

ANGLIA RUSKIN UNIVERSITY

FACTORS THAT ARE KEY INFLUENCES TO EFFECTIVE  
INTERPROFESSIONAL COLLABORATIVE CHILD PROTECTION  
DECISION MAKING AND PRACTICE: SOCIAL WORKERS'  
PERCEPTIONS

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A thesis in partial fulfilment of the  
requirements of Anglia Ruskin University  
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ANGLIA RUSKIN UNIVERSITY

ABSTRACT

FACULTY OF HEALTH SOCIAL CARE AND EDUCATION  
DOCTOR OF PHILOSOPHY

FACTORS THAT ARE KEY INFLUENCES TO EFFECTIVE  
INTERPROFESSIONAL COLLABORATIVE CHILD PROTECTION  
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NHLANGANISO NYATHI

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Social work practitioner knowledge and understanding of interprofessional collaborative child protection decision making and practice is critical to addressing the incessant concerns about failings of social workers in their statutory lead role and to informing ongoing social work policy reforms regarding new directions for practice and training. This study investigated what social workers perceive as key influences to effective interprofessional collaborative child protection practice as well as the social workers perceptions of decision making during this process.

Combining elements of two systems models, Social Care Institute for Excellence (SCIE) learning together systems model (SCIE, 2012) and Falkov's systemic family focussed model (Falkov, 2013), a constructivist-interpretivist qualitative research design was adopted. Two qualitative research methods were employed: semi-structured interviews were conducted with 16 social workers and direct, non-participant, observations were carried out at 20 child protection meetings. Findings were later compared using a triangulation protocol to explore convergence between the two strands of data, and to ensure rigour and trustworthiness in the study.

This study found that the effectiveness of interprofessional collaborative child protection decision making and practice, as perceived by social workers, and the systematic identification and the systemic understanding are determined by four factors: multi-level relationship influences; multi-level organisational influences; external influences and decision making influences. Multi-level relationship influences are located at three different spheres: professionals' relationship influences; lead social workers' relationship influences and family members' relationships influences. The multi-level organisational influences are also located within the interaction of three organisational levels: professionals, lead social workers and family members. Within each of these influences are 'barriers' and 'enablers' which can also be systematically identified and systemically understood. A number of key contributions to knowledge and originality were identified including: the development of a visual unified systemic conceptual model illustrating the systemic interaction between the various influences; evidence of the centrality of multi-level relationship influences; evidence of the use of discretionary intuitive multiple professional judgements and decision making criteria

The main conclusion that can be drawn from this study is that research focused on social workers' knowledge and understanding of interprofessional collaborative child protection decision making and practice, as the lead professionals, proposes a conceptual model for the systematic identification of child protection concerns and the systemic understanding of this process, with some degree of discretion in professional judgement and decision making.

**Key words:** *family member, interprofessional collaboration, child protection, children and young people.*

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## **LIST OF NOTATIONS**

- APIR: assessment, planning, intervention/implementation and review
- ASPIRE: AS (assessment); P (Planning); I (intervention); RE (review and evaluation)
- BASW: British Association of Social Workers
- BERA: British Educational Research Association
- C1CP1 or C3CG2: Unique identifiers for the meetings observed
- C4EO: Centre for Excellence and Outcomes
- CP: Child Protection
- CRB: Criminal Records Bureau
- D&A: Drug and Alcohol Agency
- DBS: Disclosure and Barring Service
- DV: Domestic Violence
- GSCC: General Social Care Council
- HCPC: Health and Care Professions Council
- ICS: Integrated children systems
- LSCB: Local Safeguarding Children Board
- NSPCC: National Society for the Prevention of Cruelty to Children
- PAC: power, authority and control
- QDA: NVivo.9 qualitative data analysis software
- RSW: Reclaiming Social Work model
- SCIE: Social Care Institute of Excellence
- SDM: Standard Decision-Making tools
- SLB: street level bureaucrats
- SCR: Serious Case Reviews
- SW01: unique identifier for participants interviewed
- UNICEF: United Nations Children's Fund
- UNCRC: United Nations Convention on the Rights of the Child
- WHO: World Health Organisation

## CHRONOLOGY OF EVENTS

1. I registered for this PhD study in September 2010 and attended my first PhD supervision session on 27 September, 2010 with supervisors: Dr Jane Akister, Dr Julie Smith and Dr Adriana Sandu.
2. On 26 October 2010 I attended the Compulsory Research Ethics training.
3. The research proposal was submitted on 31 October 2010 and was approved in December 2010.
4. On 14 February 2011 I attended the Stage 1 University-wide Generic and Cross Faculty Induction Training in Cambridge.
5. Ethics Approval was granted on 24 October 2011 – the first contact with the relevant Research Ethics Governance Framework Coordinator had been made in November 2010.
6. Between 16 May 2011 and 26 May 2011, I attended the Erasmus Indosow PhD Summer School at the University of Ljubljana, in Slovenia.
7. On 29 and 30 June 2011 I attended an international mixed methods conference at Leeds University.
8. In November 2011 I began direct observations of child protection meetings.
9. In February 2012 I also began semi-structured qualitative interviews with research participants
10. On 3 March 2012 I presented on my research progress at an in-house Interprofessional Safeguarding Consultation Event.
11. On 22nd March 2012 my sabbatical application was approved.
12. Between 25 June and 26 June 2012 I attended an NVivo training at university of Surrey.
13. During July and August 2012 I took two weeks research and scholarly leave to write up two Chapters and a progress report as requirement for Confirmation of Candidature.
14. I submitted my application for Confirmation of Candidature on 3 October 2012 and on 6 November 2012 I was confirmed following an oral presentation before two internal examiners.
15. On 12 January 2013 I attended Stage 2 – PART B Academic Writing Training under the guidance of Dr Barbara Reid and Professor Graham Badley.

16. On 8 January 2013 I attended an in-house Nvivo refresher with a Qualitative data analyst.
17. On 9 January 2013 I attended an in-house SPSS training with an in-house Statistician.
18. From 7 January 2013 to 30 June 2013 I was on sabbatical leave, inclusive of annual leave.
19. On 29 April 2013 I formerly met with Professor Sharon Andrew, as a new supervisor replacing Dr Julie Smith who was away on sick leave.
20. On 28 June 2013 I presented preliminary findings to an in-house research conference.
21. On 13 February 2015 I attended the Stage 3 Training - Thesis Production and Examination Preparation
22. An abstract was accepted on 5 March 2015 for a presentation to the Children and Childhoods Conference at University Campus Suffolk on 14 July 2015.
23. Interprofessional Day Conference presentation on 3 July 2015
24. On 8 October 2015 I attended a viva voce at Anglia Ruskin University, Cambridge.
25. On 7 December 2015 my peer reviewed article titled: 'A Practitioner's perception of inter-professional collaboration influences in safeguarding children' was accepted for publication by Childhood Remixed online journal.
26. On 26 February 2016 my peer reviewed article titled: 'A Practitioner's perception of inter-professional collaboration influences in safeguarding children' was published by Childhood Remixed online journal

## COPYRIGHT DECLARATION

### FACTORS THAT ARE KEY INFLUENCES TO EFFECTIVE INTERPROFESSIONAL COLLABORATIVE CHILD PROTECTION DECISION MAKING AND PRACTICE: SOCIAL WORKERS' PERCEPTIONS

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## **Chapter 1: Introduction**

This study involved the exploration of the perceptions of social workers regarding interprofessional collaborative child protection decision making and practice in England. More specifically, the study set out to identify the factors that social workers perceive to be the key influences that enable or hinder the effectiveness of interprofessional collaborative child protection decision making and practice. The study contributes to the existing body of social work practitioner knowledge and the ongoing efforts aimed at reforming and improving child and family social work by providing new insights into the collaborative approach.

This introductory chapter begins by espousing the importance of social workers' knowledge in relation to that of families they work with and other professionals in informing the changes that are required to improve interprofessional collaborative child protection decision making and practice. Key issues in the context and background to the study were explored as were the significant milestones in the construct and development of the concepts of protecting children and young people including, scale and magnitude of the problem, personal reflections and inspiration, historical and political context, policy and legislative context. Crucially, the importance and rationale for collaborative approach to child protection practice was also explored, while also highlighting some of the controversies which are associated with this approach. Whilst a brief overview of the conceptual framework is provided in the introductory chapter, a separate chapter is devoted to discussing the proposed conceptual framework in order to provide a fuller appreciation of the main issues and boundaries for this study. The outline of the aim, objectives and the research questions for this study is also presented in this chapter. A brief description of the research design which was developed in order to answer the



research questions in this study is also included. Crucially, key terms and phrases used in this study are defined and described in view of the multiple terminologies, some of which have ideological connotations that are associated with this approach. Finally, an outline of the structure of the thesis is provided in this chapter.

Social workers have the unenviable responsibility to take the lead in protecting children and young people from neglect and abuse in the England and Wales, yet, recently their ability to do so has come under immense scrutiny (Ayre, 2001; British Association for Social Workers (BASW), 2016; HM Government, 2015). To reinforce their accountability, social workers have been under the threat that they could face up to five years in prison for failing to protect children from abuse (The Guardian, 3 March, 2015). Responding to the Queen's speech (2016) that pledged reforms for social work services, the British Association BASW (2016) admonished Ministers to stop unsubstantiated criticism of social workers in the media and start engaging them in reforms. However, according to Ayre, (2001) the negative portrayal of the child protection system in the media has been around since the birth of social service departments in the 1970s.

Within their mandate for identifying lessons to be learnt, serious case reviews routinely expose, and in some instances, blame social workers for failing to protect children and young people (Bedford, 2015; Harrington, 2015; Laming, 2003; 2009; Johnston, 2015; Wonnacott, 2015). The death of Peter Connelly was considered a watershed moment in contemporary child protection policy and practice (Parton 2014), yet, some of the tangible evidence of the realisation for parents and professionals to work together can be traced back to the aftermath of the inquiry

into the death of Maria Colwell's in 1973, with the establishment the first Area Child Protection Committees (ACPCs) (Buckley, 2003; Hallett and Birchall, 1992).

Concerns about the effectiveness of social workers within interprofessional collaborative child protection practice have indeed captured the attention of politicians and policy makers alike in this country. Notably, some of the recent government initiatives aimed at rethinking child protection practice include the Munro's review of child protection system (Munro, 2010; 2011), the emphasis on early interventions in child protection practice (HM Government, 2015) and the government social work reform (Department for Education, 2014). In 2014 the government also published a document outlining the knowledge and skills that child and family social workers in this country should have (Department for Education, 2014). Further, new government initiatives include the announcement of a taskforce to transform child protection (Department for Education, 2015) and the launch of the government vision of Children's social care reform at the beginning of 2016 (Department for Education, 2016) leading to Children and Social Work Bill [HL] 2016-17 (Department for Education, 2016).

According to Smithson and Gibson (2016) a large body of published literature which is critical of current child protection practice has also emerged as part of the quest to keep children and young people safe. Misgivings have been expressed about the continued reliance on the predominantly positivist risk predictive structured decision making tools in child protection practice, in favour of more systematic, reflexive and relationship based professional judgemental and decision making (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999). Relationship-based practice involves social workers reflecting on their practice and sources of professional knowledge

in a social work context of complexity and uncertainty (Howe, 1998; Parton, 2000; Ruch, 2007). Questions have therefore been asked about the failure to adopt child protection models that embrace uncertainty, ambiguity and unpredictability during assessment and management of risk (Goddard et al, 1999; Parton and O'Bryne, 2000; Stalker 2015; White, 2009). Crucially, social work is viewed as being essentially ambiguous, complex and uncertain, yet, its major strengths are in its ability to improve dialogue, understanding and interpretation, as opposed to calculating risk and imposing legal and statutory sanctions (Parton, 2000). Further arguments have been made for reframing relationships between family members and professionals (Parton, 2014; Stalker, 2015). Likewise, in serious case reviews and research, the case for fundamental change from an approach that is vindictive and exclusive towards families and parents, especially fathers, to one aimed at reimagining a more humane and whole family minded child protection practice has also been made (Clarke, 2015; Featherstone, White and Morris, 2014; Ibbetson, 2015; Morris, 2013; Parry, 2015; Scourfield, 2003; Wonnacott, 2015).

The position adopted in this study is that social workers are pivotal, as are family and other professionals, to interprofessional collaborative child protection practice because of the unique statutory leadership role, status and accountability ascribed to the social worker for coordinating child protection practice (Children Act, 1989; HM Government, 2015). BASW (2016) recently argued that government reforms aimed at rethinking child and family social work reforms need to be driven by social worker knowledge and skills rather than rely on bureaucrats. The stance adopted in this study is that the perceptions, hence knowledge, of social workers about collaborative child protection may have important implications regarding what needs to be done to maximise chances for success of the proposed reforms. This stance is consistent with the admonishment by BASW (2016) for Ministers to

start engaging social workers on reforms as opposed to making unsubstantiated criticism in the public media.

For social workers to lead effectively in their coordinative role with families and various professionals (HM Government, 2015), their thoughts and concerns about interprofessional collaborative child protection practice issues also need to be listened to because the success of this approach also relies on their wide range of knowledge, skills and experience (Mathews and Crawford, 2011; Nyathi and Akister, 2016; Pawson et al, 2003; O'Sullivan, 2010; Trevithick, 2008). This study explored social workers' capacity to reflect on practice, draw on personal, experiential and tacit sources of knowledge, and to use theory and research (Ruch, 2007). The exploration of social workers' perceptions of what enables or hinders their effectiveness during child protection practice was intended to contribute to the ongoing child and family social work reforms. Unsurprisingly, in a recent joint report, titled: The Serious Case Review Quality Markers, the NSPCC and SCIE called for investigations into the constraints that social workers face and the context in which they make decisions (NSPCC and SCIE, 2016). Whitters (2015) expressed the view that perceptions of both professionals and family members should be recognised within policy and practice in order to optimise positivity, minimise negativity, and to support convergence.

The current spotlight on social workers by politicians and policy makers, which was described earlier, is a clear indication that social workers are identified as having the lead role and responsibility to ensure the successful implementation of the reforms that are being conceived. The failure to recognise the importance of social workers' practice knowledge and its interconnectedness with that of family members and other professionals is of utmost interest in this study. While there

may be a dearth of research evidence regarding how social workers feel about the ongoing reforms, anecdotally, and on reflection as a former child protection chairperson, social worker and academic, some social work students and practitioners have expressed concerns about the negative media stories about their profession. It is partly the desire to know and understand the social workers' views and perceptions about what is going on with their profession with regard to interprofessional collaborative child protection decision making and practice that inspired me to undertake this study.

Practitioner knowledge is the knowledge acquired by social workers through practice, education and training, supervision, attending team meetings and case conferences and comparing notes (Pawson et al, 2003; Trevithick, 2008). Experiential knowledge or practice wisdom by social workers as described by Mathews and Crawford, (2011) is an integral part of social work knowledge and is therefore key to interprofessional collaborative child protection practice (Nyathi and Akister, 2016; O'Sullivan, 2010). In this study it is also argued that in order to gain an understanding of how the ongoing reforms will impact on the future of child protection practice it is important that practitioner knowledge is investigated. The insights from perceptions of experienced practitioners in their role as lead professionals into what works and does not, during child protection decision making and practice with families and other professionals, could have a positive contribution to improving collaborative working.

This study reported on here, therefore sets out to explore what social workers consider to be key factors that influence the effectiveness of interprofessional collaboration and decision making when professionals and family members work together to protect children and young people. This study is therefore important for

a number of reasons: the need to understand social workers' perceptions of what enables or hinders effective interprofessional collaborative child protection practice, the nature of the relationship or interaction the social workers' knowledge and that of family members and other professionals, as well as how the social workers' knowledge could contribute to the recurring concerns and the ongoing policy making, legislative and practice reforms for this approach. To fully understand the rationale for this study the background and context to it is discussed below.

### ***1.1 Background and context***

One of the most enduring debates in England and Wales over the last few decades has been about how and why children and young people have continued to suffer neglect and abuse, in some cases with fatal consequences, despite the perceived big strides that have been made to protect them (O'Loughlin and O'Loughlin, 2012; McLaughlin, 2013; Munro, 2011; Anning et al, 2010; Reeves, Goldman and Zwarenstein, 2009). Ever since the deaths of Dennis O'Neill in 1945, of Maria Colwell in 1973, and most recently, all cases of child death or serious neglect or abuse, have attracted more or less similar criticism, concerning the failure of professionals to work together (Laming, 2003, 2009; Hallett and Birchall, 1992; Glisson and Hemmelgarn, 1998). Serious Case Reviews and child death inquiries routinely identify the inability by professionals to work together as one of the main reasons for continued neglect and abuse (Bedford, 2015; Harrington, 2015; Laming, 2003; 2009; Johnston, 2015; Wonnacott, 2015). In a recent one-year Department for Education funded project conducted by NSPCC and SCIE between April 2015 and March 2016 as part of the Learning into Practice Project inter-professional collaboration and decision making featured as a central theme (NSPCC and SCIE, 2016). Owing to some of these recurrent findings, questions

continue to be asked regarding the elusive search for an effective model to the unimaginable number of cases of neglect and abuse when so much seems to be known already (Butler-Sloss, 1988; Laming, 2003; 2009; Munro, 2009; Blom-Cooper, 1985; Butler and Drakeford, 2011).

The Ofsted evaluation of fifty Serious Case Reviews conducted between 1<sup>st</sup> April 2007 and 31<sup>st</sup> March 2008 highlighted the failures of collaborating professionals to see the child's perspective (Ofsted, 2008). Furthermore, Buckley (2003) made similar observations that despite the progress that has been made in both policy and practice since the death of Maria Colwell, discrepancies in interprofessional interagency communication tend to account for most of the systems failure to protect children. Likewise, Quinney (2006) conceded that there is strong evidence that failure to work effectively together or communicate with other professionals can have tragic consequences for children and young people. Indeed, Laming (2003) also identified significant failings, including communication breakdowns by different agencies in the Victoria Climbié case. A few years later in his progress report on the Protection of Children in England following the death of Peter Connelly (also known as Baby P), Laming (2009) observed that some agencies still felt that their role was to help Social Care workers rather than collaborate in the overall responsibility to protect the child. Similar findings on the failures of collaborative child protection practice were reported from a number of other reviews of serious case reviews and other published literature (Brandon et al, 2012; Duncan and Reder, 2003). Most recently, in an analysis of 38 serious case reviews, NSPCC and SCIE, (2016) interprofessional communication and decision making was the main theme where the study felt that child protection managers and practitioners needed to be supported.

While Parton (2014), acknowledged that the death of Peter Connelly marked a watershed in contemporary child protection policy and practice, he also acknowledged that there has been a rise in authoritarian attitudes from policy makers in relation to child protection. Similarly, Ayre (2001) was critical of the specialisation in child protection which has led to the increased gulf between child protection practice and the more general child welfare practice. Featherstone, Morris and White (2014) were critical of the most recent reforms which are preoccupied with the use of legislation to remove children from their birth families and placing them for adoption early. Given the level of popularity of interprofessional collaborative child protection practice and the recurring concerns that have been highlighted, the case for investigating the problems associated with the collaborative approach in order contribute to informing new directions for practice; the lead social worker role, policy reforms, training and future research was quite compelling.

### **1.1.1 The rationale for interprofessional collaborative child protection practice**

While there are a number of plausible reasons why interprofessional collaboration appears to be an ubiquitous and attractive alternative approach for child protection practice (see Literature Review, Chapter 3), one thing that is clear is that the need to work collaboratively was born out of failings of the historical individualistic and fragmented child protection practice (Batty, 2005; Butler and Drakeford, 2011; O'Loughlin and O'Loughlin, 2012). Glasby and Dickinson (2008) argued for the need to recognise the inadequacy of the expertise of one practitioner, hence the case for collaboration between professionals and partnership with family members. Views have been expressed that in some situations the approach has been promoted unquestionably as a panacea because of its perceived novelty or



prowess (Dhillon, 2007), yet, on other occasions there have been an uncritical consensus and romanticisation of the approach (Duggan and Corrigan, 2009). Indeed, there are a number of writers who have questioned the effectiveness of collaboration models in addressing child protection issues (Munro, 2010, 2011; Hallett and Birchall, 1995; Higginson, 1990; Bell, 2001; Gibbons, Conroy and Bell, 1995). Back then, Hallett and Birchall (1995) concluded that there was no evidence which supported the effectiveness of collaboration in child protection. It has also been argued that sometimes it is difficult to see where acting mono-professionally and interprofessionally starts and ends (McLaughlin, 2013). While admonishing that collaboration should be pursued only where it can demonstrate its capacity to improve outcomes and not as an end in itself, Smith (2013) conceded that there is a tendency to take an idealised view of joint-working as an unproblematic solution.

