to sacrifice any real autonomy over safeguarding practices to a collective body unless they are forced to. This autonomy is required to work on expected improvements in their own complex organisational world where safeguarding priorities must be somehow harmonised with other multiple and conflicting demands. In this context, the collaboration that matters is one which serves the needs of organisational improvement. This is likely to involve collaboration within the

organisation although for some (the Police and domestic violence activity for example), their own organisational success may be enhanced by improving transactions in specific interfaces with other organisations. In this context, the collaboration that is likely to predominate is self-serving in which the interests of the individual organisation are met and threats to these vital interests deflected or averted. What was referred to above as strategic collaboration makes sense in this context.

Secondly, organisational improvement trumps other forms of success. In this chapter, two examples were described of alternative forms of success. Neither attracted much interest or serious exploration by LSCB members although both appeared to offer some important pointers on successful safeguarding work. This preoccupation, this familiarity with the search for deficit, coupled with the absence of a legitimated alternative vision makes it easy to pass over success in other forms - whether this is about outcomes for individual children, or about multi-organisational innovations that appear to offer new and better ways of supporting children and parents.

CHAPTER 6

THE MULTI-PROFESSIONAL DOMAIN: TWO
SAFEGUARDING TEAMS IN BLUECHESTER

6.1   Introduction

This chapter considers how success and collaboration appear in the everyday work of
two teams in Bluechester (referred to as "North Team" and "Central Team").   It
explores how success emerges in the activity of these teams; how collaboration is
practised; it draws connections between collaborative phenomena and instances of
success. The focus is on success and collaboration as multi-professional phenomena.
This includes what occurs internally between team members (*insider* collaboration) and
also externally with other professionals and workgroups (*outsider* collaboration). Each
team is considered in turn and connections made between the multiple forms of success
evident in these settings and the different forms of collaboration practised by team
members.   In particular, the chapter explores the idea of change - its perception and
interpretation - as a necessary component of success for these practitioners.

Occupying different positions in the nexus of safeguarding activity in
Bluechester, North Team and Central Team perform contrasting but complementary
roles. The first is a safeguarding team covering a defined geographical area of
Bluechester; the second, a centrally based team specialising in reviewing safeguarding
activity. One practices casework with children subject to CP plans and children in local

authority care. The other has responsibility for reviewing case work through CPCs and reviews for looked after children.   These teams share the same general goal of safeguarding Bluechester children. In both settings, their members interact extensively with families, external professionals and workgroups. They also interact with each other. Structurally and culturally, both are part of the same organisation, exposed to its demands, and commonly influenced by wider contextual forces such as austerity, organisational change and public alarm about service quality.

In both settings, collaborative activity varies in its openness to observation. Insider collaboration appears more recognisable: the observer can see participants, follow their interactions, and make connections with the context.   Witnessing collaborative practice with outsiders means relying on observation of one end of a telephone call or a worker's subsequent account of interactions.   There is no opportunity to witness the other party's contribution. Collaborative interactions may also be invisible, undetectable to the observer being pursued silently through email or text exchanges. Interactions may seem brief and superficial but isolated exchanges are often part of a bigger pattern of working together.

6.2   North team

North Team is known as a Safeguarding Team. Based in a former school building, there is little disguising what were long school corridors and classrooms, cloakrooms and communal school areas, now minimally converted and dedicated to safeguarding children rather than educating them. A sign at the entrance to the building welcomes visitors to the North Locality's 'Integrated Services Team'. This notice refers to the co-location of social workers, health and education professionals. In some ways, there is validity in the description. North Team shares the building with the locality Family Support Team. This team has Education Welfare Officers sharing desks with social

workers. In the room adjacent to that of North Team, there is a small group of Health Visitors although they are not members of the team and are managed by Health Trust managers based elsewhere in Bluechester. Educational Psychologists had also been located in this building but have long since moved back to one common base in the Bluechester area.

North Team is composed of a manager, social workers, administrators and family care workers. The manager allocates and supervises work although senior practitioners have responsibility for supervising less experienced social workers. Cases are allocated to individual social workers who normally carry key working responsibility for safeguarding work with the child, family members and other professionals involved. A chain of accountability connects the allocated worker to the DCS through the Team Manager, a Service Manager who is based in the same building, and an Assistant Director of Children's Services based elsewhere who is in turn accountable to the DCS.

The composition of this team changes significantly during the fieldwork observation. In the early stages, it is exclusively white and female, with members either living in or having a personal connection to the Bluechester area. As austerity bites, there are reorganisations, critical inspection reports, and change in team composition. Increasing staff turnover brings a greater diversity of ethnicity and gender to the team. Increasingly, the team comes to depend on agency social workers loosely connected to the organisation, with fewer local roots. There are associated changes in the pattern of informal relationships and groupings within the team. A spatial distribution of team members into groups reflecting differences in experience and seniority gives way to a more fluid sub-grouping. Initially, younger, recently qualified social workers are to be seen sitting and interacting together in the same banks of desks;

based separately from groups of more senior practitioners. Later, this pattern dissolves as established relationships are ruptured and desks replaced by work-stations.

Collaborating With Outsiders

Three forms of interaction with outsiders - catching up, updating, and influencing - stand out to the observer. Each displays some form of working relationship - extant or being rapidly established - in which the participants have a common interest in events concerning a child or family and where both seem to seek progress or problem resolution. These are best understood as overlapping categories; two or all three are identifiable in some encounters.

Catching up

Catching up involves a mutual exchange of information or views. Normally conducted between two participants, this is bi-directional and used, for example, to inform, advise, clarify or consult. Both participants benefit. Catching up can occur during telephone calls although face-to-face contact seems more effective.

> Having observed the worker meet another outside professional in the team
> room the researcher asks whether she prefers meeting face-to-face. She says
> making the effort to meet with people paid off in terms of getting
> information about children from people who really knew them and that other
> professionals could be put off because it was hard to get through to social
> workers. (Field note extract: North Team, 7th July 2010)

Face-to-face encounters provide a good basis for catching up. There are multi-level gains. Beyond a primary exchange of message content, a wealth of meta messages are available about commitment, anxieties about the child, impinging work or personal factors, the relationship and blocks that may exist.

Updating

Catching up in face-to-face encounters is not always practical. By contrast, updating can be conducted over the phone or through channels such as email or text messaging.

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Updating is more uni-directional than catching up, but may go beyond passing information on. It involves consideration of feedback; some appreciation of the other's understanding of what is being conveyed.

> The worker who telephones the school reads out details of a domestic
> violence referral made by the police. This is shared in some detail. The
> worker tells the other party about her follow up visit to the family, it's
> brevity, and her observations about the children. She asks the other person
> (referring to her in first name terms) for as much information as she can give
> and that she will be visiting the family after lunch and will be in touch.
> (Field note extract: North Team, 5th January 2011)

Here, the worker connects on a personal level; takes time and care to explain; describes findings and observations in detail; indicates what she has done and will do next; and gives reassurances about further opportunities to talk. This is mindful updating, it conveys respect and offers scope for clarification with the other person. It enhances shared meaning as well as facilitates further contact. The situation may call for other ways of updating others:

> An agency worker refers to problems in information exchange and
> coordination - in this instance, with mental health and drug misuse services.
> Few people in the professional network knew about recent events. The
> agency worker says she does a group email to them all from time to time to
> keep them up to date. (Field note extract: North Team, January 5th 2011)

Influencing

Influencing is a key safeguarding skill characterising many collaborative interactions. Influencing may involve various attempts to persuade or pressurize someone to change their views or actions. For example, workers become conscious of conflict in the wider professional network involved in a case and want to create a common view about the child's needs or approaches to take with parents:

> A social worker calls someone within prison welfare or probation about the
> father of a child on her caseload who is subject to care proceedings. She
> expresses concerns about the father being released on a tag. She relays her
> plan for adoption for the child and concern that the father has been telling
> others that he is going to look after the child when he leaves prison. She is
> concerned that the father has been making different remarks about his plans

in the case to different people. She suggests this is misinformation and he is putting up a smokescreen. (Field note extract: North Team, 22nd October 2010)

The worker is intent on reducing a dissonance within the professional network that she attributes to the father. In these situations workers must be mindful of the network of others working in the case; the contexts and thinking of other professionals and the ramifications of developments for self and others.

Collaboration Between Insiders

Within North team, collaboration occurs on an informal and formal basis. Informal collaboration shows itself in three basic forms: know-how sharing, ventilation and story-telling.

Sharing know-how

Know-how sharing is ad hoc, spontaneous, a one-to-one activity between nearby peers, junior and more experienced workers, or within a small group. It is informal, brief, occurs in-action, and rarely disturbs the surrounding pattern of activity.

> The worker asks another whether she knows what needs to be done in filling in the assessment forms on the system. She relays her experience in her last team (one that was restructured). She didn't get to fill in these forms very much as she only joined at the end of July and there really wasn't much guidance from above. (Field note extract: North Team, 24th January 2011)

This collaborative activity appears sporadic, random, and unrelated to any specific joint project or task. It seems engaged in by all, not just the newly arrived or inexperienced. It arises from working within an uncertain and changing environment. It concerns practicalities: how to record or find information; the process to follow; the information to provide a carer; what a particular term means. It equips participants with missing knowledge or skills necessary to complete tasks.

Ventilation

North team workers draw on colleagues to express thoughts and emotions stirred by

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changes, workplace developments or encounters with service users. It is an outward sign of confidence in relationships where participants feel safe to release feelings of sadness, frustration, uncertainty, surprise, or joy:

> After several telephone calls to the client and the foster carer the worker shares some of her thoughts with colleagues opposite her, referring to the client as being "off her head" and not liking her. She goes on to make telephone calls about other apparently unconnected matters. (Field note extract: North Team, 22nd November 2010)

Ventilation is a common practice although there are individual differences. It is a collaborative process. It may involve a mutual airing of concerns or emotion or, as in the above extract, just one worker expressing their feelings and another just listening. The common gains here are not about knowledge or skills but emotional regulation. It helps workers release tension; ease the emotional arousal associated with the daily conflicts and encounters in safeguarding practice and the uncertainties of organisational life. It enhances the process of moving on and facing the next task.

Story telling

Story-telling is a third form of collaboration within the team. Shared stories focus on personal events, on service users or outsiders. These may be humorous, notable in some way or summarise dilemmas. Telling the story may involve ventilation but the primary purpose is more than emotional discharge. Its purpose is more one of inviting comment; of sense-making; or sending a deeper social, moral or political message

> Two workers exchange thoughts about a mother in bed and breakfast accommodation. They speak of her vulnerability and concern about a man she has a relationship with. The worker is worried he will exploit the woman. He is evasive. The second worker seems to recognise the scenario and suggests the man may be someone she knows who exploits young women in this situation. (Field note extract: North Team, 6th January 2011)

These conversations help to establish some shared narratives; stories that give meaning to events commonly encountered by team members in safeguarding practice. These narratives enable a mutual understanding of situations, individuals,

relationships, suitable interventions in difficult situations. They create expectations of what should be looked for, and provide recipes for action. They may also focus on other professionals as in the following extract from a team meeting:

> There was a ten minute discussion about IRO expectations. Some team members criticised the length of time that reviews and CP conferences took and the appropriateness of IRO comments in reviews. Stories that were swapped including one about an IRO who reduced a mother to tears – "more than once" - and also a foster carer. The team manager suggested the complaints system should be used. (Field note extract: North Team, 7th July 2010)

Such stories appear predominantly negative, casting the outsider for example as unreliable, incompetent or, as above, even persecutory. They emphasise the difference between inside and outside. These shared organisational truths inform the context in which team members think about and interact with outsiders in their day to day work.

Sharing know-how, venting and story-telling are *informal* collaborative practices. In North Team, these coexist with more *formal* joint working arrangements. Worker absence and case transfer threaten the availability and continuity of support for children and families. The complexity of need may also call for different configurations of skill and expertise, and this may mean involving more than one team member. These situations involve interdependence between team members where communication, joint understanding, coordination and awareness of the other's action is all important.

Caretaking

This practice involves duty arrangements where each team member takes a turn to cover for absent colleagues. Participation is expected. The person on duty is obliged to respond to calls, taking any urgent action on their colleague's behalf. Operating in uncertain conditions, being on duty means having limited time to understand and act. Team members must brief those on duty about events they are likely to encounter. The

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duty worker in turn is expected to follow guidelines their colleague has established for work in the case and brief them on action taken in their absence. These arrangements involve implicit trust, bringing mutual benefits for insiders and gains for outsiders. They protect workers who can plan activities requiring particular focus knowing that urgencies are covered. They can provide outsiders with an assurance of some form of continuous response to service users and external professionals.

Joint working

This refers to the allocation of two or more team members to the same case. They may have shared case responsibility, or one may hold this with the other having a specific supporting role due to particular knowledge or skills.   These arrangements are established by managers and subject to management oversight. As for *caretaking*, participants are expected to cooperate; to coordinate their activities; compare their thoughts on developments.   They must undertake their tasks mindful of other's involvement. This includes the forging of a common direction of work and holding to an agreed plan. Maintaining this is not always easy:

> A social worker and a family care worker talk about a visit the latter made to a family on the social worker's caseload. The social worker cautions the family care worker about aspects of her account - referring to her suspicions about the mother as if she is worried that the family care worker is being misled and has accepted the mother's statements too readily.   The social worker repeats her concern as if sensing resistance in reframing the family care worker's understanding of the family's situation. (Field note extract: North Team, 6th January 2011)

External and internal forms of collaboration (Figure 12 below) serve different purposes. Externally, catching up, updating and influencing are activities that sustain the helping network. They are necessary for alignment, coordination and the reduction of conflict. Internal forms of collaboration serve the purposes of socialisation and internal cohesion. They maintain some consistency in the way the team practises safeguarding over time and with various groups of outsiders. Caretaking and joint

working are collaborative systems that involve both insiders and outsiders. They serve both purposes. Internally they spread awareness of expected practices and reinforce solidarity; externally they help to maintain alignment and consistency in the face of change.
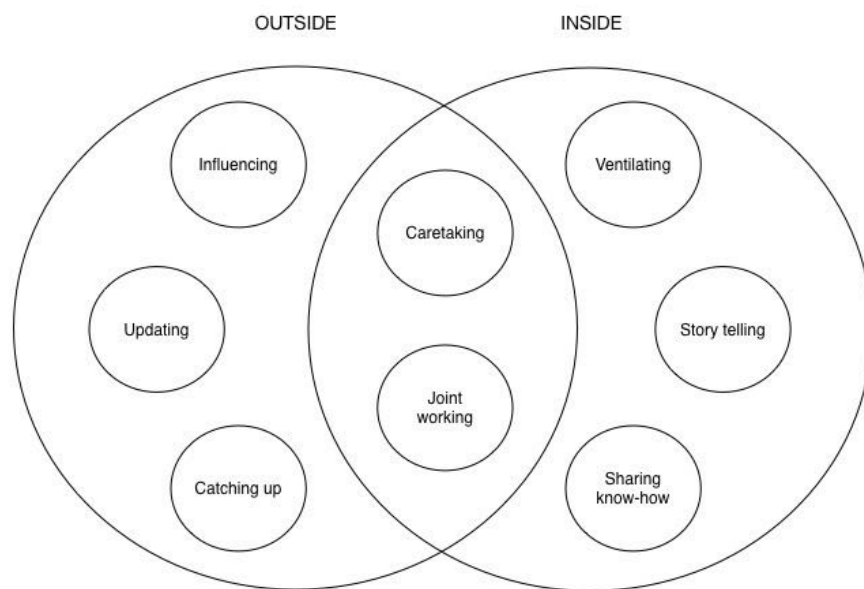
Figure 12: Forms of collaboration in North Team

However, these practice contain contradictions. Story-telling for example, may promote shared routines for understanding and acting on safeguarding problems, but it also creates beliefs that may restrict collaborative practices with certain agencies or groups of professionals. The relationships between the inside and outside, formal and informal aspects of collaborative practice is considered below in the context of both teams.

Success and North Team

Concerns, worries and negative developments dominate conversation in North team's workplace, yet there are signs of success. Where success surfaces, it does so in various guises: a momentary reaction to an experience shared with others; an ad hoc summary one worker gives another about progress in the case; positive feedback from managers.

These observable moments provide insights into team member experience of success in safeguarding work. Four main forms of success can be identified in North Team: organisational success, crisis resolution, relationship success and turnarounds.

Organisational success

The success of the wider organisation features in organisational communications and workplace conversations between managers and members of North Team. This success is articulated in performance reports that focus on key performance indicators and highlight the relative success of different teams and workgroups as well as the overall service. These key metrics are compiled from aggregated records of individual performance.[55] In Team meetings, members are reminded that they must contribute to "improving the figures" and be smarter in recording. Case records must make it clear to auditors and those monitoring performance that children have been seen in visits. Managers provide occasional feedback:

> The Service Manager sits down, and then, speaking to the whole team, says that the authority have been given a "good" rating by OFSTED - the rating had improved from "adequate" to "good". (Field note extract: North Team, 9th December 2010)

This news of success prompts little discussion in the team. This success is the result of calculation; it has certainty but is impersonal and remote. Although members make a contribution by their actions, the process of computing, recognising and interpreting this change is performed elsewhere in the wider organisation. It is the ramifications of organisational failure - the OFSTED judgement of being "inadequate" - that prompts team member discussion; rarely a sense of organisational success.

Relationship success

By contrast, relationship success has an immediacy for workers; it is based on their

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[55] Examples include completing assessments, making decisions, visiting children within expected timescales.

personal encounters with an individual service user and associated with winning confidence and personal engagement:

> The worker tells the caller about her relationship with a young person in the family, how he has been able to relax and benefit from being in foster care. She talks about her contact with him and the degree of trust she has established that has enabled him to talk about his feelings about his family, his concerns about his drug dependent parents and feelings of protection for his siblings. (Field note extract: North Team, 5th January 2011)

Relationship success is associated with personal development and growth; with emotional or cognitive wellbeing. Its certainty is known intuitively; statistical measurement is not needed. A psycho-social rationale attributes transformations to the helping relationships although this may not be made explicit beyond a sense of having established trust. The relationship may be regarded as the principal source of success (as in the above extract) or be part of manifold change attributable to multiple sources:

> The worker identifies a case where she felt things were going very well. It involves domestic violence, a father who was a cocaine user, a mother who acquired dependency during pregnancy, and a child born drug-dependent. The social worker describes the positive developments as the mother splitting from the child's father; doing the 'freedom programme'; receiving good support from her extended family; and the worker completing life story work with her. (Field note extract: North Team, 14th October 2010)

Finally, relationship success has a personal relevance for the worker. Given the mutual mistrust and scepticism that underpins safeguarding encounters on a daily basis, this sense of interpersonal progress evokes a sense of professional satisfaction and implies a degree of satisfaction on the service user's part.

Crisis resolution

Success also features as an outcome of a crisis. Whereas organisational and relationship success involves identifying change, the success that is the end of the crisis is not progress but aversion of disaster; the change is a reduction of threat or the restoration of a steady state.

> The worker says that it had been stressful yesterday with a mother and baby

placement breaking down after the foster carer (who was looking after mum and baby - on an ICO) asked for the placement to end because of the mother's behaviour (threats and consuming cans of strong beer). The Social Worker says these events were not good but the baby is safe. (Field note extract: North Team, 8th June 2010)

Crisis resolution is a success that fixes rather than improves; that extinguishes a fire; that makes safe. Like relationship success, there is immediacy, personal involvement; certainty; a sense of satisfaction or relief for the worker. There is some implicit linking of outcome to action, but these rationales primarily relate to practical rather than relationship activity.

Turnarounds

Turnarounds are an ambiguous form of success. Where team members refer to this they express surprise and doubt. *Turnaround* refers to the recognition of a significant and positive change in the life of a child or parent. The change is not just noticeable, but somehow dramatic and remarkable. The response to this discovery contains a sense of astonishment:

> A social worker comments on a CP case she had gained responsibility for - there had been quite a turn round. She will talk to the Team Manager about it. She tells a colleague sitting opposite her about the change in the case and her surprise that it was a CP case. They compare understandings of how cases come to be CP and to go into PLO. She speaks of discussing the case with the lawyers, taking it out of PLO. (Field note extract: North Team, 1st September 2010)

Like *organisational success*, *relationship success* and *crisis resolution*, *turnarounds* involve recognising change. Unlike these other forms of success, the change involved incites uncertainty; it defies interpretation; it is greeted with disbelief. *Turnarounds* may provoke scepticism as in the following exchange:

> A worker sitting opposite me talks on the telephone about a case, referring to the family support workers' involvement and some star-chart work on behaviour. She has been told by these workers that there is a dramatic improvement but says she has questioned this as it seems this improvement is only after two weeks, so she is sceptical. The conversation continues and

she refers to "the other thinking in the case". (Field note extract: North
Team, 5th November 2010)

This is not uncertainty about the existence of change, more about its meaning. *Turnarounds* demand new thinking; they challenge preconceptions; they represent exceptions in the sets of expectations workers have about families and the ordinary course of safeguarding work.

Success and Collaboration in North Team

In summary, success appears to be recognised in North Team in circumstances where a change or identified difference for the better is understood by team members: where there are plausible reasons for the change; explanations that account for the resolution of the crisis or the parent's or child's progress. This understanding arises from the worker's familiarity with the case and perhaps their relational experience with the child or parent. This logic has exceptions. *Turnarounds* defy comprehension and create uncertainty for workers who may be overcautious in their response. This may be healthy and justifiable scepticism, borne of the curiosity and open mind required in situations of child maltreatment.[56] *Organisational success* on the other hand has unquestionable legitimacy, certainty and intelligibility although it lacks meaning for workers who have only a remote connection with its production.

A clear linkage exists between *relationship success* and collaborative practice. This is confined to collaborative practices between worker and service user. Elsewhere the interconnections team members perceive are harder to discern. Collaborative effort is expended on constructing shared narratives and ironing out differences in view about individual cases case yet it is not clear how team members

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[56] Chapter 1 refers to the importance of respectful uncertainty and an open mind in safeguarding practice (page 15-16 above).

associate this with successful outcomes if they do so. Attempts to reduce dissonance in the professional network may have more to do with the avoidance of confusion or duplication; with minimising the chances of being undermined by some other professional's actions.

Similarly, insider-collaboration in its various forms in North team may contribute to skills and knowledge for successful practice or the recognition of successful outcomes although success stories do not readily reveal these connections. However, collaboration clearly provides contexts where judgements can be made about success. These are moments of reflection, evaluation or reporting where accounts of success are produced and shared; where others may adopt, dispute, or reframe stories of successful safeguarding. In North team these contexts include those occasions where workers share and discuss evaluations of progress: for example where they update new members of the professional network, describe developments to co-workers or summarise progress for formal reviews. Outside of these contexts, success in its many forms is not widely spoken of. Team members need encouragement to vocalise these stories.

6.3   Central team

Central team is based in the central municipal buildings of Bluechester Council. The team shares space with a wide array of local government activity: planners and architects, housing and environmental officers. It has its own corner of an open planned office, with managers, administrators and politicians always nearby, occupied by broad corporate agendas. To the observer, this is a municipal rather than a social care setting. Unlike North Team, the talk in the corridor, the posters on walls, the inquiries from visitors to the building have broader themes.

The co-location of so many Council services in one building would seem to

increase the opportunity for multi-disciplinary interaction. For the manager of Central Team co-location brings proximity to other managers who share Bluechester Council's corporate agenda. For other members of the team, there appear fewer advantages. The offices are large, services are segregated in different areas, and there are few signs of service integration at an operational level. Multi-disciplinary interaction occurs in this space but not by explicit design.

The team is composed of IROs, Administrators and their managers and supervisors. Administrators arrange CPCs and reviews for children in public care while IROs are responsible for chairing and managing these events. An administrative supervisor allocates the administrative tasks, supervises and supports the work of Administrators. IROs are separately supervised by a manager. The overall management of the team is the responsibility of a Service Manager who reports in turn to an Assistant Director. Administrators tend to be office bound for long parts of the day, leaving the workplace occasionally when called on to minute CPCs. They sit together in two banks of workstations at one end of the room. They exchange comments, raise questions and provide answers. They are all engaged in making preparations for and administering the results of CPCs and reviews about looked after children. At the other end of the room, managers sit at their workstations, able to oversee team activity. In between these two groups, IROs come and go, pausing periodically in the team base to pick up messages, make telephone calls, answer emails, or to confer with administrators arranging or minuting their meetings before moving on to the next conference or review about a Bluechester child.

This team is predominantly white and female. Over the period of fieldwork, there are team changes. Like North Team, it experiences staff turnover in the wake of inspection. Despite this, it appears to remain a stable work-group. Change is confined

to the composition of IROs. Subgroupings remain intact, and new IROs seem quickly absorbed into the team.

Collaborating in Central Team

Collaboration also takes internal and external forms in Central Team. Internally, it is observed between IROs and Administrators and between Administrators themselves. Forms of collaboration seen in North Team (sharing know-how, ventilation, and story-telling) are apparent here also, but seen more between Administrators rather than between IROs. This may be because IROs spend limited time together, that workstations partly enclose the occupant shielding them from the conversation of neighbours, or it may arise from the workplace climate:

> The IRO understands the researcher's interest in seeing how members of the team talk with each other about their experiences. She considers that it should be possible for team members to come back to the office and share how they feel - she indicates that this is not possible in a way which suggests someone nearby does not approve of this. (Field note extract: Central Team, 20th May 2013)

Formally, there is daily collaboration in joint working arrangements between IROs and Administrators. Their roles are interdependent. IRO tasks depend on arrangements made and information gathered and disseminated by Administrator who in turn, require guidance, recording and IRO availability to undertake their job. Both must cooperate. Performing these reciprocal activities not only generates functional interaction but also establishes shared familiarity with details about a child's life which prompts informal conversation related to the case in hand. This collaboration is not between equals as the IRO has the power to change review or conference arrangements. Both IROs and Administrators must also collaborate with outsiders: parents and children who are the subject of reviews or conferences; social workers in safeguarding teams; schools, health professionals and others who are professionally involved in the lives of particular

children and families. There are three aspects of this activity which appear quite specific to Central team and its role: its facilitating role in safeguarding work; the rapid and cyclical nature of its collaborative activity; and the extensive use of information technology in performing this action.

Facilitating participation

This team undertakes the unique role of facilitating system-wide collaboration where CP plans are considered or children are in public care. Administrators construct frameworks for collaboration through invitations to participants; meeting times and places; records of discussion and plans. IROs use this to create collaborative encounters where participants are encouraged to share perspectives, explain actions, review progress, and collectively commit to a plan of action necessary to the safety and wellbeing of a child. This is systemic activity. Networks of professionals and family members are connected by the team's efforts to arrange participatory encounters. The result is a pan-optical view of safeguarding: a directory of who is participating; what problems are of concern; what is being achieved? This experience of the holistic, system-wide activity of safeguarding in the individual case is specific to IROs. No other professional or manager in Bluechester has this viewpoint and potential grasp of the rich gamut of collaborative safeguarding work.

Yet, at the same time, the centralisation of the organisational tasks, their repetition, the volumes involved, the concerted management efforts to ensure things are done within performance timescales all encourage an industrialisation of the support for collaborative activity. There are always multiple events to arrange and rearrange, conduct or chair, report or follow up on. Achieving this means being productive; following rules, procedures and priorities in the name of consistency and fairness; automating tasks through information technology. Industrialising the support for

collaboration brings efficiencies but also a danger that these important collaborative encounters will be built on the mechanical, the perfunctory, the anonymous contact; the invite that lacks personal interaction; a meeting notification without an explanatory conversation.

Rapid engagement

A second and quite specific aspect of collaborative practice in Central team concerns the intermittent nature of IRO involvement in individual cases. IROs find themselves in a cycle of rapid engagement, disengagement and re-engagement with changing constellations of participants, attempting in each brief episode to foster that participation which makes sense of children's lives and brings about coordinated support and action to counter maltreatment. This constant exposure to new situations requires finely-honed relationship and cognitive skills. IROs move in and out of children's lives. They are charged with ascertaining children's views; encouraging parental participation; involving other professionals in emotionally charged debates; and checking progress. Winning confidence and trust, managing participation fairly are substantial challenges in this context, but IROs must do this, and do so rapidly before moving on to another case. Rapid engagement also means swiftly grasping claims and counter-claims about children's situations; previous action and inaction; what is being proposed now and by whom. Sufficient mastery of the case must be achieved before reviews or conferences. IROs must also remain open to testing and modifying their view in the light of participant information and discussion. However, not all situations are new for the IRO. Repeated reviews of the same case allows the IRO to deepen knowledge of particular children and their helping network. Collaborative links with some social workers will be stronger with more interaction and information exchange prior to or following the IRO's formal involvement.

Mediated collaboration

The third specific aspect of collaborative practice in Central Team concerns its increasing dependence on information technology. The workflows of the information system lock administrators, IROs and social workers together into linear processes that specify how work is to be undertaken.[57] The system creates expectations for the exchange of information and makes it apparent if inputs have not been made. Technology, therefore, increasingly mediates relationships between IRO, Administrator and Social Worker. Conversations are replaced by digital requests, prompts and responses.

Some IROs see gains in using this technology - accountability for the errant Social Worker for example in failing to complete and share their review or conference report on time. However this mediated relationship also encourages a certain form of anonymity. It seems to reduce personal interaction, remove negotiation, erode a sense of responsibility for testing the other's understanding. It routinises collaborative processes. Action and task completion are all important. This does little to foster the joint understanding that arises from a conversation in which views are tested, clarification sought and provided. Both are necessary in safeguarding work.

Success and Central Team

There are two predominant notions of success in Central Team. The first, *moved on*, is the success IROs encounter in individual cases; the second, organisational success, has similarities to that of the same name found in North Team.

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[57] Software used by the service structures the work, highlighting for example tasks to be done, their order, the timescales remaining for completion, and the respective responsibilities of administrator, manager, IRO and social worker.

Having *'moved on'*

IROs are well placed to identify success in safeguarding work. They specialise in judging and evaluating. Their intermittent involvement in individual cases provides them with opportunities to make comparisons. It confronts them with change, movement, and difference: between this review or conference and the last; between this worker's account of events and another's; between the views of professionals, parents and those of the child. When IROs speak of success it is in terms of a sense of progress being made; that families had accepted help or were in some way satisfied or pleased with the intervention:

> [The IRO] tells the researcher of a case she 'de-planned' yesterday. It involved a West African family. The worker is also from a West African country and [the IRO] felt this had worked well. It was a case of over-chastisement. The parents were very 'anti' but they had moved on. Nine months ago they weren't accepting any of this but the mother had begun over the time to accept help, to use a parenting class. They had expressed appreciation for the support they had received. She says the workers had decided to close the case. She thought there were two success factors: the worker's ability to empathise with the family given their ethnicity and experience; and that the family themselves had worked at the problem. The IRO said that progress in the case had been surprising but good and this sort of case did not come around that often. (Field note extract: Central Team, 13th June 2013)

This sense of having *moved on* involves change in several domains. It is attributed to acts of multiple agents including the parents. Unlike the relationship success in North Team, the IRO has little or no experiential involvement in the change. They evaluate from the fringe of this safeguarding work. This success contains a sense of certainty not only about positive change but about its sufficiency. It recategorises and normalises. It transforms the child and the family as objects of surveillance and support by local agencies. The credit is shared. The parents and individual workers gain acknowledgement for their efforts but at the same time the "de-planning" legitimises

the local safeguarding system.

Organisational success

Organisational success in Central Team is associated with case events. De-planning[58] forms the basis for performance indicators but according to IROs, does not necessarily signify success. They may not get a clear picture at a conference; CP plans may be made in a context of uncertainty. When clarity emerges later, the originating concerns may dissolve and the plan ended. In these situations the change has little to do with parental engagement or with the well-being of the child; the difference is the level of professional concern.

It is case events such as de-planning that occupy managers. They are troubled about cases that are not de-planned within two years; minutes that are not completed within five days; reviews that do not occur on time. Progress on such issues is publicly acknowledged by managers as in the following extract from an IRO team meeting:

> The Service Manager says: "There is good news. 97% of reviews were in timescale in quarter one. All initials are on timescale." (Field note extract: Central Team, 24th July 2013)

This getting-things-done-on-time form of success permeates the wider organisation. It relates to national indicators; features in inspection criteria; inhabits the performance expectations of workgroups and individuals. It is reflected in IROs' supervision where objectives and timescales are set, and task completion carefully recorded.

Success and Collaboration in Central Team

IROs in Central Team undertake multiple roles (see Figure 13). They must be supporters of collaborative safeguarding; evaluators of progress or the lack of it, and

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[58] *Deplanning* is a phrase used by IROs to describe the ending of a CP plan at a child protection review conference.

also scrutineers of practice. These core aspects of the job must be performed concurrently, but questions exist about their compatibility and balance. In particular, whether the activities of scrutinising practice disturbs the evaluation of progress and the process of collaboration.
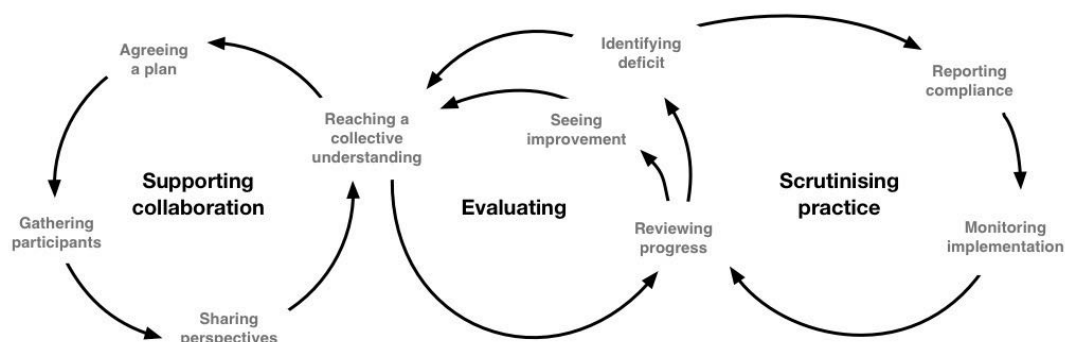

Figure 13: Central Team Roles

As Bluechester's Children's Services become branded as "inadequate" by the regulator, Central Team IROs become involved in work to improve the wider service. Their overview of practice is harnessed to serve the further and wider purpose of organisational improvement. This scrutiny of practice goes beyond the identification of deficiencies in provision for individual children to examining whether practice has complied with expectations; whether standards have been observed; whether things have been done "by the book". This process, in part, transforms the IRO into auditor. The auditor requires a forensic state of mind, one that seeks out deformity or deficit against predefined criteria. The evaluator's perspective on the other hand, whilst not ignoring deficiency, must be alive to the unique ways in which the lives of children and parents unfold, change, adapt and improve - developments not easily imagined in advance, codified and checked off. The IRO as evaluator asks "is this child making progress?"; as auditor the question becomes "have things been done properly?" The

focus moves from the child to the organisation. This transformation does not remove the obligation to follow up instances of gaps, delays or obstacles in implementing plans for individual children; and to check on their remediation. However, it widens the gaze; it requires forensic scrutiny of social workers' performance with deviations from expected norms being recorded and reported.

This focus on scrutinising practice in the interests of organisational improvement has implications for participation and promoting collaborative practice in two ways. Firstly, the criticism of practice arising from audit and similar activity strains the relationship between IROs and social workers. Evidence of this is apparent from the stories in North Team about oppressive IRO practices. This relationship must somehow be facilitative and collaborative on the one hand, and also critical on the other. On occasions, IROs are rebuked by their manager in team meetings for crossing the line; for being too supportive of Social Workers. As the manager put it, referring to social workers:

"We've been spoon-feeding this lot" (Field note extract: Central Team, 26th July 2013).

Secondly, because there is pressure for Central Team to improve its performance metrics on timely reviews and conferences, IROs normally rebuff the daily requests from social workers to rearrange review and conference dates. Social Workers must use a procedure that involves middle managers validating change requests. This inflexibility has significant ramifications for participation as illustrated below:

An IRO phones a social worker about a review needing to be set up and is questioned by the social worker over the need for this. After the call, the IRO confers with the Administration Supervisor sitting next to her about the issue and concludes that in the circumstances a review still needs to happen. She then phones the Social Worker back and talks about holding the review. The original issue appears to be that the review conference had been convened the day after the mother was due to give birth and the IRO had agreed with the social worker initially that this seemed to be a little unfair on the mother. (Field note extract: Central Team, 19th June 2013)

Here organisational success is promoted at some cost to participation. Such decisions can have longer term consequences for maintaining the trust and confidence of parents. Impairing this engagement may also affect the IROs capacity to evaluate progress as the parent's view of developments will be unavailable. Efforts to maximise organisational success in this sense may impede the identification of progress in the case.

6.4   Change and success

Having considered each team in turn, in this last part of the chapter I want to consider the links and commonalities between the forms of success and collaborative practice described above.

Figure 14: Different objects of success

Firstly, the different forms of success discernible in the activities of these safeguarding teams have different objects (Figure 14). The success described in North team as a *turnaround* and the success in Central Team of "*having moved on*" both have the child or parent as the success object. *Organisational success*, as the term suggests, focuses on the success of the organisation. The object of success in *crisis resolution* and *relationship success* appears to be about the self (i.e. the practitioner), although

arguably it may also be about the child and/or parent. The discussion on the IRO task identified two different systems of evaluation. Figure 14 suggests there to be a third system at work; one which is about endurance and self-protection. It means that in addition to the questions "is this child or parent making progress?"; and "have things been done properly?", a third question arises for practitioners: "will I cope?". The success that is *crisis resolution* provides affirmation.

These systems of evaluation coexist uneasily in the daily work of safeguarding teams. They must somehow be held in balance. Just as the IRO must look for positive and negative change in the lives of children with CP plans and also look for practice deficit, the social worker must be both mindful of changes in the child's wellbeing and mindful of their own performance and wellbeing. These different perspectives may conflict. In safeguarding work helping a child and family move on is a core aim but there is pressure do this within particular timescales. Work exceeding these timescales attracts audits and scrutiny. Management scrutiny of prolonged intervention is important but may be driven by a concern for organisational performance rather than a need to permit sufficient time for change whilst avoiding harmful and avoidable delay for children. Seeking relationship success of some form may run against the grain of success for the organisation. It requires investment of time; meaningful participation and negotiation; reflection; attention to process; flexibility; not just completion of pre-specified actions within target times.

Secondly, some notion of change is embedded in each of these forms of success. In *relationship success*, the change relates to levels of trust and satisfaction. In *moved on* change may be broader, relating to several areas: changes in parental or child behaviour, in the use of services, gains in wellbeing and increased satisfaction. Change in *organisational success* concerns improved metrics, reaching or exceeding

targets or having now acted as prescribed. By contrast, it is the absence of threatened change in *crisis resolution* that makes for success. These forms of success all require the perception of change (or its absence). The *turnaround* is the enigma. Here change is perceived but success is questioned as it cannot be comprehended. Thinking about success in these terms, therefore, suggests that it is not just the perception of change that is commonly important in success in its different forms. but that change is understood (Figure 15 below).
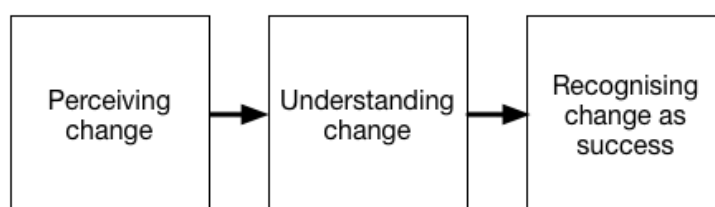

Figure 15: Change and success

Perceiving change is not a straightforward task. It is often not a question of measuring change through a series of structured observations of children or parents (although this has its place). It is more about a critical awareness of difference. We know from reviews of fatal child abuse cases that practitioners may not revise their risk assessments in response to negative change (Munro, 1999) and that assumptions about children's situations can be hard to shift. This is likely to hold for situations where positive change has occurred. Evidence of change may be overlooked, ignored or avoided. Equally, where change is perceived it may be accepted uncritically and understood too readily. For IROs and Social Workers, perceiving change seems to require that they be both open and sceptical; that they show capacity to discern change in both concrete (observations for example) and symbolic forms (shifting percentages, dissolving future threats); a willingness to test and verify; to become familiar with what has happened. We should expect them to understand change through a process of

critical reasoning, reflection on existing assumptions and the examination of differential explanations. For the practitioners observed in North and Central teams, the ambiguities and complexities of children's lives, the pace of activity, the multiple situations that must be tracked and understood make these a challenging set of requirements.

The safeguarding process provides some help. The evaluative criteria offered by procedural guidelines and CP plans influence not only what is perceived and taken as significant change in safeguarding situations but also the reasoning or narratives developed about the meaning of change. Part of this depends on the care and precision that goes into articulating agreed statements about required change when children are believed to be at risk of maltreatment; on the guidance and supervision available which may both expand understanding of the course of events and challenge assumptions about change or the lack of it. However, collaboration also plays a part. It seems possible that collaborative practices can and do make an important contribution to the perception of change and to the process of making sense of it.
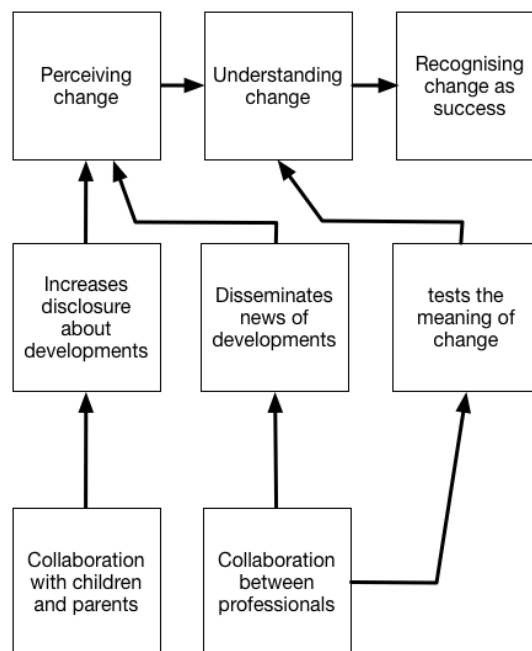

Figure 16: Collaboration and recognising change as success

Although the model in Figure 16 is speculative, it provides a basis for further theoretical and empirical inquiries about these relationships. The argument here is that collaboration with children and with parents extends knowledge of children's and parent's lives. There is evidence of this. Even in safeguarding situations, where helping relationships can be established, parents are more willing to disclose information about themselves and their lives (de Boer and Coady, 2007). This is not of course a straightforward process as the risk context, the stability of the relationship, or the presence of conflicting information may mean that what is disclosed requires interpretation and confirmation from other sources.[59]

Interactions between professionals serve a similar purpose in sharing and disseminating news of change. In North Team this dissemination appeared a daily activity although there was no indication of its effectiveness. Interactions (with children and parents and between professionals) also provide opportunities to exercise healthy scepticism; to develop and test out the reliability of what is claimed as change; to explore explanations and challenge assumptions about what change means. This chapter has provided examples of such practice by North Team members.

The model in Figure 16 provides a broad understanding of the routes by which collective understandings develop that change has occurred, and parents have *moved on*. It may have relevance in understanding situations where, in a context of poor collaboration, change is perceived but not readily understood. The *turnaround* in North Team might be understood in this way. Finally, this model is less relevant in understanding how the change underpinning organisational success is perceived and understood. As stated earlier the process of recognising and interpreting this form of

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[59] Chapter 1 (page 15-16) refers to the tensions of fostering engagement whilst remaining sceptical, and the importance of *respectful uncertainty*.

change is performed outside the practice context although forms of workplace collaboration within it are likely to shape the meaning of this success.

How change is perceived and understood is not fixed. The elements depicted in Figure 16 are situated, and subject to a broader and evolving context. Wider change, quality concerns and organisational demands all have some impact on collaborative practices, how safeguarding is practised, what is regarded as important change and how this is perceived and understood. Firstly, as Council and other local services contract in response to budget cuts, practitioners become concerned about job security. Staff turnover increases. This shifting environment destabilises safeguarding practice by disrupting case allocation, constricting sources of support, altering the composition of helping networks, and producing a constant need for rebuilding relationships with parents and children. These developments not only erode the trust and confidence of service users and their willingness to share news of change but also allow knowledge about children's situations to leak from professional networks. The erosion of this knowledge combined with the gaps and discontinuities associated with changing case responsibility means that change in individual cases may not be recognized. New participants enter the stage with an incomplete awareness of what has gone before. They have to redevelop the relationships necessary to gaining a comprehensive picture of the child and family and its developments. As a result, social workers in North Team may miss or overlook negative or positive change in children's safety and wellbeing. IROs in Central Team cannot compensate for this as Social Workers are key informants and facilitators in individual cases.

Secondly, quality concerns affect what is regarded as a significant change. Criticism from OFSTED reinforces a fear of failure that infects evaluation. It encourages precaution; safe decisions; back-covering. It weakens tolerance of risk: the

level of actual or prospective harm that justifies a child protection plan; the extent of change that permits its ending; evidence of change; the meaning given to an absence of change.

Thirdly, in a turbulent environment and faced by quality concerns, organisational demands for improvement may undermine the establishment of collective views about progress, change and success. The success of organisational improvement is built on a belief in individual accountability; that if individuals complied with workflow requirements, completed assigned actions on time, then success is assured. It is difficult to reconcile this atomistic view of safeguarding, with its assumptions of order and predictability, with practice necessary to achieve a shared understanding of progress or change in complex and turbulent safeguarding situations. Synergistic activity requires at least some empathetic understanding of another's situation. Doing one's own job is insufficient; what can be achieved by face to face catchups cannot be replaced by impersonal email correspondence or collaboration mediated through information systems.

6.5   Summary

This chapter has focused in particular on exposing a plurality of success and collaborative practice in two multi-professional settings. In the rapidly changing world of safeguarding in which these teams operate, social workers must work hard to identify and understand change in the lives of children and parents they work with. There are considerable challenges in acquiring this knowledge in safeguarding situations. Information is gained from practitioner observation and through relationships built with children and family members. These relationships may offer personal and professional gains but may not yield wholly reliable information about children's wellbeing and progress. These difficulties are exacerbated by the rapid

turnover of social workers and by wider organisational change with all the instability this implies for helping networks and continuity of multi-professional relations. There are challenges too in a context of resource constraints of being given sufficient time to permit this necessary relationship work to flourish. The absence of this trust with parents and this stability in multi-professional networks reduces the opportunities for reliable disclosure and dissemination of news about change as well as the opportunities to make sense of it.

Although I contend that success comes in different forms in these two settings, organisational success predominates. Its pre-eminence is signified by the social worker who visits a child apparently out of concern to meet an organisational performance indicator. Its dominance is shown by the refusal to reschedule a CPC at a parent's and social worker's request apparently out of concern for another performance indicator. The logic of practice required for organisational success is one involving compliance with process and completion of actions. It reduces collaborative processes to a workflow and series of actions to complete. However, this logic is not all consuming in Bluechester. There remains some space for team members to find success in resolving crises or in relationships with service users.

The discussion has painted a detailed picture of different ways in which collaboration is practised in two safeguarding teams and how success appears in these settings. It has outlined ways in which collaboration contributes to some forms of success, focussing on change as an important link between the two concepts. This is not the whole picture. The following chapter focuses on accounts of safeguarding practice with individual children and parents. Change also figures in these accounts but so does coping and endurance, an aspect of success that requires further discussion.

CHAPTER 7

SAFEGUARDING AND THE SERVICE USER DOMAIN IN BLUECHESTER

7.1   Introduction

Chapter 7 explores how success and collaboration inter-relate in work between family

members and social workers in safeguarding situations.   Each of the case examples

concerns children who have been subject to CP plans, signifying the presence of serious

concerns about maltreatment.   In each case, these plans have ended indicating also

some perceived improvement in their wellbeing and prospects.   The ending of CP plans

therefore offers the potential to find success stories.   The chapter draws on three

sources of evidence: interviews with parents; interviews with social workers and

information about practice contained within case records.   In one case, a perspective is

available from all three sources - parent, social worker and case record.   The detailed

exploration of this case generates issues which are explored further in four other cases:

two examples where success appears in the presence of restricted collaborative practice;

and two examples where success is accompanied by a positive alliance between the

social worker and the parent.   A further case example illustrates the hidden and fragile

nature of stories of successful safeguarding work.

These case analyses suggests that in safeguarding the individual child, an

association does exist between collaboration and success, even though *whose* success

and *whose* view of collaboration are important issues. The association is stronger where only child outcomes are considered, that is where only the child is the object of success. However, it can also be found where there is mindful, open and respectful practice with parents. The chapter provides reasons why stories of success are scarce. It concludes with thoughts about alternative perspectives that may help shape an understanding of how collaboration contributes to success, in particular, about the importance of commitment.

The chapter contains some missing voices. Although children's views were found recorded by adults in case records, the following does not contain direct comments from children and young people on these important issues. No children were interviewed as part of this study so what is presented is very much adult perspectives on success and collaboration, and adults' perceptions of children's views and feelings about intervention. It is clearly important to know more about the child's experience as this may differ from those of parents and practitioners. This gap is commented on in discussion on further research in the final chapter.

7.2 Martine

Martine is eleven years of age and currently lives with a foster carer. She used to live with her mother and eighteen-year-old sister. Martine's father died some five years ago. Theresa, her mother, has an adult son who lives separately and is in occasional contact with the family. The older daughter lives mainly at home but also stays with friends for long periods. When Martine was nine years old, she was abducted in the local neighbourhood and sexually assaulted by a known paedophile. Subsequent concerns about her care and behaviour led to her being subject to a CP plan. These concerns persisted and, with Theresa's agreement, the local authority placed Martine with foster carers. Theresa has regular and unsupervised contact with Martine but the

plan is that she will remain with her current foster carer until she reaches adulthood.

Theresa describes the events leading to Martine's move to foster carers in the following way:

> Well I think I done the right thing when I put my hands up and said I couldn't cope… with [Martine]; because of her behaviour; because of her behaviour problems; because she was sexually assaulted when she was nine. That sort of made me have a break… a nervous breakdown. And [Martine] would still be naughty; like knocking round on peoples' doors. And she'd be told off. And so she'd go here, she'd go there… She'd be getting into strange men's cars… still, after that assault! And er…., I couldn't cope and that's why she's in care. But she is a problem child. She's got a lot of behaviour problems. But, she's been through a lot. She lost her Daddy when she was six; sexually assaulted when she was nine. (Interview with Theresa)

At one level, this seems an unpromising success story for Theresa. She appears to surrender. Martine's behaviour and the concern of agencies place Theresa under pressure. She relinquishes Martine's care and experiences separation; periods of loneliness; continuing difficulties in supporting her older daughter whom she describes as "bi-polar". On another level, her account is a story of coping and survival; of retaining her identity as a mother through sharing Martine with the foster carer. Theresa is entirely confident about Martine's progress. She sees positive changes in their relationship. She enjoys her daughter through regular direct contact. Theresa's success also involves her own personal growth:

> "I've even improved myself, do you know what I mean? I've had to say, look, wake up to reality. [Martine's] not with you but she's still your child. I'll never loose her. She will come home when she's eighteen." (Interview with Theresa).