At its conception, the interprofessional approach was perceived as depending crucially on effective information sharing, collaboration and understanding between agencies and professionals (Department of Health, 1999). Successive working together policy guidance have also consistently placed emphasis on ensuring that there is shared responsibility and effective joint working between agencies and professionals who have different roles and expertise (HM Government, 2006; 2010; 2013, 2015). Broadhurst et al, (2010) identified the tendency to assume that information shared is information understood as one of the pitfalls to be wary of during interprofessional collaborative child protection practice. Often, as with Chinese whispers, when information passes from one system to another it can become distorted (Broadhurst et al, 2009; Reder and Duncan, 2003; White, 2009). However, Atkinson, Jones and Lamont, (2002; 2007) found that when professionals work together it gave them a much broader and

clearer perspective; increased awareness of the needs of the children and their families; reduced stress levels; increased morale; less isolation; safer knowledge and practice that the risk is reduced and they felt part of the network. Given the increased emphasis on interprofessional and interagency working, Littlechild and Smith (2013) also emphasised the importance of the need to train and prepare different professionals for their role within this approach. Smith (2013) identified some of the advantages that accrue from collaboration as efficiency, skills mix, responsiveness, holistic services, innovation and creativity and family member centred practice. It is also argued that collaborative working brings together different expertise and perspectives (Reder, Duncan and Grey, 1993; Frost, 2005; Bell, 2001; Laming, 2003; 2009), yet, for the children and their families it can help with early identification and intervention; easier and quicker access to better quality of services and expertise as well as improved achievement in education and better support for parents and carers (Department for Education, 2012). Despite all these advantages from effective collaboration some of the objectives of this approach still remain as an elusive ideal (Duncan and Reder, 2003; O'Loughlin and O'Loughlin, 2012), hence the interest and inspiration to undertaking this study.

Whilst the rationale for interprofessional collaboration may sometimes appear as obvious (Horwath and Morrison, 2011), debate continues about the challenges, complexities, ambiguities and dilemmas which characterise this approach. It is those debates that give rise to questions about the expertise and understanding of the approach by its proponents (Woodhouse and Pengelly, 1991; Munro and France, 2012; Davies and Duckett, 2008; Laming 2003). Anning et al (2010) identified recurring dilemmas with this approach ranging from structural, ideological, procedural to interpersonal dilemmas, all of which, they argued,

operate concurrently at both individual and agency levels. Despite what is already known about this approach, part of the interest behind undertaking this study was inspired by the ongoing concerns and the desire to continue to explore some of the specific barriers and enablers to effective collaboration. Recent developments in child protection practice, including the policy and legal reforms referred to earlier, have clearly heightened the need for a better understanding of collaboration in order to improve its effectiveness (BASW, 2016; Department for Education, 2014; 2015; 2016; HM Government, 2015; Munro, 2010, 2011). In the Munro Review for Child Protection recommendations were made for an alternative approach which has less bureaucratisation and proceduralisation, to one which is more systematic and child centred (Munro, 2011). However, despite the myriad of practical challenges, its appeal often overshadows its complexity and weaknesses, hence the curiosity to gain a better understanding of the approach from front line professional such social workers.

### **1.1.2 Personal reflections and inspirations**

The personal reflections that are presented in this section are based on post-qualifying practice experience spanning 28 years as a social work practitioner, child protection chairperson and the last seven of those years as a senior lecturer in social work. The extensive practice experience in a child and family social work role provided an opportunity for reflection and reflexivity from the insider-outsider perspectives which played a key role in enhancing rigour and overall trustworthiness in this study (Allen, 2004; Onwuegbuzie, Johnson and Collins, 2011; Rouf, Larkin and Lowe, 2011). Reflections on the persistent concerns about the failings of this approach, regardless of many improvements that have been implemented over years, led to the realisation of the gap in knowledge and understanding of what influences effective collaboration between the lead social

worker, other professionals and family members that needed to be filled. These reflections therefore provided the useful backdrop from which the personal inspiration for undertaking this study was derived.

Reflecting on personal practice experience of being a child protection chairperson, there were occasions where I perceived some child protection practices by various professionals as putting children and young people at further risk rather than protecting them. That experience may have exacerbated my scepticism about the effectiveness of the current collaboration model of child protection practice in keeping children and young people safe. For example, while professionals may have appeared to be committed to their respective roles, the failure to involve children and their families fully in the child protection practice process in some cases, was always a big concern for me. Where family members were involved, I observed that the atmosphere at these child protection meetings often appeared as condescending and overbearing for family members, rather than empowering, to say the least. Likewise, the tendency by professionals to agree between themselves most of the time without challenging each other often seemed to trigger concerns about possible collusion and an unfairness about the whole approach in the eyes of the family member (Griffiths, 2011; Smith, 2013). Additionally, from practice experience, the tendency to collude between professionals seemed to suggest that professionals are fearful of challenging or disagreeing with each other, for reasons that were explored in this study.

Similarly, there were occasions when professionals often seemed to selectively cherry-pick decisions for implementation in a street level bureaucratic fashion (Lipsky, 1980; Evans and Harris, 2004; Keiser, 2003; Evans, 2010). On further reflection the degree of critical thinking and analysis by collaborating professionals

in informing judgement and decision-making between collaborating parties which was sometimes questionable. Questions have also raised about the effectiveness of the structured actuarial risk predictive tools in comparison with the use critical and reflective thinking as well as embracing uncertainty, ambiguity and unpredictability in professional judgement and decision making (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999). Published literature on child protection decision-making is reviewed later in Chapter 3.

Reflecting on discussions with students on their practice learning experience, as a social work academic, there is constant description of the collaborative approach, despite its key child protection role, indicative of it still being misunderstood, difficult to implement and whose effectiveness is sometimes contentious. Some students argue that there is a tenuous link between the application of the approach and the achievement of desirable outcomes for children and young people. Other students, on the other hand, have seen evidence of marginalisation of other professionals (Parton, 1991), yet others have testified that they may have witnessed the construction of unsuitable parents (Urek, 2005). Such observations are also consistent with the idea of the clinical gaze, presented by Foucault (1973) in his seminal work with regard to how professionals inappropriately use power and control which they draw from their knowledge and expertise over family members. Thompson (2006) identified knowledge and expertise alongside influence, legislation and resources as being the main sources for social work power. From practice experience, each professional gaze on a family member and their circumstances as the object on collaboration triggers categorisation, classification and eligibility setting in line with what Urek (2005) identified as character construction, moral construction, fact construction and categorization. In

the Smithson and Gibson (2016) study which is reviewed in detail later, family members described how they felt 'ganged up on' by professionals during collaboration. Ultimately, this study was also spurred on, partly by some of these personal reflections, which strengthened the desire to contribute to finding solutions to the ongoing concerns about failures of interprofessional child protection practice. The desire to gain an understanding of the knowledge that social workers have about what enables or hinders this approach was strong incentive in view of some of the reflections highlighted above.

While there are indeed important lessons to be learnt from serious case reviews, I considered these reviews as inadequate to making the collaborative approach more effective. Incidentally, at the time of writing this thesis there are proposals to replace the current local level Local Safeguarding Children's Board (LSCB) serious case reviews with a central Child Safeguarding Practice Review Panel in the Children and Social Work Bill [HL] 2016-17 (Department for Education, 2016). The rationale for the proposed change to review and disseminate lessons from a centralised review model is part of the broader social work reforms arising from misgivings about the current localised serious case review system (BASW, 2016; Department for Education, 2016). Notwithstanding the good intentions behind these reforms, the inspiration behind this study, in line with BASW (2016), was partly informed by the rationale that any reforms or efforts aimed at rethinking child and family social work must be driven by social worker knowledge and skills. Overall, how such personal reflections and reflexivity contributed to reducing biases and subjectivity in order to enhance rigour, trustworthiness and credibility in this study is discussed later throughout the methodology chapter.

### **1.1.3 Scale and magnitude of the problem**

Statistically, 49,700 children were the subject of a child protection plan as on 31 March 2015, compared with 39,100 six years ago in England while the trend for children in need over the last six years remains relatively stable with fluctuations between 369,400 and 397,600 (Department for Education, 2016). Out of these children it is estimated that for every child identified as needing protection from abuse, another 8 are suffering abuse (NSPCC, 2013). To put this scale and magnitude of this problem into context, according to its annual report, the Department for Education, (2016) reported that the overall the number of children in need decreased slightly in 2015. While the report showed that there were 391,000 children in need at 31 March 2015, which is a decrease of 2% from 397,600 last year, the trend over the last six years remains relatively stable, between these fluctuations. The statistical evidence, regarding the magnitude and scale of the problem, provided part of the justification for this study to investigate what social workers perceive as the factors that are key to the effectiveness of interprofessional collaborative child protection practice.

### **1.1.4 Historical context**

Incidents of serious neglect and abuse, as well as child deaths attract intense media, public and political scrutiny. Ayre (2001) explored the contribution of the media in creating an atmosphere of fear, blame, distortions, mistrust as well as defensiveness when such incidents occur. Rather than being antagonistic to media scrutiny Ayre suggested that there were lessons to be learnt and we need to manage media in a better way and create our own preferred discourse (p.899). Undoubtedly, the outcome of the inquiry into the death of Maria Colwell in 1973, shaped the evolution and development of interprofessional collaborative child protection practice with the establishment of the first Area Child Protection

Committees (Butler and Drakeford, 2011; O'Loughlin and O'Loughlin, 2012). The area committees were designed to coordinate local efforts to protect children at risk because of the serious lack of coordination among services which the inquiry had exposed (Batty, 2005). Since then, other serious case reviews have provided important lessons which have informed new legislation and policy guidance, such as Jasmine Beckford (Blom-Cooper, 1985), the Cleveland inquiry (Butler-Sloss, 1988), Victoria Adjo Climbié (Laming, 2003), and Baby P (LSCB Haringey, 2009) to name just a few. These historical inquiries have persistently shown that the current interprofessional child practice model, despite the progress that has been made, continues to fail to protect children and young people. In view of these historical insights, this study sought to establish what new knowledge and insights social workers may have that would help contribute to better understanding about this approach.

What can also be discerned from the historical context outlined above is a recurring pattern of reactive rather than proactive behaviour by policy makers to serious child protection incidents as illustrated in Table 1.1 below.



Serious child protection incidents	Reaction by policy makers
Maria Colwell's death and inquiry	Area child protection committees and child protection registers
1980s inquiries into the deaths for Jasmine Beckford, Heidi Kosedá, Tyra Henry, Kimberley Carlisle, Doreen Mason as well as the Cleveland sexual abuse inquiries	Enactment of The Children Act 1989 and the first Working Together to Safeguard Children Guidance, in 1988, revised in 1991 and 1999.
Death of Victoria Climbié and the subsequent inquiry, (2003)	Every Child Matters (Department for Education, 2003); The Children Act 2004 and the revised Working together safeguard children guidance (HM Government, 2006).
Death of Peter Connelly and second report Laming (2009)	Working together to safeguard children guidance (HM Government, 2010)
Continued concerns about the death of Peter Connelly and the commissioning of Munro Review of Child Protection review by the Conservatives and Liberal-Democrats coalition government in 2010	Working together to safeguard children guidance (HM Government, 2013) which was updated two later (HM Government, 2015)

**Table 1.1: An illustration of reaction by policy makers to serious child protection incidents**

The trend illustrated in the Table 1.1 above may continue as new cases of neglect and abuse emerge and are investigated, while policy makers react with the promulgation of new policies, guidance and legislation. In the light of this pattern of reactive behaviour by policy makers, the need to inform future policies, legislation and practice guidance better about collaborative child protection practice was partly the justification for my study.

### **1.1.5 Policy and legislative context**

The key legislation that underpins the lead social worker's statutory responsibility for protecting children and collaboration in England and Wales is the Children Act 1989, which is the principal Act. Among its key provisions, this Act recognises the paramountcy of the welfare of the child and the establishment of the overarching system for protecting children and sets out the roles different agencies should play. Legally, section 17 of the Children Act 1989 provides for children in need and

disabled children, while child protection is provided under Section 47 which imposes the duty for every Local Authority to carry out an investigation when there is reasonable cause to suspect children suffering or likely to suffer significant harm (HM Government, 2015). The Children Act 2004 provides the legislative framework for implementing Lord Laming's recommendations for child protection to be everyone's business but more than that it is the legislative spine for the Every Child Matters policy framework which it enacted (Bryane and Carr, 2013; Department of Education, 2003). Specific provisions, such Section 11 of the Children Act 2004 places duties on a range of organisations and individuals, while Section 13 requires each local authority to establish a Local Safeguarding Children Board (LSCB) and Section 14 sets out the objectives of LSCBs. The main policy guidance for collaborative child protection decision making and practice is the working together guidance to safeguard children and young people which defines child protection as "process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect" (HM Government, 2015, p.27). Child care legislation and practice in England and Wales is also influenced by international conventions such as the United Nations Convention on the Rights of the Child (UNCRC) (UNICEF, 1989). The provisions that are particularly relevant to this are, Article 3 of this convention which calls for the protection of the child, while Article 12 calls for the right of the voice of the child to be given weight, heard and their views taken into consideration. Likewise, the Human Rights Act (1998) confers rights to family and protection from degrading and inhuman treatment (Human Rights Act, 1998), while the World Health Organisation (WHO) also provides for collaborative working (WHO, 1988). These legal provisions and international conventions therefore also support and legitimise the interprofessional collaborative child protection perspective approach. Given the

amount responsibility imposed on social workers and other collaborating professionals, it is partly for these reasons that this study was undertaken to establish a different perceptions from social workers regarding what they consider to be the key influences to the of the collaborative approach.

#### **1.1.6 Political context**

There has been debate about the role of politics in shaping the direction of child protection practice from time to time (Aynsley-Green, 2010; Beck, 1992; Bovaird, and Loeffler, 2012; Giddens, 1999; Parton, 1991, 1998; Webb, 2006). Terminology can be perceived as a predictor of public and political attitudes. For example, when the government dropped 'children' from the Department for Education title recently, questions were raised regarding whether or not that did not signal the government's shift of emphasis away from children (Aynsley-Green, 2010). That was followed by more emphasis on the Help Children Achieve policy pronouncement as an alternative to Every Child Matters, although in practice this has been less visible. Similarly, terminology has also shown a tendency to reflect ideological undertones. Bovaird, and Loeffler, (2012), for example questioned the use of phrases such as 'service user' which they considered to be consumerist and inappropriate for describing partnership relationships, hence the phrase 'family members' is the preferred term in this study. Likewise, Featherstone, White and Morris, (2013) observed a shift in the government's preference for the term 'safeguarding' and in favour of 'child protection'. Similarly, the constant swing in emphasis between either, child protection or family support has been likened to a pendulum oscillation (Dale 1998). For example, in their critique of perceived vindictive current child protection practice, Featherstone, White and Morris (2013) called for a more supportive family minded and humane practice, "that celebrates families' strengths as well as their vulnerabilities in the context of considerable

adversities and (re) locates workers as agents of hope and support” (p1). The exclusion of family members during child protection practice, intended or not, has previously been criticised by Urek (2005) who felt that professionals often meet to compare notes, exchange information, verify their suspicions and to validate the convergence of their findings before they confront family members. Furthermore, Gough (1992) was critical of the idea of case conferences which was promoted by civil liberties lobbyists seeking to empower family members, yet it does not provide them with any protection of the court. Reflecting on experience as a social work practitioner and child protection chairperson, a family member who sought to invite a solicitor to a case conference was often considered to be non-cooperative and attempting to steer trouble. Where solicitors managed to attend case conferences they were often made to feel unwelcome and at worst censored from contributing. This exclusion of other professionals, according to Parton (1991) seems like a mockery to the quest to empower family members in a process that should, in essence be theirs and for them.

Political ideological leanings have also been criticised for the risk averse society that we live in which views the world as unsafe and hazardous (Beck, 1992; Giddens, 1999; Webb, 2006). Such political ideology has led to the emergence of strategies whose central focus is not in meeting the needs of children or responding to child abuse but the calculation and prediction of risk, neglect and abuse (Parton, 1998). The focus is seen as a move away from the face to face relationships between family members and professionals towards managing and monitoring in order to keep children safe, which Parton, (1998) argued is associated with governmentality in liberal societies. It is argued that such developments overshadow the central characteristics of child welfare policy and practice with regard to the pervasiveness of uncertainty and ambiguity (Parton,

1998; Stalker, 2015; Titterton, 2005; Goddard, et al, 1999). Parton and O'Bryne (2000, p.187) argue that a commitment to uncertainty, indeterminacy and unpredictability should reinforce child protection practitioners' constant attempts to consider reflexively what they are doing, why and with what possible outcomes.

Parton (2009) also described some of the challenges to contemporary social work practice as involving the shift from social and relational practice to informational practice. Yet, this shift towards informational practice may have led to more bureaucratisation and proceduralisation of practice instead (Munro, 2011). One of the recurring thematic messages from the serious case reviews is the failure to communicate and share information between professionals and their agencies (Harrington and Whyte, 2015; Johnson, 2015). As a consequence of these failings one of the recent innovative legislative provisions in The Children Act 2004 was the establishment of integrated children systems (ICS) (HM Government, 2004). The ICS was intended to ensure that professionals and their agencies share information more effectively. Featherstone, White and Morris (2013) criticised poorly designed systems such as ICS for stifling direct engagement or contact. Ideally, systems like ICS are supposed to close some of the loopholes in information sharing in order to support collaboration efforts. Reflections on practice experience as a social work practitioner suggest that not much progress has been made since the implementation of the provisions of The Children Act 2004, despite the perceived informational shift in social work practice (Parton, 2009). This study therefore provided an opportunity to speak to social workers and directly observe child protection meetings in order to identify the factors that influence the effectiveness of interprofessional collaborative child protection practice and decision making.

### **1.1.7 Conceptualising interprofessional collaborative child protection practice**

Chapter 3 of is devoted to the discussion of the proposed conceptual framework for this study, however, a brief discussion is provided here in order to facilitate understanding of the key issues and boundaries of such a framework (Creswell, 2009; Miles and Huberman, 1994). The construction of the research problem for this study was mainly influenced by the personal reflections on practice experience drawn from many years as a social worker practitioner, child protection chairperson and social work academic. These reflections on the combined experience provided insights into a possible lack of, hence the need for, a much fuller awareness of social workers' knowledge about the use of a collaborative approach to child protection. Whilst the need for systemic understanding of child protection practice is acknowledged, there tends to be a lack of conceptual clarity about what influences effective collaboration and why it appears so difficult to achieve (Nyathi and Akister, 2016). Drawing on the systems theory, a number of systems models were considered including, the systems' learning model for serious case reviews (SCIE, 2012) and the systemic Family Model (Falkov, 2013) and how each of these systems models contributed to the conceptual framework of this study is discussed a separately, later in Chapter 3 as indicated above. However, the key rationale for the conceptual framework of this study was that, based on practice experience, there is no single influence that is likely to determine the failure or success of collaboration and that influences that were being investigated were not likely to be independent of each other, but rather, were more likely to be in a systemic relationship with each other. I also assumed that various influences interact with each other systemically throughout the child protection practice and decision making process which involves assessment, planning, intervention or implementation and review (Parker and Bradley, 2014).

To understand interprofessional collaborative child protection decision making and practice in this context required, not only the identification of all these influences but also the exploration of the nature of the relationships between them as well as the child protection decision making process, which is what this study sought to investigate.

The choice of the systems theory is supported by the prevailing thinking within health and social care at the moment, hence the need to identify and explore the systems involved in collaborative child protection practice and decision making (Munro, 2011; HM Government, 2013; Ferguson, 2011). Constantly blaming the failures of the system from as far back as Maria Colwell's death (Laming, 2003, 2009; Ferguson, 2011; Munro, 2011), tells us very little about what systems are involved, what their constituents parts are and how these relate to each other (Nyathi and Akister, 2016). Understanding the interprofessional collaborative approach should not just be about identifying the factors social workers perceive as influencing the effectiveness of this approach but it is also important to have clear conceptualisation of how these factors, individually and collectively, influence both practice and decision making. It is for that reason that this study drew from the systems models and framework outlined above.

## **1.2 Aims of the study**

In the light of the importance of interprofessional collaborative child protection practice, the stated key role of the lead social worker, the recurrent concerns about the failings of the approach and the ongoing reforms by Government, personal reflections on past experience, combined with personal inspiration and the proposed conceptual framework of this study, the fundamental aim of this study was therefore:

- To explore social work practitioners' knowledge and understanding of the interprofessional collaborative child protection decision making and practice in order to inform the lead social worker role, social work policy reforms, new directions for practice, training and future research.