Angela had worked with Theresa and Martine for about eighteen months before transferring the case. Angela's involvement ended nine months before her interview. Nevertheless, she retained a strong positive memory of Martine and still had a picture of the child on her office desk:

[Martine] is quite a little character. She's a…, well when I worked with her she was ten. She was so, she was such a bubbly little girl and full of personality and er, she was the first child I worked with that was of that age. The rest of the children I had worked with were toddlers or babies so it was nice to have a different sort of interaction with her. And just everyone - although she was prone to get herself into sticky situations, and there was quite a lot of mischief - everyone that met her - all the Police officers, the school - everyone just loved her [laughs]. It's hard to explain really, she was just really bubbly and outgoing. (Interview with Angela)

Angela felt an emotional connection with Martine, but not with Theresa:

I thought it was such a sad family. Because [Theresa], the mum, she just had no motivation really. And where I felt connected to [Martine] straight away, I then felt myself being quite frustrated with Theresa, because of her own difficulties. She was stuck on her own difficulties and just not focusing on [Martine] at all. (Interview with Angela)

In Angela's view, despite the input of many agencies, little progress occurred while Martine remained in Theresa's care. Angela could not identify any particular positive developments during this phase of the work. Her concerns centred on the supervisory and emotional neglect of Martine, and related behavioural problems at school. On the other hand, in Angela's view, the move to foster care went well for Martine. It was successful in that it settled her; she was safer; she had committed carers and positive role models.

The case records concerning Theresa and Martine comprise several volumes of documents covering a six-year period.   The earlier records focus on Martine's sister; the recent ones on Martine. Key documents made at critical junctures – such as reports to CPCs, minutes of multiagency meetings about Martine – present a step-wise story of how support was offered, coordinated and carried out over an extended period; how Theresa demonstrated she could not keep Martine safe despite this input; how Martine's behaviour continued to deteriorate; how Theresa repeatedly broke parental supervision agreements; and why stronger interventions were justified. This underlying story of the work with the family provides a logic for escalating intervention; for introducing a CP

plan; for considering separation of mother and daughter. The story has few redeeming moments.

On the other hand, when separation does occur and Martine moves to foster carers a much brighter picture emerges in the records. For example, in deciding to end the CP plan the Conference Chairperson summarised progress in the following way:

> [Martine] is a delightful little girl who is achieving in all aspects of her life. It is a credit to her mother to admit that she couldn't cope with [Martine]. [Martine] should also be given credit for being so grown up about the whole thing. [Martine] is thriving in her foster placement and everyone that knows her has witnessed the positive changes both at home and at school. The risks that were posed to [Martine] in the past have significantly reduced since she has lived with [the foster carer], and will continue to do so for as long as this arrangement continues. [Theresa] is happy with the placement and contact arrangements and has no plans to withdraw her consent. Should she do so in the future, the local authority may have to consider further child protection sanctions. The social worker believes that [Martine] is no longer at risk of significant harm. (Field note extract: Case record of Martine - review conference minutes)

This powerful statement of Martine's progress asserts positive, holistic change that is somehow beyond dispute. The statement recognises the endurance of mother and child, if not their contribution. However, the contrast between the mother's failure and the foster carer's achievement seems inflated; the strident optimism of no future risk unless Theresa rocks the boat is also troubling.

Each of these three perspectives recognises success for Martine. For Theresa, the success is about her daughter's current happiness, improvements in her behaviour and in her relationship with Martine. For the Social Worker, Martine's success is anchored to the originating problems: the safety and commitment that had been missing when she lived with her mother. For the social worker, Martine is a child who deserved better, and now has the care she deserves. The case record contains elements of both these perspectives (she is thriving and achieving) but also emphasises the reduction of risk now and in the future. Not only has Martine been personally

transformed, but she is socially adjusted; normalised; responsibilised to manage the risks of growing up in Bluechester.

As far as outcomes for Theresa are concerned, these are either not known or not available for recall by the Social Worker. The case record has no real focus on Theresa other than in her role as the parent. There is much about Martine's behaviours, emotions and states of mind, but little about Theresa's. She has an instrumental importance as someone who is now cooperating and must continue to agree with the current plans for her daughter. Beyond this, the record is silent. Only Theresa articulates how Martine's success has also meant success for her in terms of personal growth and gains in self-esteem. The records show many different services were involved in this case particularly before Martine moved to foster care. In Angela's view, there were perhaps too many services. Those involved had to work hard to keep each other informed. She felt multiple interventions confused Theresa. It became easy for Theresa to claim she was receiving conflicting advice. Nevertheless, some commonality of view developed about the poor prospects for change:

> "She'd try and say the right things but everyone would know she wouldn't be able to make the right changes for [Martine]" (Interview with Angela).

The case records provide full accounts of the multi-professional activity: the sharing of concerns; the information seeking and updating; the meetings; the commonly agreed conclusions and actions. There is a semblance of partnership with Theresa. She participates in CPCs and core groups but the written agreement reached with her is one-sided, she is given impossible instructions (to supervise Martine "at all times") and receives significantly more criticism than praise. Theresa is mistrusted and accused of lying about Martine's whereabouts. Eventually, she admits to this maintaining she lied fearing the consequences. The records indicate a yawning gap in the perspectives of parent and professionals. Attempts at collaboration fail to close this: Theresa sees the

problem as Martine's behaviour; the professionals see it as Theresa's behaviour.

By contrast, the collaboration with Martine is sensitive and creative; professionals attune to her thoughts and feelings. Her views and wishes are sought at home and school. Although she experiences six different social workers, her recorded comments suggest she values their support and that of the home-school support worker. Theresa's perception of the intervention is complex. She feels social services had been "marvellous"; but also feels that she had had no real help – that she has had to come through this on her own. Theresa appreciates the provision of care for Martine; the current carer; the involvement she still has in Martine's life. At the same time she remembers rebuffed requests for respite care; disagreements about the nature of Martine's problems; assessments that led to case closure rather than support.

Whereas the Social Worker and case records portray Theresa as sad, demotivated, evasive, and incapable of exercising control, Theresa sees herself as an active agent in a story of success for Martine and herself. This sense of agency involves her continuing collaboration with the current foster carer, as the following suggests

> And [the foster carer] would ring me, she'd say: "[Theresa] I've done this for [Martine]. She's been naughty so these are the boundaries." And I'd say: "I completely agree with you." You know we have to agree don't we, otherwise its not going to work out is it? [Martine] hates it. She goes "Hrmp… your sticking up for [the foster carer]." I would say: "She's the lady who's bringing you up [Martine]. That lady has done a lot for Mummy and you. She lets me see you and everything. Don't disrespect that lady like you did mum." (Interview with Theresa)

In summary, the convergence of perspectives about success is confined to success for Martine (Table 12). Even here there are different emphases. Theresa focuses on emotional and relational improvements. These changes are also acknowledged by the social worker and in the records, but there is an additional focus on gains in safety, carer commitment and reduced risk. Only Theresa refers to benefits

she experienced from intervention. Benefits for others (siblings for example) are not mentioned. As far as collaboration is concerned, Theresa has mixed feelings about intervention seeing her collaboration with the foster carer as important to Martine's continuing success. The perspectives of the case record and the social worker view collaboration as positive with Martine, and negative with her mother. The social worker additionally refers to the importance of the multi-professional relationships.

		Parent's perspective	Social Worker's perspective	Perspectives in case record
Success	For Child	Positive	Positive	Positive
	For Parent	Positive	-	-
	For Others	-	-	-
Collaboration	Parent - Social Worker	Mixed (self and social services)	Negative	Negative
	Child - Social Worker	-	Positive	Positive
	Multi-professional	-	Positive	-
	Other	Positive (Self and Foster Carer)	-	-

Table 12: **Martine: perspectives compared**

Both Martine and Theresa appear to have gained from intervention. Theresa's commitment to continuing collaboration with the carer in her child's interests is not mentioned by the social worker or by the case records. Her claims may be unknown or, if known, disputed or considered unimportant. This silence and gaps in the record suggest a breakdown of the relationship with Theresa.   For the social worker and in the records, collaboration with and outcomes for Martine are both positive. Understanding Martine's world provided a basis for plans and action.   This

understanding required sustained commitment and, from the social worker's account, was strengthened by the personal and emotional connections professionals made with Martine. These deeper motivational factors seem to play an important part in the work with Martine in driving, sustaining or else shaping the collaborative effort in these relationships.

There is a sense in which Theresa's self-reported success also stems from collaboration with social workers. Her references to earlier difficulties in getting support seem important here. Social workers see Martine's problems as arising at least in part from Theresa's lack of cooperation in following advice or instructions. Theresa, on the other hand, suggests her difficulties were sustained by the denial of support including respite care when she asked for this. Theresa seeks a collaboration that social workers initially discount: sharing the care of her daughter. Finally, this collaboration is provided, but the success that emerges is not achieved through collaborative methods preferred by social workers. The convergence of views - that Theresa cannot cope and substitute care for Martine is needed - arises from a crisis.

In the stories of Martine and Theresa, two basic perspectives on collaboration and success seem to be at play. The first involves a model of collaboration that is defined and imposed by professionals and their organisations. It is a methodology for change, improvement and adjustment. Its application is power assisted in that compliance with these practices is expected; non-cooperation brings consequences. This form of collaboration is associated with success for the child. The second and alternative view is that parents practice forms of collaboration in the defence of their own and their children's interests and in the cause of obtaining the scarce resources necessary in their view to fulfil familial roles, parental obligations and to sustain their wellbeing. These perspectives are explored further in two different

cases. Information on the first is drawn from the case record. A parent describes the second case.

7.3   Leah

The records on six-year-old Leah construct her as a child in the middle: torn between Natalie, her mother whom she lives with, and Peter, the man she believes to be her father, who lives separately with a new partner. Social workers enter Leah's life following reports of a breakdown in Natalie's care arrangements for Leah, school concerns about Leah's emotional development and Natalie's behaviour. These concerns spread to worry about the home environment, the "adult" conversations Natalie has with her daughter; her abuse of alcohol; her resistance to contact between Leah and Peter. Written agreements are made and breached. Leah is made subject to a CP plan; Peter is encouraged to seek rights over Leah in the Court, and eventually this supports Leah's move to live with Peter and his partner.

Social Workers' attempts to collaborate with Natalie fail but they build a relationship with Leah and with Peter. This connection with the child and knowledge of her feelings reinforces efforts to promote contact between Leah and Peter, something Natalie bitterly resists. There is open conflict with Natalie about this issue, and the question of her use of alcohol as the following extract from the social worker's case notes illustrates:

> I asked [Natalie] why the previous social worker had asked her to undergo a
> blood test. [Natalie] said it was to prove she wasn't an alcoholic. I asked
> about the results and [Natalie] said they were nearly normal. I then said I
> had a copy and it stated that the results were abnormal and consistent with
> alcohol abuse. [Natalie] became angry and demanded to know why [Peter's]
> blood is not being tested, his parenting skills are not being assessed, and then
> she got quite angry with [Leah's brother]. [Natalie] then complained about
> her lack of money and that this was why she couldn't hoover or wash up. I
> challenged this. [Natalie] claimed that I didn't care. I said I did care that
> [Leah] doesn't see her [Natalie] like this. [Natalie] swore at me maintaining
> the social workers are driving her to mental health problems and I left with

[Natalie] pursuing and shouting at me. Later, [Natalie] left a message for me saying "sorry", she was stressed and that I should "try living on this side of the fence. You are trying to take my little girl away and she doesn't want to. This is all so wrong. Please accept my apology." (Field note extract: Case Record of Leah)

In this one-sided account of the incident, the social worker uses a sleight of hand, drawing out Natalie's denial only to confront her with contrary evidence, something that understandably angers Natalie. For her part, Natalie looks for understanding but the social worker makes it clear that it is Leah whom she cares about. Natalie expresses the gulf between them in terms of being on different sides of the fence. Natalie perceives the complex pattern of collaboration to be fundamentally unfair. In this context, the success that emerges for Leah appears both distorted and morally ambiguous. In a core assessment completed six months after Leah's move to live with Peter, the school comments:

Where [Leah] had had low confidence in her academic ability, had difficulty in focussing, and had a low concentration span, she has flourished in the care of [Peter]. [Peter's partner] has described [Leah] as "skipping into her new school" in the morning and [Leah] reports she is happy there and has made friends." (Field note extract: Case Record of Leah)

The Social Worker's own comments in the assessment are:

Issues in Social Services contact since 2004 culminated in emotional abuse – [Leah] was sad and withdrawn. [Leah] is now settled; now she is generally worry free and able to be a child, happy and enthusiastic – a reflection of the care she receives. The effects of the upheavals she's experienced are being addressed by Art Therapy. Contact is considered via the courts and [Natalie] and [Peter's partner] are aware of what is appropriate and what is inappropriate to discuss in contact. [Natalie] needs help with alcohol abuse to be the best mother she can be. (Field note extract: Case Record of Leah)

As with Martine, Leah's old and new life is somehow over-contrasted. Language ("flourishing", "worry free") and imagery ("skipping into school") reinforce the transformation. Leah – like Martine – benefits from the intervention that ultimately separates her from Natalie. Collaboration works for her in a way that it does for Martine. The records imply that Peter also benefits by being reunited with Leah.

However, as with Theresa, there is no record of Natalie's perspective on the change. The moral ambiguity of Leah's success is that it results from a form of child-focused practice that ignores the subjectivity of the parent. It applies a model of collaboration that fails to bridge the gap with this parent; a model in which multi-professional relationships come to service a growing need for surveillance and verification as disputes and conflict develop with the parent. The failure of these collaborative efforts extinguishes the chance of finding success for Leah and Natalie together. The failure, the gulf that remains, is attributed to Natalie's actions or inactions. In this case – and to some extent in Martine's and Theresa's - there are also troubling binaries at play: wicked mother, virtuous father; a child who must be grasped from the former and successfully placed in the safe care of the latter. In an allegory of child rescue, the rescuer claims success for the child and for themselves. There is no scope for the villain to share in this.

7.4   Paul

Anna's is also a story of success, but for both Paul, her son, and for herself.   Now in her late twenties, Anna, a victim of long-term sexual exploitation moved to Bluechester some four years ago with her two children who were then subject to Care Orders. Anna's older children remain with her but she and Stephen, her current partner, also now have a three-year-old child (Paul).   When the nursery school noticed facial bruising on Paul, they referred to Social Services.   A Police and Social Services investigation followed, and Paul was made subject to a CP plan. This ended a month before the interview with Anna and Stephen. Before this incident, Anna thought she had got Social Services out of her life. Paul had been 'head-banging' and Anna had sought help:

> We kept telling them: "This is what he's doing". 'We need advice'. "We
> need help". "What can we do?" All she kept saying to us was: "It's

behaviour - ignore it." "Leave it, he'll come out of it on his own". That is what we did. And because we did that, the head banging got worse, causing bruising to his head. We told school this; we told health visitors. Every time he did it, we showed them the bruises: "This is what he's doing". "We can't just leave him because this is what he's doing!" (Interview with Anna and Stephen)

Anna sees the reaction to the bruising as disproportionate; as unfairly based on her history of involvement with social workers. She feels shamed by the child protection process; "jumped on" by Police and Social Workers; labelled; falsely accused; disrespected. For Anna, the ending of the CP plan was a success of vindication; a victory in which she had established her innocence. Incredibly, out of this bitter experience there is the promise of better outcomes for Paul:

> But as soon as we go through child protection, within what, three weeks, we have an appointment at the hospital. Even though he was negative from the doctor, because they've had a report from social services about the child protection, the doctor believed that we were doing it; we were the cause of it. Yet, over a period of what, six weeks, it came to prove that he was doing it in school; he was doing it outside; anywhere. So it was sort of like, they were seeing it more, because its been brought up by a professional. And we got the help we needed. He got seen by a specialist at the hospital. We're slowly getting a diagnosis for what they think he might have - autism with the head banging. We're going through the statementing process for him. But without… without social services, that wouldn't have happened. Do you know what I mean? I know its horrible to say you have to go there to get something, and it wasn't nice going through the process, but the end result was that we've actually got someone looking at [Paul], someone sorting out and someone doing something. (Interview with Anna and Stephen)

Whereas Theresa practised a form of avoidance, and Natalie periodically locked horns with Social Workers, Anna's strategy of collaboration involved a form of guarded compliance; one in which she overtly practiced compliance but covertly kept her own records on what was said and done in meetings and visits. Anna used this as evidence to support her claims about her son's behaviour and refute allegations that she had failed to seek health advice and support. At the same time, she pushed for help for her son.

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Anna's success has a number of dimensions: the very real prospect that her son will now receive suitable health and educational services; that she and her partner may now receive support in caring for him given his particular needs; that she has been proved right; that she has cleared her name. There are questions here about the broader system of child health surveillance and also about attempts to work with Anna. She recalls for example:

> Every time they turned up unannounced there was no problem whatsoever. The kids were fine. But she [the social worker] never once took her time to come in, speak to us, speak to the children. She just come in and said: "Everyone alright, yeah?" Quick look around and out the door and that was it. And that makes you think: what's she up to? And then you get to the point where you realise that you don't trust certain social workers. (Interview with Anna and Stephen)

Whilst there is a story here about deficient social work and multi-professional practice, the bigger message concerns the commitment and determination of the parent; their capacity to tolerate the intrusion whilst at the same time using opportunities to gain help for her son's condition. These opportunities meant responding positively to social workers whom Anna felt could be trusted:

> And then we had… the last social worker had from this one, she was brilliant. She cried; she came out to say goodbye and she cried because she got so attached. And she was so nice; she was absolutely brilliant. That's the good thing about social workers – if you can relate to them and they're not just judgemental. (Interview with Anna and Stephen)

This account differs from that concerning Natalie. There is the same gulf between parent and social workers; there are similar deficiencies in the attempts to work collaboratively although Anna has some positive experiences. However, there is success for child and parent. This success is not tied to the collaborative practices arising from a child protection plan, but primarily to the parent's efforts to obtain resources her child needs. In this case, professional power and influence in safeguarding children ultimately works in the child's and parent's interests. For Natalie

and Theresa, this power was deployed to discipline and reform them as parents and, where that failed, to separate them from their children.

The two case examples that follow offer accounts of a softer use of power and a more positive picture of the collaborative practice initiated by social workers. The first case relies on the social worker's account; the second has contributions from both the father and the Social Worker involved. The collaborative practices of the cases are commented on together.

7.5 Kyle and Simon

When the CP plan was made on Kyle (two years) and Simon (four years) they lived with Julia, their mother, and Christopher (Kyle's father). The plans for both children related to their exposure to domestic violence and concerns about their care. Julia was experiencing depression and the family also had housing and related problems. George, the social worker, worked with Julia and the children for about 12 months. During this period Julia made a decision to separate from Christopher; she reconnected with her family; her level of medication was adjusted, and she began to use support services. The CPC considered there had been real progress and brought the plans to an end. George saw this as a successful case but also a "straightforward" one:

> On the face of it, it was a straight forward one when it was allocated to me.
> Bearing in mind the two children of the family were subject to child
> protection plans under the category of emotional abuse and neglect. I think
> that what really motivated me more was the fact that the mother was quite
> willing, in my view quite open…. And really motivated. She is one of those
> really resourceful persons. Because sometimes, some of the things you
> would expect her to do, she would have done already. So she took the
> initiative in a nice constructive way. (Interview with George).

For George, success, in this case, was marked by a change in the originating concerns and in particular, the cessation of domestic violence. Those involved from health and educational settings all agreed about the progress in these areas. In

describing the relationship built with Julia, George refers to the importance of "getting alongside her"; understanding her strengths as well as her weaknesses; involving trusted extended family members in the work; being clear about what needed to be done:

> And once she had that clear understanding I think, that I am not there to judge her; I'm not there to penalise her; I would say upfront if I think things are not moving well, and again what she could do differently. Yes so, mmm… even though we had the core group sessions as well, but it was helpful that even by the time we had the first core group she was hitting the ground running. (Interview with George).

7.6   Jo and Georgia

The second example concerns an estranged father (Michael) who assumes the care of his two children Jo (a boy aged 5) and Georgia (a girl of 7 years). Carol's their social worker, took on social work responsibility for the case after the children's removal to foster care. Concerns centred on the mother's alcohol misuse and neglect of the children. There was a CP plan with Carol and the other professionals expected to work towards the children's reunification to their mother. Carol had misgivings. Although Michael had regular contact with the children, she felt the professional network had too easily written him off as a possible carer for the children. As a young black man, with no settled home, having had some trouble with the Police in a predominantly white community Michael was easily stereotyped and dismissed. On the other hand, he appeared committed towards his children who enjoyed contact with him. Following further concerns and the breakdown of reunification to the mother, Carol persuaded her supervisors and other professionals to look at Michael as a possible carer for the children. The children were placed with Michael and his partner. After a further twelve month period, a CPC considered there had been sufficient progress to end the CP plan.

Michael's account of the background is broadly consistent with Carol's. When interviewed Michael, together with his partner had been caring for Jo and

Georgia for some 18 months. Referring to the children's mother he said:

> She had a chance; Social [Services] gave her a chance and she messed up
> again so I thought I'm stepping in now, and I'm going to do this and er, I've
> actually cooperated with social services. (Interview with Michael).

For Michael, "stepping in" meant a huge personal change:

> Its been a big experience like er… going from not having no kids; being care
> free. And its not like that any more. My kids are like… brought a lot into
> my life, them being in my full time care…(Interview with Michael).

This is not only a reference to the practical realities of day-to-day parenting but a sense
of transformation in identity and ways of thinking. Michael refers to seeing things
differently; seeing value in the social worker's role; recognising the benefits of
accepting help; becoming conscious of a responsibility to avoid further trouble with the
Police because of the consequences for the children's stability. In short, when
reflecting on the child protection intervention, Michael refers to a success that is as
much about his maturation and growth as it is about the children's security, happiness
and sense of being loved.

From Carol's perspective her view of this as a success story is based on
work with the children and Michael over an extended period and observing the positive
changes in their happiness and wellbeing:

> I was working with them when we were trying to get them back into mum's
> care. I was going out to the foster placement to do the child protection visits
> there. And then I witnessed them with mum for the little bit of time that they
> were back with mum. And I know from what I observed and what they
> shared with me that they are the happiest with dad and his partner.
> (Interview with Carol)

Michael attributes this success both others' actions and to his own. He alludes to his
own agency:

> Yeah, I did a lot myself. It wasn't just because of the social worker on my
> back. I knew I had to sacrifice certain things, to do the right things to make
> sure things don't go all wrong; making sure things are ok. (Interview with
> Michael)

In addition to this personal determination to make changes, Michael also confirms his willingness to cooperate; to collaborate despite the reviews, the monitoring and the checks that were part of the child protection process. This readiness to collaborate seems to have been aroused and sustained by what he sees as the non-judgemental, empathetic style of the professionals that worked with him:

> My Social Worker has seen my ups and downs but I am happy that she's understanding stuff like that. I didn't get judged you know? Happy that I didn't get judged. (Interview with Michael)

For Carol, the relationship built with Michael is something of a roller-coaster ride. She explores what works best in getting Michael's attention. Carol finds ways of remaining focused herself. She learns how to bring Michael back to a place where there is some openness, honesty and realism about what is being done and needs to be done to meet the children's needs. This purposeful, intelligent process of relationship building is also evident in her account of the collective 'setting the tone' of work in the case with other professionals:

> I think the first core group meeting where he was present - he was the parent - was huge in how we set the tone from there on. There was praise given, not in a patronising way. But it was acknowledged, this is er and also not in a …it wasn't about, and I think this can be an issue with a workforce which is often at time very female orientated …. but I wanted to make sure we steered clear from this sort of patronising - oh look at him, lovely dad doing all of it on his own. I didn't want this either. I wanted this to be very much - you're the parent here, and this is…. everyone here wants to support you. And I was very clear from the word go: we all are working to get the children off the child protection plan and to keep them in your care. That is what we are ALL doing. And from the get go, he was, I think, he was made to feel, I think he felt a little bit special, a little like - Oh, yeah, people are listening. (Interview with Carol)

In his narrative of the case, George shows some similarities to Carol in terms of efforts to get alongside and look with Julia at what needs to be done; to review progress together. He refers to looking for patterns in Julia's engagement; he

purposefully constructs relationships with others, but with extended family members rather than other professionals:

> So its about knowing those people that works, you know, that support or [bring] positive influence to bear… And they were quite helpful to some extent. For example, [Julia's] mum and grand mum maternal would attend on occasions and I would see them on child protection visits. We would talk, try and review progress and so on. With mum present of course. And so now that was it really. Once I was able to get that in place I think she felt more reassured. (Interview with George)

Both these cases demonstrate the possibilities of achieving a success involving gains for both children and parents. In both cases, collaborative relationships are established with parents and, from Carol's account, a solidarity of purpose amongst other members of the core group supported her relationship with Michael. Both social workers refer to the importance of the parent's commitment. Michael refers to showing determination to make the necessary changes to look after his children successfully. Both George and Carol expressed admiration for these adults: respect for their commitment or proactivity; a belief in them; a trust they wanted the best for their children; an appreciation of their strengths. These sentiments contrast with the descriptions of work with Theresa or Natalie and the darker emotions evoked in interview and case records: disapproval; profound mistrust; a sense of moral culpability for parental failings.

From the social worker's perspective, there is a strong sense from George and Carol that relational practices enhance collaboration in these cases. These practices established shared understandings of what needed to be done to end the CP plan. Both workers demonstrated a high level of commitment themselves towards these families and clearly derived a sense of satisfaction from the work.

7.7   Nicola

When expressed directly by parents, or social workers, stories of success have a

finality, a substance, a logic that is not found in case records. Intervention is temporary but may have a lasting significance for the parent or social worker. By contrast, the child protection case record offers a broader picture of safeguarding activity and events stripped of overall meaning. The array of records is more confusing, contradictory and lacks a rationale given by the worker or parent in an interview. Episodes of success lie surrounded by mundane descriptions of action or comment on disaster. Successful moments recorded by one author may be unseen or ignored by another in which case their brief significance, the possibilities they offer, is swiftly erased for the new reader.

In this case record success is transitory. It is trumped by new crises; extinguished by reinterpretation. It is a success that lies nested within stories of atrocities that are themselves embedded within more positive developments; and so on. The pattern is irregular. The case record may show long periods of recorded concern about parenting for example punctuated by reports that recognise smaller achievements; or extended episodes of acknowledged progress that become negated by the account of one catastrophic event. The reader seeking an overall understanding is faced with inconsistency, fluctuation and disorder.

The following illustration comes from field notes based on reading the case records of twenty-one-year-old Sara and her infant daughter Nicola. In an extended case note Rosie, the social worker, describes her visit to Sara and Nicola:

> [Sara] was crying. I gave her a hug and tried to console her. [Nicola] was beginning to walk and came towards me. She was reasonably clean, but grubby around her face. [Sara] told me about her boyfriend leaving the home. [Sara] is not coping with her feelings. [Nicola] has been unwell, was clingy, and had lost weight. [Sara] was worried about being upset in front of Nicola. I told her its OK to be sad. [Nicola] will not suffer as long as she maintained her routine and she is well cared for. She can't avoid crying in front of [Nicola]. It was normal. We get sad sometimes but become happy again. Throughout the visit [Nicola] was very mobile, cheerful and attempted to walk unaided but to be close to [Sara], perhaps because she needs extra reassurance and is recovering from illness. [Sara] told me that while [Nicola] was with her (Sara's) mother, [Nicola] was ill and this spread

through the household. [Sara's] mother was now saying she would no longer look after [Nicola] if she is ill. I questioned this but [Sara] said her mother was serious. She told me she felt isolated and lonely. She did agree to attend the local children's centre. I spoke to her about the Health Visitor's comment that she thought [Sara] might be suffering from depression. [Sara] didn't think so. She was reluctant to consider counselling but did agree to the Family Support Worker taking her to look at options. She said that [Nicola's] father was looking for a relationship with her but not with [Nicola]. She said she would not agree to this. [Sara] is aware that this is the first time in her life she is without a partner and feels vulnerable. I spoke about her reluctance to ask for help, and told her that seeking help is not a sign of weakness but a brave and sensible thing. I reminded Sara of my availability and that of the Family Support Worker. [Sara] had an appointment with a GP to be registered. I discussed safety measures in the home now [Nicola] has become more mobile. I agreed to explore funding for a stair gate, cot, and temporary playpen but told [Sara] that [Nicola] should not be left in the playpen for long periods. I called the Family Support Worker while I was there and asked her to take [Sara] to the local Children's Centre and put her on the list for counselling. I praised [Sara] for doing her best in difficult circumstances. I warned her about who she allows in the home, as people may be a risk to her child. I said that [Nicola] is on a child protection plan so anyone who has direct and unsupervised access to her needs to be Police checked. With [Sara's] permission, I changed [Nicola's] nappy. There was no rash or other mark present. There were no child protection concerns. (Field note extract: Case record of Nicola)

Within this extract, Rosie notes the praise she gave Sara for doing her best in difficult circumstances. The recognition of Sara's strength and achievement is easily overlooked in a record of activity focusing on many topics. This may have been a passing remark, or Rosie may have spent time reflecting with Sara on this sense of progress. The former seems more likely as Rosie's attention is on multiple issues: she needs to caution Sara; offer practical help; warn of dangers. Rosie provided nurture (the hug, the reminder of her availability) but also shows authority; she observes Sara's state of mind but must also assess Nicola's development and inspect her body. This busy agenda, what needs to be covered in the encounter, limits space for thoughtful reflection on Sara's achievements.

There is a further aspect of success in this account: one apparent to the reader who has seen the preceding records; who has noted Sara's hostility to Rosie, who

recently took on the case. The records record Sara's refusal to allow Rosie in the home; her complaints about Rosie's availability; her reluctance to allow Rosie to inspect Nicola at a Children's Centre and then only for a few minutes before leaving. The above extract demonstrates how the collaboration between social worker and mother has developed to the point where Sara now discloses important information about her circumstances and feelings and is accepting help. The record contains no observation on this progress. There may, in fact, be no awareness of it as an achievement.

The account of this success lies buried within the detail of the visit. The description of the development and benefits of this relationship has similarities to the accounts of George and Carol. However, this micro success and broader record of the visit itself becomes immersed in a stream of subsequent incidents and activities. In Nicola's case, there is a further turn that eliminates it completely. Sara's child care arrangements lead to Nicola being placed by Social Workers with Sara's parents. Assessments then occur with the objective of determining a long-term plan for Nicola. These assessments are not decisive, and professional divisions emerge. An internal meeting between the social worker, managers and lawyers identifies a plan that rejects further assessment and decides on permanence for Nicola. Following this meeting a new Social Worker and a lawyer forensically comb the records. What emerges from this process is a chronology of the case, further reports and letters that are shockingly negative and contain no redeeming features. The story of the case - the past, the present and future - is reconstructed into a narrative about Sara built on the selective incorporation of incidents and concerning events. What is emphasised is Sara's history of alcohol and substance misuse; her learning disabilities; her attendance at special school unit; her dishonesty; her failure to provide a standard of care that was more than just good enough; and her decision to disengage from involvement with her daughter.

Achievements and moments of success such as that in the above extract are effectively redacted in the narrative reducing any ambiguity and complexity. The result is a clear logic for the local authority's concerns and its reasons for approaching the court. It provides a rationale and direction that the social worker must follow. This editing of Nicola's case record conceals still further, a moment of success in safeguarding work.

7.8   Summary

This final part of the chapter considers what can be learned from these stories and what issues require further exploration. These examples of safeguarding work with individual children and parents help us to understand why stories of success are rare. Success, as in Nicola's case, is transitory; the evidence is deeply buried; filed away in a voluminous personal record; one amongst many episodes of intervention that are seldom read or referred to. On the basis of the cases considered in this chapter, where success comes to light in case records or dialogue with social workers, it is likely to focus on the child. Particularly where the child's success is coupled with parental failure, distortions and magnifications of improvement and change may occur. Having said this, as indicated in the discussion concerning Martine, there appears broad agreement about what success in safeguarding situations means for children. For those interviewed and authors of case records it does mean safety and happiness; it does mean relational improvement and achievement; to some extent it also means a reduced risk of re-experiencing similar adversities.

What emerges from these cases is a sense that success is multi-layered (Figure 17 below). There are outcomes for children, for parents; and for organisations; There are also symbolic outcomes: such as being vindicated; having an injustice corrected; rescuing a child. For different participants, these layers will vary in significance and their overall configuration.
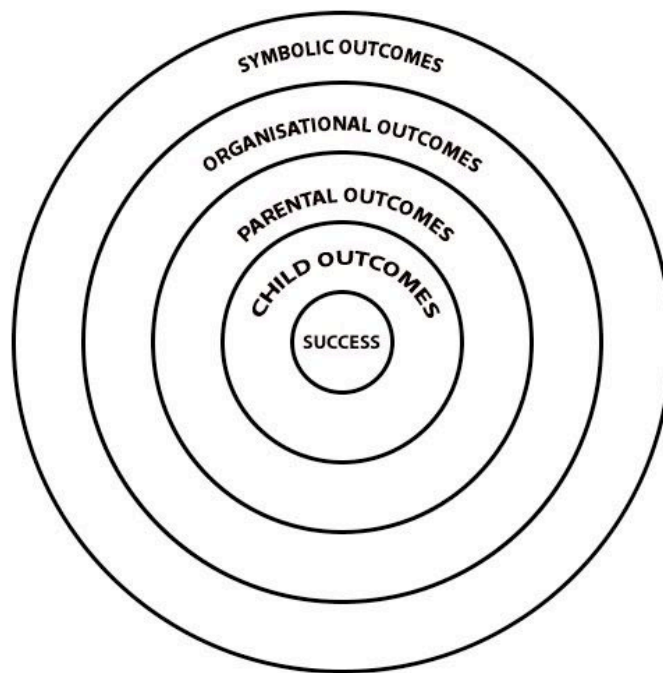
Figure 17: Multi-layered success

This chapter has commented in particular on the layers of success known to parents. This is something that is not only poorly documented but may be neglected by dominant safeguarding practices that tend to treat parents instrumentally. At its worst, this practice treats parents as a different kind of human being; one without subjectivity; whose purpose is confined to parental functions; one without agency. At best, this practice is both respectful and mindful; it focuses on needed change but shows admiration for the strengths and achievements of parents. In reality, safeguarding is practised between these extremes. Taken together, the data from these Bluechester cases paints a complex picture: diverse perspectives; moments of success and of failure; episodes of engagement with children and parents intertwined with events and behaviours that produce confrontations or transform scepticism into a profound and irreversible mistrust; collaboration with one parent in a child's life and continuing conflict with another.

The ways in which success and collaboration inter-relate in these narratives

support at least two alternative perspectives. The first is a motivational perspective. It concerns the idea that factors such as commitment and determination are essential to the creation of the changes, improvements and achievements associated with successful outcomes; that collaboration plays an important role in developing and sustaining these motivational factors. There is some evidence for this view. Commitment is a term used by each of the social workers in describing these success stories: commitment of the worker and of the parent. Michael refers to determination; Anna's story demonstrates its application. There are also indications of what may be called *infectious* commitment (Figure 18) – the motivation of Julia that in turn motivated George; Carol's description of exceptional commitment shared by members of the core group; Michael's sense that he really was being listened to.
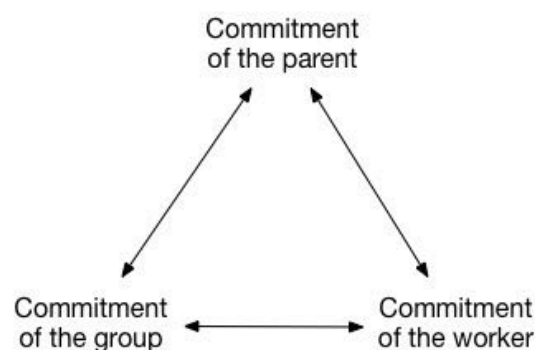

Figure 18: Infectious Commitment

Being committed is only part of the picture. Other factors are important in utilising commitment to achieve outcomes regarded as successful. These include relational, planning and organisational skills; the capacity to stand back, reflect on events from different standpoints and adopt a different approach if needed; and the ability to use the support of others. The personal connection each of the social workers felt with either the child (Angela with Martine) or the parent (George with Julia; Carol with Michael) suggests that this strength of commitment arises from some personal and emotional factors within the social worker. There is a danger that the converse also

applies - that the absence of an emotional trigger or still worse, a negative reverberation to the child or parent will have profound effect on commitment and attempts to collaborate. It is concerning that high levels of commitment are demonstrated by some social workers and, from what is known of these stories, low levels shown by others. Beyond personal chemistry there are questions about experience, maturity and the extent to which commitment is valued and encouraged in the workplace. Carol and George were at different points in their social work career but both conveyed a confidence and maturity concerning their relationships with others. Carol's work with Michael and his children appears to have been closely supervised and it may be that her commitment in the case was sustained by a supervisor who shared the importance of this approach in safeguarding work. Not all supervisors adopt this approach and it is entirely possible that the resulting inconsistencies in approaches to practice persist in organisations that place little value on relational work and the conditions that sustain it.

The second and alternative view may be termed a rights perspective. This associates success in safeguarding work with winning access to essential resources and services. It emphasises the role of collaboration in facilitating access to those resources. This perspective is supported by Anna's account and, to some extent by Theresa's story. Anna in particular used the child protection system to obtain services her son required; Theresa eventually obtained the shared care arrangements for Martine she had been seeking. For both parents the process was difficult. This perspective requires further development and exploration. In Bluechester, families that become the focus of safeguarding activity tend to be those who are marginalised and lack power to effectively contest the actions of safeguarding professionals. Poverty and poor service availability figures in the background of case records but is not grasped as a significant factor in assessments or in plans of action. From the parents' perspective however,

engagement with social workers may be a strategy to obtain essential resources or may offer important possibilities for achieving this. These different ways in which collaboration and success appear connected are explored further in the following chapter.

CHAPTER 8

DISCUSSION

Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children (HM Government, 2015, p.8)

8.1   Introduction

This extract reflects the normative view of the importance of collaboration to success in safeguarding work with children. It emphasises effectiveness in meeting needs, systemic collaboration, commitment, and the need to be child centred. The document of which it is a part focuses on effectiveness as success; the collaboration it urges and expects is between services and professionals. In this chapter, I take a wider view of success and collaboration. Drawing on data from Bluechester, I suggest that the predominant view of success reflected in policy and practice is one of avoiding failure - of not making mistakes. Other, more meaningful forms of success lie below the surface of safeguarding activity, waiting to be highlighted and made available for learning. Similarly, collaboration in safeguarding work has a broader meaning and one which encompasses the actions of parents in engaging professionals and services in the interests of their children. On the basis of this more inclusive view of success and collaboration, and drawing on evidence from earlier chapters, I offer three models of how success and collaboration inter-relate in safeguarding work: parental agency;

parental transformation; and parental by-pass. These models illuminate something of the contemporary dilemmas and opportunities facing those involved in safeguarding children. I suggest that parental bypass represents the dominant way of associating collaboration with success in current safeguarding policy; that this policy erodes the notion of shared success - for child and parent; and that the problem of collaboration in safeguarding practice is not so much one of poor multi-professional or multi-organisational activity, but is primarily one of poor collaboration between services and parents and family members. From this perspective, I conclude that a combination of approaches is required: one that facilitates the use of services by parents as a right; one that balances assuring quality with ensuring respect for parents and children; one that develops and values relational practices and one that captures, documents, shares and celebrates everyday stories of successful safeguarding.

The chapter has three parts. The first considers how success and collaboration are understood. The second discusses the inter-relationships between them while the final part of the chapter identifies areas for reform.

8.2   The meaning of success and collaboration in safeguarding children

<u>A broader view of success</u>

Success in safeguarding is not a unitary phenomenon. Participants find success in many different ways only some of which resemble the normative view of desired outcomes contained in Government Guidance. In Bluechester there is success in coping with crises; in winning the confidence of parents and young people; in reaching targets; in being vindicated; in obtaining desired services; in observing emotional and relational improvements of children and parents; and in meeting the expectations of the regulator.

Because these forms of success coexist, individuals may experience success

in a singular form or in its multiplicity. Figure 19 examples the numerous intersections possible based on just these seven forms of success. Within these intersections, individuals may find congruence or dissonance. Success in meeting targets concerning the endings of CP plans may concur with a positive inspection judgement; parents and young people may be satisfied with intervention but practitioners involved may not see expected emotional or behavioural changes. This diversity of types of success provides for rich individual differences. These experiences may be unique to individuals or intersubjectively shared with others: shared by family members; by some practitioners and not by others; by certain practitioners and parents.
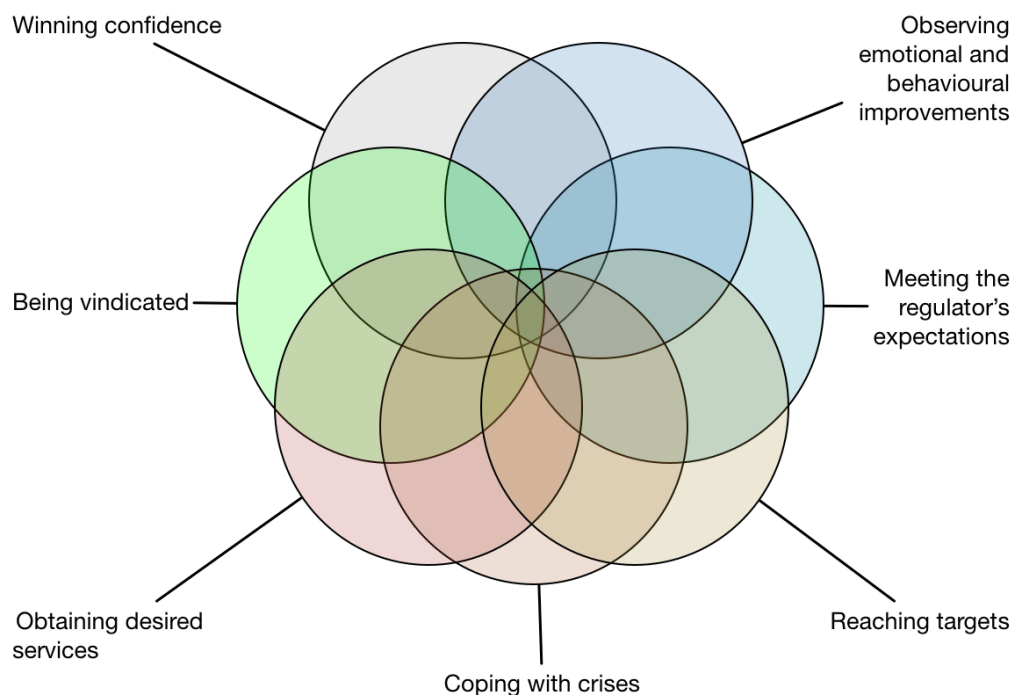

Figure 19: Intersections of Success

This diversity of success relates in part to different modes of construction. There is firstly a prospective mode: one of constructing success from the achievement of predefined goals. In Bluechester, this is the basis for what is the dominant form of

success: that which is focused on and legitimated by those with power and authority. It is produced by objectives, actions, timescales and named, responsible, individuals. It permeates talk of organisational success amongst LSCB members; by Bluechester Council managers; by supervisors within teams. On the other hand, this mode of constructing success may also be adopted by parents and family members who have their own goals and may consider these achieved in encounters with safeguarding practitioners or with conventional services. Given the different contexts of practitioner and service users, their goals may diverge. Parents may want help with children's behaviour, with money, housing, transportation or child care. Professionals may want changes in parents' lifestyles; in the orderliness of homes; in chemical dependencies; in care practices; in personal associations. These divisions may be bridged by negotiation or become the site of conflict where those with the greatest power (including recourse to legal sanctions) are likely to triumph.

Secondly, there is a retrospective mode of constructing success: through reflection and deliberation. Established in this way, success figures as a narrative of change, transformation and endurance. Examples include the practitioner's account of coping with a crisis (chapter 7) and the Theresa's account of surviving the parenting of Martine (chapter 7). These success narratives make sense of events or reframe life experiences. Compared with goal achievement, there is less precision; more uncertainty as to the origins of change. Some elements may be emphasized, others downplayed. This success may be self-focused or a comment on a change in others. If self-focused, the production of meaning may be affirmative and have therapeutic benefits. For practitioners, the construction of this success requires time and space that may be unavailable. Caseload numbers, proceduralised workflows, and time limits narrow space for the necessary reflection. Social workers experience a pressure to do rather than to think (Ruch, 2007). For children, young people or parents, processing or

reprocessing their experiences may be prompted by support from others or by personal

epiphanies (see examples in chapter 7). Written summaries for meetings or assessments

in case records offer further examples. Elsewhere, this success can be found in studies

of adult survivors of abuse or in first-hand accounts of recovery published on line.[60]

This expanding online world has given children, young people and parents perhaps

more opportunities to share their pain but also their experience of success.

Thirdly, there is a mode of discovering success; of discerning achievements

previously unrecognised by some or all participants. This latent success may be

noticeable to the observer (for example a supervisor, an IRO, or the next practitioner to

be allocated the case) but as yet be unacknowledged by those involved in the

safeguarding activity. A positive change in parenting occurs but as it is slight or

incremental, it is not detected. A worker, parent or young person withstands unusual

levels of stress or pressure but because they continue to function, their resilience

remains largely taken for granted. Unlike the former modes of construction, here the

subject has either little awareness or shows no acknowledgement of their

accomplishment. Others bring this to attention or, over time, and with reflection, the

person concerned comes to recognize it. The records of Nicola (chapter 7) provide an

example where the accomplishments of the practitioner appear evident to the reader of

the case record but seem not to be commented on by the practitioner herself.

According to Saleebey, the construction of success in this way is central to strengths-

based practice:

> There is often great resistance to acknowledging one's own competence,
> reserve and resourcefulness. In addition, many traits and capacities that are
> signs of strength are hidden under the rubble of years of self-doubt, the
> blame of others, and, in some cases, the wearing of a diagnostic label.
> Sometimes the problem of discovering strengths lies with the lack of words,
> sometimes it is disbelief, and sometimes it is lack of trust. The social worker

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[60] See for example the study by Hall (2003) and the online material at www.faithallen.wordpress.com,
www.lorissong.org, and www.isurvive.org.

> may have to begin to provide the language, to look for, address, and give
> name to those resiliencies that people have demonstrated in the past and in
> the present... (Saleebey, 2009, p.104)

The significance of this strengths perspective is discussed later in this chapter.

<u>The complexity of collaborative practice</u>

Collaboration in safeguarding work also comes in many forms. The three defining features of collaboration, provisionally identified in chapter 4,[61] are all present to some extent in the collaborative practices identified in this study (in chapters 5, 6 and 7). Their variance is summarised in Table 13. It is apparent that collaboration varies in formality and relevance for participants; in contribution and gain; and in ways in which a level of trust is established and maintained. In contrast to the simplistic models contained in the literature, complex patterns of collaboration co-exist - between organisations, practitioners and with family members. These vary in intensity and depth of participation; in stability and longevity. In each domain, collaboration is dynamic: participants come and go; trust is hard to attain and is easily lost; goals are negotiated and renegotiated; agreements are built upon agreements; relationships are volatile and require continuous effort.

Within this complexity, there may be an underlying commonality; an ecology of collaboration in Bluechester's safeguarding activity; one where practice in one collaborative domain influences or/and is influenced by collaboration in another. This issue requires further research, but it appears possible to identify three perspectives to guide such inquiry.

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[61] These are commonality of purpose; reciprocity of benefits exchanged; and a degree of trust between participants.

Collaborative domain		Commonality of purpose	Reciprocity of benefits exchanged	Participant trust
Multi-agency (the LSCB)		Formalised, explicit and detailed Constrained by participants' other interests and reluctance to sacrifice autonomy	Reciprocity is uneven: marginal participants make little contribution and/or receive minimal gains	Organisation change and poor awareness of other organisations limits trust Perceptions vary about other participants' competence, credibility, and integrity
Multi-professional (two safeguarding teams)	With Outsiders	Formalised and regulated in individual cases Inter-professional encounters test, explore and may deepen this sense of commonality	Reciprocity is uneven with outside professionals and not automatic. Obtaining and sustaining another's contribution requires continued effort	Restricted by poor understandings / perceptions of outside professionals Disrupted by organisational change, rapid engagement and staff turnover
	Between insiders	Embedded in team member identity Reinforced by joint working arrangements. Encourages unstructured, habitual and spontaneous forms of collaboration .	Informal collaborative practices produce multiple gains for team members	Trust between insiders appears related to familiarity and mutual dependencies
Service user (cases of individual children)		Divergent perspectives are likely although relational practice may produce convergence of purpose. Change of practitioners interrupts and may undermine the development of this convergence	Reciprocity is asymmetrical and unstable and may exclude particular family members What parents bring to the exchange may not be recognised or valued	Mutual mistrust may be a starting point for both social workers and parents in safeguarding encounters Trust cannot be presumed but levels of trust may be built through with time, commitment, and through intelligent relational work

Table 13: The diversity of collaboration

The first, and what might be termed a structural perspective, understands similarities or differences in domain practices in terms of power and authority. The same norms of collaborative practice infuse transactions between practitioners, and between practitioners and family members. The LSCB translates and transmits these norms into practice through its procedures, training and the management actions of its individual member organisations. Optimal application is likely to produce the synergy necessary to effective functioning of the LSCB, multi-professional relationships and relations with children and family members. This is the perspective of external inspection. It enables evaluation of collaborative relationships at multiple levels. Collaborative issues become traceable to problems of leadership, systems for communicating expectations, feedback and controls over levels of professional compliance or parental cooperation. The interdependence between domains is top-down. Effective multi-professional relations, for example, require the establishment of strategic agreements between organisations. These require collective promotion and monitoring by a body such as the LSCB. These multi-professional relations are necessary for the proper conduct of intervention in the lives of children and families. Data in this study suggests that procedures, systems, managerial and supervisory relations play a strong part in constructing and regulating relations between professionals; in bringing professionals and parents together at key moments; in setting minimum expectations about what must be done with children and families and by when. In Bluechester, organisations collectively agree these practices, coordinate and support their implementation through procedures, training, and compliance monitoring systems. However, this structural perspective has limitations. As shown above, collaborative practices are clearly not homogeneous: there are individual and collective deviations and tokenism. The narratives offered by parents and social workers (chapter

7) provide examples of resistance to these downward forces: attempts to practice in a more relational manner; efforts by parents to engage services on their own terms as well as strategies to avoid engagement.