### **1.3 Research Objectives**

The main objectives of this study were:

1. To identify factors that social workers perceive as key influences to effective interprofessional collaborative child protection practice?
2. To gain an understanding of how social workers perceive decision making during interprofessional collaborative child protection practice.

### **1.4 Research Questions**

In order to fulfil the aim and objectives stated above, this study therefore sought to answer the following questions:

1. What factors do social workers perceive as key to successful interprofessional collaborative child protection practice?
2. How do social workers perceive decision making during interprofessional collaborative child protection practice?

### **1.5 Research Design**

This study adopted a constructivist-interpretivist qualitative research design which drew on the systems conceptual framework. This particular research design facilitated the interpretation of meanings and understanding of perceptions constructed by social workers' regarding collaborative child protection decision making and practice. More specifically, the qualitative research design was adopted in order to gain an in-depth understanding of the factors that social



workers perceive as key influences to effective interprofessional collaborative child protection decision making and practice. Two qualitative research methods, namely semi-structured interviews were conducted with a sample 16 social workers and direct non participant observations were carried out with sample of 20 child protection meetings over a nine (9) months period. Both samples were purposively selected through a saturation to enhance rigour and trustworthiness in this study (Brown, et al, 2006; Lincoln and Guba, 1985; Shenton, 2004). Data from the both qualitative methods were analysed through interpretive descriptive thematic analysis (Bazeley, 2013; Sandelowski, 2000; Thorne, Reimer Kirkham, and O'Flynn-Magee, 2004). The findings from both strands of interview and observation data were compared through triangulation in order to establish convergence and divergence between the findings which also ensured rigour and trustworthiness in the findings (Lincoln and Guba, 1985; O'Cathain, Murphy and Nicholl, 2010; Pontoretto, 2005). In addition to using sampling saturation and triangulation to ensure rigour and trustworthiness in this study, reflection and reflexivity was used throughout the study to minimise subjectivity and biases (Bradbury-Jones, 2007; Long and Johnson, 2000; Peshkin, 1988; Savage, 2007). Further details of this research design are explored in the methodology Chapter 3.

## **1.6 Defining key terms used in this thesis**

A few key words and phrases are defined and described here in order to clarify how they have been used in this thesis and these include *child protection*, *family member*, *interprofessional collaboration*, *children and young people* (see Table 1.2 below).

KEY TERM	DEFINITION AND DESCRIPTION OF TERM
Child protection	The term 'child protection' is used in this thesis in accordance with the working together guidance to safeguard children and young people as the "process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect" (HM Government, 2015, p.27). Child protection conveys the focus on protecting children and young people at risk rather than the provision of care and services to address need although the continuum along the need and risk spectrum is acknowledged (Hothersall and Mass-Lowit, 2010).
Interprofessional collaboration	The term 'interprofessional collaboration' in this study denotes a practice involving different professionals, including the lead social worker and agencies working together in partnership with family members. The term is preferred ahead of the plethora of interchangeable terminologies such as multi-agency working; multi-agency activity; partnership working; interprofessional work; interprofessional consultation; co-operative practice; joint-working; multi-disciplinary working; integration; interagency working; interdisciplinary working or transdisciplinary working (Anning et al, 2010; Dhillon, 2007; Finch, 2000; Lloyd, Stead and Kendrick, 2001; Whittington, 2003). The prefix 'inter' denotes the integrative dimension of the relationship and boundaries for collaborating professionals and agencies better, although the relationship between professionals and family members is described as collaborative partnership consistently throughout the thesis.
Family member	Family members in this study is inclusive of parents, carers, siblings, grand parents and children and young people. The term 'family member' was used in place of 'service user' throughout this study with the only exception being where the term service user was used by a participant in the data or when it is a direct quotation from published literature. The stance to use family member was influenced largely by an emerging large body of child protection literature which is pro-families and parents, including fathers, (Clarke, 2015; Featherstone, White and Morris, 2014; Ibbetson, 2015; Morris, 2013; Parry, 2015; Scourfield, 2003; Wonnacott, 2015). Additionally, there was recognition that the term 'service user' is seen as a consumerist and inappropriate for describing partnership relationships with family members and professionals (Bovaird, and Loeffler, 2012).
Children and young people.	The definition children and young people that is used throughout this thesis was adopted from the working together guidance to safeguard children and young people (HM Government, 2015). According to the guidance a child is defined as anyone who has not yet reached their eighteenth birthday. The term 'children' according to the guidance therefore refers to both 'children and young people'. Wherever reference is made to the whole family in this study children and young people are treated as family members.

**Table 1.2: Definition of key terms used in the thesis**

## **1.7 *Structure of the thesis***

Chapter 1 introduces the research problem, aims and the research questions for this study. The chapter explores the importance of interprofessional collaborative child protection practice and context and background of the study, highlighting the scale and magnitude of the problem as well as the recurrent concerns about the failings of the approach. The chapter also examines how events such as serious case reviews and other historical events have shaped the development of current legislation and policy guidance in this country. Additionally, the chapter explores the personal reflections on past experience, which was the source of inspiration for undertaking this study. Key terms are defined in this chapter, and controversies surrounding the use of multiple terminologies are explored. Although Chapter 3 is devoted to discussing the conceptual framework, the rationale for drawing from a systems conceptual framework is discussed and two systems conceptual models which were relied upon for the study are also introduced in Chapter 1.

Chapter 2 reviews the current published literature in order to provide a comprehensive and critical insight into what is already known about the topic under investigation. An attempt is made to engage critically and reflectively with existing literature on interprofessional collaborative child protection decision making and practice. The focus is on reviewing key research as well as other academic contributions in this area. Key themes emerging from existing literature are identified in order to give a clear sense of not only the gap in knowledge but also to give clarity on parameters within which the study was focussed.

Chapter 3 discusses how the SCIE systems learning model which is used in serious case reviews (SCIE, 2012) was combined with the systemic Family Model (Falkov, 2013) to form the proposed systems conceptual framework for this study.

The chapter also identifies other conceptual models that were considered but were deemed as unsuitable. The conceptual framework is presented in a separate chapter in a visual diagrammatic way to facilitate scaffolding and understanding of the issues under investigation and to demonstrate how it informed this study in its entirety (Creswell, 2009; Miles and Huberman, 1994).

The methodology that was adopted to answer the research questions and translate the proposed conceptual framework into the research project is presented in Chapter 4. Key decisions that were made throughout the research process and justification of the methodological choices that were made in the study are discussed. In particular, the philosophical underpinnings and stance of the chosen methodology, research design, strategy and methods and procedures that were adopted for this study are also discussed in this chapter. The discussion includes the study's sampling strategy, data collection strategy, data analysis strategy, ethical issues, the limitations of this study and a discussion on how rigour and trustworthiness was achieved.

Chapter 5 chapter presents the key findings that emerged from the interpretive descriptive thematic analysis of data from the semi-structured qualitative interviews with social workers. These findings represent what research participants considered to be the factors that influence the effectiveness of interprofessional collaborative child protection practice and how they perceive decision making during this process.

Chapter 6, on the other hand, presents the findings from the direct, non-participant observations which also emerged from the interpretive descriptive data analysis of the observation data. Additionally, Chapter 6 compares data from both the

qualitative interview findings from Chapters 5 with the direct observation results from Chapters 6 through triangulation. The rationale for triangulating these findings as previously indicated was to establish convergence and divergence between the findings from both strands of interview and observation data which in turn ensured rigour and trustworthiness in this study (Lincoln and Guba, 1985; O'Cathain, Murphy and Nicholl, 2010).

Chapter 7 discusses the evidence from the overall findings of this study. The chapter also presents the newly developed unified conceptual model which builds on the systemic conceptual framework which was presented in Chapter 3. Crucially, through the emerging unified conceptual model an attempt is made to demonstrate the important links between the new insights from this research with the existing research knowledge and evidence from the literature review which is presented in Chapter 2. Justification is provided on how the newly developed unified conceptual model relates to the research questions and the aims of the thesis as well as how it then leads into the findings and recommendations. Above all, the newly developed unified conceptual model fulfils the aim of this study which was to identify and explore factors that social workers perceive as key influences to effective interprofessional collaborative child protection practice. Furthermore, a discussion on how the use of reflexivity in the throughout research process led to the development of the unified conceptual model is provided.

The conclusion for this study which summarises the key findings, achievements and contributions to originality is presented in Chapter 8. Greater analysis and synthesis of the study is provided by linking the conclusions drawn back to the original research questions and aims and showing how these were met in this study. The conclusion also provides an overall analysis, as well as the critical

reflection on the overall state of knowledge in the field, and what the whole thesis added to it. Recommendations from the study, including implications for policy, practice and future research of this study's findings are also discussed in the conclusion chapter.

## **1.8 Conclusion**

This chapter has established the context, background and highlighted the importance of the topic for this study. The chapter also outlined the main aims, objectives, research questions and justification, for undertaking this study. Specific background and various contextual issues that have been highlighted in this chapter, including the rationale for interprofessional collaborative child protection decision making and practice, combined with the personal reflections and inspirations, the scale and magnitude of the problem, the historical context, the political context, and the policy and legislative context. The conceptual framework for the study has been introduced, while the research design which was adopted for this study has also been outlined in this chapter. The key terms that are used in the thesis have been defined and described. Finally, an overview of the structure of the thesis is also provided in this chapter. The following chapter discusses the literature search strategy and the published literature that was reviewed in this study.

## **Chapter 2: Literature review**

### ***2.1 Introduction***

This study set out to explore and contribute to social work practitioner knowledge and understanding of the interprofessional collaborative child protection decision making and practice. The literature which was considered in this review focussed on gaining a comprehensive and critical insight into what is already known about this topic (Aveyard, 2010; Creswell, 2013; Teddlie and Tashakkori, 2009). The development of search criteria and the inclusion and exclusion criteria for the literature search strategy were guided by the research questions regarding what social workers consider to be key to the effectiveness of interprofessional collaborative child protection practice and decision making (Aveyard, 2010; Creswell, 2009; Miles and Huberman, 1994). Engaging critically with the selected literature facilitated the development of a conceptual framework which in turn provided the parameters and boundaries for this study in order to fill that knowledge gap (Aveyard, 2010; Creswell, 2009; Miles and Huberman, 1994). The literature review provided the basis upon which the criteria of originality and contribution to new knowledge could be ascertained or established.

### ***2.2 Search strategy***

The literature search strategy which was adopted for this study followed a clear and rigorous search criteria and inclusion and exclusion criteria in order to comprehensively identify all available literature on this topic, as illustrated in Appendix 1 (Aveyard, 2010). Three databases containing social work articles and documents were used in the search (ASSIA, Social Services Abstracts, and Sociological Abstracts), each being searched separately. The search terms were derived from the research questions regarding the factors that social workers

perceive as key influences too effective interprofessional collaborative child protection practice and perceptions about decision making for this process, as previously outlined in Chapter 1. The search strategy comprised of three topic areas: protection; children and young people; and collaboration which were drawn from the research questions. Each topic area contained a number of synonyms as detailed in the search table (see Appendix 1). Truncation was used to include plurals and variations to the endings of terms. Once all the search terms had been searched for, the terms in each topic area were combined with the Boolean operator 'OR' to create a set. The three sets were then combined with the Boolean operator 'AND' to create a single result in each database (Ely and Scott, 2007). These results were restricted to an inclusion and exclusion criteria of publication date after 2006 and peer reviewed to produce final results that were then screened for relevancy (see Appendix 1 for full details). A further decision was made to include any literature published in English on child protection from countries such as Australia, US, Norway, Sweden and Denmark in the literature review because comparably, these countries were considered to have developed child protection systems and demographic similarities with the UK.

**Table 2.1 Inclusion and exclusion criteria for the literature search**

Inclusion	Exclusion
Peer-reviewed	Non peer-reviewed
Publication date after 2006	Publication date before 2006
Research conducted in UK, Australia, US, Norway, Sweden and Denmark	Research conducted not in UK, Australia, US, Norway, Sweden and Denmark

Reference lists from relevant research articles were checked for further potentially pertinent literature resulting in additional key literature identified predating 2006



which was also included in the review. Additionally, using the same search terms and their variations used in data bases, an online ZETOC alert was set up with the British Library in order to ensure periodic updates on literature publications during the course of the study. The journals included in the ZETOC search are listed in Table 2.2.

**Table 2.2: Journals that were accessed through ZETOC**

1.	BRITISH JOURNAL OF SOCIAL WORK
2.	AUSTRALIAN SOCIAL WORK
3.	CHILD ABUSE REVIEW JOURNAL
4.	CHILD AND ADOLESCENT SOCIAL WORK JOURNAL
5.	CHILD AND FAMILY SOCIAL WORK
6.	JOURNAL OF EVIDENCE-BASED SOCIAL WORK
7.	JOURNAL OF FAMILY SOCIAL WORK
8.	JOURNAL OF SOCIAL WORK
9.	JOURNAL OF SOCIAL WORK EDUCATION
10.	JOURNAL OF SOCIAL WORK PRACTICE
11.	RESEARCH HIGHLIGHTS IN SOCIAL WORK
12.	RESEARCH ON SOCIAL WORK PRACTICE
13.	SOCIAL WORK AND SOCIAL SCIENCES REVIEW
14.	SOCIAL WORK IN HEALTH CARE

In line with Creswell (2009), once all the published literature had been identified, a mind map with a list of focus questions and descriptive sub-headings was used to organise and structure the review to assist the reader navigate their way around what is known about the following literature themes:

- Generic system-wide collaborative child protection practice influences
- Collaborative child protection influences in relation to various professionals and their respective agencies
- Collaborative child protection influences in relation to lead social workers
- Collaborative partnership child protection influences in relation to family members
- Collaborative child protection influences in relation decision making
- Collaborative child protection influences in relation to the external environment

### ***2.3 Generic system-wide collaborative child protection practice influences***

This section reviews published literature that involved various influences which are generic to the entire child protection system and not specific to either, the lead social worker, family members or other professionals such as interprofessional communication and information sharing (Frost and Robinson, 2007; NSPCC and SCIE, 2016; Sidebotham et al, 2016), trust (Atkinson, Jones and Lamont, 2007; Ayre, 2001; Milbourne, Macrae and Maguire, 2003; Sidebotham et al, 2016; Vangen and Huxham, 2006); professional identity (Frost and Robinson, 2007), attendance at meetings (Brandon et al, 2012; Smith, 2013, Sidebotham et al, 2016; Tudor, 2014). In a triennial analysis of serious case reviews undertaken from 2011 to 2014, Sidebotham et al (2016) explored pathways to harm and pathways to prevention and protection within the child protection system. The aim of the analysis was to provide evidence of key issues and challenges for agencies working on these cases and at informing the ongoing social work reforms. The triennial analysis identified pressure points at the boundaries into and out of the child protection system for children. The analysis also recommended that practitioners should explore all potential cumulative risks to the child which include

awareness of risks that result in age related vulnerabilities for each child, characteristics and backgrounds of family members and external environmental circumstances. The triennial analysis also identified the impact of domestic abuse and what Sidebotham et al (2016) described as coercive control on all family members as a pathway to harm for children and young people which professionals need to be aware of. Similar findings were reported in other studies (McGovern, 2012; Laird, 2014). The triennial analysis also identified the need for professionals to focus on children's needs and provision for space in the process to listen to their voices, on identifying vulnerable families and their immediate wider family members (Sidebotham et al, 2016). Additionally, the analysis identified the need for clear communication channels for sharing information promptly and timely as well as embedding a culture of communication. Consistent with this finding, Broadhurst et al, (2012) argued that information should not just be shared but must be understood. Sidebotham et al, (2016) triennial analysis also identified the importance of involving all professionals working with the family in planned, comprehensive and timely assessments that inform professional judgement and decision making. The analysis also identified that the various professionals from a diverse mix of agencies who work with vulnerable families often do so in relative isolation and therefore pathways between different service and support provisions need better planning and coordination. Laming (2009) also made similar observations about the need for professionals to take a wide view of their own responsibility and not make assumptions about what others will do or feeling they are doing it for the social worker. The triennial analysis also highlighted the need for professionals to adopt an authoritative approach when exercising responsibilities, professional judgement, when respecting each other's roles, building trust in relationships with family members as well as the need to shift from

an episodic service to a culture of long term continuous support. The adoption of a systems methodology in the triennial analysis is consistent with the proposed systemic conceptualisation in this study. In particular the identification of pressure points at the boundaries, into and out of the child protection system and the role of management and supervisory support and impact of external environmental factors is consistent with the proposed systemic thinking in this study. The recognition of the key role for, and the link between, good quality assessments in informing sound professional judgement and decision making within the child protection system is also line with the desire, in this study, to explore how social workers perceive decision making. Overall, the triennial analysis identified a number of factors that influence child protection intervention and their systemic interaction between some of these factors within the child protection system, which is also consistent with the aims of this study. However, although the need for coordinating the work of other professionals during collaborative partnership is recognised in the triennial analysis, the challenges faced by lead social workers in their coordinative statutory responsibility could have been explored a little bit more. This study sought to extend the understanding of the factors that are perceived by social workers as key influences to effective child protection practice and decision making by recognising the critical coordinative role of the lead social worker in the process.

Atkinson, Jones and Lamont, (2007) lamented the fact that most child protection studies focus on one specific sector or issue without exploring wider multi-agency working. In a multi-agency literature review commissioned by the CfBT Education Trust, Atkinson, Jones and Lamont, (2007) explored the different types or models of multi-agency working, the impact of multi-agency working, factors influencing multi-agency working and effective multiagency practice. The review found

conclusive evidence that elements of good practice that are essential to the establishment of effective working relationships, including clarifying roles and responsibilities; securing commitment at all levels; engendering trust and mutual respect; and fostering understanding between agencies. With regard to the development of effective multiagency processes, the review identified three important areas namely: ensuring effective communication and information sharing; developing a shared purpose; and effective planning and organisation. While this review shed some important insights namely the key influences in multiagency working are working relationships, multi-agency processes, availability of resources and effective management and governance. However, the review did not explore how these influences interact and influence each other.

In a recent one-year Department of Education funded project conducted jointly by NSPCC and SCIE (2016) which analysed 38 serious case reviews (SCRs), 14 child protection practice issues relating to interprofessional communication and decision making were identified. The practice issues identified included: disagreement about use of early help assessment; confusion about 'referrals' and 'contacts' in children's social care; not making a referral after bruising to non-mobile babies; not making a referral when young people disclose concerning sexual activity; unresolved disagreement about the need for children's social care involvement; not convening strategy discussions; confusion about interpretation of medical information on cause of injury; incomplete information-sharing by schools in child protection conferences; misinterpretation of police decisions not to pursue a prosecution; unequal weight given to views of different agencies in child protection conferences; unfocused discussion in child protection conferences; reluctance to share all information in the presence of families at child protection conferences; euphemistic language in reports and written records; and lack of

communication between children's and adults' social care (NSPCC and SCIE, 2016). This analysis was based on published serious case reviews and gathered the knowledge and practice experience of frontline staff, managers and leaders. As with Sidebotham et al, (2016) the NSPCC and SCIE, (2016) analysis demonstrated that problems with interprofessional communication and its impact upon decision making is a common theme in serious case reviews and provided understanding of practice issues highlighted by the serious case review reports. The aim of the analysis was to improve the quality of serious case reviews and to use the learning to improve practice in order to support managers, senior managers and practitioners by showing common difficulties in interprofessional communication identified through serious case review reports.

While interprofessional communication has important implications for child protection practice as evidenced in both analyses by NSPCC and SCIE, (2016) and Sidebotham et al (2016), it cannot account for all the failings and success of collaborative child protection practice. A systematic identification of various other influences and an analysis of the systemic interaction between interprofessional communication and various other influences could have been more helpful. The central argument that is advanced in this thesis is that beyond the systematic identification of influences to interprofessional collaborative child protection decision making and practice issues, there is need to conceptualise these influences in a systemic manner.

The use of inappropriate language and use of professional jargon is a problem that has been identified in previous studies (Smith, 2013; Cameron and Lart, 2003; Quinney and Hafford-Letchfield, 2012; Frost, 2005). Cameron and Lart (2003) found that cultural differences and backgrounds can contribute to use of

inappropriate language, hence inhibit collaboration. Smith (2013) on the other hand observed that there are difficulties in agreeing a common language during collaboration, while Quinney and Hafford-Letchfield (2012) observed that language, culture, practices and value bases of certain professional groups can inhibit collaborative working. In the same vein, Frost (2005) argued that use of jargon can actually exclude other professionals from engaging fully, leading to unequal power and status among the collaborating professionals.