Morrison (2000) offers a second and alternative perspective, suggesting a distinct culture may operate across domains in which values, beliefs and behavioural expectations help shape collaborative practices. He provides four ideal type examples of such cultures (paternalism, adversarial, 'play fair', and therapeutic). 'Paternalism', examples the point:

> This is a culture in which co-ordination is viewed as an activity which is engaged in, as and when, the agency deems it, on its own terms, involving others when it chooses. The agency sees itself as having unique expertise and finds it hard to respect or involve others with different skills. This is reflected in its approach to service users which operates largely on a deficit model. Failures are likely to be attributed either to the client or to other agencies' inadequacies. Within the agency, there is an emphasis on hierarchy, exclusiveness, top down communication, and individuals feel vulnerable to a `blame culture'. There is little or no evidence of participation with either service users or staff. Change is either resisted, seen as the responsibility of others, or managed prescriptively from the top without negotiation.
> (Morrison, 2000, p. 369-70)

The activities of the LSCB and safeguarding teams contain traces of a common culture: the concern for organisational and individual performance, the importance of doing, the primacy of meeting timescales. Chapter 5 reports the absence of any meaningful relationships between the LSCB and groups of practitioners, parents or children. Data from the study of North Team (chapter 6) also suggests its members see little value in seeking feedback from children and parents over interventions. In both contexts, there is no sense that the experience of children and parents had a part to play in the review and development of services. On the other hand, the Bluechester data shows evidence of differing beliefs at the level of individuals and workgroups. It is more likely that multiple cultures coexist and overlap, sharing some beliefs and behavioural expectations, but also having differences shaped and maintained by

diversities of function and the patterns of networking of composite workgroups.

Psychoanalytical thinking offers a third perspective. Woodhouse and Pengelly (1991) suggest the triangular relationships involved in multi-professional work with children and families generates anxieties and defensive responses that affect interactions between practitioners and family members, and between practitioners themselves. These also become ingrained in wider institutionalised responses within agencies. Particularly where there are concerns about abuse, powerful unconscious and uncontained tensions produce various permutations of possessiveness, rivalry, sabotage, and seduction. These interfere with the primary task of practitioners: they restrict communication; narrow professional focus; limit the practitioner's ability to use themselves and their knowledge wisely, to think imaginatively, to be curious, to question and be self-observant. These forces operate in each collaborative domain and arise from the same basic human processes.[62] This psychological perspective offers potential insights into behaviours encountered in the course of the current study: the reticence of engagement in the LSCB (chapter 5); organisational 'truths' shared between North Team members about particular agencies (chapter 6); the binary judgements of social workers about parents (chapter 7). This is a perspective that focuses on deeper, unrestrained forces that disrupt and disable safeguarding practices. It provides little insight into positive emotional and psychological processes that energise or synergise collective activity.

The problem of success in safeguarding work

It is perhaps unrealistic to expect consensus on what success means in safeguarding work, or for collaboration to be practiced in the same way. In a practical real-world

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[62] Reder, Duncan and Gray (1993) offer similar conclusions from examining family-professional networks evident from fatal child abuse inquiry reports.

context of inequality, scarcities and asymmetries of power; where participant interests are not identical; where the absence of success means failure and failure means personal jeopardy - in this context success is liable to be differently constructed and collaborative practices developed that serve self-interests. In such a context, it is hard to imagine how success can be engineered by legislation, policy or training to everyone's recognition or satisfaction.

Chapter 7 describes how in Bluechester, episodes of successful safeguarding work became extinguished by the passage of time: forgotten in the constant movement of social workers from one job to another; deeply buried in individual case records; filtered out of case summaries in order to strengthen evidence for the Court. At the same time, when specifically asked, social workers and parents could bring some form of success to mind in the safeguarding work of which they had been a part. Success is rarely openly discussed, and instead, the day-to-day talk in the safeguarding team workplace (chapter 6) is about problems and risks. Although it is rarely the topic of open conversation and not reflected on collectively, the behaviour and occasional exclamations of practitioners in these settings indicate that success is experienced in some form. Chapter 5 provides examples of how success once raised, is quickly passed over within the LSCB. The neglect of success in Bluechester on all these levels reinforces the conclusions of the literature review (chapter 3): that success is hard to find; it is on the periphery of consideration; and that it is passed over in favour of problematic practice.   So Bluechester, an authority placed in special measures by Government for failing to safeguard children adequately, presents an apparent contradiction. On the one hand those involved in safeguarding are berated for their failure; on the other, their success is buried or ignored.

Understanding this contradiction is not straightforward.   It might be thought

that successful safeguarding is easily disregarded because of its transience; its uncertainty; its lack of promotion. These factors constrain the awareness and transmission of success. Firstly, like all narratives, the success story is affected by time and change in context. Its strength and coherence are affected by the fluid membership of safeguarding networks. As a narrative available in records for others to read and learn from, subsequent calamities may undermine its significance, or it may be reworked and diminished by practitioners whose current purpose or experience prompts them to question or reinterpret earlier successful episodes. The successful narrative is also subject to decay because of cognitive biases, such as the tendency in safeguarding work for past information to be overlooked (Munro, 1999).

Secondly, Saleebey (2009) suggests, practitioners and supervisors may feel uncertain about recognizing their achievements. Chapter 6 notes an example in the safeguarding workplace where reports of positive change in a parent are met with scepticism as the change was not understood by the practitioner concerned. Like the teachers in a study by Schechter and colleagues (2008), practitioners may also feel uncertain about the impacts of their actions, attributing positive results to luck or coincidence. Thirdly, this same study (Schechter, Sykes and Rosenfeld, 2008) revealed that teachers could be reluctant to share their successes. They feared questioning or contradiction by colleagues; were concerned at being seen as arrogant, and anxious about inciting jealousy. These concerns appear to arise more from a type of workplace culture than from the nature of the particular professional activity. These teachers' dilemmas, therefore, seem relevant to understanding the inner constraints to the promotion and dissemination of success in safeguarding work. Both activities may occur in workplaces that lack an open culture; that discourage self-disclosures whether positive or negative. External factors also constrain this promotion. In an unforgiving

context of criticism by media, regulators and Government, the penalties for failure are perceived to be significantly stronger than the rewards for success.

This contradiction cannot be understood solely in these terms. There is something more fundamental, that relates to the dominant discourse of safeguarding work. In this context, discourse can be understood in the terms used by Parton: "historical and political frameworks of social organization that make some social actions possible whilst precluding others" (Parton, 1991, p.3). As Jack (1997) suggests, it would be misleading to refer to a single, coherent discourse in safeguarding work. Diverse and conflicting perspectives exist on safeguarding children. Professional bodies and registration authorities assert and demand compliance with codes of ethics that require individuals to be seen within a wider context of their family and community; that they should be empowered and their rights upheld. These values are central to the training and professional identity of safeguarding practitioners. I am not suggesting these core values have no influence, rather, that they are compromised and overridden on a daily basis in organisational environments where the focus is on managing risk, gaining compliance with processes and avoiding mistakes.

The dominant discourse in this environment valorizes and promotes certain forms of success while giving little or no social recognition to others. What is valued and recognized, what may, therefore, be thought about and spoken of is success associated with avoiding failure. The failures to be avoided are professional and organizational activities related to negative safeguarding outcomes. There is a dual concern at work involving the avoidance of negative outcomes for the child and minimising the probabilities of organizational and professional damage arising from such outcomes. Altruism drives the first of these concerns, self-interest the other. I am suggesting that there are moments where this latter concern gains the upper hand and

the success being sought is one where self-interest predominates; where the subject of success may become the organisation or practitioner, rather than the child and/or the parent; where the subject claims the achievement; but where the achievement itself appears somewhat temporary and limited in the light of future risks of failure.

Avoiding failure

Avoiding failure is a concept whose ends are difficult to pin down. It is a success suited to a world of constant change where the risk of a calamity of some form must be constantly monitored and managed. It is perpetual work in progress. As a form of success, it bears a similarity to Bauman's description of fitness. In commenting on the liquidity of modern life, Bauman (2000) distinguishes between health, the standard of which may be fixed, and fitness, something perpetually open to expansion:

> the pursuit of fitness is a chase after a quarry which one cannot describe until it has been reached; however, one has no means to decide that the quarry has indeed been reached, but every reason to suspect that it has not. Life organised around the pursuit of fitness promises a lot of victorious skirmishes, but never the final triumph. (Bauman, 2000, p. 78)

So it is with the drive to avoid failure. The dominant discourse in contemporary safeguarding eschews success in its fixed forms. This preference for a fluid success – an unending journey of improvement rather than an arrival – pushes other forms of success to the periphery. Today's achievements, changes, or states of satisfaction quickly lose significance as concerns turn to the risk of failure, relapse, or dissatisfaction tomorrow.

This contradiction – to have success but yet still be berated for failure – therefore appears to make sense in a world where the success that matters is one serving the almost hysterical preoccupation with continual improvement, with risk management and the institutional avoidance of failure. In such a world, other forms of success can be passed over; they can remain buried by time and change; their disclosure and

dissemination can continue to be blocked by psychological, social and political forces.

I am not suggesting this is either understandable or tolerable for participants. To the

contrary, we need to understand what it means, for example, to experience

achievements, progress, or good outcomes for parents and children in a local authority

branded by regulators as "inadequate". We need to appreciate what conflicts are

experienced when reports of positive changes in work by practitioners with groups of

young people are given little recognition by bodies such as the LSCB. Additionally, we

need to be aware of how it may feel for a parent to have responded to practitioner's

concerns and completed what was asked of them, only to find their achievements go

unobserved, ignored or quickly forgotten by practitioners whose involvement is

temporary. Although these conflicts were observable in Bluechester and commented

on in earlier chapters, they were not given voice. However, a team manager quoted in a

study by Pithouse et al. (2012) and referring to managers, articulates something of what

this experience means:

> The only thing that bothers me about them is that they are extremely
> quantitative, most of them are about 'how many did you?' and I really don't
> think that is very helpful ...But I think we should also be looking at, they
> never seem to ask me questions about the qualitative stuff, and I often think
> well that's missing because to me, that's probably the most important part of
> it. Was the intervention successful for this child? Did it improve this child's
> outcome? This is the most important question of all and I never really get
> asked that. (Pithouse et al., 2012, p. 170)

8.3   Success and collaboration inter-related

How then does collaborative practice contribute to successful safeguarding in a context

where concerns about failure predominate? The research project described in this thesis

sought not only to identify success and collaboration in safeguarding practices but also

to explore their inter-relationships. Earlier chapters offer examples of these

associations within different collaborative domains. In this part of the chapter, I present

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three models of this inter-relationship, each representing a different mode of collaboration and its part in the production of forms of success in safeguarding work.
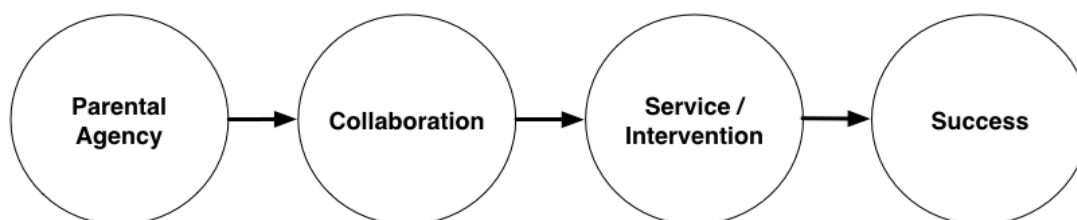
Parental Agency

Figure 20: Parental Agency

The first model (*Parental Agency*) shown in Figure 20, represents the parent as the key agent in bringing about successful outcomes for their child and themselves through obtaining goods and services necessary to safety, personal development and wellbeing. Collaboration occurs on terms set or agreed by the parent. Their strengths and capabilities are critical to the release of needed resources: health, education, housing, financial and other goods associated with protection, coping or advancement. Either children benefit directly from use of released services or the parent's consumption sustains or builds capabilities that in turn enhance the child's safety, development or well-being, enabling them to cope with adversity (Hill et al., 2007). Examples include gaining a sufficient income for a varied, nutritious diet; obtaining accommodation free from damp; using services for the purpose of reducing or eliminating the harms of drug misuse. This model assumes both parental agency (exercised individually or collectively), and services that are available, accessible, and of sufficient quality. It requires a broad range of universal services. It assumes a goodness of fit between services and their users (Rosenfeld and Sykes, 1998). The success arising for child and parent is a result of the synergy between aptly provided services and the agency of the parent.
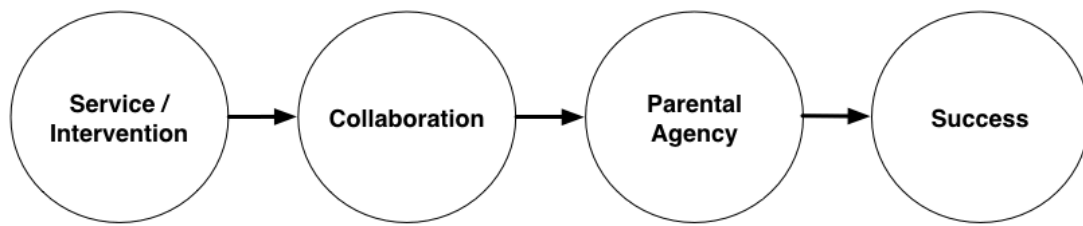
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<u>Parental Transformation</u>

Figure 21: Parental Transformation

The second model (Figure 21) employs a logic that is the reverse of the first in which service intervention is critical in developing a collaborative relationship with the parent, and this in turn, creates the agency necessary for sustaining, or developing the child's safety and wellbeing. Success in safeguarding work is brought about by transformations in parental behaviour that are the product of a collaborative helping relationship. The focus is on relational practices that influence the parent's perspective, their understanding or viewpoint; and from this, their decisions, priorities and actions. The narrowing of perspectives between parents and practitioners is associated with a causal pathway of apt intervention, of cooperation, of altered behaviours, and shifts in relational responses to children or in care-taking routines. The transformation of the parent has beneficial impacts on child safety, development and wellbeing, and may also bring benefits for the parent. This model is based on a deficit in the parent. Significantly, what is being sought in this transformation is the development of strengths and the establishment of a bounded agency: facilitating the parent to adopt behaviours that practitioners consider to be socially adaptive and responsible. The conditions necessary for this normalisation are personal (the qualities, expectations and experiences of each party), social and structural (factors such as support, how power is managed), and situational factors relating to the intensity, duration and continuity of involvement. This transformation may also be shaped by the Court, by externally

imposed timescales for change and by the possible imposition of sanctions that may separate the parent from the child.
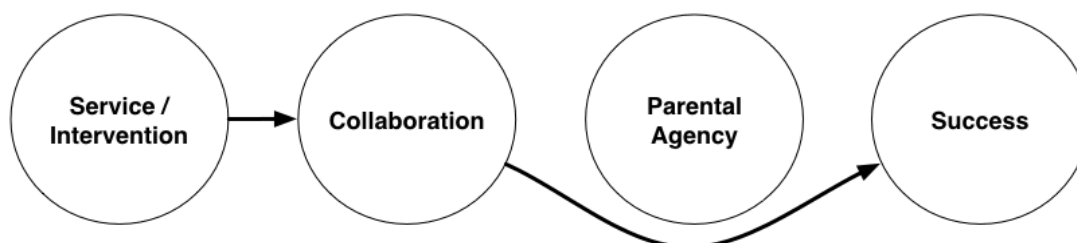
Parental bypass

Figure 22: Parental Bypass

This third model (Figure 22) excludes parental agency as a factor in enhancing child safety, development or well-being. Success relates only to the child. It is attributable to the actions of practitioners and services, not to parental action. In this model meaningful collaboration is essentially between practitioners and services – not between practitioners and the parent. This solidarity between services is important in developing a synergy of knowledge about the child and family; a collective assessment in which the jigsaw of pieces of information about the child and family, possessed separately by each agency, are assembled to reveal a deeper knowledge; a better understanding of risk; a basis for effective joint surveillance and swift intervention where there is no change or a change for the worse. The conditions favouring *parental bypass* are those in which relationships with parents have either irretrievably broken down or where practitioners have lost hope of change for the better. There is an assumption that the parent is either incapable of developing a socially responsible agency or refuses to do so. This model suits conditions where a separation of the child from the parent's care is under consideration; where children require rescue from the dangerous or morally incorrigible parent.

<u>Interconnections between the three models</u>

It is, of course, possible to see interconnections between all three models. In an ideal world, the provision of high-quality universal services would be sufficient to enable parents to protect and safeguard their children through unique collaborations with services that meet their needs. This situation would obviate the need for interventions that transform parents or bypass them completely. However, the real world is one of service retrenchment and inaptly provided services. In this context, the exercise of parental agency is threatened by not just the overall adequacy of services to meet need, but by the disrespect or insensitivity of services to difference. Others have written about the alienation and humiliation involved in accessing public services; how exposure to services may reinforce a sense of worthlessness. As Jones and Novak observe:

> Visiting is a deeply corrosive, undermining and ultimately damaging experience and one which for many people is repeated continually over long periods of time. For the very poorest, contact with such agencies as social work, education welfare officers, social security and housing officials is usually the most extensive. People's lives are taken up in endless waiting and queues, in being shunted from office to office as if their time was of no importance. When the reception they receive is indifferent or hostile it compounds a sense of worthlessness and eats away at self-confidence.
> (Jones and Novak, 1999, p. 78)

The absence of apt, respectful services makes it harder for parents on their own initiative to obtain and use support to resolve problems associated with their own and their child's welfare. This situation does not necessarily increase the chances of safeguarding intervention. It does mean that where involvement occurs it is driven as much (if not more) by the concerns of service providers as of parents; it is less likely to be on terms set or negotiated by parents; and it is more likely to be focused on changes to be brought about by parents rather than by suppliers of welfare goods such as health

care, housing, education, and income support. Similarly, the erosion or loss of practices aimed at parental transformation make it more likely that intervention will overlook parental agency, will fail to motivate the parent towards change deemed as necessary and will instead focus on the surveillance of risk.

The real world is also one where even the provision of high quality, respectful universal services is insufficient in some situations. The impact of illness and traumatic life events, for example, may restrict parents' capacity to collaborate and use even the best of services. In these circumstances, something more is needed: personalised relational help; tailored support that respects strengths and capabilities. Furthermore, it would be unrealistic to imagine that a combination of quality services and individual support would resolve all situations of child maltreatment; that more direct and coercive action would never be needed. As discussed in chapter 1,[63] SCRs remind us that parents may deceive, manipulate or intimidate practitioners (Brandon et al., 2008; Lord Laming, 2009; Littlechild, 2012), misrepresenting the dangers children may face.

The question then is more one of accepting that these modes of collaboration need to coexist and that the optimum mix begins with provision that recognises assets rather than deficits; that encourages and reinforces the exercise and development of parents' own capabilities to safeguard the welfare of their children; but at the same time sustains within practitioners, a respectful uncertainty about developments - a capacity to reflect, verify and challenge actions that are injurious to children in the context of a supportive working relationship, with all the ups and downs that this involves.

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[63] See pages 15 and 16 above

How Policy Inter-relates Success and Collaboration

This recognition of parental assets is missing in current Government policy. Government Guidance (HM Government, 2015) refers to parents in relation to their deficiencies or their need to comply with the safeguarding processes of professional groups. It recognises, for example, that parents require knowledge of service availability and children require early help. However, local early help services "will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence." (HM Government, 2015, paragraph 13). In other words, parents are not assumed to possess sufficient agency and responsibility to identify the need for support and select services. Even at an early stage, the need for help is associated with parenting deficiency and pathology. Similarly, if maltreatment concerns prompt intervention, partnership with parents is not expected. Guidance suggest plans of action are to be agreed by the social worker and manager with other professionals and then discussed with the child and their family.

This is the tougher face of safeguarding; one in which parents are given actions and expected to comply. [64] This contemporary safeguarding guidance advocates and sanctions a form of parental bypass. It is not so much the transformation of parents or development of their agency that is required – but their compliance. Of course success through parental agency is a somewhat hidden activity. The gains for parents and children are more likely to be known by them than by services that are used. No data is gathered or published on the extent of these achievements or the extent of successful co-working between parents and practitioners. Unacknowledged by

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[64] The current Guidance states for example that "Many services provided will be for parents or carers. The plan should reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them." (HM Government, 2015, paragraph 54).

prevailing policy, and against the odds set by austerity, poverty and marginalisation, these activities continue. The Bluechester data contains examples to learn from: parents who attempt to engage services to resolve threats to the safety and welfare of their children; constructive relational work by parents with practitioners that provide benefits for children, for parents and a sense of achievement for the parties involved.

Shared success

Being child-centred remains an important and central principle of safeguarding work. Current safeguarding guidance puts it this way: "Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children." (HM Government, 2015, paragraph 20) These points have been well made in reviews of children who have died from maltreatment. They align with respect for children's individual rights (United Nations, 1989). Those practising safeguarding are told that where there is a conflict between the needs of the child and those of the parents/carers, decisions should always be made in the child's best interests (HM Government, 2015, paragraph 39). This principle is, of course, difficult to disagree with. However, such statements are perhaps made too easily, failing to reflect the complexity of safeguarding where conflicts of interest are multiple, present in different degrees, come and go, and are rarely judged with certainty. Such complexity is prone to be ignored in the adoption of models of safeguarding practice that are intolerant of time needed for change, that prematurely by-pass parents and focus on child rescue. As Featherstone and others (2014) suggest, being child centred increasingly means an orientation that effectively de-couples the child from their family; one that treats the child as a separate legal entity with an independent relation to the state. This orientation atomises the child, diminishing their complex relational self;

their social identities. Parents have only an instrumental importance: doing what is necessary to fulfil children's potential. The atomised child's success is his or her own. There is no sense that the parent's success may in some way also be the child's success or vice versa.

I am suggesting here that the most basic success to be sought in safeguarding work is a shared one: for child and parent. However, the guidance, procedures and the dominant discourse of contemporary safeguarding fails to visualise or give form to this success. It imagines success only for the child, and then mainly in terms of safety or some marker of socially expected development. It does not envisage that parents, acting alone or in conjunction with friends or family members do use services to sustain themselves and safeguard the welfare of their child; or they could do so if services were more accessible and provided in a sensitive and respectful manner. Similarly, where personal change or transformation appears necessary for this shared success, the contemporary discourse fails to acknowledge the need for sensitive, committed relational work. It is this sort of practice that is most likely to yield an understanding of the subjectivity of child and parent; to reveal the possibilities for change; to attune support to need; and to establish meaningful progress for both child and parent.

The collaborative problem of contemporary safeguarding practice is essentially one between services and practitioners on the one hand and family members – particularly parents – on the other. While multi-organisational information sharing is important, it is no substitute for relational practice; for the sensitive, respectful but open-minded interaction between parents, children and practitioners through which their world becomes intelligible. Yet there is a sense in the inquiry reports and policy documents that this world can somehow be made known through

intelligence gathering by professionals. Policy makers have repeatedly sought with little success a synergy of multi-professional knowledge about children and their families. What has been neglected is the synergy of commitment and action between parents and practitioners and their services. I am not suggesting there is no place for multi-professional surveillance, the concerted enforcement of plans to combat maltreatment of individual children, or timely separation of children from parents who pose a continuing threat of maltreatment. These actions will continue to be necessary. I am suggesting rather that it is matter of balance and that this has not been achieved in contemporary guidance on safeguarding chidren.

8.4   Three areas in need of further development

Prescriptions for combating child maltreatment tend to focus on resolving what is seen as deficient and problematic about current systems. I do not want to understate the problems of current safeguarding arrangements but argue here that reform needs to both acknowledge and build on what is healthy and successful in combating maltreatment as much as change what is known to be unsafe or ineffective. There are many critiques of the current arrangements for safeguarding children. To maintain the focus on themes arising from the preceding chapters I concentrate here on just three areas: developing respectful and responsive services; cultivating relational practice in safeguarding work; and uncovering and using knowledge of success. There is a case for reform in other aspects of safeguarding practice, but these are not within the scope of this thesis.

Respectful and Responsive Services

The experience of poverty is more than material privation but has relational and symbolic aspects (Lister, 2004). It includes social rejection, being disbelieved by social institutions upon which you depend; being shamed. Wresinski (1994) reminds us that

in the face of this material and symbolic exclusion, courage and strength is possible:

> How can these families, with their obscure existence, devoid of any outward
> sign of dignity, owning nothing and finding it impossible to maintain any
> family or community life, avoid resigning themselves to despair and hatred?
> Knocked down and humiliated to such a degree, why do they not give up
> altogether? Yet every day in the run-down apartment buildings, the streets,
> the housing estates of the underclass, we see people get on their feet again,
> families take a new lease on life and parents face up to their difficulties
> again. To the rare onlookers who express admiration, they say that they do it
> "for the children." In a lower voice some will add: "We are human beings
> after all." (Wresinski, 1994, pp. 5-6)

A starting point for a safeguarding system that is respectful and responsive is the acceptance that parents want to safeguard their children and try to do so. Furthermore, as the above extract suggests, those who experience economic and social marginalization may have this motivation denied by service providers. The daily repudiation of this instinct helps to sustain the dynamics of marginalisation. An agenda of change, therefore, needs to be pursued on a broader and macro level. This needs to include measures to combat poverty, reduce inequality and challenge discrimination as child maltreatment is strongly related to these adversities (Parton, 1985; Thoburn, Wilding and Watson, 2000; NSPCC, 2008). Parents are more likely to be able to exercise the agency referred to by Wresinski if they have power and necessary resources, and do not have to contend with the barriers that come with prejudice. This agenda of change should include the provision of high quality universal services, used as a right, which support parents and family members in providing for the *normal* challenges of the life cycle (education, health and housing needs for examples) as well as unexpected periods of adversity.

Of course, there are departures from this most basic assumption. Practitioners do encounter parents who knowingly and avoidably cause suffering to their children, and who resist engagement with services. Equally, it is also reasonable to think that while those providing services do want to benefit the lives of children and

parents, they can respond in ways similar to that described by Wresinski. Service reductions, high service thresholds and premature service terminations produce distress and may cause suffering to children and parents. Requests for support may be greeted with doubt or suspicion. In these different ways, services also avoid engagement with parents seeking their use. The accounts of Theresa and Anna provide evidence of this (see chapter 7). Of course departures of either sort need to be demonstrated rather than presumed.

Aptly provided services enhance the prospects for parents to exercise agency. Rosenfeld and Sykes (1998) refer to 'aptness' in this context as the goodness of fit between services and those seeking to use them. Services become apt through an open and continuing respectful dialogue between providers and recipients.[65] Such a dialogue is important on different levels. Chapter 6 notes the absence of any meaningful dialogue between LSCB members, who have control over the design and delivery of the local system of services for children and families, and practitioners, children and parents who experience them. LSCB members were found to be largely preoccupied with their separate organisational worlds rather than the world of the child or parent. A minimum expectation here is for children's and parent's voices to be regularly heard on the impacts of safeguarding, what helps and what hinders collaborative practices. LSCB members are also in a position to narrow the gap between individual services and the marginalised children and family members who use them. Achieving this is as much about developing the right individual attitudes and behaviours as it is about knowledge and skill acquisition. Beckett (2007) suggests

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[65] Rosenfeld and Sykes refer to this as "a dialogue which leaves room for both participants to affect each other, i.e. to bring their experience and expertise to bear in defining goals and the processes through which they are to be attained. When there is such a goodness of fit, consumers of services are likely to experience the service as being helpful and as furthering their wellbeing." (Rosenfeld and Sykes, 1998 p. 287)

social workers need to be aware of the differences between their own lives and the lives of those they serve, to imagine what intervention must be like for the child or parent, and to avoid actions which humiliate or infantilise parents. Research discussed in chapter 3 reveals important insights from parents about valued human qualities practitioners bring to the work.[66] These include an extensive commitment; a willingness to go beyond the normal boundaries; flexibility and availability; and being genuinely hopeful about change.

<u>Relational Practice</u>

Optimism, hopefulness, and commitment are not part of the parlance of expected safeguarding practice and have no place in guidance and procedures. Yet we know from research referred to earlier (Rosenfeld, Schön and Sykes, 1995; de Boer and Coady, 2007; Knei-Paz, 2009; Kemp et al., 2014) that relational practices based on these qualities appear helpful in working towards personal change. The term relational practice includes a variety of approaches based on different theoretical perspectives. I refer to it here in broad terms as practices that invest in engagement, show respect for the person, interest in their subjectivity, belief in their capacity to grow and change, and focus as much on the individual's strengths and achievements as on their problems and concerns. In safeguarding contexts, this relational practice needs to hold in tension a transformative commitment and also an open mind about change and progress; an ability to build trust and a capacity to suspend it; sustained meaningful support and a readiness to challenge harmful actions and misrepresentations.[67]

Practitioner interest in relational approaches is evident from the Bluechester data (chapter 6 and 7 in particular). In the USA, intervention strategies based on

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[66] See page 91 above.

[67] This tension is discussed in chapter 1 in relation to respectful uncertainty (pp.15-16 above).

solutions focused methods have become the casework model of choice for some services (Antle et al., 2008). In the UK, the public and institutional appetite for strengths-based practice in safeguarding work is less clear. Initiatives such as the Signs of Safety programme[68] (Turnell and Edwards, 1997) have attracted local authority pilots, but there are also concerns about the adoption of strengths-based relational practice. The urge to be hopeful for change runs against the grain of existing Government Guidance and jars with calls to be guided by patterns of previous behaviour. Brandon and others (2008) for example identify a 'start again syndrome' in practice in fatal child maltreatment cases and link this to the use of strengths-based approaches that ignore past behaviours, relationships and earlier responses to services. This concern was also reflected in the very public association made by a BBC programme between the adoption of solution-focused practices in child protection work in the London Borough of Haringey and the death of Peter Connelly in that same area (Panorama, 2009). Finally, a call to expand strengths-based relational practice conflicts with recommendations for more authoritative practice in safeguarding work.[69]

In this context, the growth of relational practices in safeguarding work requires support from leaders and stakeholders. Its growth requires the development of an experienced body of practitioners, with high levels of commitment to children and families, skills in communication, conflict resolution and strengths-based practice, who are able to manage the tensions of being concurrently sceptical and supportive. Realising this objective requires action on many levels. There are implications for the

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[68] The originators describe this as a strengths-based and safety-focused approach to child protection work, grounded in partnership and collaboration. Originally developed in Western Australia it now has an international following with adoption in different parts of the USA and Europe. Further information is available at www.signsofsafety.net.

[69] See for example the call for more authoritative practice in the serious case review into the death of Kyra Ishaq (Birmingham Safeguarding Children Board, 2010)

qualities sought in recruitment and a need to improve the retention of experienced and skilled practitioners. Studies that have linked attitudes to families with practitioners' attitudes to the job (Stalker et al., 2007; Glisson and Green, 2011; Kemp et al., 2014) offer important lessons. Engagement with families requires practitioners to be engaged: to feel a sense of job satisfaction and personal accomplishment; to experience support, cooperation and fairness in the workplace; to feel positive about their supervision (Kemp et al., 2014).

Achieving these conditions for practice presents challenges for employing organisations who must manage demands, meet quality standards and, for the foreseeable future, do this with reduced budgets. Relational practice may make additional demands on shrinking resources. Beyond this, these agencies need to develop cultures that are more consonant with the ways practitioners, parents, and children evaluate help and are less focused on compliance with processes (Munro, 2011a). Engaging parents and family members may require practitioners to experiment, to go beyond normal professional bounds, to relinquish some control to family members. Managers and stakeholders need to tolerate the additional uncertainties and shifts of power associated with aspects of strengths-based practices.

Services that have moved in this direction have something to teach us. Forrester and others (2013) provide encouraging reports of service delivery through systemic units citing benefits for both practitioners (less stress, more satisfaction and confidence) and relationship gains with service users (better parental engagement, agreement and approval). The Life Programme (Cottam, and James, 2014) offers examples of practices with families that embody these challenges and uncertainties: service experimentation, workers that go beyond the traditional job description to engage families; intervention aimed at discovering individual aspirations, working

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alongside family members to develop new capabilities, experience achievements, and create new opportunities. These examples currently represent developments at the fringes of safeguarding systems. There are similarities here to the development of FGCs (discussed in chapter 2), which are founded on similar values and principles. Research continues to show the benefits of FGCs but also its marginality in practice (Poirier Baiani and Rappaport, 2015). Comprehensive adoption of FGCs may require statutory guidance or primary legislation.[70] The question is whether more significant steps towards relational practice can be achieved locally or require broader sanction.

Developing Knowledge of Success

Our knowledge of what is positive and successful in combating maltreatment is sketchy and provisional. As argued above, this is partly because of a preoccupation with problematic practice or with a form of success that is essentially about organisational improvement and avoiding failure. Furthermore, there are challenges in practitioners either recognising their part in facilitating successful outcomes, or making tacit knowledge of successful practice explicit and available for others. This knowledge is underdeveloped also because we have not recognised and begun to learn from the various ways parents and family members daily safeguard their children in difficult and demanding circumstances. Where services have concerns about children, successful safeguarding responses by parents and family members may go unrecognised. Similar activity takes place within families where safeguarding concerns have not come to light. Much of this is likely to be performed informally, privately or by a conventional use of health, income support, counselling, education or similar services. Compiling knowledge of this activity in both contexts may help to correct unwarranted

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[70] For example statutory regulations could require FGCs to be an expected first step in establishing a CP plan.

assumptions that only professional experts know about child maltreatment and its reduction and that professionals have a monopoly on good advice. Parents have safeguarding knowledge that warrants dissemination to other parents. This may include knowledge of engaging services, using the social capital in networks of friends and family members, or the daily experience of coping.

In a context that is problem focused, preoccupied with the risk of failure, and liable to view parents' lives in terms of deficiency, these messages may be hard to engage with. The mindset involved in uncovering, reflecting on and learning from success runs counter to the process driven logic prevalent in contemporary practice. It is a distraction from the core task of rooting out and eliminating risk in both familiar and new fields. At the same time, knowing they make a difference in people's lives is of great importance to practitioners, and a significant reason they remain in stressful safeguarding work (Stalker et al., 2007). The notion of a shared success for parent and child runs against the grain of existing outcome frameworks. These tend to focus on the child alone and to use measures of organisational performance as proxies for success. It would seem possible, however, given moves towards the learning culture the Munro review seeks, for knowledge of success to become valued, to be uncovered and to be disseminated in different ways. The adoption of strengths-based relational work would help to generate this knowledge as these embed in their methodology a search for achievements, improvements, exceptions to what have been problematic ways of coping (see for example Berg and Kelly, 2000; De Jong et al., 2012). Possibilities include the collection of accounts of successful interventions following intervention endings and the creation of spaces where such accounts are shared and wider lessons drawn out. These spaces may be established in team workplaces, in training programmes, or within the operation of multi-organisational groups such as the

LSCB. The process of learning could draw on methods such as that described by Schechter, Sykes and Rosenfeld (2008). Although applied to the collective review of success in the school setting, their seven step method appears suited to group learning about safeguarding achievements. Other approaches include the utilisation of appreciative inquiry (Cooperrider and Barrett, 2001).

The purpose of developing and disseminating knowledge of success is to respectfully acknowledge achievements; to provide encouragement and reinforcement; to counterbalance the preoccupation with deficit. It should not however lead to a position of embracing success while denying continuing problems. In safeguarding work, the glass is neither half empty nor half full. Safeguarding activity is complex and progress ambiguous. Evaluating its benefits requires engagement with the often conflicting messages of both success and failure.

8.5   Conclusion

In a recent article, Collins (2015) reminds us of how important it is for social workers to maintain a sense of faith and belief in the future. He argues that there is a connection between the place of hope in the life of the practitioner and their capacity to develop and nurture a sense of hope in others. Safeguarding work not only is undertaken with children and families who sense of hope is daily under threat, but the frustrations associated with engagement in the work and the experience of the other's distress is prone to produce a sense of hopelessness on the practitioner's part. A difficult tension must be maintained in practice between hope and the commitment that follows it, and the alertness to problems and dangers. This is under constant threat in the complex daily interactions between practitioners, children and family members, where the sense of progress is overlaid with experiences of defeat or rejection. In commenting on the Beckford Inquiry and the earlier inquiry on the death of Maria Colwell, Olive

Stevenson (1986) refers to the need to:

> ... balance negative realism, including a recognition of deceit, with positive realism, that clients often struggle valiantly to perform parenting tasks against intolerable pressures. It is realism without rejection which is the goal. (1986, p.504)

In this chapter I have focused more on positive rather than negative realism on the basis that the balance Stevenson refers to is under increasing threat. Although I briefly referred to some important institutional conditions in which such a balance may be struck (for example the workplace climate, supervision, support from leaders) there is much more to be learned not only about how families struggle and cope, but how these balancing acts are successfully performed by practitioners.

CHAPTER 9

CONCLUSIONS AND RECOMMENDATIONS

9.1 Introduction

This study has focused on how success and collaboration inter-relate in safeguarding practice. It has explored how these constructs emerge for different participants and in different settings connected not only by time and space but also as elements of the same system, however rudimentary, for safeguarding children. It is a localised system of safeguarding: one involving the interaction of organisations; interactions between the practitioners and professionals that work for organisations; and interactions of parents, children and family members with each other and with both practitioners and organisations.

This focus is justified by the recurrence of these themes in the recent history of child maltreatment; the scale of effort expended by successive Governments in resolving problems of coordination, sharing and working together; and the significant impacts for families, practitioners and organisations of changes wrought by these various developments. This inquiry has tried to cast new light on this topic; to move beyond the conventional, unitary notions of success and collaboration established in prevailing policy on safeguarding children; to understand, from the interactions and voices of participants what emerges as successful and collaborative in their practices.

A review of the current literature in this field reveals that these interconnections have not been researched from the perspective of participants. Collaboration is a well-trodden area for research but success appears to be avoided as a topic for direct examination. Both are somewhat slippery concepts - their different meanings and usages need unravelling from the literature.

Understanding this diversity has been important to the design and structure of the empirical inquiry described in the earlier chapters. The aim has been to focus on different but related domains of collaboration, where participants commonly involved in safeguarding children interact. A multi-embedded case study provided a suitable methodological vehicle to explore perspectives on this topic. The embedded elements of this case study represent three important domains of inquiry: the LSCB as an important domain of collaboration between organisations; the workplace of two safeguarding teams as a multi-professional domain of inquiry; and, as a third domain of collaboration, the practices between parents and practitioners in individual cases where children have been the subject of CP plans. The generation and analysis of interview, documentary and observational data have produced a portrait of the varied ways collaboration is practiced, and success is experienced.

In this final chapter, I turn to reflect on the initial research questions and the answers offered by this study. I comment on the originality of the study in conceptual and methodological terms, before summarizing the implications for practice. The chapter concludes with a discussion on the limitations of the study and identifies several areas for further research.

9.2   Summary of key answers to the research questions

This study sought to understand the relationship between collaboration and success in safeguarding work with children. It was founded on the following overarching research question: ***What is the nature of the relationship between collaboration and success in safeguarding work with children?***

There are four main ways of answering this question. These relate to the different perspectives of participants and different domains of collaboration. Firstly, there is a perspective associated with managers, and organisational leaders, commissioners, regulators and policy makers in which the individual organisation is the object of success. Gains for child and family are dependent on the organisation perfecting processes and maintaining standards associated with the identification and reduction of risk of harm to children. As this perspective focuses on the individual organisation rather than a broader safeguarding system, collaboration makes little contribution to this success. Within the organisation, the collective effort necessary for the improvement of processes and standards is largely driven by managers and auditors; the discipline provided by structured workflows; compliance with procedures and specified safeguarding routines and actions. This imperative of improvement for each organisation circumscribes collaborative activity between them.   Just enough collaboration must be performed by the organisation so that its collective safeguarding obligations are satisfied and are seen to be satisfied, but this must not disturb the autonomy and priorities necessary for organisational improvement.

Secondly, a perspective shared by practitioners – social workers, health, education and other professionals – views the child as the primary object of success: certainly their safety but perhaps also their development and wellbeing. Parents may become secondary objects of success: largely in relation to changes in their behaviour

in the parental role. Collaboration between professionals contributes to these successes by providing the interactions and information exchanges about children's lives that enable change (positive or negative) or the absence of change to be identified and understood individually and collectively. Where relations with parents have broken down this collective surveillance provides a basis for swift intervention and the safety associated with child rescue.

Thirdly, in the safeguarding practices between practitioners and family members there is a family preservation perspective where children and parents are the joint objects of success: intervention improves the parent's and the child's lives without prejudicing the child's safety. Collaboration contributes to this shared success through thoughtful, committed relational practices by practitioners that stimulate parental motivation, efficacy, sense of competence, the changes necessary for the exercise of agency in contending with the tasks and challenges involved in maintaining safety and promoting wellbeing. This relational work is demanding requiring the practitioner to strike delicate balances: to be both hopeful about change and yet realistic; committed and open minded; capable of using relationships to deepen insights into the child's experience, but also able to critically reflect on what these relationships allow them to see and hear.

Finally, there is a perspective born out of the parent's encounters with services where both parent and child are objects of success. This success relates to the parent's achievement in enlisting and utilising support to assist them to safeguard and promote the well-being of their children. The collaboration that contributes to this success is one where the parent is an active, competent agent; someone who elicits resources and supports necessary to keep their child safe and to promote their welfare.

In addition, four research sub-questions were initially developed. These

questions and the response to each are set out separately below.

- *How is this relationship understood by social workers, service users, other professionals, managers and leaders involved in safeguarding?*

The relationship is understood by different participants in contrasting ways. Managers and leaders of services accept the regulator's logic about this relationship. This rationale links organisational success to success for children through a causal pathway: the attainment of recognised standards through collective improvement work in organisations; the achievement of service quality; and the gains resulting from quality services and interventions. Collaboration with other organisations (and as part of the LSCB) is both a threat to organisational success and an opportunity. It provides the opportunity to demonstrate the fulfilment of mandatory and regulatory expectations. However, limits on collaboration are necessary to maintain organisational autonomy and enable a manageable focus on priorities essential to organisational success.

As Social Workers experience multiple forms of success in safeguarding work this relationship is understood in manifold ways. Relational work with children and young people is valued as providing a basis for service use, generating information about their lives and risks they face and as facilitating personal growth and change. Success from such collaboration can be a mutual experience. Relational work with parents is also understood to produce these gains. However, where parents are seen as breaching trust, rejecting intervention and at the same time acting in ways that threaten their children's safety or well-being, collaborative relations with other professionals become critically important for social workers. These provide a system of surveillance and intelligence gathering that enables risk to children to be monitored and evidence assembled that is sufficient for child rescue. Social Workers also understand the benefits of informal collaboration with colleagues in the workplace; the gains that arise

from casual interactions that permit the discharge of tension, the sharing of know-how and the dissemination of ways of understanding safeguarding problems and how these should be responded to.

Parents understand that the daily successes of safeguarding their children while coping with the normal stresses and adversities of parenthood or the additional burdens of poverty and marginalisation require, on occasion, support from services. Where services are accessible, sensitive and respectful, and available with sufficient capacity, parents can obtain the services they need and children benefit as a result. However, their attempts to engage and collaborate with services may be thwarted as much by inapt and insensitive service provision or high service thresholds as by their own personal factors.

- *What is their rationale for collaboration and how this relates to achieving successful outcomes?*

The rationale for managers and leaders appears to be that of inspectors and regulators. It supposes that service quality produces good safeguarding outcomes for children. It is a rationale that focuses on the child rather than on the family, attributes agency to practitioners rather than parents, and conceives intervention as doing to rather than doing with. For social workers the rationale associating relational practices with success for parents and children arises from professional knowledge and has origins in psychodynamic casework (Trevithick, 2003). There is no evidence of broader organisational support for this rationale. For Social Workers, collaborating with other professionals in the safeguarding network formed in individual cases is an essential way of maintaining and building knowledge about children and families lives, risks to their wellbeing, and also ensuring some coherence rather than confusion in a context of multiple practitioners involvement. The informal and often spontaneous forms of

collaboration between co-workers in teams have gains that are implicit, and rarely spoken of. The more formal arrangements involving cover for absences and duty arrangements can produce continuity of support for parents, young people and other professionals and maintain a flow of information for social workers about developments.

From the parent's perspective successful safeguarding is a shared form of success. Parents attempt to collaborate with services about their own needs or the needs of their children. Obtaining support for self may mean children gain in indirect and secondary ways. Equally, attempts to avoid collaborating may arise out of ignorance, mistrust of services, concerns about being shamed, or the fear that this unity between self and child may be lost. Parents feel helped by respectful, committed relational work in which they feel challenged but not judged.

- *On the basis of this understanding, are any changes in collaboration and communication practice stemming from the Every Child Matters programme[71] likely to promote better outcomes?*

Elements of the ECM programme (see chapter 1) were intended to encourage service use by parents, particularly those with young children and where additional needs or problems were identifiable at an early stage. Bluechester provides evidence of parents and practitioners valuing children's centres and the access they offered to a broad range of services. Recent evaluations indicate that while centres focus on a narrow age range, they engage with a sizeable proportion of this target population. Most parents are "light users" of children's centre services (Smith et al., 2014), and these services appear to focus more on improving parenting rather than providing broader parental support (Evangelou et al., 2014). The Bluechester evidence

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[71]See chapter 1 above for an outline of the ECM programme

suggests the ECM programme has had little impact on professional and organisational boundaries. North team, for example, was part of a vision of integrated co-located working among social workers, educational psychologists and health visitors. This vision appeared to be dissolving during the period of the fieldwork. Educational psychologists had returned to a single base, and health visitors were set to follow suit. However, some new professional roles encouraged by the ECM programme appeared important in success stories. Both Martine and Leah (see chapter 7) for example, received significant, and unbroken long-term support from practitioners in new Home School Liaison roles.

The creation of strong coordinating bodies (Children's Trusts, LSCBs), designated roles (DCSs) and a common vision (the five outcomes for children, the Children's Plan) all had significant potential to establish holistic systems of support for children and parents. This vision could be co-created in dialogue with local people: local organisations; statutory services and community groups advocating for children and parents. Having established a common approach locally the potential then existed to improve public understanding of safeguarding work; of its challenges and also of its successes. However, Children's Trusts have proved to be something of an empty vehicle for this development and appear to be in decline. The current Government Administration has already relaxed the statutory obligations to participate in Children's Trust arrangements (DfE, 2012) and its prevailing guidance on safeguarding makes no reference to Children's Trusts (HM Government, 2015). These changes were made out of concern to reduce bureaucracy and to create more freedom and flexibility in the establishment of local partnership arrangements.[72] In Bluechester, the Children's Trust

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[72] This reform was part of a wider drive by the new Government to reduce bureaucracy, and recognition that the Health and Welfare Boards (required by the Health and Social Care Act 2012) generated a further layer of local partnership arrangements with responsibilities that overlapped those of the Children Trust.

appeared little more than a strategic steering group whose authority was diminished by the OFSTED judgement in 2013. It is the LSCB, discussed in chapter 5, which has had to give substance to policy on safeguarding children.

Clearly, creating and enacting a single vision for safeguarding children is an ambitious project. As Munro and France (2011) conclude, the most effective LSCBs have had to be realistic about what they can achieve. The Bluechester findings (chapter 5) broadly concur with the national evaluation of LSCBs (France, Munro and Waring, 2010) over membership, participation and accountability issues. They also support Preston-Shoot's conclusions (2012) on the significant dilemmas faced by LSCBs over where to focus limited resources: on operational or strategic matters; on reactive or proactive issues; individuals or the community; tasks or processes. Additionally, the Bluechester data suggests the LSCB's task is compounded by the difficulty its members have in sacrificing the organisational autonomy necessary for the implementation of a collective and systemic change. In its current form, the Bluechester LSCB is unlikely to be a significant force in promoting success in safeguarding children. It plays a role in assisting organisations to improve but lacks the voices and experience of children, parents and practitioners. It is consumed in meeting external expectations and has lacks its own vision of what successful safeguarding might look like in Bluechester. This absence of engagement with children, parents and practitioners may be a broader problem shared with other LSCBs. OFSTED's review of good practice (2011) commends some LSCBs for the various ways they have involved children in their work and provides some evidence of resulting impacts on policy. While also citing examples of good practice in involving practitioners, this document is silent on dialogue with parents or their advocates. The most recent Government Guidance (HM Government, 2015) also contains no advice on these issues and is largely devoid of advice on

partnership working with parents.

The ambition of the ECM programme required a longer timescale for realising its benefits. While introduced with good intentions, some aspects of the programme had unintended consequences (Parton, 2014). It did not run its full course and fell victim to economic retrenchment and the preferences of a new Government administration. It was also damaged in the aftermath of Peter Connelly's death when so much of safeguarding practice was turned on the spit of public opprobrium, doubt cast on performance and regulatory frameworks, and solidarity between safeguarding agencies became so publicly fractured (Jones, 2014). The ECM programme seemed to draw on a logic that linked performance management and proceduralised practice with successful outcomes. Over time, adverse consequences of this approach have been highlighted (Pithouse et al., 2012). In safeguarding work, new or changed processes do not simply produce desired outcomes. The interactive space between practitioners on the one hand and children and parents on the other is situated and highly specific. There was little in the ECM programme that focused on supporting relational transformations as discussed earlier in this chapter. Additional opportunities were created for parents to access and use services, but there was no focus on establishing the vital culture in which services are effectively transacted. Finally, in its stress on outcomes for children alone, the ECM programme seemed to have no place for success shared by child and parent

- What other developments Children's Trusts should consider?

Although the Children's Trust is now in decline, developing collaborative and successful safeguarding practices remain live issues for the different partnership bodies that have replaced them. The three issues discussed in the conclusion of chapter 8 remain important starting points for development: ensuring that services - whether

integrated or not - are respectful and responsive; creating the conditions for mindful, committed, relational practices; and learning from success, the strengths of services and of those that use them. These developments would be enhanced by a new honesty about safeguarding work, which is missing in most public debates. Not only do services have insufficient overall capacity given the gap between known maltreatment and prevalence estimates (discussed in chapter 1), but politicians, managers and practitioners, despite their best efforts, can never ensure an end to the death of children from maltreatment. While efforts to reduce this risk must continue, a better balance is needed between focusing on the risk of failure and giving attention to what is successful. Leaders with responsibility for establishing multi-organisational systems of safeguarding children need to legitimise reflection on success and ensure this is a central part of their learning and improvement framework. They should encourage extensive forms of learning from children, parents and practitioners themselves. By acting individually and together leaders can provide a basis from which practitioners can feel confident that if they adopted mindful, strengths-based intervention they are likely to be supported by their managers and by other involved organisations.

9.3   The original conceptual contribution

This study makes an original contribution in the way collaboration and success are conceived. I have argued that from the perspective of participants involved in safeguarding work, success and collaboration take multiple, coexisting forms; that success is liable to be contested by parties with different interests; and that knowledge of meaningful forms of success tend to be buried, overlooked or forgotten in a rapidly changing context where the focus of attention is on avoiding error. I contend that the dominant and most widely valorised form of success concerns the organisation rather than the child, or the parent. Similarly, I have highlighted how collaboration also takes

complex and diverse forms, and that it is initiated by parents as well as by practitioners. Just as parents may not engage in collaboration with practitioners, from the parent's perspective, services may not engage. This conclusion runs against the grain of contemporary wisdom on safeguarding children and challenge how both are conceived in Government Guidance.

Conceptualising success and collaboration in this broader way has made it possible to identify new forms of associations between the two. Firstly, the collaboration initiated by parents leads to the release of resources necessary to their children's safety, developmental improvement or enhanced wellbeing. Secondly, collaborative, relational practices between practitioners and parents generate a shared commitment necessary to achieve personal change or to maintain resilience. Both forms of association involve constructions of parents as people with strengths; as active agents in successfully safeguarding their children. Both also require practitioners and services to attune to each other's world: the world of other practitioners and particularly the worlds of the child and their parent.