Drawing on a systems conceptual framework, Reder, Duncan and Grey (1993) found that the way information is organised at the individual level as well as collectively during assessments can impact on professional judgement and decision making. Reder, Duncan and Grey (1993) also observed that relationships within conflict riddled families were replicated in interactions with professionals. Conclusions from this study included that when analysing interprofessional communication there is need to consider relationships between individual workers and their agencies, as well as the organisational structures. Similar findings on interprofessional communication were reported from a recent systematic review by NSPCC and SCIE (2016) which was referred to earlier. Ferguson (2011) also identified communication breakdowns as one of the reasons why children are not protected effectively. Similarly, in a number of recent serious case reviews, poor and lack of communication within and between agencies has continued to be cited (Atkins, 2015; Miller, 2015; Wiffins and Harrington, 2015). These findings suggest that a combination of positive relationships between professionals and families and an effective flow of information within the multi-agency framework for thinking, are fundamental to effective collaborative child protection practice. On the other hand, rigid boundaries or closed professional system, polarisation and exaggeration of hierarchy in relationship patterns were identified as some of the

hurdles to effective communication and good relationships. While Reder, Duncan and Grey (1993) amplified the importance of a systemic interaction between interprofessional communication and relationships between professionals, their agencies, and family members, they did not identify other important dimensions to this interaction such as resources and effective management and governance influences (Atkinson, Jones and Lamont, 2007), lead social worker influences (Gilligan, 2000; McGray and Ward, 2003), and external factors (Smith and Mogro-Wilson, 2007; Frost and Robinson, 2007).

Frost and Robinson (2007) explored specific influences for interprofessional collaboration relating to location; information sharing; models of understanding; and professional identities. That study found that in multi-agency team work, professional knowledge boundaries can become blurred and professional identity can be challenged as roles and responsibilities change. Frost and Robinson also observed that although the role changes can sometimes be a source of conflict and tension, professionals are able to adapt collaborative roles, develop common aims and values, and more so with a sense of pride. Regarding practice implications for their study, they argued that effective strategies for making multi-disciplinary teams work will combine inter-agency structural and internal team specific aspects. The conclusions that were drawn from that study were that collaboration is like a learning curve where, initially challenges should be expected but gradually professionals learn how to resolve differences as they develop shared values. Reflecting on social work practice experience with conflict during collaboration, conflict can antagonise relationships and take away the precious time that is needed to focus on the task at hand, yet conflict can also provide an opportunity for people to get to know each other's perspective better. However, aspects of collaboration such as relevant policy guidance and legislation can



influence or mitigate how conflict is resolved. Similar findings were reported by Bell (2001); in particular, that there is interaction between some aspects of collaborations such as policy guidance and legislation with conflict, which is consistent with the systems conceptual framework proposition for this study. The influences explored in Bell's (2001) study were limited to location; information sharing; models of understanding; and professional identities, yet interprofessional collaboration is influenced by far more influences than those outlined above, as this thesis sought to establish.

Vangen and Huxham (2006) explored the concept of trust during collaboration. Trust has been identified as one of the key issues in a number of serious case reviews, for example, mother and family lost trust in NHS providers (Fox, 2015), contribution of the media to an atmosphere of fear, blame, distortions, mistrust (Ayre, 2001), as well as the mistrust between professionals and family members (Milbourne, Macrae and Maguire, 2003). Using a systematic literature review approach to synthesise various research on trust during collaboration they theorised that trust development is a cyclical process with incremental loops that develop over time. Their theory challenged conventional thinking, that the mere presence of trust is essential for effective collaboration. On the contrary, Vangen and Huxham (2006) argued that although the presence of trust is crucial, the absence of it does not necessarily lead to collaborative failure. What is important, according to that study, is to manage the absence of trust by predicting and anticipating others' behaviour given people's diversity and the inability choose who or which organisations we want to collaborate with in child protection work. Vangen and Huxham (2006) proposed the assessment of each collaborative situation with regard to level of associated risk or level of trust existing between the partners, before building trust incrementally either, via a small-wins approach

or a more rapid and comprehensive approach in order to achieve collaborative advantage. An important conclusion about trust that can be drawn from the study by Vangen and Huxham (2006) is how trust can be managed incrementally. However, trust, like any other collaborative influence that has been identified so far is important, but its impact needs to be understood not in isolation but within the context of its systemic interaction with other influences which this study sought to identify.

Smith and Mogro-Wilson (2007) in a study in the USA surveyed 216 frontline staff and 20 administrators to identify multi-level organisational and professional influences on practice, including beliefs, perceptions, knowledge and organizational policy. They found that within the same organisations and under the same organisational policies, those staff members with more positive perceptions of interagency collaboration and more knowledge about it are more likely to collaborate. The study also found that as much as professionals are influenced by positive perceptions of interagency collaboration and knowledge, professionals are also influenced by the positive perceptions for pro-collaboration policies, although this seemed less so with administrators. Smith and Mogro-Wilson (2007) also acknowledged the limitations for their study, which include a lack of probability sampling for a small sample of administrators, hence limitations to generalizability and validity from self-reporting respondents, and the influence of perceptual issues as opposed actual collaboration. Despite the acknowledged limitations of that study its findings have important implications for collaborative practice. For example, organisations that have clear and appropriate policies and training for interprofessional collaborative child protection practice which promote requisite knowledge, understanding and shared beliefs whereas a buy-in could potentially

engender positive perceptions about this approach. Also, perceptual views and actual perspectives to collaboration may not necessarily be opposed but both are capable of providing useful insights where professional judgement and decision making contains uncertainties, ambiguities and unpredictability (Goddard et al, 1999; Parton and O'Bryne, 2000; Stalker 2015; White, 2009). As with this study, the study by Smith and Mogro-Wilson (2007) surveyed front line staff and administrators, but differed in that this study investigated system-wide influences.

Brandon et al (2012) in an examination of serious case reviews established that in 13 out of 20 reviews identified there was inadequate professional representation at child protection meetings. Tudor (2014) also found low GP attendance at child protection conferences, which is consistent with personal reflections on practice experience as a child protection chairperson. As with Smith (2013), alongside attendance problems, the examination by Tudor (2014) also found that all agencies' views are not given equal weight in child protection conference decision-making. Similarly, Sidebotham et al (2016) found that cases are being closed too soon, heavy caseloads, the voice of the family lost, benefits for authoritative professional judgement and professional curiosity, uncertainties about thresholds and narrow view of responsibility by professionals. Despite these concerns, the researchers found evidence that once a child is known to be in need of protection and has a child protection plan in place, the system is working well.

Most of the studies and serious case reviews that relate to generic system-wide collaborative child protection influences that have been reviewed so far (Atkinson, Jones and Lamont, 2007; Brandon et al, 2012; Mogro-Wilson, 2007; NSPCC and SCIE, 2016; Frost and Robinson 2007; Sidebotham et al, 2016; Tudor, 2014; Vangen and Huxham 2006), provide important insights into some of the influences

that are key to the effectiveness of interprofessional child protection decision making and practice. With the exception of Sidebotham et al (2016), the limitations that are inherent in these studies include that each of the studies identified isolated collaborative influences whose impact and systemic interaction with other influences within the wider a context of practice is not investigated, which this study sought to identify. Despite most of the studies identifying isolated collaborative influences, a few of the studies acknowledged the interaction between some of the influences, which is consistent with the proposed conceptual framework for this study. While some of the studies, such as the joint NSPCC and SCIE (2016) investigated the experiences of practitioners related to interprofessional communication and decision making, and administrators on organisational and professionals' influences in the case of Smith and Mogro-Wilson (2007), they too were limited in scope because there are other factors to contend with such as interagency influences. In fact collaborative influences can be located at both professional and agency level. The important and relevant implication for the multi-level influences to this study is that agency and professional influences interact with each other (Bedford, 2012; Laming, 2003; Maddocks, 2012). Similarly, the synergistic relationships between agencies implies that if agency to agency influences are not aligned properly as Laming (2003) identified, this could have adverse effects on collaboration. Reflections on practice experience as a social work practitioner and child protection chairperson provide examples of agencies that often avoided taking responsibilities or disagreed on equitable resource allocation. This was particularly common with regard to health, education and social care resource provision for children and young people. While the contribution by studies that explore system-wide individual child protection influences may be immense, their limitations, however, is that they too offer very

little in terms of understanding the bigger picture of collaboration, hence the need for identification and exploration of broader and holistic influences to collaborative child protection influences in relation to various professionals, the lead social worker and family members.

## ***2.4 Collaborative child protection influences in relation to various professionals and their respective agencies***

The section below reviewed published literature on collaborative child protection influences that relate collaboration with various professionals and their respective agencies (Birchall, 1993; Darlington, Feeney and Rixon 2004; Garrett, 2004; Griffiths, 2011). In a seminal survey of professional perceptions in child protection in England, Birchall, (1993) found that the interprofessional collaborative approach is well accepted and professionals believe it works, although there were many points of tension and conflict due to competing priorities and resource shortfalls. Similarly, in considering patterns of interactions in multidisciplinary child protection teams in the USA, Bell (2001) also found a considerable degree of inequality in participation and influence among professionals in multidisciplinary child protection teams. Similar findings were also reported in a number of other studies (Brandon et al, 2012; Beresford, 2013; Lymbery, 2006; Ferguson, 2011; Hallett and Birchall, 1992), although power differentials were also found between professionals and family members (Dumbrill, 2006; Smithson and Gibson, 2016). Bell (2001) lamented the futility of attempting to collaborate on unequal terms, even when these professionals are considered to have equal importance. Another significant finding in Bell's study was that those agencies that provided more funding tended to be more powerful, leading Bell to hypothesise that perhaps if there was equal funding the issues of inequitable power would not arise. Apart from the dominance by certain professionals and agencies, other equally important findings in that

study, included the positive co-relation between increasing team size and decreasing levels of participation and the competition for available time as well as expecting others in the group to do the necessary work. Bell (2001) also observed that the size of the group and the status of group members influences the group in a variety of ways and in turn members influence the groups to which they belong. The research also found that the status of being a senior member of the agency is likely to increase an individual's level of participation. That study provided some useful insights into challenges faced by various professionals working together during assessments and delivery of services to families. The main aims of Bell's study, which were to explore levels and types of participation, levels of influence, and levels of cooperation among multidisciplinary team members seem to have been achieved. However, this is only a part of the bigger context of interprofessional collaborative child protection practice which needs to be understood in relation to the interactional relationship with other influences. While there may be some similarities between the American and British child protection systems, it is also important to recognise cultural differences which could limit the generalizability of that study. Having said that, personal reflections as a social work practitioner and child protection chairperson suggest the insights provided by Bell (2001) study are consistent with what was observed over the many years in child protection practice, and in particular the degree of power imbalances between collaborating professionals. Bell's study focused on a limited area of collaborative child protection practice, yet, there are various other influences that also contribute to success or failure of this approach, as other studies and serious case reviews that have been looked at so far, have demonstrated.

In another study aimed at investigating the police and social work collaborative child protection relationship, Garrett, (2004) conducted interviews with police

officers and social workers. The findings from that study revealed the tensions between the two groups of professionals, with the tendency of the police to perceive themselves as the 'lead agency'. The issues of power differentials, inequality and the blurring and a lack of clarity of roles was also evident during various practice capacities referred to earlier, although the police often appeared to be more interested with culpability than issues of need and risk for children and young people. Similar findings were reported in a number of other studies (Bell, 2001; Brandon et al, 2012; Beresford, 2013; Lymbery, 2006; Ferguson, 2011; Hallett and Birchall, 1992). The study by Garrett (2004) has similar limitations because only police and social workers were interviewed instead of all professionals involved in interprofessional collaboration.

A Delphi study designed to establish factors that influence the effectiveness of hospital based child protection teams in USA, (Kistin et al 2010) found that variables most often ranked as being critical included: interdisciplinary collaboration (95% of participants); provision of resources (80%); and team collegiality (75%) while variables that were ranked as most detrimental included: inadequate staffing (85%) and lack of collegiality (80%). While this study took place in a setting different from the UK environment, in terms of being a hospital based child protection teams in the USA, the findings are relevant to this study and also because professionals such as social workers were actually surveyed. Knowing influences that are critical to the effectiveness of this approach is important just as knowing those influences that are detrimental such as inadequate staffing and lack of collegiality. Conclusions that were drawn from that study by Kistin et al (2010) were that the provision of resources and promoting a collegiate atmosphere are critical to supporting and engendering interprofessional collaborative child protection practice. Reflections based on different practice

experience in social work practice and child protection meetings reinforced the assumption that influences interact with each other systemically, hence the desire to investigate this further.

On the contrary, in a study which investigated complexity, conflict and uncertainty during child protection collaboration in Australia found that collaboration tended to be positive and rewarding for professionals. However, for families it was very difficult particularly, when the mental illness and involvement was contested because of problems of communication, role clarity, competing focus, contested parental mental health needs, contested child protection needs, and resources (Darlington, Feeney and Rixon 2004). This disparity in experiences between the positive collaborative experience for professionals and negative experience for families is consistent with the proposed systemic conceptual framework for this study on the interdependence of collaborative influences. However, the limitations of the study by Darlington, Feeney and Rixon (2004) is that it focussed on the influences between social care and mental health services only and not system-wide influences.

Griffiths (2011) also established that often there is either competition or conflict between child protection and adult mental health professionals, and sometimes collusion between professionals and family members. Smith (2013) attributed that problem to the competing practice models as with social and medical models when working with disabled people. Smith (2013) further highlighted the complex accountabilities that come with some of these roles which can be triggered by structural and organisational tensions, such as fears and anxieties about who is going to take the blame as well as who has primary responsibility. The working together guidance to safeguard children is clear about the need for role clarity and



understanding that children are best protected when there is clarity about the respective and complementary roles and responsibilities (HM Government, 2015). Whilst Glennie (2007) concluded that there is a need for joint interagency training which has a distinctive role in facilitating interprofessional relationships, Horwath and Morrison (2007) argued for the imperativeness of building and nurturing relationships and trusted networks of collaboration.

Collaborative child protection decision making and practice occurs at both individual and organisational level (Vangen and Huxham, 2006; Huxham, 1993; Todeva and Knoke, 2005). Organisations have always cooperated, collaborated or formed alliances. While organisations involved in child protection practice collaborate because the law and the relevant statutory framework mandates them to do so, other organisations tend to collaborate voluntarily because of the collaborative advantages that accrue from such strategic alliances (Chaharbaghi et al, 2005). In their study of strategic alliances between organisations, Chaharbaghi et al, (2005) concluded that these alliances are more than simple instrumental means for achieving collective goals benefitting the collaborators but also constitute each partner firms' corporate social capital. Questions could be asked whether or not agencies involved in collaborative child protection practice have a shared vision or are in it to pursue individual agency benefits. Indeed, a number of serious case reviews and child protection literature have attributed failures of the collaborative approach to both agencies and individual professionals (Bedford, 2012; Erooga, 2012; Laming, 2003; Maddocks, 2012). In a serious case review on child sexual exploitation, Bedford (2015) recommended that Oxfordshire Safeguarding Children Board should ensure inter-agency clarity about child protection roles and all agencies should raise awareness of guidance around children's ability to consent to sexual activity. Laming (2003) found that some

professionals felt they were doing it for the social worker, which has far reaching implications for shared aims and vision. Indeed, these findings demonstrate that mandated organisations sometimes fail to collaborate in a complementary manner.

Huxham, (1993) undertook an extensive literature review aimed at identifying influences which determine effective collaboration in public organisations. The findings contributed to a checklist of influences that enhance effective collaboration which included the following:

- Participants sharing a common sense of mission and strategy; set of values; and ability to manage change;
- Sharing power among those involved; decisions about how to manage collaboration; and resources;
- Participants involved agreeing over the legitimacy of participants to be involved in collaboration including the convener; perceived stakeholder inter-dependence; the values of collaboration; the importance of the issue over which collaboration is to occur;
- The organisations involved reflect through their different roles and values, the complexity of the issue; and the participants are geographically proximate;
- There is supportive communication and evocative leadership to promote good interpersonal relationships between individuals involved and high awareness of each organisations' goals, services and resources and mutual trust;
- There is an external mandate for collaboration.

The study provided evidence that collaborative influences can be located at both professional and agency level. Whilst some of the influences identified might not

necessarily be relevant to the child protection practice situation, others are clearly relevant and are consistent with the conceptual framework of this study. Some of the influences that were identified were used in the development of the direct observation sheet for data collection in this study (see Appendix 3).

Huxham (1993) was also able to advance two overarching concepts, namely 'collaborative advantage' and 'meta-strategy' which according to him are key to effective collaboration. Huxham defined collaborative advantage as concerned with the creation of synergy between collaborating organisations which leads to achievement of those objectives which otherwise would not be achievable by an organisation working alone. Meta-strategy, which is about having a shared vision in addition to the individualistic organisational ones and is required when organisations collaborate towards implementing a jointly owned strategy (Huxham, 1993). Both the meta-mission and meta-strategy, Huxham (1993) argues would most likely occur in mandated public organisations as opposed to private sector organisations, since collaboration is primarily intended for the organisation to achieve its own mission. Having a meta-mission and meta-strategy appears to be consistent with the objective of the working together guidance to safeguard children which required professionals to work together as referred to earlier (HM Government, 2015). The study demonstrates that effective collaboration does not rely entirely on mandates or coincidental missions or strategies but rather on a deliberate effort to develop joint shared strategies outside the participating organisations. The Huxham (1993) study provides useful insights into some of the influences that are key to interagency collaboration, but as with other studies, those influences are not everything that is required for effective collaboration to occur. While the contribution by studies that explore collaborative child protection influences in relation to various professionals may be immense, their limitations,

however, is that they too offer very little in terms of understanding the bigger picture of collaboration; hence the need for the identification and exploration of the much broader and holistic influences to this approach.

## ***2.5 Collaborative child protection influences in relation to lead social workers***

Lead social workers have been described as the glue that holds multiple disciplines (Van Pelt, 2013). The statutory working together guidance to safeguard children (HM Government, 2015) which was referred to earlier confers the lead professional role to the “lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body” (p.43). The lead social worker therefore occupies a critical role within interprofessional collaborative child protection decision making and practice, hence deserving, as with family members, to be listened to and not be vilified with unsubstantiated criticism, as admonished by BASW (2016). Failings in child abuse cases by social workers can have adverse outcomes for children and young people and therefore contributing to improvement of social workers’ knowledge which is of crucial importance (Munro, 1998). Given the recurrent concerns about the failure of the collaborative child protection approach and the ongoing social work reforms, it made a lot of sense for this study to explore lead social work practitioner’s knowledge and understanding of this approach (Pawson et al, 2003; Trevithick, 2008; Mathews and Crawford, 2011; O’Sullivan, 2010).

There is an abundance of literature on multi-level collaborative child protection influences in general, and research that relates to collaborative partnership with families continues to surge. Meanwhile, there seems to be a dearth of literature on the lead social worker influences within collaboration. Writing as guest editors for the *Journal of Nursing Management*, McCray and Ward (2003) acknowledged that

leadership in health and social care is one of the constant themes for interprofessional practice, yet, the key role of the lead social worker is often a neglected dimension during policy formulation and reforms (Gilligan, 2000; BASW, 2016). McGray and Ward, (2003) and McCallin, (2003) concurred that while lead social workers are expected to step in and out of their interprofessional, interagency boundaries and leadership roles when they negotiate through different disciplines and values, budgets, and other external environmental influences, interdisciplinary leadership still remains underdeveloped.

O'Sullivan (2011) identified four distinct decision-making roles for the social worker involving the facilitation of service user decision-making; collaborative decision-making with others; making professional judgements; and making recommendations to others. The importance of the social worker's professional judgement throughout assessment, planning, intervention and review process was unscored by Beckett (2007), while McCray (2010) acknowledged the increasing need for social workers to be equipped with collaborative working leadership skills. McCray (2010) recommended enhancing leadership for collaboration through reflective practice. The limitation of these recommendations was that it was more to do with line managers' leadership on social work teams and not the social work practitioner's lead role within collaborative child protection practice.