Finally, I have argued here that the increasing need for professionals and services to collaborate together is strongly connected to the failure to collaborate with parents and family members. What practitioners and services fail to know from children and parents directly is sought from information sharing and intelligence gathering. The problem of collaboration in safeguarding children is less about the failure of professionals to talk to each other (although I accept this is a problem), and more about a failure to take the steps necessary for respectful and meaningful engagement with parents. This sort of engagement needs to be founded on a basis that is both positive about change and realistic concerning its attainment. This means recognition, that sometimes against the odds established by social-economic

positioning as much as personal and biographical experience, humans have the strengths to cope, to change, and to thrive.

. It also means recognition that humans are complex, subject to multiple conflicting pressures and relationships that encourage change are not smooth and may involve episodes where there is confrontation, or where trust is suspended. We need a better understanding of how safeguarding practices cultivate and reinforce these skills and sustain these difficult balancing acts. The current theoretical and practice knowledge available to practitioners lacks balance, is problem saturated and needs to be balanced by a deeper understanding of the strengths of parents and children, by lessons from success and not only from failure. Expanding the knowledge base in this way will support the conditions in which skillful, realistic but hopeful models of partnership can be practised in safeguarding contexts.

9.4   The original methodological contribution

Chapter 4 above (section 4.15) discusses the methodological originality of this study. Its originality arises from the use of a multiple embedded case study design, grounded theory approaches to the data, and the use of other welfare contexts to assist reflection and analysis.

9.5   The implications for practice

The findings from this study raise several important implications for practice discussed here in three parts.

Implications for individual and organisational practices

We need to recognize, uncover and learn from success in safeguarding work. At the level of individual practice, chapter 8 discusses the case for relational work, particularly approaches that include a firmer focus on the strengths of children and parents. Success

is central to the methodology of such practices, with attention given to learning from exceptions - when things have gone well. Organisations not only need to encourage the growth of this work, but they need to preserve accounts of the successes and capabilities uncovered by these practices. Recording systems and practices should provide practitioners who have future involvement in the child's and family's life with a balanced narrative of strengths and difficulties. It should also be possible for organisations to draw on the successes generated in individual practice to inform learning resources utilised by a broader range of practitioners and managers.

At the same time, chapter 8 suggests that success in safeguarding children comes in compound forms. Multiple evaluators and systems of evaluation are at play at the same time. The implication is that practitioners must remain open minded, aware of other points of view and the different dimensions around which success and failure are constructed. Some of these dimensions are open to measurement or analytical reasoning. Others require self-examination: of intuitions about relationships, states of well-being, satisfaction, or unprocessed feelings towards the safeguarding task. Being open to this plurality means encountering incongruities and conflicts of view. Confronting and making sense of this complexity may produce a deeper understanding of progress and help check premature judgements. The process of critically considering multiple perspectives is clearly is not straightforward. Analytical tools and good supervision can support the practitioner. Organisations can also support this process by facilitating what Ruch (2007) calls "thoughtful work environments".

Multi-professional practice

The implications for multi-professional collaboration are two-fold. Firstly, collaboration between professionals should not become a substitute for the development of meaningful relationships with children and parents. Multi-professional

collaboration is essential in safeguarding work but is a secondary form of collaboration; one that should support the primary relationship between practitioners on the one hand and children, parents and family members on the other. In this sense, the most recent revisions of statutory guidance on safeguarding children (HM Government, 2013; 2015), which purged advice on partnership with family members, send entirely the wrong message to practitioners. Multi-professional collaboration requires continuing attention in the light of problems summarized in chapter 3. It is important that practitioners are aware that they operate within a network of professionals in individual cases; that they know what to expect from each other; how to exchange information; who to notify; when to consult and so on. However, young people, parents and family members also need to be seen as part of this network, and collaborative problems with parents, for example, need to be viewed as impacting on the functioning of the network as a whole. It is important that this systemic mindset is developed in training, guidance and professional supervision, and that multi-professional collaboration is not seen in isolation from relations with children, parents and family members.

Secondly, and related to this, there is the issue of consensus and conflict among professionals. Chapter 6 provides an example of how practitioners attempt to build and maintain solidarity of perspective amongst professionals in the face of divergent views. As in the case of Jo and Georgia, described in chapter 7, consensus between professionals can be a motivating force for parents. However, a lack of criticism may diminish consideration of alternative viewpoints, a process that is necessary to a reliable understanding of the child and family's world. This holds for relations within the safeguarding network and relations within the practitioners own workplace. The process of storytelling within workplaces, as illustrated in chapter 6, can lead to a premature categorisation of children's situations. Within the workplace

and in the broader network formed in individual cases, there needs to be a capacity for challenge and re-examination of assumptions. This point is already well recognised by Government and by regulators. The challenge is how to develop and sustain a climate in these settings where uncertainty is acknowledged, where relations are sufficiently mature and practitioners confident enough to share their doubts and uncertainties as well as their positive reflections on the work.

Multi-organisational implications

If there is a local system for safeguarding children, as suggested in the opening to this chapter, the LSCB is its centre. No other body is charged explicitly with the coordination of safeguarding activity and with ensuring its effectiveness. These functions are certainly important to the operation of a safeguarding system. However, there needs to be some correspondence between what the LSCB is required to do and its capacity to do it (Wulczyn 2010). The arrangements for systemic safeguarding represented by the LSCB falls short on capacity (people, funding and infrastructure) and enforcement. Notwithstanding the efforts of the committed few, or the pressure from regulators to participate, if the LSCB is to fulfil its mandate and be anything more than the sum of its members, the question of capacity and enforcement needs to be addressed.

This is no small task. It means some shift of power from the individual organisation to the collective body, a change that may have repercussions for other organizational responsibilities. A safeguarding system also needs coordinated relationships between all actors in the system. As I have suggested in the previous chapter and this one, children, parents and family members are also important actors in a safeguarding system although the contexts and settings for their action may be less formal, and contain less organisation and prescription than those of practitioners and

services. It is important that those at the centre of this system engage all actors, not just service providers. The LSCB's dialogue with children and with parents is particularly important as a form of feedback and as inspiration but its significance needs to be reflected in Government policy and guidance. Dialogue with practitioners is important for similar reasons. Engaging these actors requires a shift of attention from the current preoccupation with organizational improvement. The dialogue with these other actors will only be meaningful by developing a language of improvement, achievement and success that is understandable and felt to be relevant by all parties.

Finally, chapter 8 makes reference to the need for organisations to create the conditions for successful safeguarding practice through the establishment of services regarded by their users as respectful and sensitive to their needs, and through the practical resourcing and management of working environments that make relational practice both possible and enhance its quality. Achieving these conditions is not just a challenge of capacity and enforcement. Safeguarding work evokes irrationalities. Those with leadership responsibilities need to behave and manage in ways that contain their anxieties about safeguarding practices and outcomes, in order to help practitioners contain their own. This point applies to individual organisations and also to partnerships such as the LSCB. A safeguarding system needs a balance between activity designed to monitor safety and learn from failings, and activity dedicated to uncovering and learning from its successes. There are many pressures – rational and irrational - to be reactive to adverse events or be driven by the risk of future adversity. Both individually and collectively, in setting this balance organizational leaders need to have the capacity for emotional containment and demonstrate this to those they lead.

9.6   The limitations of the study

As exploratory research conducted through a case study design, this study has some

limitations. Firstly, while it views and explores the phenomena of success and collaboration from multiple perspectives, the study of individual safeguarding casework relied on data from a small sample where parents had given their consent. The issues encountered in gaining access for the research are discussed in chapter 4. For more natural scientific approaches, this would limit the generalizability of conclusions to other settings. As a qualitative study, this is an account of safeguarding in Bluechester. Nevertheless, the detail provided of the context provides opportunities for the reader to find familiarity with other contexts and to see a wider relevance of the descriptions and concepts developed from Bluechester data.

Secondly, while the study captures the perspectives of a range of safeguarding participants its trustworthiness may be limited by the omission of certain perspectives. Significantly, the study does not capture the perspectives of children and contains limited parental perspectives, although the gap is offset to some extent by a summary of the findings of related research with both groups (chapter 3). Additionally, the study focuses on social worker's perspectives and on safeguarding teams within a social care setting. It does not therefore examine perspectives on this topic held by professionals in other settings (for example Health Visitors, Teachers with safeguarding roles or Police Officers). The study is limited also by focusing just on one LSCB or not including other partnership bodies that bring organisations together in the cause of more specific safeguarding issues (such as the sexual exploitation of children). Finally, change within the host local authority foreshortened the collection of data and precluded the convening of a focus group in which participants were invited to discuss emerging findings. The resulting absence of respondent validation also affects the credibility of the findings. Additionally, data was collected over a three-year period. For some phases of data collection by observation, the intensity of immersion in the

field was restricted, and this may have impacted on respondent rapport, limiting data quality. While these factors restrict the credibility of the findings, they do not undermine them. The study does draw from multiple perspectives, and the analysis is based on a convergence of data from different participants, multiple sources of data and through different methods of data collection.

9.7   Dissemination of the findings

Emerging findings from this study have been shared in one international workshop in Finland (2012) and two student research conferences in the UK (2013 and 2014). Additionally a chapter, based on this research has been accepted for inclusion in a forthcoming edited publication on success in social work.[73] The research will also be presented at a conference in December 2015 associated with the launch of this publication. Further opportunities for dissemination will be sought through publication in suitable journals and the presentation of conference papers.

9.8   Future research

This study has highlighted several areas justifying further research. Firstly, more research is necessary to increase our knowledge of what success means to safeguarding participants. This study has made a contribution to that knowledge, but gaps remain concerning how children define success and how success is understood by different professionals groups who work together in safeguarding practice. Secondly, existing research on collaboration appears to have focused on the particular domains (collaboration between organisations, between professionals and with family members). There seems to be little research on the connectivity of collaboration between these different settings; whether for example there is an overall ecology of collaboration that,

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[73]'Diggins (2015)

as Morrison (2000) suggests, produces a similarity of behaviours and attitude in these multiple settings. This appears an important area for further research. Third, the broader understanding of collaboration developed in this study suggests the presence of other domains of collaboration in safeguarding contexts. These need to be researched and understood. They include how, in safeguarding situations, family members *do* collaboration; what collaboration occurs informally between parents and members of kinship networks; how in these situations family members initiate collaboration with services. Fourth, it would be useful to research the development of strengths-based relational practice by local authorities. It seems important that these developments are well researched, the impacts for practitioners, parents and children and organisations are understood, and that the public have access to such findings. Finally, this chapter has referred to a need for LSCBs to open a dialogue with those who have a closer personal experience of safeguarding work: children, parents and practitioners. Action research projects focusing on this development might help to elucidate the issues that need to be grasped in bringing about this change.

9.9   Against the odds

This study of Bluechester makes a contribution to an undeveloped field of knowledge. At a moment when safeguarding children, together with its collaborative practices continues to be berated for its failings, it has focused on success. The phenomenon of success in safeguarding work, previously neglected by research, offers new hope in finding improved ways of responding to child maltreatment. Signs of hope can be found in the actions of parents, practitioners and managers. They are present in parents' stories: those who, against odds set by poverty, marginalisation, and personal misfortune, safeguard their children on a daily basis or find ways of accessing services and practitioners where this cannot be done alone. Hope is also present in the work of

those practitioners who, against the odds set by broader organisational priorities, still find ways of establishing meaningful relationships with parents and children that nourish commitment and change. Finally, there is hope also in the actions of supervisors and managers who, against the odds associated with inspection and regulatory pressures, place improvement for children and parents before that of the organisation, collective goals ahead of individual ones. Particular forms of collaboration are associated with such signs of hope. For example, the ease at which parents can initiate collaborative relations with quality services provided in accessible and respectful ways. Also, the availability of relational practices in which skilled practitioners can establish meaningful relationships with children and parents that balance the provision of support and the challenge and respectful uncertainty required in safeguarding work. Improving the odds also means making real inroads on influencing the structural forces associated with child maltreatment including ensuring apt services are available in both quality and quantity.

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APPENDICES

APPENDIX 1: STUDY SUMMARY

Table 14: A Summary of Studies Reviewed in Chapter 3 in relation to Success

Report	Safeguarding context	Nature of study	Data source(s)	How success is conceptualised
Keen et al., 2000	Prevention	Cohort study using quantitative analyses of residential treatment outcomes for heroin-dependent adults and their children	Records	Length of stay; treatment completion; destination of child on departure
Suchman et al., 2004	Prevention	Quasi-experimental study comparing attachment based treatment with standard treatment for substance dependence mothers	Records	Treatment attendance, compliance, retention, completion, and abstinence at discharge
Zielinski et al. (2009)	Prevention	RCT study of comparing long term outcomes for Family Nurse Partnership programme with comparison services	Records	Absence of child maltreatment reports
Gray, 2009	Prevention	Ethnographic investigation of services provided by support workers to marginalized families in an inner London Borough	Records, interviews (parents), observations	Self-esteem; confidence; accessing services
Morris et al (2012)	Prevention	Ethnographic study of effectiveness of specialist antenatal clinic for chemically-dependent women	Interviews (women), observations	Self rated progress using Stages of Change model
Richter and Bammer, 2000	Prevention	Qualitative study with heroin-using women exploring strategies they used to protect their children from drug-related harm	Interviews (women)	Hierarchy of strategies from stopping using through to placing children with trusted care giver
Pitthouse et al. (2009)	Prevention	Quantitative study of use of Common Assessment Framework as a tool to encourage integrated practice and the provision of early help	Records, documents	Shared meaning; activation of services
Biehal, 2008	Prevention	Quasi-experimental study comparing outcomes of specialist family support team for adolescents with comparison services	Interviews (social workers, parents, children), assessment instruments	Improved child and family functioning measures

Cummings et al., 2004	Prevention	Study evaluating the outcome of the extended schools pathfinder projects	Interviews (school based staff, LEA officers), documents	Attainment, behaviour and attendance; families' involvement in children's learning; increased community pride and involvement
Abbott et al., 2005	Prevention	Study of the process and impact of multi-agency working on families with a disabled child with complex health needs	Interviews (parents, children and young people)	*Quality of life* improvements (assessed in six dimensions)
Goldman and Padayachi, 2005	Referral / reporting	Study of school counselors' reporting behavior concerning cases of alleged child sexual abuse	Questionnaire responses	Recognition and procedural knowledge; confidence; reporting of suspicions
Smith (2005)	Referral / reporting	Pre- and post-test study of the impact of training on elementary school personnel knowledge, attitudes and intended behaviours on reporting child abuse and neglect.	Questionnaire responses	Procedural and legal knowledge; changed attitudes to reporting responsibilities
Horwath, 2006	Referral / reporting	Mixed methods study of referral practices in cases of child neglect and influencing factors	Questionnaire responses, focus groups	Reflexivity; awareness of feelings, experiences, values and beliefs routinely influencing referral practice
Chanmugam, 2009	Referral / reporting	Qualitative study of the reporting experiences of school based social workers	Interviews (social workers), focus group	Mitigation of harm; fulfillment of obligations
Jankowski and Martin, 2004	Referral / reporting	Mixed method study of the decision making process of family therapists in reporting child abuse and neglect	Questionnaire responses	Ethical; lawful and clinically effective decisions
Lee et al., 2007	Referral / reporting	Quantitative study of nurses' perceptions, attitudes, and knowledge on reporting suspected child abuse cases in health care settings	Questionnaire responses	Reporting of suspicions
Feng et al., 2010	Referral / reporting	Qualitative study of the experience of nurses, teachers, physicians and social workers in reporting child abuse	Interviews (each professional group)	Reporting of child abuse
Vulliamy and Sullivan, 2000	Referral / reporting	Study of pediatricians experience of and views about reporting child abuse to child protection services	Questionnaire responses	Reporting of child abuse; safety of children
Biedsoe et al., 2004	Referral / reporting	Study of the outcomes of mandated reporting of domestic violence	Records	Provision of safety planning; information and services to victims

Antle et al., 2010	Referral / reporting	Qualitative study of the perspective of victims of domestic violence who had been the subject of mandatory reporting	Interviews (women victims)	Safety; emotional support; satisfaction with reporting policy and interventions
Boehm and Itzhaky, 2004	Referral / reporting	Case study of attempts to use a social marketing approach to encourage reporting of sexual violence to children within an ultra-orthodox Jewish community	Records, participant interviews	Increase in disclosure and reporting
Dannenfelser and Newman, 2005	Investigation / assessment	Study of law enforcement and child protection service collaboration in child advocacy centers	Questionnaires, interviews (police officers, social workers)	Child safety; service access; efficiency; increased arrest and prosecution rates
Wright et al. (2006)	Investigation / assessment	Qualitative study of police officers' perceptions of the daily challenges involved in child abuse investigation and how they manage these	Interviews (police officers)	Satisfaction / fulfillment from helping; protecting children; receiving gratitude and praise
Davies et al., 2001	Investigation / assessment	Qualitative study of experiences of children and parents / carers who had been the subjects of a multi-agency child sexual abuse investigation	Interviews (parents, carers, police officers and social workers)	Sensitivity; timeliness of action, synchrony of multi-professional actions
Bell, 1999	Investigation / assessment	Mixed methods study of the nature of social work with families during the course of child protection investigations	Interviews, questionnaires, observations	Welfare of the family
Walton, 2001	Investigation / assessment	Study employing an experimental design to evaluate the effect of involving Family Preservation Services in investigations of child maltreatment	Records, participant interviews (parents and social workers)	Reunification rates; parent / care giver satisfaction; job satisfaction (social worker)
Prince et al., 2005	Decision making	Study of decision making in CPCs and the potential value of an on-line group support tool	Observations of CPCs and simulated CPCs using tool	Reduced group effects / bias on decisions
Harlow and Shardlow, 2006	Decision making	Evaluation of the operation of core groups in cases where children were subject to child protection registration	Records, participant interviews (professionals only)	Shared responsibility and decision making; positive inter-professional relations; partnership with families
Davidson-Arad, 2001	Decision making	Study of the relationship between decisions to remove a child at risk from home and social worker's perceptions of parental cooperation and expected changes in the child's quality of life	Questionnaire responses (child protection officers)	'Quality of life'; cooperation

Wade et al., 2011	Decision making / outcomes	Mixed methods study of reunification decisions and outcomes for children who had enteredlocal authority care because of maltreatment concerns	Records, questionnaires (social workers and teachers), interviews (parents and children)	Stability; child wellbeing
Farmer and Owen, 1995	Decision making / outcomes	Study of decision making, interventions and outcomes in child protection practice	Records, assessment instruments, participant interviews	Absence of repeat harm and neglect; improvement in welfare; extent to which parents needs are met
Lutman and Farmer, 2012	Outcomes	Longitudinal study of outcomes for children who had entered care because of neglect and were subsequently reunited with parents	Records, participant interviews	Stability; child wellbeing
Shapiro et al., 2009	Outcomes	Study of the perceptions of hospital social workers concerning their understanding and use of social work outcomes and evaluation in the context of their own hospital practice	Interviews (Social Workers)	Task achievement; positive client or colleague feedback; absence of complaints
Fantuzzo, et al., 2011	Outcomes	Cohort study using quantitative methods to relate type of maltreatment and age of onset to school related outcomes	Records	Academic achievement; absence of behavior problems
Coohey et al., 2011	Outcomes	Longitudinal study relating type and duration of maltreatment and characteristics of child and environment to school attainment measures	Records, questionnaires / assessment instruments, interviews	Academic achievement
Brandon et al., 2005; Brandon and Thoburn, 2008	Outcomes	Prospective longitudinal study tracking the progress of children and young people identified as having suffered, or being likely to suffer, maltreatment or neglect	Records, assessment instruments, participant interviews (parents, children, professionals)	Safety; future risk of significant harm or impaired development; extent of current problems; positive change over time
Forrester and Harwin, 2008	Outcomes	Retrospective study of placement and outcomes of children referred where concerns existed about parental misuse of drugs or alcohol	Records	Extent of educational, health and emotional / behavioural problems at referral and follow-up.
Rosenfeld et al., 1995	Outcomes	Report of a seminar exploring the experience of Israeli projects that had worked successfully with and for families with young children who others had considered beyond help.	Observation reports; narratives from project workers	Fostering of mutual trust; heightened self-esteem, independence and integration; diminished risk to children

Trotter, 2008	Outcomes	Quantitative study examining the extent to which client satisfaction correlates with three other outcome measures: (1) worker measures of client progress, (2) further notifications of abuse and (3) removal of children.	Interviews (Social Workers, Young People, Parents or other family members)	Client satisfaction, absence of further child abuse or neglect notifications; whether children remained with their family
Lietz, 2009	Outcomes	Mixed method study examining the extent to which families felt "stronger" and their functioning improved following intensive in-home services.	Interviews (family members); family functioning and client satisfaction scales.	Increased parent effectiveness; improved communication and relationships; progress with substance abuse; increased insight
MacMillan et al., 2005	Recurrence	RCT study of intensive two year Family Nurse Partnership programme with families where maltreatment had occurred	Records	Absence of child maltreatment reports and observations
Drake et al., 2005	Recurrence	Cohort study of association between recurrent abuse, multi-level risk indicators and cross-sector service participation	Records	Absence or low rates of maltreatment re-reports
Einbinder, 2010	Recurrence / treatment	Qualitative study of a residential treatment programme for mothers with substance dependence	Interviews (mothers)	Insight on parenting; self-determination; group support to maintain change
Barker and Place, 2005	Treatment	Cohort study of outcomes of therapeutic treatments provided to looked after children	Records, interviews (parents and children), assessment instruments	Satisfaction; changes in clinical scores (HoNOSCA)
Cleaver and Freeman, 1995	Parental perspectives	Mixed methods study of the impacts of allegations of child abuse on families, the subsequent relationship with social workers and outcomes for children	Records, interviews (parents and children), assessment instruments	Improvements family living situation, relationships, parenting behavior; improvements in child development. physical and psychological health; whether or not the child was protected
Baistow and Hetherington, 1998	Parental perspectives	Comparative study of parental experiences of child welfare systems and practices in France and England.	Interviews	Welfare of the family
Dale, 2004	Parental perspectives	Qualitative study focused on family experiences of child protection practices	Interviews (parents)	Satisfaction; access to services; practical help; emotional support
Spratt and Callan, 2004	Parental perspectives	Study comparing child protection and child welfare orientations, focusing on the views of parents who were subject to child welfare interventions	Interviews (parents)	Getting the help that has been asked for; relief; a lifeline.

Cleaver et al., 2008	Parental perspectives; Children and Young People's perspectives	Study of practice where problems require the intervention of both adult and children's services, including children's and parent's experiences of these interventions	Records; questionnaire (practitioners); interviews (practitioners young people and parents)	Satisfaction; practical help; emotional support
Buckley et al., 2010	Parental perspectives, Children and Young People's perspectives	Study of service users' views of Irish child protection services	Interviews (young people and parents)	Freedom from the gaze of child protection services; practical help
Woolfson et al., 2010	Children and Young People's perspectives	Qualitative study of the views of young people who had experienced child protection interventions in Scotland	Interviews (young people)	Removal of perpetrator; relationship improvements; better standards of physical care at home; increased and clearer family communication; more positive attitude to school
Bell, 2002	Children and Young people's perspectives	Qualitative study with the children and young people about their experiences of the child protection process, the degree to which they felt they had been involved, and the processes that hindered or facilitated this	Interviews (children and young people)	Influence; choice, involvement; care-seeking
Cossar et al., 2011	Children and Young people's perspectives	Qualitative exploratory study of children and young people's views of the child protection system and how those views might contribute to improving responses to abuse and neglect	Interviews (children), workshop	Practical help; improvement in relationships; talking through problems
Stanley et al., 2010	Children and Young people's perspectives	Study of domestic violence notifications, service pathways and the views of victims and young people about interventions	Interviews (children, survivors, perpetrators); records; survey of *innovative practice*	Being listened to; sense of control; trust
Morgan, 2006	Children and Young people's perspectives	Report on children and young people's views of social workers	Survey; focus groups	Being listened to; being helped with personal problems
Ward et al., 2005	Children and Young people's perspectives	Qualitative study of young people's experiences of the care system in England	Interviews (young people)	Improved material circumstances, being listened to; sense of belonging to a family

Happer et al., 2006	Children and Young people's perspectives	A study of young people's perspectives on care and what helped them to be successful in their lives	Interviews; focus groups	Able to make and sustain meaningful relationships; engaged in work, education, training or meaningful activity
De Boer and Coady, 2003, 2007	Relationships	Qualitative study of good helping relationships in social welfare focusing on workers and clients stories of their success	Interviews (clients and social workers)	Healing; hope; honest disclosure; positive attitude / perceptions about child welfare.
Knei-Paz, 2009	Relationships	Qualitative study of the essential elements in the creation of a positive intervention experience involving social workers and families in distress	Interviews (clients and social workers)	Relief from distress; improved self-image, self-awareness and insight; change in functioning as parents, improved ability to steer their way through bureaucracy.
Knei-Paz and Ribner, 2000	Relationships	Qualitative study of clients views of a successful helping relationship	Interviews (female clients)	Concrete services; emotional relief; insight

APPENDIX 2: GAINING PARENTS CONSENT

Parent	Agreement to be interviewed?	Agreement to access records?	Outcome
A	Yes (on consent form)	Yes (on consent form)	Parent and Social Worker both interviewed and records reviewed
B	Yes (on consent form)	Yes (on consent form)	Subsequently declined to be interviewed. Social Worker on maternity leave. Records reviewed
C	Yes (on consent form)	Not confirmed on consent form	Parent interviewed. Social Worker had left thelocal authority. Records not reviewed
D	Yes (on consent form)	Not confirmed on consent form	Parent subsequently declined interview. Social Worker interviewed. Records not reviewed
E	Yes (on consent form)	Not confirmed on consent form	Parent and Social Worker interviewed. Records not reviewed.
F	Yes (on consent form)	Yes (on consent form)	Parent subsequently declined interview. Records reviewed. Social Worker moved jobs and not available for interview
G	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Did not respond to follow up calls and letter
H	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Did not respond to follow up calls and letters
I	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Did not respond to follow ups calls and letters
J	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Interview appointment not kept
K	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Interview appointment not kept
L	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Interview appointment not kept
M	Yes (initial consent given verbally)	Yes (initial consent given verbally)	Parent declined at the point of interview

Table 15: Gaining parents' consent

General Information Sheet

Research on Collaboration and Safeguarding Children

Information about the research.