In a study focusing on how child protection social workers experience their work, (Neil, 2014) interviewed social workers who described their commitment to protecting children and the satisfaction they derive from working with families. The value of direct work and training was acknowledged, and particularly, peer support and regular and effective supervision for emotional containment. Regarding why they stuck with the job despite the challenges', social workers were positive about

their commitment, feeling honoured, fulfilment and achieving positive outcomes, which supports the belief that child protection social work is a hugely challenging but worthwhile profession. Against that backdrop, social workers also described the impact of the job on their lives, which included disturbed sleep patterns; working late and missing meals, effect of stress on personal relationships; pressure of work and haunting memories of some cases such as unexplained injuries to babies and severe neglect. Concerns were expressed about the increasing administrative demands at the expense of spending time with children and their families. Social workers also expressed concern that friends and family members often did not understand the difficulties of being a child protection social worker compared to their colleagues and supervisors. Similarly, in a study aimed at determining how much time social workers spent on engaging families it was found that they spent comparatively little time compared to other health and social care professionals (Baginsky et al. 2010). In the final report on the review of child protection Munro (2011) acknowledged the need for a more child centred approach with less bureaucratisation and proceduralisation. Reflecting on practice experience as a social work practitioner a lot of work stress for social workers seemed to be related to pressure to meet deadlines for reports and recording as well as working with aggressive and violent family members. The difference between the study by Neil (2014) and this study, is that Neil's study explored social workers' experiences of their work while this study explores social workers' perceptions about influences that are key to the effectiveness of the interprofessional collaborative child protection approach.

A recent Community Care survey of more than 2,000 social workers found a lack of workplace support for stress (Schraer, 2015). The study found that at least 80% of social workers believe stress levels are affecting their ability to do their job,

while almost all respondents (97%) said they were moderately or very stressed. A third of social workers were using alcohol and 17% were using prescription drugs such as anti-depressants to cope with stress, yet only 16% had received assistance or been offered any workplace counselling on how to deal with work-related stress (Schraer, 2015). Anecdotally, work related stress is seen as one of the main reasons for high staff turnover amongst social workers and my reflective observations from practice as a social work practitioner bears testimony to that experience. Retention and turnover are critical concerns in social work with burnout and work-related stress being strongly associated with job exit (Healy, Meagher and Cullin, 2009; Burns 2009). However, what this shows, as further literature also does, work-related stress is linked to various other influences, hence the desire to identify these influences.

Fear of aggression and violence by family members and concerns about working in risky and unpredictable situations which is consistent with various literature and findings from earlier studies on this issue (Ferguson, 2005; Littlechild, 1997; 2005; Stanley and Goddard, 2002). Stanley and Goddard (2002) described how child protection workers who have been subjected to violence or prolonged exposure to repeated threats of violence exhibit behaviours akin to the Stockholm Syndrome. This is when hostages in life-threatening situations become compliant with their captors through attempts to placate them. Similar findings were reported in other studies (Breakwell, 1997; Laird, 2013; Davies and Frude, 2004).

In considering the effects of family members' aggression and violence against child protection social workers in England and Finland, Littlechild, (2005) found that the degree of stress levels experienced by social worker is dependent on a number of considerations. Some of these include the trade-off between the impact

of family members' aggression and violence on the ability of social workers to protect children; line management support and the priority accorded to social workers' safety; how family members' aggression and violence is treated as well as what lessons are learnt from each of these difficult incidents in order to improve risk assessment and risk management. Littlechild (2005) argued that learning from these stressful social workers' experiences could help change attitudes and inform policy development and procedures that could engender more proactive and robust responses to violence and aggression by family members. When reviewing a book by Taylor (2011), titled: *Working With Aggression and resistance in social work*, Littlechild, (2013) argued that often family member aggression and threats, as was the case in Baby P's situation, is designed to keep the worker away from the issues under investigation. Similar challenges for social workers in collaborative partnership relationships with family members were observed in other studies (Ferguson, 2005; Laird, 2014; Morrison, 2007; Taylor, 2011; Turney, 2012). Ferguson (2005; 2011) acknowledged the challenges of working with resistant and often hostile involuntary clients and the impact of violence and other health, safety and contamination fears on the capacities of workers and other professionals involved in collaborative child protection practice.

Laird (2014) examined the collaborative partnership relationship between child protection social workers and families and found evidence of similar challenges in the UK, the USA and Australia regarding the prevalence of aggression directed at child protection social workers by family members, particularly, parents and their partners. Aggression of family members is believed to be a key contributing factor in the failure of social workers to protect a child from harm (Ferguson, 2005; Laird, 2014; Littlechild, 2005). Aggression and violence by family members towards social workers has also been linked to a high prevalence domestic violence,



mental illness and substance misuse among families involved in the child protection system (McGovern, 2012; Laird, 2014). Some of the conclusions drawn from that study criticised social work education for failure to impart knowledge or skills on family aggression and violence and for conceptualising these problems very narrowly and primarily in terms of physical violence. Laird (2014) recommended that social workers should be trained in effective management of aggression by family members in order to reduce its influence on the effectiveness of child protection practice.

Gilgun and Sharma, (2012) explored how lead social workers could use humour to enhance their collaborative partnership relationships with family members. That study found that social workers could use humour to regulate negative emotions, to express frustration that led to tension relief, to solve problems creatively, to diffuse anxiety and to express liking and admiration for families (Gilgun and Sharma, 2012). However, while social workers can laugh and joke about their work, the limitation to this study is that humour alone does not determine success or failure of interprofessional collaborative child protection practice as this literature review has shown so far.

Moriarty, Baginsky and Manthorpe (2015) identified tensions that exist between different social work roles, in particular around individual versus collaborative ways of working and in balancing different care and control activities. On the other hand, regulations, procedures and performance measures aimed at improving practice have been criticised for making social work too bureaucratic and stifling direct work with families (Moriarty, Baginsky and Manthorpe, 2015; NSPCC and SCIE, 2016). Similar concerns have been reported about hard to reach families (Brandon

et al, (2012) which also influence the effectiveness of the lead social worker within interprofessional collaborative child protection practice.

At the moment there is no evidence of any research having been undertaken on how social workers feel about the constant vilification in the media and current threats to imprisonment for failing to protect children from abuse (The Guardian, 3 March, 2015), yet social workers' practice is influenced by such actions. Similar concerns have been raised about the effect of constant changes and reforms in training, regulations, legislation (BASW, 2016; Munro, 2010; 2011; Narey, 2014). Meleyal (2012) interviewed a sample of social workers and found that the majority value being in a registered profession. Registration was perceived as likely to enhance the status and image of the profession. The downside was that cases against social workers had led to some feeling personally vulnerable and more fearful of coming to the attention of the regulatory body.

While some of these challenges may not necessarily be manifest in every child protection situation they are still characteristic of the nature of the relationships between the lead social worker and the families. The studies that have been reviewed about the lead social workers' influences may be informative, yet isolated influences provide limited insight, hence the need to investigate these influences further. It must be acknowledged that a study that reviews all aspects of child protection practice may be inconceivable but the argument presented in this study is that whatever influences that are identified, these need to be conceptualised with regard to how they interact with each other.

## ***2.6 Collaborative partnership child protection influences in relation to family members***

The involvement and participation of family members in child protection decision making and practice has recently received considerable interest from serious case reviews and the research community in the UK and abroad (Archard and Skivenes, 2009; Dale, 2004; Dumbrill, 2006; Featherstone, White and Morris, 2013; 2014; Ferguson, 2005; 2011; 2016; Featherstone, Rivett and Scourfield, 2007; Featherstone, 2009; Walters, 2011; Maxwell et al., 2012; Harris, 2012; Healy, Darlington and Yellowlees, 2012; Ghaffar, Manby and Race, 2012; Kvarnström, Hedberg and Cedersund, 2013; Leigh and Miller, 2004; Morris 2013; Scourfield, 2003; 2014).

The effectiveness of interprofessional collaborative child protection practice can be determined by how well families and professionals are able to work in collaborative partnership in order to protect their children and young people from risk of harm (HM Government, 2015). Social work practitioner knowledge, alongside family members' knowledge, policy knowledge, organisational knowledge and research knowledge are key sources of knowledge that inform social work practice (Pawson et al, 2003; Trevithick, 2008; Mathews and Crawford, 2011; O'Sullivan, 2010). Given the recurrent concerns about failings of social workers (Bedford, 2015; Guthrie, 2016; Harrington, 2015; Laming, 2003; 2009; Johnston, 2015; Wonnacott, 2015), social workers' statutory duty (HM Government, 2015) and the ongoing child protection reforms (Munro; 2011; Department for Education, 2014; 2015; 2016), it is important to have a clear understanding of the social workers' knowledge about this approach. Fox-Harding (1997) summarised four value perspectives which have shaped child care policy and practice, beginning with the laissez-faire and patriarchy of the nineteenth century, followed by state

paternalism and child protection up to the early twentieth century. The twenty first century has seen the pendulum swing between the modern defence of the birth family and parent's rights contrasted with children's rights (Dale 1998). Parton (2014) acknowledged that the death of Peter Connelly marked a watershed in contemporary child protection policy and practice reforms. The recent emphasis on early interventions (HM Government, 2015), the social work reform agenda (BASW, 2016; Department for Education, 2014) and Munro's review of child protection system (Munro, 2011) are central to the ongoing reforms. Increasingly, at practice and decision making level, emphasis has shifted to developing family minded practice (Featherstone, White and Morris, 2013; 2014; Morris, 2013) and reflexive relationships with families (Ruch, 2007). The section below considers published literature on collaborative child protection influences in relation to family members at various levels of the family.

### **2.6.1 Engaging parents**

Smithson and Gibson (2016) investigated the experience of parents involved in the child protection system in Birmingham and found that while some participating families had positive experiences of relationships with social workers others often felt unprepared for meetings, belittled or "ganged upon" to use their phrase (p.5). Some participants said they had witnessed power imbalance in their relationship with professionals as other studies have found (Bell, 2001; Brandon et al 2012; Beresford, 2013; Lymbery, 2006; Ferguson, 2011; Hallett and Birchall, 1992) while others felt that achieving recommended desirable change was also difficult because of barriers and goalposts being moved. The study also found that some social workers did not seem to consider a positive experience for the parents as necessary or important. They also did not find evidence of the intended reforms of the Munro review towards a relationship-based approach to practice (Munro, 2011;

Turney, 2012). Instead the researchers found evidence of a greater focus on the use of authority than the facilitative and supportive relationship (p.8). Parents said they want user friendly documents, realistic agendas and fewer actions with timescales, responsibilities as well as consequences of inaction and action. The study also found that parents need a better understanding of the level of risk and more regular updates from professionals on where progress or lack of it is being made. Some parents were complimentary of working with social workers as in the study by Dale (2005), but were averse, to being prejudged and towards social workers who took a long time to know them well, arguing they (parents) need more hands on support. Likewise, other studies have also established that during child protection meetings families are not given sufficient time to read and reflect on reports and are not familiar with the child protection process itself (Ghaffar, Manby and Race, 2012; NSPCC and SCIE, 2016; Smithson and Gibson, 2016). Overall, in the study by Smithson and Gibson (2016), participants felt they had been treated as being less than human by the system, which resonates with the call for a more family minded and humane practice (Featherstone, White and Morris, 2013; Morris, 2013). Since most of the families' misgivings about child protection practice are largely related to perceived failings by social workers and other professionals, this study's aim was partly to fill that gap in knowledge with regard to the understanding of those perceptions by social workers regarding families' engagement.

Dale (2004) explored parents' perceptions and experience of child protection practice. The study found that not all parents who were involved in child protection practice experienced it as harmful. Over half the sample of parents who were interviewed recounted positive experiences, including: the relationship with the practitioners, access to services and support during crises. Dale (2004) conceded

that a lot of positive child protection practice goes unreported and therefore more research is required to highlight good practice. Whitters (2015) explored influences upon the parent-professional relationship in a context of early intervention and child protection, and found that family members perceived child protection as a positive, developmental influence, while professionals expressed negativity associated with physical and emotional harm, and forensic investigation. These differences in perceptions represented potential weakness in the parent-professional dyad and this was thought to be due to personal, social, and cultural influences. The study also reported that parents perceived a lack of professional response to positive change. The conclusion drawn from these findings was that personal, social, and cultural influences may be perceived as either strengthening or weakening the parent-professional relationship.

Kvarnström, Hedberg and Cedersund, (2013) explored variations in how front-line practitioners perceive family members' participation in interprofessional practice in three Swedish health and social care organisations. The study found seven qualitative variations ranging from inclusion in activities and social events, obtaining guidance, having self-determination and choice, getting confirmation from and contact with professionals, negotiating for adjustment, personal responsibility through insight, and circumstance surrounding family members. Rather than being as a right that is guaranteed, family members' participation was perceived by professional in terms of opportunities. In an Australian study Darlington et al (2012) interviewed parents about their experiences of the meetings, including factors that promote or inhibit participation. The study found positive experiences to be that parents want to be respected by professionals, to be heard and be supported at meetings. Conversely, the negative experiences included not feeling respected, not having their opinions heard and not being

supported during the meeting. The findings suggest that parents have the capacity to participate meaningfully in collaborative partnership child protection meetings when they are respected, listened to and when given adequate support. While being an Australian study, these findings may be transferrable to a UK setting as they resonate with reflections from personal practice experience as a social work practitioner and child protection chairperson.

Healy and Darlington (2009) identified three themes or principles for collaborative relationships between professionals as families to be: respect, appropriateness and transparency. The lack of respect for family members by professionals and focus on family weaknesses rather than strengths was also a key finding in the study by Buckley, Carr and Whelan, (2011). Likewise, Leigh and Miller (2004) in their qualitative research with families found that families want professionals to be clear about their roles and to listen to them in order to gain an understanding of the world they live in. Similarly, by asking social workers in both Norway and England, Archard and Skiveness (2009), established that family member participation is possible even in complex situations provided that families, and in particular, children's authentic views are taken seriously, and that children participate in the decision-making process and not just be listened to. The study by Archard and Skiveness (2009) reinforces the view that social workers also have views about collaborative partnership influences for families, hence this study explored social workers' perceptions regarding this approach.

### **2.6.2 Engaging children and young people**

Children and young people's involvement in child protection practice and decision-making is considered to be a matter of human rights in accordance with the Human Rights Act, (1998), the statutory and legal requirement (Children Act,

1989) and the guidance on working together to safeguard children and young people (HM Government, 2015). Children and young people's participation is also in line with Article 3 of United Nations Convention on the Rights of the Child which requires that in all actions concerning children, the best interests and protection of the child must be the primary consideration. Article 12 of the same convention requires that voice of the child be given due weight and that the child should be granted the right to express their views freely in all matters affecting them, commensurate with their age and maturity (UNICEF, 1989).

The experience of children and young people of child protection is closely bound with that of their parents (Archard and Skiveness, 2009; Cossar, Brandon, and Jordan, 2011; Scottish Government Social Research, 2013). In a study commissioned by the Children's Commissioner in England, Cossar, Brandon, and Jordan (2011) found that children and young people often had a partial understanding of child protection processes and relied on parents or siblings for further information. Those who did understand more about these processes tended to be older. Similarly, Leeson (2007) in a study aimed at exploring children and young people's experiences of non-participation in decision-making processes, identified the development of feelings of helplessness, low self-esteem and poor confidence due to the lack of opportunities made available to them to make decisions about their own lives. It appeared it was more to do with adult ability and preparedness to involve young people in decisions about their own lives, rather than the ability to participate effectively.

In a study of disclosures of childhood experiences of abuse of young people and how they disclosed this abuse and sought help, Allnock and Miller (2013) found that most young people did attempt to disclose their abuse to at least one person,



informally, but most often their mothers and friends. Some disclosures were found to have been made to teachers but none were made to social workers, even when families were already involved with them for other reasons. This may suggest a lack of trust in social workers, hence the need to work with these young people in a more effective way (Allnock and Miller, 2013). Not all of these disclosures were “heard” or acted upon, according to Allnock and Miller (2013, p.6). Disclosures however often came a long time after the abuse began and sexual abuse was the least likely to be disclosed. Disclosures that were ignored, denied or badly handled added to the negative experiences of the young people. Forms of disclosures varied from direct, verbal disclosures to indirect disclosures through their behaviour. Reasons for making disclosures included the need to access help, to receive emotional support, to protect others, and to seek justice. While some young people experienced challenges in understanding abuse itself, others lived in family environments with multiple problems, such as substance misuse, parental mental health or disability and domestic abuse. Overall, the key lessons from Allnock and Miller (2013) study is that it highlighted the need for awareness about the signs and symptoms of abuse and that children do disclose but their voices are often not heard. The study also the need for better identification of abuse by professionals, reduction of barriers to disclosure and overall improvement of the experience of disclosure for young people. Similar findings were reported in other studies and serious case reviews (Archard and Skiveness, 2009; Cossar, Brandon, and Jordan, 2011; Ellery, 2015; Leeson, 2007; Pettitt, 2014; Scottish Government Social Research, 2013; Sidebotham et al, 2016).

Scottish Government Social Research (2013) investigated children and young people’s views on child protection systems in Scotland and also found limited evidence that children and young people’s views were considered nor were they

supported in participating. This was despite the fact that children and young people were positive about their relationships with social workers and felt listened to. While a significant commitment to engaging with children and young people seems evident there are still some gaps in achieving the desired levels participation (Archard and Skiveness, 2009; Rigby, 2011). Goddard et al (1999) also observed that the use of structured risk assessment tools may stifle children's voices, as discussed later under the decision making influences. The need for child in need and child protection plans to ensure that the child's voice is heard and taken into account is also a recurring theme in a number of serious case reviews (Ellery, 2015; Pettitt, 2014; Sidebotham et al, 2016). In particular, as previously alluded to, the triennial analysis also identified the need for professionals to focus on children's needs and provision for space in the process to listen to their voices, on identifying vulnerable families and their immediate wider family members (Sidebotham et al, 2016). This may have implications on the effectiveness of interprofessional collaborative child protection practice and decision making.

### **2.6.3 Engaging fathers**

Research has suggested that a gender bias is more likely to exist in decision making with the predominantly female social workers making gendered assumptions about men's culpability for perpetration of neglect and abuse of children, and their ability to nurture and be primary care givers (Scourfield, 2003; Featherstone, 2006). In a serious case review, Maddocks, (2012) found that there was too much focus on the boys' mother and not on the needs of the boys and the impact of living with an abusive father. Similar findings from other literature on fatherhood were reported of health and social care professionals, who tend to

ignore men who are often reluctant to engage with services (Featherstone, Rivett and Scourfield, 2007; Featherstone, 2009; Walters, 2011; Maxwell et al., 2012).

In considering engagement and non-engagement of fathers, Ferguson (2016) found evidence of positive engagement from a starting-point of suspicion and reluctance with a risk of non-engagement. Personal reflections on child protection practice experience both, as a social work practitioner and child protection conference chairperson, conjures up memories of social workers and other professionals mostly engaging with mothers with limited involvement of fathers. Professionals struggle to engage fathers of the children who were being protected and supported, yet research has established that fathers have an important role in their children's lives even when they are subject of child protection concerns (Gordon, et al, 2012; Archard and Skivenes, 2009).

Serious case reviews have highlighted the need to engage with fathers (Clarke, 2015; Ibbetson, 2015) and the need to focus and identify the role and impact of fathers (Parry, 2015; Wonnacott, 2015). According to Social Work Manager, (2016) even where fathers are not the perpetrators, in high profile child deaths, it is commonplace for the fathers to be portrayed as powerless characters, distant from their children's lives. In the media coverage about the child deaths of Ayeeshia Jane Smith, Liam Fee, Clyde Campbell, Daniel Pelka, Khyra Ishaq and Peter Connelly, fathers came across as heartbroken onlookers to the horror that had engulfed their children (Social Work Manager, 2016). Focussing on the child and less so on parents, particularly fathers, seems to ignore the existence of a family system (Falkov, 2013). The conceptual framework for this study proposed the recognition of the systemic interaction between the various influences that are key to understanding interprofessional collaborative child protection practice.

In an earlier ethnographic study Scourfield (2003) reported observing child protection practice where deliberate choices were being made to target women with increasing scrutiny while screening out men. Scourfield (2003) attributed this gendered child protection practice to the gendered organizational culture resulting from the feminist perspective on male masculinity which he found in the social work teams. Scourfield argued further that this gender bias is also associated with inequalities and the position of women in our society. A decade later, Scourfield (2014) argued that “fathering is associated with positive outcomes for children. Good quality fathering is associated with emotional well-being later in life, but negative outcomes can also be linked to father effects” (p.974). Scourfield argued that fathers should be engaged as allies in collaborative partnership child protection practice and not be excluded. That should be regardless of whether they are culpable perpetrators or not because they too as fathers could benefit from the engagement (Scourfield, 2003). Similarly, Brandon (2012) argued that fathers should not be categorised as “all good” or “all bad” as they are much more complex and can be both a risk and resource to their children, hence should be taken seriously. Scourfield (2003) recommended adopting the work by evidence informed groups such as Family Rights Groups, Fatherhood Institute, as well as ensuring that social work training equips social workers with the skills needed to work with fathers either on a one to one basis or in groups.