What is the research about?

The aim is to study the ways in which social workers and other involved professionals work and communicate together, and with parents, when a child has a child protection plan. There is research on working together where things have gone wrong but little research on successful collaboration and communication. The research will explore ways of working together and communicating between practitioners and with parents that seem successful in bringing about a good outcome for the child with a child protection plan.

What does the research involve?

The research involves:

- Studying a small number of cases over a 12-month period where a child protection plan has been made. With the permission of the parents, the researcher will read the social work records over this time and observe core group and child protection conference meetings.

- Observing the every day things practitioners do in communicating and working together. With their permission this will be done by observation in social care workplaces over a three-month period.

- Gaining the views of those involved in safeguarding about ways of working together which seem successful. Parents' views will be requested. The views of social workers and other practitioners on this will be sought in focus group interviews.

What are the benefits of the research?

This study will highlight good practice that may help practitioners involved in child protection work know more about ways of working together in child protection that encourage successful outcomes. [Bluechester] Council and its partner organisations can use the good practice information in planning local safeguarding services and in training for social workers and other practitioners. Learning from success is important. It is likely to boost confidence and self-esteem, which should help improve work with parents and children. These benefits are about future improvements with services. Time will be needed for learning to influence practice.

What about consent to take part?

Parents and members of Social Care teams who are approached about this research will be provided with information before being asked to decide to take part or not. Records and observations will only be made in situations where the parents, social workers and other team members have given their agreement. Other professionals involved in core group meetings and child protection conferences will

be informed in advance of the parent's agreement for the researcher to be present and given an opportunity to ask questions or raise any concerns. Focus group interviews will take place with participants who have given informed consent. Any person involved in the research can withdraw their consent at any time.

What are the disadvantages of taking part in the research?

There could be some disadvantages if the discussion in interviews touches on subjects that are sensitive for some people. Thinking and talking about some events might for some, bring back uncomfortable memories. Any person who is approached to be interviewed will be informed about this to guide their decision. If an interview some create some distress in this way the researcher will offer a source of support for the person concerned.

How will personal information be kept confidential?

All data that is collected during the research project will be kept strictly confidential and will be stored and later destroyed in compliance with the Data Protection Act 1998. Personal information about anyone – in records, through observation or through interview - will not be used or made available for any purpose other than for this research. To protect confidentiality, any information will have real names and addresses removed and a code or substitute name given to it so that the person cannot be recognised from it. This information will be stored in a locked filing cabinet with access restricted to the researcher. Codes connecting the person's identity to the stored records will be kept separately. All material will be securely destroyed when the study has been completed and the findings and conclusions have been presented for examination by the University and to the local services involved in safeguarding or, on the person's withdrawal from the study.

What if the child protection plan ends before 12 months?

If the child protection plan ends before 12 months and the Social Worker remains working with the parent, providing there is still agreement, the research will continue with the records being seen and observation of any further meetings up to the 12 month point.

What is the timetable for the study?

The proposed timetable is described below. Pease note there may be some changes depending on the availability of those who are taking part.

April to Sept 2010	Parents asked for a decision on taking part. If they agree information will be collected for a 12-month period. Depending on when agreement is given the information from individual cases may not be complete until September 2011
April to Sept 2011	Observations of social care teams. More than one team will be observed with at least three months being spent, part time, in each team. This part of the research may not be complete before September 2011.
Sep 2011 - Dec 2011	Focus Group interviews with social workers and others working in child protection cases
Jan to June 2012	Information analysed and reports prepared. Feedback will be provided to the local Social Care service and Local Safeguarding Children Board. Parents who have requested a summary of the conclusions of the study will receive it at this point

June to Dec 2012	Other published studies in this area of work will be reviewed. This will inform the final thesis to be presented to the University.

What will happen to the conclusions of the research study?

The conclusions of the study will be used to complete a research project (thesis) on collaboration and good safeguarding of children that will be submitted to Anglia Ruskin University. The conclusions may also be published in a journal. In the thesis and in any journal publication anyone participating in the study will not be identified. The area in which the study took place will also not be named. The findings from the study will also be shared with [Bluechester] Council's Social Care Services and with the Local Safeguarding Children Board, which has a responsibility for the effectiveness of child protection work between services in this area. In any written report or presentation given to these organizations any individual taking part in the study will not be named. The local Social Care service and Local Safeguarding Children Board may use the conclusions of this study to help decide whether to make changes in the way services work together and the child protection training that is provided. Any one taking part in the study will be asked if they want to be informed of the conclusions and if so, a summary in writing will be provided to them.

Who has reviewed the study?

This research has been carefully looked at by Anglia Ruskin's Research Committee and by the Research Approval Group of [Bluechester] Council to protect the safety, rights, wellbeing and dignity of those involved.

What if there is a problem?

If any concerns arise for anyone as a result of taking part in this study, the researcher can be contacted (on 01268 457867) and will do his best to answer queries or questions. If a person remains unhappy and wishes to complain formally, a copy of the local authority's Complaints Procedure will be provided.

What if someone is harmed by taking part?

If something goes wrong due to negligence, then there may be grounds for legal action. In this situation the person concerned may need to seek legal advice but this would be at their expense.

Local contact information

If you have any questions, please contact the researcher, Andy Quin, on 01268 457867 or email: andrew.quin@student.anglia.ac.uk

This information sheet has been designed to provide general information about the research. Thank you for taking the time to read it. Related information is available for different groups of people concerning particular aspects of the research

Research on Collaboration and Safeguarding Children

INFORMATION AND INVITATION TO PARTICIPATE FOR PARENTS

We would like to invite you to take part in this research project. Before you decide whether to take part it is important for you to understand why the research is being carried out and what it will involve. Please take the time to read the following information carefully. You are welcome to get in touch with us about the study (contact details appear below). Your involvement is **entirely voluntary**.

What is the project about?

The research is about the success of work carried out where there is a child protection plan. We are interested in the ways the social worker, parents and others involved work together when a child has a child protection plan and how these ways of working can help to bring about a good outcome. The research is intended to add to our knowledge about good practice in child protection work and help to improve that practice. The project will look at a small number of cases where a child protection plan has been made but has now ended. The records of the case kept by the social worker will be read and the parents asked about their experience of the work that was done with them. The project also involves observing social work teams in their workplace and interviewing social workers and other practitioners about their experiences of successful child protection work.

What will I be asked to do?

As a parent with a child who has had child protection plan, we would like to invite you to take part in this project by to giving your **agreement for the researcher to read the records** the social services has about you and your family and the work which was done with you. If you agree to this we would also like to invite you to **speak with the researcher about your experience** of the work carried out when your child had the child protection plan. This will be at a time and place convenient for you. If you agree to this we will ask for your consent to audio-record the conversation with you so that we have an accurate record of what was said.

Benefits, risks and support

In giving agreement to the researcher reading your records and talking about your own experience of the work you will be helping us learn more about what needs to happen for child protection work to be successful. Learning from success is really important for social workers and others involved and can be used in training, in supervision and in the guidance they are given. The research will ask you whether you are interested in receiving information later about the results of this research and if you are, agree with you what the best way would be to inform you. We are unaware of any risks to you of participating in this project. However, if you do feel uncomfortable because you have re-lived an unhappy personal experience when talking with the researcher, please say so and the researcher can talk with you about arranging possible sources of support for you.

Confidentiality

We will follow ethical and legal practice, and will only ask to see your records if you have agreed and signed a consent form to confirm this. You will only be contacted for the researcher to talk with you if you have consented to this in writing.   Notes made from reading the records will be kept strictly

confidential. These notes will be looked at only by the researcher and stored carefully on a password-protected computer. Any information about you in these notes will have your name and other identifying features removed so that you cannot be identified. In the same way, when the audio-recording of your conversation with the researcher is written up, your name and the real names of others that you mention will be removed or changed so that you cannot be identified. The only exception to this is that if you give us information about harm to yourself or to others that is not known to the professionals working with you, we will be obliged by law and good practice standards to let your social worker or social services know about this.

Can I withdraw from the project?

If you decide not to take part this will not affect you in any way, and there will be no consequences for any future care or support for you and your family. If you withdraw from the project at any stage you do not need to give a reason and it is up to you whether we use any information we have already collected from you.

Who is organising and funding the project?

The study is part of a research degree undertaken by the researcher at Anglia Ruskin University.   The project is overseen and supervised by a team from the University with experience of research of this sort.   The researcher is funding this cost of the project.

Who has reviewed the project?

To protect your interests this research has been examined by [Bluechester] Council and been approved through the Council's Research Governance procedure.

What happens now?

If you agree to the researcher seeing your records and speaking with you, please let us know by signing the consent form provided with this information sheet. You can return the signed consent form it to the person who gave it to you or place the signed consent form in the stamped self-addressed envelope attached.   If you decide not to take part, you do not need to do anything more and we will not approach you any further about this research.

If I have some questions about the project who do I contact?

If there is anything that is not clear, or you would like further information or to discuss your possible involvement you can contact the researcher, Andy Quin, on 0798 223 1508 or by e-mail at: Andrew.Quin@student.anglia.ac.uk.

Thank you very much for reading this information sheet - we hope you decide to take part in this project.

Research on Collaboration and Safeguarding Children

Information for Social Care Team Members

I would like to invite you to take part in a research study. The information in this and the accompanying sheet should give you a good idea of what the research is about, why it is being done, and what it will involve. This information sheet (Information Sheet 3) focuses on the part of the research that will most involve social care teams. The accompanying information sheet (Information Sheet 2: General information on the research) provides further information about the study as a whole. Please do take time to read both documents before making a decision about whether or not you will take part. Please ask if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

This study is looking at how social workers and other helping professionals work together when a child is made subject to a child protection plan. It will look particularly at ways of communicating and working together which seem to be successful in encouraging a good outcome for the child. The study is intended to add to knowledge about good practice in child protection work. [Bluechester] are interested in the research as it will provide some feedback about good practice, about outcomes, and how well services are working together.

Why have I been invited?

You have been asked to take part because you are a practitioner or member of a team that works with families whose child may have a child protection plan.

Do I have to take part?

It is entirely up to you to decide whether or not to take part. If you decide not to, your decision will be respected. If you decide to take part, you are still free to withdraw from the study at any time and without giving a reason.

What will happen if I agree to take part?

For this stage of the research I am exploring two things. Firstly, as members of the team I would like to find out about your everyday ways of working together and with professionals from other agencies. This means spending some time with you and your team over a period of up to three months, getting to know you in your work base, seeing the communication and working together that goes on each day between you, and with others over cases, and the circumstances of this. Secondly, in particular cases where parents have given their permission, I would like to follow a small number of cases over 12 months, look at the case records, and come with you to core group meetings and child protection conferences held about the children in those cases. The point about this is to see the way you and the other agencies involved are working together and then to look at the outcomes for the child after 12 months. In both activities I would like to ask you things so I have an understanding of what is going on. It will mean some observing, asking occasional questions and by being there, finding out how things are done; how the communication, sharing of information, consultation and liaison works in practice within the team, the service and with other agencies.

Does this mean that the whole team has to agree to participate?

Some members of the team may not agree to participate. If this is the case I will look at agreeing with you ways of doing the work in the team that does not involve observing or following the activities of those particular team members who have decided not to take part.

How long will you be in the team for?

I would be with your team for up to 3 months or about 90 hours. This will mean two mornings or afternoons each week over this period. There are other social care teams in the area that I will ask to spend time in for the same purpose. The aim is to build up a detail picture of how the working together part of the job takes place.

What happens after the 12 months of following an individual case?

I will stop collecting information at this stage and will look at the changes for the child since the child protection plan was made and how everyone involved has worked together and with the parents over that period.

Can I give agreement to only part of what is being proposed?

Yes you can decide to not be involved in any or either aspect of the study. If you decide not to be involved when I am in the team, then I will not follow your work but will keep my attention on what is happening for other members of the team who have agreed to take part. If you decide not to take part over an individual case where a parent has given consent then I will exclude this from the study.

What are the possible benefits of taking part?

The learning from this study about good practice may help social workers and others involved in child protection work know more about ways of working together in child protection that encourage successful outcomes. Learning from success is really important for social workers and other practitioners as it is likely to boost self-esteem and confidence and this should help improve interventions. These benefits of taking part are about future improvements. You will contribute to this learning but there may be no direct benefit in your work right now.

What are the possible disadvantages of taking part?

On the other hand, you may not be comfortable at the thought of a researcher joining you in your team for a period of time; at a researcher reading the case records you have made and observing meetings about individual cases you are working with. Although this is not an inspection or an audit, you may not feel comfortable in an outsider finding out about the work you do and asking you questions. These are the main disadvantages of taking part.

Will I be paid for taking part?

No payments can be made for participation.

How will parents be approached to take part?

Where a child protection plan has been made concerning a child the social worker involved will be asked to provide a separate information sheet to the parents. Rather than asking the parent to explain the research the social worker will be requested to ask the parents to read the information and consider meeting with me to discuss their questions and whether they agree to take part. I will need to ask the social worker to find out whether the parents have agreed to meet with me and then to let me know either way. If they are agreeable to meeting with me I will talk with the social worker about how best to do this. At that point I will ask them for a decision. If they decide to take part they will be asked to confirm that I can have sight of the case records, can observe core group meetings and child protection conferences concerning their child, and may interview them around 12 months after the start of the child protection plan.

What about other agencies?

I will ensure that other agencies whose practitioners attend core groups and child protection conferences are made aware of this research. In respect of the core groups and child protection conferences that I attend as an observer I will write to the other core group members concerned to inform them of my involvement, to confirm that this has the consent of the parents, and to ask them to contact me before the meeting if they have a concern about my presence.

What if there is a problem?

Any complaint about my involvement with your team or with you over an individual case will be taken very seriously and addressed. Information on this is given in Information Sheet 2.

Will my taking part in the study be kept confidential?

If you decide not to take part in the study no-one will be told this. If you decide to take part your Team Manager will need to know as they need to be aware of the cases I am tracking over the 12 month period. I will need to make some notes from time to time about the work. This means that I may record certain events involving members of the team who have agreed to take part in the study. My notes will not contain real names, places or other details that could identify anyone. Details on keeping your information confidential are included in Information Sheet 2.

Who is sponsoring this research?

Anglia Ruskin University is sponsoring this research project. [Bluechester] Council are providing access to permit the research to take place.

This information sheet has been designed to provide information for Social Care Team members about the research. Thank you for taking the time to read it. Related information is available for different groups of people concerning particular aspects of the research.

Research on Collaboration and Good Safeguarding Outcomes

This research is being undertaken by Andy Quin, an independent social care consultant and part-time PhD student at Anglia Ruskin University.

The focus of the project is on the inter-relationships between good collaboration and successful safeguarding outcomes. Data will be collected from a number of sources: (a) from a number of child protection cases where consent has been given (these will be studied prospectively over a twelve-month period); (b) from observations of practitioners; (c) from focus group interviews; and (d) from documentary sources. The research aims to explore the different perspectives of those involved in safeguarding work including the views of parents, practitioners, managers and the local safeguarding children board.

[Bluechester] Council has approved this research through its research governance process.

Members of [Bluechester] Safeguarding Children Board are asked to inform their organizations about the research. The researcher will provide feedback to those who have participated and will be available to provide the Board with an account of the main findings. The conclusions of the research may be of value to the Board in considering future plans and training proposals.

The attached information sheet provides some further detail about the research and contains contact details of the researcher who is happy to speak to Board members and their staff groups individually as necessary where there may be an interest or further questions.

This is for the information of Board members. It may be used by Board members to brief as necessary their own agency about this research.

Consent form for parents

Consent Form

For Parents Taking Part in the Research

Research Study title: The Inter-relationship between collaboration, communication and good safeguarding outcomes in a Children's Trust.

I have read the information sheet – "Information and Invitation to participate for parents."

I have had a chance to ask questions about the research.

I understand the information I have been given about this research.

I understand that having agreed to take part I can change my mind at any point.

I freely agree to take part in this research project as it has been described and explained to me.

In particular I agree to:

The researcher looking at the case records my social worker has about me and my child(ren).	☐
The researcher meeting with me to hear about my experience of the child protection plan, the work that was done, and what went well	☐

I have been given a copy of both Information Sheets and the Consent Form to keep.

The researcher has agreed not to reveal my identity and personal details, including where information about this project is published, or presented in any public form.

Signature …...…

Name (printed) ....…

Date …................................…

Consent Form

For Social Care Team Participants

Research Study title: The Inter-relationship between collaboration, communication and good safeguarding outcomes in a Children's Trust

I have read and I understand the information sheet for participants.

I freely agree to participate in this project as it has been described in the information sheet and explained to me. In particular I agree to:

The researcher observing my work and interactions with members of the team and others outside of the team who are connected with this work	☐

I have been given copies of the information sheet about the research. I also have a copy of this Consent Form to keep.

The researcher has agreed not to reveal my identity and personal details, including where information about this project is published, or presented in any public form.

Participant's Name (printed) ....

Signature .... Date ....

Consent Form

For Research Participants

Research Study title: The Inter-relationship between collaboration, communication and good safeguarding outcomes in a Children's Trust

I have read and I understand the information sheet for participants.

I freely agree to participate in this project as it has been described in the information sheet and explained to me. In particular I agree to the researcher interviewing me concerning my work and experience of a case where the parent(s) have given their consent to participate

I have been given a copy of the information sheet I also have a copy of this Consent Form to keep.

The researcher has agreed not to reveal my identity and personal details, including where information about this project is published, or presented in any public form.

Participant's Name (printed) ....

Signature .... Date ....

APPENDIX 5: INTERVIEW SCHEDULES

Interview Schedule: Social Workers

OPENING STATEMENT AND OPPORTUNITY FOR INITIAL CLARIFICATION : I am looking at success in child protection work. Also, I am looking at how parents and professionals work together when there is a child protection plan. I want to understand how Social Workers see success and what matters to them. I would like to talk about the [particular] case and your get your views about it. This is the purpose of meeting with you.

1. Can you tell me something about your experience of this child protection case?

2. What was successful about the work that was done – for the child? for the family? [ASSURE THAT SMALL GAINS ARE IMPORTANT AS MUCH AS BIGGER ONES] [PROBE FOR EXAMPLES TO CLARIFY]

3. Can you say something about the participation of the child and the parent(s) in the work? What went well? What were the challenges? [PROBE FOR EXAMPLES]

4. What was your experience of collaborating with other professionals in this case? What seemed to be helpful – to you; the child; or the parent? What were the challenges? [PROBE FOR EXAMPLES]

5.Were there any ways in which the working together – you, the other professionals and the child and family - contributed to the successes you spoke about? [PROBE FOR EXAMPLES]

6.Are there changes in the way workers work with parents or with each other that could improve the chances of success? What would these be?

7. Is there anything else you would like to say about what was important to you about this case that we haven't talked about?

END WITH THANKS, ASSURANCE ABOUT ANONYMITY AND AGREEMENT ABOUT FEEDBACK IF REQUIRED AT THE END OF THE RESEARCH

Interview Schedule: Parents

OPENING STATEMENT AND OPPORTUNITY FOR INITIAL CLARIFICATION : I am looking at success in child protection work. Also, I am looking at how parents and professionals work together when there is a child protection plan. Parents with direct experience of the child protection system will have views about this topic which are important to hear. This is the purpose of meeting with you.

1. Can you tell me something about your experience of social services involvement?

2. Thinking about your experience, what was successful about the help you had? [ASSURE THAT SMALL GAINS ARE IMPORTANT AS MUCH AS BIGGER ONES] [PROBE FOR EXAMPLES TO CLARIFY]

3. What was your experience of how the workers involved worked with you? What was helpful about this? [PROBE FOR EXAMPLES]

4. What was your experience of how the workers worked with each other? What seemed to be helpful about this for you or for them? [PROBE FOR EXAMPLES]

5. Were any of the successes you spoke about helped by the ways the social worker or other workers worked with you? [PROBE FOR CLARIFICATION AND EXAMPLES]

6. Are there changes in the way workers work with parents or children that could improve the chances of a success? What would these be? [PROBE FOR CLARIFICATION AND EXAMPLES]

7. Is there anything else you would like to say about what was important to you that we haven't talked about?

END WITH THANKS, ASSURANCE ABOUT ANONYMITY AND AGREEMENT ABOUT FEEDBACK IF REQUIRED AT THE END OF THE RESEARCH

APPENDIX 6: INITIAL FRAMEWORK FOR OBSERVATION

Within the team setting

Issue	Includes	Elements which may require selective and more focussed observations may include
Social Organisation	Membership, roles, sub-groups and coordination	How practitioner and administrative functions are organised and coordinated; who is central, peripheral, an "outsider"? Informal sub-groups; how other parts of the wider organisation interact with the team.
Routines & rituals	Day to day ways of working including collective events which have particular significance for the group	How things are done (including their sequence) to undertake safeguarding work including its referral, assessment, consultation, planning, decision-making, implementation and reviewing progress.
Power	How power and influence is exercised and behaviour is controlled	Management and supervisory arrangements; who commands resources; the extent of freedom to act; the control and sanctioning of behaviour.
Interactions	Patterns of interaction within the team and with outsiders and with parents including the types of transaction.	Interaction within team; with fringe members, other agencies; parents; nature of interactions (agreement / disagreement; information giving / receiving; opinion seeking / giving); associated affect (tense / relaxed; friendly / hostile).
Decision making	How decisions are made; who is involved; the values or norms that guide decision-making.	Decisions as part of processes (for example following referrals or assessments); decisions about resources (what services to provide) and decisions in response to events.
Stories & Interpretations	Talk that occurs about current events; the stories told about past events to insiders and outsiders; and the interpretations about the role and value of others	Participants' talk about case events; their views about others (others' views; others' roles and importance in safeguarding work); participants' views about "successful" joint work, "helpful advice", what is "safer", "progress" or a "reduced risk" in a safeguarding case.
Symbols	The words, objects or events that have a wider significance or meaning to the group	Categories and words used to describe or confirm events and status of work, outcomes or safeguarding successes

Within LSCB meetings

Issue	Includes	Elements which may require selective and more focussed observations may include
Social Organisation	Membership, roles, sub-groups and coordination	How roles of members are organised and coordinated; who is central, peripheral, an "outsider"? Who is missing? Informal as well as formal sub-groups; how other parts of the wider organisation interact with the team.
Routines & rituals	Institutionalised ways of working including collective events which have particular significance for the group	How things are done (including their sequence) to lead, plan or control safeguarding work in the area including the information sought and received, how it is evaluated, arrangements for consultation ad planning, implementation and for reviewing progress.
Power	How power and influence is exercised and behaviour is controlled	Leadership and authority structures; who commands resources; the extent of freedom to act; the control and sanctioning of action.
Interactions	Patterns of interaction within the meeting including the types of transaction.	Interaction within meeting; with fringe and core members; nature of interactions (agreement / disagreement; information giving / receiving; opinion seeking / giving); associated affect (tense / relaxed; friendly / hostile).
Decision making	How decisions are made; who is involved; the values or norms that guide decision-making.	Decisions as part of processes (for example following proposals or recommendations); decisions about resources (what to invest in) and decisions in response to reviews, analysis of events etc..
Stories & Interpretations	Talk that occurs about current events; the stories told about past events to insiders and outsiders; and the interpretations about the role and value of others	Participants' talk about events; their views about others (others' views; others' roles and importance in safeguarding work); participants' views about "successful" joint work, "helpful advice", what is "safer" or "progress" in their safeguarding work.
Symbols	The words, objects or events that have a wider significance or meaning to the group	Categories and words used to describe or confirm events and status of work, outcomes or safeguarding successes

Memo on *alignment* – January 15, 2013

Aligning refers to an activity which attempts to get organisations facing in the same direction and working from the same page. It involves creating some commonality of values or objectives and some basis shared orientation in approaches to issues - these may ease the process of agreement of objectives in the first place. Mechanisms used to establish this include the creation of strategy and planning documents which set out objectives for agencies to incorporate into their own organisational plans. Also the process of interaction and networking between participants charged with developing a common approach work on the detail, on the obstacles, on solutions is forged in formal meetings or in follow-up conversations. Other mechanisms are ....

Aligning involves bi-directional movement between the collective and the individual participant - with the collective position being formed from or by attention to the actions and responsibilities of individual participants; and, at the same time, individual participants being expected to accommodate and reflect the overall collective approach in their own individual approaches.

Aligning has both internal and external dimensions: internally, it refers to some form of coherence between members; externally it refers to similar attempts to establish this coherence across a broader domain - with the larger neighbouring local authority for instance; or even nationally. It is not complete. Gaps and cracks are likely to exist with some members being "more aligned" than others, and shifts in degrees of Aligning occurring over time.

Aligning needs to be distinguished from associating. Associating refers more to a common cooperative link between participants. A commonality of approach here may exist at a very general level or may be asserted but there may be little substance. Participants may refer to actions and objectives they have decided to undertake for their own reasons as connected to or part of the wider collective approach to an issue, or as evidence of their commitment to this common cause. However, the origins of such action may be outside of and have no connection any collective process of planning and action that has gone on. Activities may be mapped or tied to the collective activity at a later stage rather than emanate from it.