Featherstone (2003) has written extensively on gender issues in child protection, and in the paper titled *Taking fathers seriously*, she explored the enduring societal attitudes and policy initiatives with regard to fathering. She focussed on the construct of fatherhood within child protection practice and what could be done to bring fathers into the fold to ensure that they have a meaningful role to play bringing up and protecting their children. Featherstone also acknowledged the

gendered misconceptions about male masculinity during child protection practice. She acknowledged that the place of a father in the family has changed over years from being predominantly an “economic provider” (p.240) to that of one “in an ongoing relationship with the child/children” (p.242) and not necessarily with the mother or mothers of the children. This changing construct of fatherhood has profound implications regarding what to expect from fathers. Featherstone (2003) argued that fathers have a responsibility to be good role models for their children. The policy and practice implications suggest that there is more to be gained from engaging with fathers and in the development of the relationship between a father and a child, notwithstanding the risks that fathers may pose in the relationship between parents needs to be embraced. As a result, more initiatives outside the criminal justice system for dealing with domestic abuse around the role of being a father are proposed (Featherstone, 2003). This challenges the pervasive view, described by Scourfield (2003), of a gendered child protection culture which visualises men’s masculinity as a source of risk. Featherstone (2003) also points to the emergence of changes in practice, with initiatives such as Fathers Direct as well as social workers and the children’s guardians increasingly talking about the fathers’ roles in children’s lives.

#### **2.6.4 Engaging the whole family**

The new working together guidance (HM Government, 2015) has been criticised for failing to recognise children as members of families or for not stressing the important partnership role between social workers and parents (Featherstone, White and Morris, 2013; 2014). Future practice, it is argued, should be more ethical and humane social work with a focus on understanding and negotiating the complex day-to-day realities and needs of families (Morris, 2013). Amidst the vulnerabilities and adversities that families are confronted with, there is need for a

more family minded and humane practice that celebrates families' strengths, with professionals providing hope and encouragement (Featherstone, White and Morris, 2013). From a systems perspective, this points to the importance of understanding that a child's needs are also depended on understanding the circumstances of the entire family system. As part of her work aimed at strengthening the role of family through family minded practice, Morris (2013) examined how highly vulnerable families with complex and enduring needs understood the assumptions made about them, as well as how families share information with professionals. The study revealed that practice was not family focussed, yet families wanted professionals to understand their realities. The implications for the findings of that study were that practice which is responsive and enabling to highly vulnerable families' capabilities, as opposed to inhibitive processes, need to be developed (Morris, 2013). Practice that recognises family's capacities, strengths and promotes resilience in the family is consistent with practice that is whole family minded, humane and celebrates family strengths and weaknesses (Featherstone, White and Morris, 2013). Morris, (2013) also contended that children and young people's needs should still take precedence, the need to listen to parents' perspectives and experiences should also be recognised.

The centrality of family relationships is amply captured in a recent publication titled: *'Re-imagining child protection: towards humane social work with families'* by Featherstone, White and Morris (2014). Expressing their trepidation, the authors questioned the seemingly superficial recognition of parents and parenting capacity as having a critical impact on children's welfare, while little attempt is made to understand the potential contribution by parents to current policy and practice climate. Family-minded and humane social work practice ensures working with the

whole family inclusively and not just focus on the child. However, a number of studies have noted that working with families is not always as easy as it can expose professionals to some hostilities, resistance and deceit, although that humane practice can find a way of dealing with contradictory messages (Ferguson, 2005; 2011; Laird, 2014; Littlechild, 1997; 2005; McGovern, 2012; Morris, 2013; Stanley and Goddard, 2002). Despite being another Australian study, Healy, Darlington and Yellowlees (2012) found that fundamental tension exists between the orientation of child protection systems and the desire for collaborative partnership involvement of families.

Welcoming a comprehensive review of the child protection system in Scotland, SASW (2016) called for the review to take heed of the lived experience of the system from social workers and families. The focus on social workers' perceptions and knowledge in this study is in recognition of that and should not be taken to mean family members' perceptions and knowledge. As already indicated, in view of the recurrent concerns about social workers' failings, their statutory responsibility for child protection and the ongoing reforms, the social workers' version of what is key to the success of this approach is crucial, hence this study. Understanding that link between the child's needs and those of parents, fathers and mothers or their caregivers and indeed, the whole family, has profound implications for this study with regard to the proposed systemic conceptual framework. In this study therefore, all family members, including children and young people and their parents and in particular, fathers, were considered to part of a family system that is key to overall effectiveness of the child protection system.

## ***2.7 Collaborative child protection influences in relation to decision making***

Decision making in protecting children and young people is inextricably linked to the issue of risk because collaboration ultimately should result in professional judgement and decision making about either, need or risk (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999). Reviewing published literature relating to decision making in risk assessment and management is critical to understand how social workers' perceptions and decision making contribute to successful interprofessional collaborative child protection in this study.

There are a number of ways risk can be assessed in child protection, but the two prevailing models are the 'actuarial' and 'clinical judgement' approaches which when combined lead to structured clinical judgement (Kelly, 2010; Titterton, 2005). The overall formulation of risk is attained by an analysis of two major elements in the framework and tends to be based on either one element or both, the significance and likelihood of harm or risk (HM Government, 2015; Kelly, 2010; The Children Act, 1989). The actuarial approach involves compiling and analysing statistical information about the perceived causes of harm in order to calculate or predict risk. Mathematical formulations of known risk factors are tabulated to arrive at a quantitative score which can then be translated into a level of seriousness: low-, medium- or high-risk. There are those who are very critical of the actuarial approach (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005). This criticism of the positivist actuarial approach played a key role in influencing the constructivist-interpretivist philosophical paradigm adopted for this study.



The second approach, which is considered a clinical judgement approach, uses clinical professional judgements about risk by professionals based on a conceptual list of areas or questions that must be considered when thinking critically about information acquired and how it is processed including the analysis of the presenting facts and feelings (Kelly, 2010; Titterton, 2005). This considers decisions to arrive at defensible conclusions. There is support for a hybrid clinical approach which combines both the actuarial and professional judgement (Titterton, 2005) although the stronger arguments are for the clinical professional judgement approach (Evans and Harris, 2005).

Risk transcends every aspect of our day-to-day lives and as Denney (2005) in the introduction to his book titled 'Risk and Society' observed, "risk has come to dominate individual and collective consciousness in the twenty first century" (p.1). Denney also acknowledged that risk has become more complex and pervasive with differentiated meanings and perspectives. These meanings include models that perceive risk as a positive or negative force. This is consistent with Titterton (2005) who argued that risk is sometimes necessary. Denney (2005) suggests that risk is socially constructed and based on interpretation of events using previous risk situations or experiences to compare with as decision frames which is aligned with the constructivist paradigm that underpins this study. A social worker's experience and perception of dealing with risk in various situations can therefore influence future perception of risk, given the social worker's unique position in child protection practice.

Beck (1992) described risk as a systematic way of dealing with hazards and insecurities induced and introduced by modernisation. Beck argued that risk is a product of inequalities resulting from modernisation, globalisation and

industrialisation which has led to a risk society. Owing to that context, the perceived progress that society has made can be considered to have also brought about different forms of risks and hazards. Beck recommended that in order to understand and reform our modern risk society, modernity needs to be more reflexive. This conceptualisation of risk by Beck (1992) has profound implications for our understanding of the current approaches to decision making with respect to risk assessment and management when protecting children and young people.

There is some convergence between conceptualisation of risk by Beck (1992) and the risk society described by Webb (2006) (see chapter 1), who argued that the neo-liberal political ideological influences on risk assessment and management have led to initiatives focussing more on regulations and compliance, but less on actual provision of social welfare services. A number of other researchers have also been critical about current child protection decision making and professional judgement in relation to assessment and management of risk, attributing this to the risk averse society that we live in today (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999).

Parton (1998) in a paper on *Risk and Ambiguity in Child Welfare*, linked risk aversion to the problem with governmentality in liberal societies, and bemoaned the emergence of strategies that do not focus on meeting the needs of children or respond to child abuse, but rather focus on assessment and management of risk. Governmentality, according to Stenson and Edwards (2001 p.74) is described as “the shifting forms of rule traversing older boundaries between statutory, voluntary and commercial institutions in liberal politics, and the new ways in which populations are rendered thinkable, measurable, differentiated and sorted into hierarchies for purposes of government”. Likewise, Parton (1998) was critical of

the current neo-liberal actuarial and forensic approach to assessment and management of risk which he described as “our obsessions with scientized, calculative notions of risk”, which led him to conclude with a call that notions of ambiguity, complexity and uncertainty “should be built upon and not defined out” (p.23). Rather than avoid their scepticisms and uncertainties, practitioners should record them and be open to both confirming and disconfirming information (White, 2009). A key argument in this paper is that uncertainty, ambiguity, professional expertise and discretion should be embraced instead of the current obsessions with procedural and quantitative assessment and management of risk as alluded to earlier. This is consistent with Evans and Harris (2004) on street level bureaucrats. As with Evans and Harris (2004), Stalker (2015) and Parton (1998) also called for the rethink of professional judgement and the reframing of the relationships between family members and professionals. Mason (1993) way back then, also argued that structured checklists, procedures, guidelines and regulations are useful in engendering a belief of safe certainty which is akin to making child protection an exact science, but their effectiveness is limited. Mason further argued that there is need to work from a position of uncertainty and keep a child safe than to seek a safe certain ‘true way’ (p.38). Rather than shun uncertainty these arguments embolden the belief that it should be embraced because it is actually safe to do so. However, Sidebotham et al (2016) found evidence of uncertainties and different perceptions about thresholds that could lead to frustration, or even a breakdown in effective collaborative working.

Stalker (2015) argued that originally the concept of risk was related to the probability of an event occurring and the gains and losses associated with it, yet recently it has changed to mean mainly adverse outcomes. According to Stalker (2015) what compounds the uncertainty about risk is that family members often

have a different perception of risk from professionals who tend to follow procedures yet there is little evidence about the relationship between procedures and professional judgement. To address some of the concerns about current risk assessment procedures Stalker (2015) called for a new social model of risk which takes into account of cultural, economic and material factors. Likewise, the conceptual framework for this study proposes consideration for the influence of external environmental factors on the entire child protection system.

Guch (2007) provided helpful insight into how professionals can use reflection to unravel uncertainties that are characteristic of the emotionally charged nature of practice. Whilst Parton (1998) saw the need to build upon ambiguity and uncertainty, White (2009) described this as the need to confirm or disconfirm scepticisms and uncertainties, Guch (2007) argued that thoughtful and creative reflective practice could unravel some of the challenges of contemporary child care practice. Advancing her case for reflective practice, Guch (2007) proposed the adoption of a model of containment. She described containment as involving holistic reflective practice which requires interdependence at both individual and interprofessional levels. This proposal is consistent with the systemic conceptual framework for this study. Like Guch (2007) a few years later, Parton and O'Bryne (2000) in their book titled *Constructive Social Work* (see Chapter 1) argued that, "the commitment to uncertainty, indeterminacy and unpredictability will reinforce practitioners' continual attempts to consider reflexively what they are doing, why and with what possible outcomes" (p.187). In that regard, reflexive practice should emphasise social work as a narrative and artistry of language with an intimate relationship with knowledge and power as opposed to social work as a science (Parton and O'Bryne 2000).

Broadhurst et al, (2010) in a critique of the instrumental approaches to risk management argued that, risk management is an inherently complex, contingent and negotiated activity, where informal processes continue to play a critical role in shaping decisions and actions in this relationship-based profession. Expressing their discontent with current overemphasis on bureaucratic, instrument based approaches to assessment and management of risk, Broadhurst et al (2010) argued that such an approach leaves informal and relational aspects of practice under-emphasised and under theorised. They further argued that uniformity in risk assessments without the informality and relationships between family members and professionals may lead to tools which are not necessarily fit for purpose. Broadhurst et al (2010) also cautioned against the use of the structured risk technologies and structured assessment tools, arguing they have bureaucratic-instrumental biases inherent in their use, hence the need for more critical thinking, reflection and reflexive awareness of the influence of informal relationship processes.

The seminal work of Lipsky (1980) advanced the view that social workers practiced discretionally as street level bureaucrats. Evans and Harris (2004) suggested that claims that there was a decline in discretion in professional judgement and decision making might be exaggerated. The decline in the degree of discretion in professional judgement and decision making concerns has also been explained through the amount of time social workers spend on case recording and other administrative tasks at the expense of direct work with families which was discussed earlier under this section (Moriarty, Baginsky and Manthorpe (2015). In line with Lipsky's (1980) view about street level bureaucrats, Evans and Harris (2004) acknowledged the benefits of professional discretion in giving some

degree of freedom. As previously discussed, Sidebotham et al (2016) recommended that professional should be allowed some degree of discretion and curiosity in their professional judgement. Paradoxically, according to Evans and Harris (2004) the proliferation of rules and regulations does not necessarily mean the loss of discretion but can actually enhance discretion. They also cautioned that while discretion is good it can sometimes lead to abuse of power, which suggests that professional discretion should be used sparingly on a situation by situation basis. The precautionary use of discretion is also consistent with the argument advanced earlier for adopting qualitative professional judgement and decision making instead of the positivist instrument based approach to predicting risk (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999). In an effort to facilitate understanding of street-level bureaucratic decision making under conditions of ambiguity and uncertainty, Keiser (2003), argued that humans are limited in their cognitive abilities to process information from a large and ambiguous environment. Despite the limitation, the literature that has been reviewed so far makes a compelling case for more discretionary professional decision making and less reliance on predictive actuarial decision making tools. Whittaker (2014) found that that practitioners' reasoning processes were a dynamic interplay of intuitive and analytic processes with emotionally-informed intuitive processes, progressively using more sophisticated pattern recognition and story building processes to analyse and evaluate complex information as they became experienced.

Titterton (2005) defined risk assessment as a process of estimating and evaluating risk with both, beneficial and harmful outcomes. He also observed that too much work was being put into assessment forms instead of working with uncertainty which is fundamental. Titterton (2005) proposed a person centred risk assessment

and management system model focussing on the individual, their needs and interests. He argued, such an approach would provide checks and balances for the practitioner, with respect to balancing rights and choices. Risk management, on the other hand, involves developing a systematic approach which allows for the planning of risk-taking strategies and for monitoring and reviewing, ensuring accountability, clarity and support for staff. (Titterton, 2005). According to Titterton some degree of risk is necessary and there is no need to work towards eradicating risk but rather risk should be managed.

In a critical review of literature on the use of structured risk assessment procedures, Goddard et al (1999) cautioned that “in the rush to eliminate uncertainty and minimise clinical judgement, it is our prediction that the introduction of risk assessment procedures may only serve in to increase the danger to some children” (p.260). While welcoming the need for more thorough assessments Goddard et al (1999) argued that a shift towards structured assessment tools and procedures could, not only endanger more children, but ignore the perspective of the child. The reviewers also questioned the risk predictive ability and validity of the instruments, while arguing that the use of these in most organisations may be something to do with the organisations attempting to protect themselves than the children.

In a recent study in Denmark to explore how decision-making tools affect caseworkers’ room for discretion, Høybye-Mortensen, (2013) found disparities between decision-making tools, which raises issues of predictive validity, in line with concerns expressed by Goddard et al, (1999). The study also established that predominantly those risk assessment tools which are based on a clear theoretical foundation tend to have greater impact on caseworkers’ room for discretion than

those based on an understanding of information as neutral and objective, since the latter requires intensive interpretation on the part of the caseworkers (Høybye-Mortensen, 2013). The conclusion that was drawn from that study was that unless there is a clear theoretical basis decision making tools have limited validity and are perceived as restrictive and a hindrance to professional discretion.

Gillingham and Humphreys, (2010) in an ethnographic research that explored how social workers in Australia used four Structured Decision-making (SDM) tools, established that such tools were not used as intended and in fact their usage tended to undermine the purpose for which they were designed. Accordingly, the explanation for failing to use the tools as intended was mainly due to that tools tended to overestimate risk, restrict practice, oversimplify children's circumstances or failed to deal with complexities (Gillingham and Humphreys, 2010). These findings are not only consistent with most of the literature reviewed on this topic but also have profound implications for the continued use of these tools in child protection. The findings also strengthened the resolve for this study to explore social workers' perceptions about how decision making contributes to successful interprofessional collaborative child protection practice. If social workers are not using the risk assessment tools as intended, yet given the prevalent use of these tools at the moment, there is therefore a strong case for investigating social workers' perceptions about how their decision making contributes to keeping children and young people safe.

Despite all the criticism levelled against structured decision making tools there is research which has identified positive aspects of their use. In a systematic literature review of models for analysing significant harm commissioned by the Department of Education, Barlow, Fisher and Jones (2012) concluded that there



are a range of tools that could potentially be used to improve decision-making about whether children are suffering, or are likely to suffer, significant harm, in England. The researchers proposed that these tools could enhance and promote clinical professional judgement. The study provided evidence pointing to the potential benefits of decision priority tools, among others, that could be used to improve decision-making, as opposed to the combination of intuitive and discretionary multiple professional judgement criteria. Further benefits of decision priority tools were that they could improve consistency across workers and help prioritise decisions, particularly with initial reports of abuse and neglect. They were found to engender focus and aid decision-making about the rapidity of the response that is needed. Critics of actuarial predictive tools however would argue that the rapidity of the response would probably serve the interests of the organisation more than those of the family member in line with the argument put forward by Goddard et al, (1999).

In a recent study Wilkins (2015) also concluded that there was the potential for using actuarial risk assessment tools arguing that while research participants tended to be reflective and analytical, there were occasions when they found difficulties with the identification of protective or resilience factors in relation to individual children. In such circumstances, Wilkins (2015) concluded that instead of avoiding their use, actuarial risk assessment tools should be used as an aid to support systematic professional judgement and decision making in risk assessment.

In yet another study that explored the different ways in which professional judgement is understood and addressed in England and Norway, Samsonsen and Turney, (2016) concluded that too much emphasis on professional judgement and

too little procedure may in fact be as problematic as the reverse. The Norwegian experience suggests, “unfettered or unchallenged use of professional judgement is potentially as problematic as over-reliance on protocols and procedures”, according to Samsonsen and Turney (2016, p.9). On their part Samsonsen and Turney, (2016) proposed a model of Grounded Professional Judgement based on notions of epistemic responsibility and accountability to support the exercise of professional judgement in situations of uncertainty. In short, the model that Samsonsen and Turney, (2016) proposed combines professional discretion and judgement and use of structured procedural tools. Professionals working with this model are allowed to be flexible and sensitive and they assume more responsibility and accountability for their decisions and particularities of different child protection situations. The implications that can be drawn from some of the studies referred to above, are that there may be some occasions when the use of actuarial tools could be necessary, in conjunction with discretionary professional judgement and decision making. Therefore the critique that has so far been presented need not result in completely discarding the structured and procedural tools as well as overlooking the role of group dynamics at play.

The influence of the other professionals on professional judgement and decision making during interprofessional collaborative child protection has been likened to problems associated with the concept of groupthink (Kelly and Milner, 1996; 1999; Prince et al, 2005). Beyond child protection, groupthink has also been explored in corporate management decision making (Mann, 1986) and education (Katopol, 2015) but its origins are in psychology (Janis, 1982). According to Janis, (1982) who coined the term, groupthink is a psychological phenomenon that occurs within a group of people, in which the desire for harmony or conformity in the group results in an incorrect or deviant decision-making outcome. Groupthink occurs

when a group makes faulty decisions because group of pressures (Golkar, 2013). Groups affected by groupthink ignore or try to minimize conflict and reach a consensus decision without critical evaluation of alternative ideas or viewpoints, and by isolating themselves from outside influences. A pertinent example of groupthink from practice experience as child protection chairperson was the frequent failure by professionals to challenge each other. The uncritical consensus tended to be expressed through unanimity on regarding whether a child protection plan was required or not. Prince et al, (2005) saw evidence that at initial child protection conferences unanimity seemed to override the need to seek alternatives. This was also evident where there were dominant personalities or professionals deferring to the chairperson to deliver the 'right' decision. A clear understanding the concept groupthink is therefore important to understanding the influences that are key to effectiveness of interprofessional collaborative child protection decision making and practice.

Following this review of the published literature on decision making in risk assessment and management perhaps one could be forgiven for concluding that structured actuarial decision making tools could be used as mere aids and not a substitute for common sense and professional judgement and decision making. Central to most of the literature on decision making in risk assessment that has been presented is that risk is a social construct, by a risk averse society. There are evidence informed arguments that the construct of risk is based on people's perceptions and that risk assessment, therefore, requires systematic professional judgemental and decision making which embraces uncertainty, ambiguity and unpredictability of risk. The reliance on the positivist predictive structured decision making tools is considered to have limited validity, and as being a hindrance to professional discretion. A case for professional discretion in decision making is

therefore made, albeit sparingly, to mitigate and safeguard against the misuse or inappropriate use power. To complement systematic professional judgement and decision making, evidence from the literature also shows that reflexive practice should emphasise and rely on social work as a narrative and artistry of language in order to engender important relationships that are key to collaboration. Having established what is already known about the centrality of the decision making process in risk assessment and management, amidst the other known influences involved in collaboration that have been considered, it became clear that the investigation into how these factors relate to each other was justified in line with the systemic conceptual framework which is discussed in the following chapter. The key aim of this study was to explore social workers' perceptions of how the decision making during risk assessment influences the effectiveness of interprofessional collaborative child protection practice. Hence this literature review identified the gaps and need for this study and informed my study's research design. The literature review in this chapter provided a detailed and critical insight into what is already known about the subject matter of this study. Crucially, the literature review provided the benchmark against which the criteria of originality and contribution to new knowledge could be ascertained or established in the current study. Indeed, whilst the literature that has been reviewed has identified some collaborative influences, there is limited evidence of studies having explored the nature of the relationships between the various influences as the conceptual framework of this study proposed. It is for that reason that a separate Chapter 3 is devoted to illustrating the proposed conceptual framework for this study. Both the literature review and conceptual framework prepared the groundwork for answering the research questions.

## ***2.8 Collaborative child protection influences in relation to external influences***

External environmental collaborative child protection influences are those influences which are beyond the control of the lead social worker, families and other professionals. A handful of studies have also explored the impact of the external environment in relation to collaboration between professionals and families (Smith and Mogro-Wilson, 2007; Frost and Robinson, 2007; Bell, 2001, Reeves, Goldman and Zwarenstein, 2009; Munro, 2005; Mattessich, Murray-Close and Monsey, 2001; Sheaff et al, 2004). Mattessich, Murray-Close and Monsey, (2001) identified some of the influences to the success of any collaboration in the external environment as history, political and social climate. External environmental influences have also been cited in Munro's systems model of conceptualising the child protection system which drew on lessons on safety in the aviation industry and have since influenced the Social Care Institute for Excellence (SCIE) learning together systems model (Munro, 2005; 2011; SCIE, 2012). While the systems theory has been criticised for its failure to recognise the external environmental structural influences, the Framework for Assessment for Children in Need and their Families (Department of Health, 2002) identified the wider family and environmental influences as one of the three domains which form the basis for collaboration work. Sheaf et al (2003) observed that an organisation's environment restricts what action it can take, what structures and processes it can establish to accomplish that action, and what outcomes that action can produce. In line with the findings of the study by Sheaf et al (2003), Hudson et al, (1997) identified that barriers to collaboration could be structural, procedural, financial, professional and cultural. Anning et al (2010) identified recurring dilemmas with this approach

ranging from structural, ideological, procedural to interpersonal dilemmas, all of which, they argued, operate concurrently at both individual and agency levels.

Further studies have also identified inadequate or lack of resources as a barrier to working collaboratively (Atkinson, Jones and Lamont, 2007; Mitchell, 2011; Reeves, Goldman and Zwarenstein, 2009). Reeves, Goldman and Zwarenstein, (2009) identified influences which may be considered as both internal and external to some degree, such as funding, human resources, policies and culture within the organisation because all of them are beyond the control of the professionals, lead social worker, and family members. Dean and Sharfman, (1996) established that external factors also have an influence on decision-making, choice and effectiveness of decisions, while Chermack, (2004) cautioned against the tendency to consider only external variables or what he called exogenous variables and ignoring the internal (endogenous) factors. What these handful of studies demonstrate is that there indeed certain influences which are beyond the control of the family members, professionals, lead social worker, various literature classify as either internal or external influences. Whatever the classification of those influences, together with families' collaborative partnership influences, multi-level influences by other professionals and various agencies, lead social workers' collaborative influences and collaborative decision making collaborative influences, they constitute the child protection system as illustrated in line with the proposed conceptual framework of this study presented in the next Chapter 3.

## **2.9 Conclusion**

This literature review focussed on what is already known about the following themes from published literature that was reviewed in this study:

- Generic system-wide collaborative child protection practice influences

- Collaborative child protection influences in relation to various professionals and their respective agencies
- Collaborative child protection influences in relation to lead social workers
- Collaborative partnership child protection influences in relation to family members
- Collaborative child protection influences in relation decision making
- Collaborative child protection influences in relation to the external environment.

A number of conclusions can be drawn from the review of published literature that was undertaken for this study. The whole body of evidence that was reviewed in this chapter provided insights into various views on and experiences of interprofessional collaborative child protection decision making and practice. The important aspects of the existing body of literature showed that the majority of studies and serious case reviews explored, largely isolated generic influences and therefore do not adequately provide answers to this study's research question on system-wide interprofessional collaborative child protection influences. Only a limited amount of published literature that was reviewed considered the systemic interaction between the isolated generic influences as the proposed systemic conceptual framework (Guch, 2007; Reder, Duncan and Grey, 1993), which is major flaw in the existing knowledge regarding this approach.

Additionally, there is limited evidence of structural and external environmental influences such as poverty, social exclusion and disadvantage which are beyond the control of professionals and families. As previously indicated, while the systems theories have been criticised for not acknowledging these structural influences the systems conceptual framework for this study does. Although the published literature reviewed transcended social workers' views and experiences

by including those of children and young people, parents and a wide cross-section of professionals, in the UK, USA, Europe and Australia, the focus of this study was the social workers' knowledge and perceptions about the system wide child protection influences. The study was inspired by recurrent concerns about social workers' failings, the centrality of their knowledge and statutory role, and the ongoing social work reforms as well as reflections from personal experience as a social work practitioner, child protection chairperson and a current social work academic. Based on the gaps in the existing body of literature the proposed systemic conceptual framework this study is presented in the following Chapter 3. This conceptual framework provided the pillars and boundaries that supported this study in order to answer the research questions.



## **Chapter 3. Conceptual framework**

### ***3.1 Introduction***

This chapter presents the conceptual framework for this study which emerged from an inductive appraisal of the published literature discussed in Chapter 3. The literature review established what is already known about interprofessional collaborative child protection practice and decision making (Teddle and Tashakkori, 2009; Aveyard, 2010; Angeles et al, 2014; Churchill, 2011; Leshem and Trafford, 2007). The review helped to confirm the knowledge gap in what is known about social workers' knowledge and understanding of what influences the effectiveness of the process in their role as lead social workers as well as how these influences impact on each other (Aveyard, 2010; Creswell, 2013; Teddle and Tashakkori, 2009). The conceptual framework also facilitated the understanding of the key issues, parameters and boundaries with regard to what was still unknown based on the outcome of the literature review and needed to be investigated in this study (Creswell, 2009; Miles and Huberman, 1994).

The key finding from the literature review was that there are a number of influences which are associated with lead social worker in their role, families, other professionals and various agencies, decision making, and external environmental factors. An understanding of system-wide social work knowledge and expertise about the collaborative influences and how they interact with each other is critical, given the recurring concerns referred to earlier about social workers' failings, the centrality of their knowledge and statutory lead role, and the ongoing social work reforms instigated by Government as a response. Owing to that, this study drew on the systems theory (Katz and Kahn, 1978; Dunlop, 1958; Laszlo and Krippner, 1998; von Bertalanffy, 1969). More specifically, the study drew on the combination of elements of two systems models namely; Social Care Institute for Excellence

(SCIE) learning together systems model (SCIE, 2012) and Falkov's systemic Family Model (Falkov, 2013). These two models provided the overarching framework for a systemic and systematic approach to an understanding of the conceptual basis for interprofessional collaborative child protection practice and decision making in this study. A discussion of how the elements of these two conceptual models were combined is provided in this chapter. Other conceptual models that were considered but deemed as unsuitable include the UNICEF Conceptual Framework for the Child Protection System (Wulczyn, et al, 2010).

### ***3.2 The SCIE Learning Together systems model***

The SCIE Learning Together systems model has been used in a number of serious case reviews to identify issues for consideration with regards to identifying themes for learning (Austin and Johnson, 2013; Maddocks, 2013; Charlton, 2013). The SCIE model uses learning from an individual case to provide a 'window on the system' into how well the local multi-agency safeguarding systems are operating (Austin and Johnson, 2015). More specifically, the model helps in identifying and analysing what happened, but most importantly, why things happened the way they did (SCIE, 2012). The systems approach was recommended in The Munro Child Protection Review for adoption and for application in Local Children Safeguarding Board (LCSB) Serious Case Reviews because it promotes the exercise of professional judgement (Munro, 2011). In Serious Case Reviews the SCIE systems model is commonly used to identify factors in the work environment which support good practice, and those that create unsafe conditions in which poor safeguarding practice is more likely to occur (SCIE, 2012).

Further consideration has been given to this model as the government has recently announced that it will scrap local LCSB Serious Case Reviews and

replace them with a centralised framework based on a mixture of national and local reviews (Department for Education, 2016). The belief is that this will bring greater consistency as detailed in the Children and Social Work Bill [HL] 2016-17 (Department for Education, 2016). The proposed changes seem to relate to the level where serious case reviews will be undertaken rather than a rejection of the systems model in the application of practice. Using the SCIE systems model, people and processes, through their interaction, jointly create the system, which includes all the possible variables that make up the workplace and influence the efforts of frontline workers in their engagement with families. Practically, when the SCIE model is applied to Serious Case Reviews, the key themes for learning from the review and recommendations are categorised and analysed into six broad categories:

- Innate human biases (cognitive and emotional);
- Family-professional interaction
- Responses to incidents
- Longer term work
- Tools
- Management systems

While there may be overlaps between these categories, on a case by case review basis, themes from Serious Case Reviews that were undertaken tended to be limited only to some of the categories and not all of them (SCIE, 2012). Through the categorisation, at one level, the SCIE model contributes to the systematic identification of these themes, yet on the other it contributes to their systemic understanding.

In a Serious Case Review by the Bradford Safeguarding Children Board following the death of a four-year-old baby Hamza, Maddocks (2013), cognitive influences

and human biases during decision making emerged as one of the main themes, alongside concerns about tools for effective sharing and analysis of information. Cognitive influences and human biases relate to developing mind sets during decision making that are open to fresh or different information. Maddocks (2013) makes a crucial point stating that repeated exposure of professionals to intractable and longer term problems, can contribute to desensitisation and normalisation in their responses. In the same review by Maddocks (2013), child protection incidents were viewed and responded to in isolation and failing to identify patterns that represent harm to children, resulting in failure to identify the systemic patterns that represented harm to children. Positive family-professional interaction was exemplified in the relationship developed between C's mother and the Family Nurse Partnership in a serious case review for Child C and Child C's sibling (Bracknell Forest Local Safeguarding Children Board and Ohdedar, 2016).

Difficult family-professional interaction, on the other hand, were evidenced in a Serious Case Review for Child I in Lambeth, through identified hostile parental behaviour which distracted professionals from protecting the child (Griffin and Miller, 2015). Austin and Johnson (2016) in a Brighton and Hove Local Safeguarding Children Board's Serious Case Review for Liam, a 7-week-old boy with a life-threatening injury to the head presented key findings using a systems model based typology. The review found that when responding to incidents there was lack of understanding of the relationship between maltreatment in childhood and the impact of this on parenthood. This meant that social workers did not adequately identify the risk that care leavers (young people who have experienced being looked after by the Local Authority) such as Liam's mum might pose to their own or other children, yet they are left without the support they need as parents, and children can go unprotected (Austin and Johnson, 2016). With regard to the

longer term work category the same review found that professionals did not always share all the relevant information nor regularly record the information in the appropriate case records.

In another Serious Case Review of child B1 in Manchester, Maddocks (2016) found that, with regard to responses to incidents and practice tools used, there were delays in follow-up to incidents, and was evidence of limited use of assessment tools or frameworks. Examples of concerns which could be viewed as falling into the management systems category included social work cases being held on a duty system with the work becoming task orientated with a lack of understanding of case history, analysis of risk and ownership of outcomes (Austin and Johnson, 2016). Overall, the SCIE model provides a structure for systematically identifying and systemically analysing and understanding themes which may emerge from a particular child protection case to inform the required learning.

### **3.3 *Falkov's systemic Family Model***

Elements of Falkov's systemic Family Model (Falkov, 2013) combined with elements of the SCIE model. Falkov's Family Model is an integrated approach which is used to help understanding of the complex interplay between mental ill health in parents, the development and mental health of their children, and the relationships within family units that are affected by mental ill health (Falkov, 2013). The Falkov model illustrates the systemic intimate link between the mental health and wellbeing of the children and adults in a family where a parent is mentally ill. According to this model, mental health needs for an adult or parents affect the parenting and family relationships influencing the child's mental health

and development. In turn, the child's mental health and development needs affect the adult or parents which in turn affects the parenting and family relationships.

Falkov's Family model builds on Crossing Bridges, a government sponsored 'Training the Trainers' programme with a family focussed approach to training that addresses the needs of children and their mentally ill parents (Falkov, 1998; Mayes, Diggins and Falkov, 1998). To illustrate, Falkov's Family Model demonstrates that:

- Parental mental illness can affect children,
- Mental illness can affect parenting and parent-child relationship,
- Parenting can influence mental illness,
- Children's mental health can influence parental mental health.

This interactional relationship between and within the different parts of a family system is part of the rationale for drawing from some of the elements of this family focused model in the conceptual framework that was developed for this study.

Falkovs' model has also been used in the: *Think child, think parent, think family: a guide to parental mental health and child welfare*, which is a guide for professionals working with parents who have mental health problems and their children (SCIE, 2009). Underpinning this guide was the recognition and promotion of the importance of a whole family focused approach. Central to this model is that it provides a conceptual framework for professionals to consider the parent, the child and the family as a whole when assessing the needs of, and providing support, for families with a parent suffering from a mental health problem (Falkov, 2013). The model is premised on the belief that the family plays a central role on child's life and in turn, concerns such as parental mental health or child protection issues have a critical and enduring influence on the whole family.

Drawing on the elements of this conceptual model in this study, the experience of a child in an environment with parental mental health issues can be likened to the child's experience in other environments with problems such as domestic abuse, parental substance use, disability, child sexual exploitation, neglect or other forms of abuse. In fact, in the *Think child, think parent, think family guidance*, SCIE, (2009) acknowledged that the family focus of the Falkov's Family Model does not exclude the possibility that these parents may experience other health problems or disabilities, alcohol or substance misuse, learning difficulties or domestic abuse. The relationships between children and parents who experience these forms of abuse affect whole family relationships and in turn the family environment's ability keep the child or young person safe is also affected.

Elements of the Falkov's model were therefore adopted and applied to this study's conceptual framework because parental mental health, alongside high prevalence domestic abuse and parental substance misuse are considered to be the main problems among families involved in the child protection system (McGovern, 2012; Laird, (2014). In the recent government statistics for children in need, domestic violence and abuse flagged up in 48.2% assessments, while parental and child mental health was at 32.5%, parental and child substance misuse was at 35.5% with emotional abuse at 18% (Department of Education, 2015). The similarities between child protection concerns and the mental health circumstances where Falkov's Family Model has been applied therefore provided justification for the adoption and application of some of its elements to this study.

The key principle for Falkov's model is the holistic and intricate interplay between the child, parents and the family and their needs in mental health context (Falkov, 2013), hence its adoption in SCIE's think child, think parent, think family guidance

for parental mental health and child welfare practice (SCIE, 2009). Falkov's model is also consistent with the whole family-minded focus and not just the child in the ongoing efforts to rethink child protection practice as discussed in Chapter 1 and 2 (Clarke, 2015; Featherstone, White and Morris, 2014; Ibbetson, 2015; Morris, 2013; Parry, 2015; Scourfield, 2003; Wonnacott, 2015).

Additionally, the Falkov family model identifies the interactive relationship between children's needs, parent's or adult's needs, family needs, with protective and resilience factors and services that enable families to overcome adversity on one hand and on another with adverse risk factors and vulnerability stressors that increase the likelihood of a poor outcome. Children Services or Adult Services are also considered as dimensions to decision making and practice, alongside a component of culture and community as broader external environmental factors that influence and impact on individual children, young people and the whole family life as illustrated in Figure 3. 1 below.



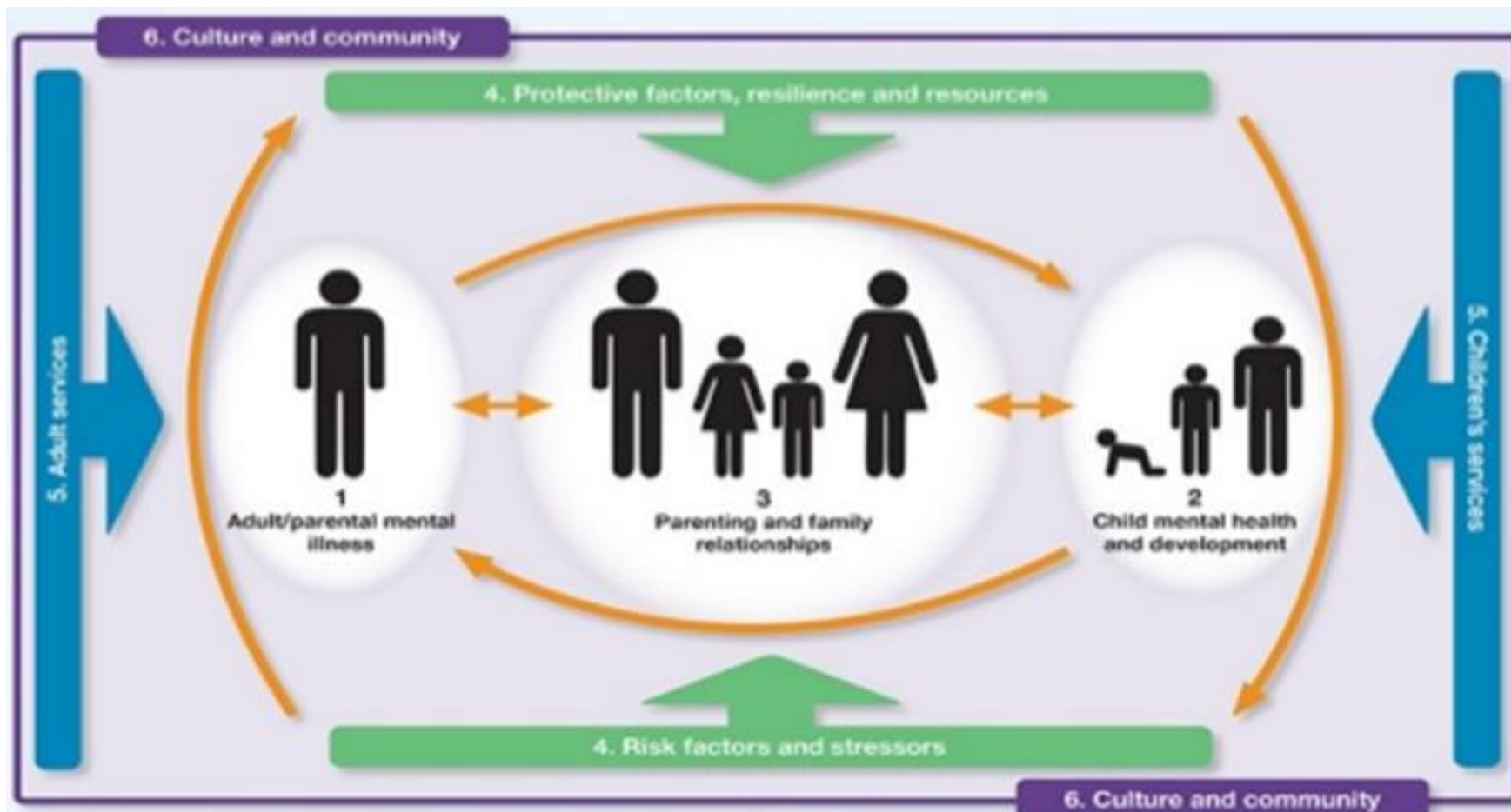


Figure 3.1 Falkov's systemic Family Model (Falkov, 2013)

In developing the conceptual framework for this study in line with Falkov's Family Model, the potential interaction between various influences was considered. For example, a parent who experienced adversity as a child would likely be vulnerable to either domestic abuse or substance misuse as an adult as well as potentially experiencing difficulties with adjusting to their parenting role. In turn, parenting difficulties as a result of either domestic abuse or substance misuse may adversely influence the health and development of a child for parents with such experience. When parents become violent, abusive or substance dependent, their relationship with their children suffers and parenting may also deteriorate, leading to emotional instability or turbulence in the child. Such interaction between various influences has implications for inter-professional collaborative child protection decision making and practice which this study set out to investigate, hence the relevance of Falkov's Family Model.

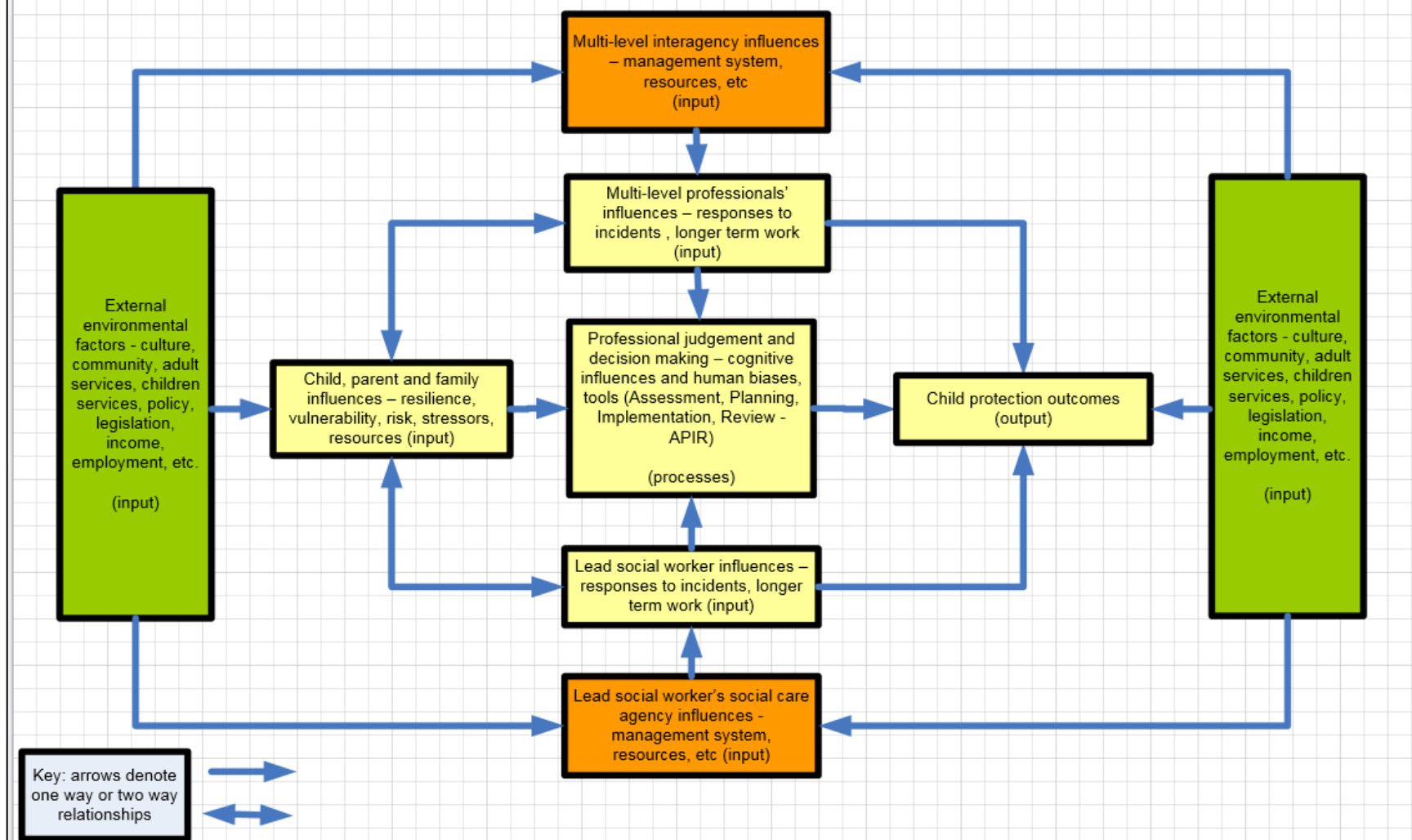
### ***3.4 Combining elements of the Falkov's systemic Family Model and the SCIE Learning Together systems model***

The adoption of the systems approach is widely recommended in the social work context and practice (Compton and Galaway, 1984; Kirst-Ashman and Hull, 2012; 2005; 2010; 2011; Wulczyn, et al, 2010). Munro, (2005; 2010; 2011) in particular has repeatedly advocated for the adoption of a systems approach to child protection practice. Among the benefits of adopting the systems approach is that systems are trans-disciplinary (Laszlo and Krippner, 1998) and according to Kirst-Ashman and Hull (2012) systems provide social workers with a conceptual perspective that emphasizes interactions among various components of child protection practices.

The elements of the SCIE learning model and Falkov's Family Model that were combined include: the systemic interaction between family-professional relationship; practice tools; management systems; the cognitive influence and human biases; responses to incidents and longer term work (SCIE, 2012). Also included from Falkov's Family Model (Falkov, 2013) is the interplay between the needs children or young people; parents and whole family unit; the resilience and protective factors on one hand and on the other, the risk, vulnerability and stress factors as well as the external environment factors such as culture, community and both children and adults services (see Figure 3.2 below). The interactional relationship between family and professional influences, including the lead social worker influences that are central to the conceptual framework of this study. The category of the cognitive influence and human biases in the SCIE model relates to the decision making which was also a key area of investigation in this study.

Consideration was given to the potential systemic interaction between the elements of both models and how these influence, and in turn are influenced by each other. The focus on parent, the child and the family as a whole in relation to other factors, in particular, is consistent with the emerging literature on family focused approaches to interprofessional collaborative child protection practice that has been referred to in Chapter 1 and 2 above.

**Figure 3.2: Conceptual Framework for interprofessional collaborative child protection decision making and practice which combines elements of SCIE learning together systems model (SCIE, 2012) and Falkov's systemic Family Model (Falkov, 2013)**



Combining components of the SCIE model and Falkov's Family Model in this study as shown in Figure 3.2 was aimed at facilitating systematic identification and the systemic analysis and understanding of how the multiple influences of the constituent parts of interprofessional collaborative child protection approach are influenced by, and influence, each other. This systemic interaction between influences is consistent with the characteristic of interconnected relationships between parts of a system (von Bertalanffy, 1969; Laszlo and Krippner, 1998). The relationship among the parts of a system are an important element in the structure and behaviour of any system which make it a functional whole (Boulding, 1985; Kirst-Ashman and Hull, 2012) while a dysfunction in one or more system or subsystems could lead to a state of atrophy – a state of dysfunction or decay in a system (Compton, Galaway and Cournoyer, 1984). Functional and dysfunctional states of a system are consistent with the conceptual position adopted in this study that some influences would either hinder or enable effective functioning of interprofessional collaborative child protection approach because of the interconnectedness and interdependence of parts of systems (von Bertalanffy, 1969). Similarly, because all social systems are open, the various influences from and on family members, lead social worker, various professionals and the external environment are synonymous with the systems inputs which influence the decision making process and the output or outcomes for interprofessional collaborative child protection decision making and practice (Dunlop, 1958; Katz and Kahn, 1978; O'Sullivan (2004; von Bertalanffy, 1969).

Both the SCIE model and the Family Model can be used in conjunction with the Framework for the Assessment of Children in Need and Their Families tool which was developed to provide a systematic way of assessing, analysing and identifying

children and young peoples' needs within their families and the wider environmental context (Department of Health, 2000). According to Falkov (2013) the framework of assessment tool complements operationalising the three domains on child development needs, parenting capacity and wider family and environmental factors. In this study, the framework for assessment framework was regarded as complementary to both the SCIE model and the Falkov's Family Model with regard to the systematic identification of influences and the systemic analysis and understanding of the mutual interaction between various components relating to the child, parents and the wider environmental factors.

The conceptual framework which was developed for this study provided an explanation, of what is still unknown, the main areas to be studied and the presumed relationships among them, both graphically and in narrative form (Miles and Huberman, 1994). The interactive and visual representation of conceptual framework facilitated the depiction of concepts under study and their relationship (Churchill, 2011) while also providing the rationale, integration, coherence, scaffolding and traceable steps for the research design strategy and process (Leshem and Trafford, 2007) which is discussed in detail in next Chapter 4.

The systems approach has been criticised for failing to explain how structural issues such as power or poverty operate within society (Houston, 2002). Without this understanding, social workers are often criticised for not being in a position to tackle the inequalities inherent therein. However, another strength of this conceptual framework could be that it enabled the identification of structural external environmental factors such as community, culture, policy, legislation, and various services for the whole family and the exploration of their interaction with other influences.

### **3.5 Conclusion**

The chapter has presented a conceptual framework for this study which was developed by combining elements of the Falkov's systemic Family Model and the SCIE Learning Together systems model. Elements of the SCIE systems model were considered relevant to the conceptual framework of this study because they are commonly used in Serious Case Reviews in the systematic identification and systemic analysis of child protection failures. The recent proposals to change the current Serious Case Reviews model, from local reviews to national reviews, was considered less likely to diminish the continued use and relevance of the SCIE model. The relevance of the systems approach, was also reinforced by Sidebotham, et al (2016) who in their recent report on the triennial analysis of Serious Case Reviews from 2011 to 2010 underscored the move towards deeper systems thinking in these reviews. On the other hand, Falkov's systemic Family Model was applied in the development of the conceptual framework for this study primarily because of its whole family focus, which is inclusive of the child, parent and family. This family focus is consistent with the emerging body of literature that recognises the central role played by parents, including fathers and the whole family in children and young people's lives. Crucially, both the Falkov's systemic Family Model and the SCIE Learning Together systems models recognise the systemic interconnection and interactive relationships between various influences, which is consistent with focus of this study. Above all, this conceptual framework was developed to aid the research design for this study, whose aim was to gain in-depth insights into the social workers' knowledge and understanding of factors that perceive as key influences to effective interprofessional collaborative child protection decision and practice, as discussed in the following Chapter 4.

## **Chapter 4: Research Methodology**

### ***4.1 Introduction***

Social workers have a statutory duty to take the lead in protecting children and young people from risk of harm (HM Government, 2015). Social work practitioner knowledge, therefore, alongside that of family members and other professionals is of utmost importance (Pawson et al, 2003; Trevithick, 2008; Mathews and Crawford, 2011; O'Sullivan, 2010). The responsibility and accountability attributed to the lead social worker for success in child protection practice is even greater in view of the recurrent concerns about failings of social workers in this role (Batty, 2005; Butler and Drakeford, 2011; Bedford, 2015; Harrington, 2015; Laming, 2003; 2009; Johnston, 2015; Wonnacott, 2015). The main rationale for undertaking this study was to gain an understanding of how social work practitioners' knowledge could contribute to improving social work policy, legislative, decision making and practice regarding collaborative child protection decision making in practice, given the ongoing reforms (BASW, 2016; Munro; 2011; Department for Education, 2014; 2015; 2016).

To reiterate, the aim of this study therefore was:

To explore social work practitioners' knowledge and understanding of the interprofessional collaborative child protection decision making and practice in order to inform the lead social worker role, social work policy reforms, new directions for practice, training and future research.

The specific research questions for the study were:

1. What factors do social workers perceive as key to effective interprofessional collaborative child protection practice?



2. How do social workers perceive decision making during interprofessional collaborative child protection practice?

The chapter discusses how this study provided answers to the research questions which are restated above. In particular, the chapter discusses how the systemic conceptual framework (SCIE, 2012; Falkov, 2013) which was presented in Chapter 3 contributed to answering the research questions following a review of published literature, including serious case reviews. Key decisions that were made throughout the implementation of the research plan are discussed in this chapter, including the justification for adopting the constructivist-interpretivist philosophical stance. A discussion is also provided regarding the choice of a qualitative research design, methods, strategies, processes and procedures as the research plan for this study. Additionally, the constant use of reflexivity and reflection throughout the research process is discussed. Ultimately, this study contributes to the better understanding of social workers' knowledge and perspectives of how factors that are key to effective interprofessional collaborative child protection decision making and practice can be identified and understood in line with conceptual framework which was proposed.

#### ***4.2 Constructivist-interpretivist paradigm***

A large body of published literature is in agreement that the philosophical stance adopted for a study determines the research design for that study (Denzin and Lincoln, 2013; Creswell, 2009; 2013; Schwandt, 1994; Bryman, 2012; Ponterotto, 2005). The choice of the constructivist-interpretivist paradigm in this instance was influenced by the nature of the research questions, insights from the literature review and the conceptual framework of the study (Creswell, 2009; 2013; Denzin and Lincoln, 2013; Teddlie and Tashakkori, 2009). In particular, the constructivist-

interpretivist paradigm facilitated gaining an in-depth understanding of social workers' perceptions of decisions that may determine the effectiveness of interprofessional collaborative child protection decision making and practice (Bryman, 2007; Denzin and Lincoln, 2013; Ponterotto, 2005; Whittaker, 2009). The adoption of the constructivist-interpretivist paradigm followed an initial consideration of the pragmatist mixed methods research design which was discovered to be methodologically incompatible and unsuitable during the course of this research. Mainly, this was because of the incompatibility between the positivist component of the mixed methods research design with the current discourse regarding epistemological beliefs, practice and decision making in relation to risk. A constructivist-interpretive epistemological perspective to risk assessment and decision making was adopted because it is consistent with relationship based reflective practice which embraces ambiguity, uncertainty and unpredictability about risk (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Titterton, 2005; Goddard et al, 1999; Ruch, 2007). The constructivist-interpretivist epistemological stance which was adopted in this study was in line with the recognition that it is not possible to predict future risk of harm accurately (Hawkins, 1988), and that there are limits beyond which uncertainty cannot be measured accurately such as in child protection practice (Heisenberg, 1962). Mason (1993) has argued that increasingly even in the positivist physical science world, uncertainty, rather than certainty, is also being embraced. Adopting a constructivist-interpretivist paradigm was consistent with the call to embrace ambiguity, uncertainty and unpredictability as argued above. The adoption of this constructivist-interpretivist philosophical stance was influenced by the need to fill the gap in knowledge regarding what social workers perceive as factors that are key influences to the effectiveness interprofessional collaborative child protection

decision making and practice. The term 'constructivist-interpretivism' is used in this study to convey the similarities rather than the differences between the two terms 'constructivism' and 'interpretivism'. The debate about the differences between the two terms was avoided in favour of focusing on similarities which have been widely acknowledged by researchers (Denzin and Lincoln, 2013; Merriam, 2010; Ponterotto, 2005; Schwandt, 1994). Merriam (2010) observed that, "constructivism is a term often used interchangeably with interpretivism" (p.9). In line with the way the terms were used in this study, Denzin and Lincoln (2013, p.208) also used "constructivism (or interpretivism)" interchangeably to describe its aim as that of gaining understanding by interpreting subject perceptions. Schwandt (1994) asserted that "the constructivist or interpretivist believes that to understand this world of meaning one must interpret it" (p, 222). Ponterotto, (2005, p.129) also uses the term "constructivist-interpretivism" when describing "constructivist (interpretivist)" paradigm. The adoption of the constructivist-interpretivist paradigm was therefore inspired by the desire to interpret the meanings from social workers' perceptions in order gain an in-depth understanding of the basis of their knowledge of interprofessional collaborative child protection practice and decision making. Yet, Shwandt (1994) also argued that to interpret meanings, itself is to construct and create the researcher's own meanings. This interplay between the construction and interpretation of realities and meanings between the researcher and the social workers has implications for the nature of the relationship between researcher and the research participant which has been described as the distinguishing characteristic of constructivism (Schwandt, 1994). Schwandt argued that only through this interaction can deeper meaning and understanding be uncovered. Ultimately, both the researcher and the participants jointly create or as

Schwandt put it, they co-construct findings through their interactive dialogue and interpretation.

The interpretation of how social workers constructed their multiple realities with regard to their perceptions of the factors that influence effective interprofessional collaborative decision making and practice in this study, was consistent with one of the fundamental ontological beliefs in both constructivism and interpretivism. In line with the argument presented above the application of the hyphen (-) between the terms in this study denotes similarities in the beliefs upon which these paradigms are rooted. The adoption of the constructivist-interpretivist paradigm therefore reflects the basis for the assumptions which were held about the nature of knowledge that this study sought to develop, which in turn determined the methods that were used in this study (Bryman, 2012; Denzin and Lincoln, 2013; Johnson and Onwuegbuzie, 2004; Creswell and Plano Clark, 2011). This philosophical stance also reflects the basic set of beliefs and values that guided all nature and conduct of this study (Denzin and Lincoln, 2013; Johnson and Onwuegbuzie, 2004). On the basis of that set of beliefs and values, the adoption of the constructivist-interpretivist stance in this study is therefore distinguishable from other paradigms or worldviews which were considered but deemed as unsuitable and incompatible such as the pragmatist paradigm, due to its positivist quantitative component as illustrated above (Denzin and Lincoln, 2013). Those beliefs included the nature of reality (ontological beliefs), how knowledge was gained in this study (epistemological beliefs), the role played by values in this study (axiological beliefs), and the process of this research (methodological beliefs) (Creswell and Plano Clark, 2011; Denzin and Lincoln, 2013; Johnson and Onwuegbuzie, 2004). These beliefs shaped this study with regard to the way the

world was seen and acted upon in line with the constructivist-interpretivist stance as illustrated further in the sections below.

Consistent with the constructivist-interpretivist stance, an inductive logic of reasoning was adopted in this study, which involved asking specific questions during interviews on participants' perceptions, as well as, observing child protection meetings in order to interpret meanings and gain a better understanding of collaborative practice and decision making influences (Plano Clark and Creswell, 2008). In congruence with the constructivist-interpretivist ontological beliefs regarding the nature of realities, by interpreting meanings from multiple narratives, through the interactive dialogue with research participants and alone as the researcher, it was possible to obtain rich data that were required for answering the research questions. The decision to adopt the constructivist–interpretivist paradigm for this study, was informed by the beliefs and persuasion that research participants in this study had different worldviews or multiple views regarding the nature of reality regarding the research questions for this study (Denzin and Lincoln, 2013; Johnson and Onwuegbuzie, 2004; Creswell and Plano Clark, 2011). The multiple narratives were then analysed thematically to enable interpretation of meanings and understanding as discussed later under the data analysis section of this chapter. According to Whittaker, (2009), while generalisations do not occur with findings from inductive qualitative studies, gaining an in-depth understanding and meaning, as was the case with this study, remains the primary focus of qualitative studies.

As described above, in this study a close relationship with research participants, was necessary in the joint construction of multiple realities and interpretation of meanings, which involved the interactive dialogue with research participants alone

as the researcher in order gain an in-depth understanding, despite the inherent subjectivity in constructivist-interpretivist research (Schwandt, 1994). Different descriptions have been used to illustrate this inseparable close subjective relationship between the researcher and what is being researched (Creswell and Plano Clark, 2011) or between the knower and the known (Tashakkori and Teddlie, 1998). While Ponteretto (2005) described this relationship as the interaction between the investigator and the object of investigation (p.129), Denzin and Lincoln, (2013) described the same relationship as between the enquirer and the known. This epistemological stance is also consistent with the critical and reflective relationship based professional decision making and discretion which embraces uncertainty, ambiguity and unpredictability about risk as alluded above (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Ruch, 2007; Titterton, 2005).

The treatment of biases and subjectivity in this study was also informed by the constructivist-interpretivists' belief that all social inquiry is value-bound (Plano Clark, 2008) and that researchers should actively talk about their biases and interpretations, according to Creswell and Plano Clark (2011), while recognising the difficulty of making completely value-free and objective (Snape and Spencer, 2003). While accepting that there are inherent biases and subjectivity associated with the adoption of a constructivist-interpretivist stance, it was possible to maintain reflective and reflexive attentiveness in order to enhance rigour and trustworthiness about this study and its findings (Bradbury-Jones, 2007; Savage, 2007). Accepting and dealing with biases and subjectivity helped reduce the influence of what was already known from practice, as an experienced social work practitioner, social work academic and passionate former child protection

chairperson (Peshkin, 1988). As discussed later under ethical considerations for this study, reflections were made at various levels or perspectives, as the experienced social worker, the social work academic and the former child protection chairperson, in line with this reflective framework by Peshkin, (1988). Constant reflection and reflexivity throughout the study acted as filter for the assumptions and interpretations already held, while also providing the critical insider-outsider perspective to issues, given the stated passion and experience in child protection practice (Rouf, Larkin and Lowe, 2011). Admittedly, standing back was sometimes challenging because of the deep-seated positions and stated passions on certain child protection issues, in particular, with regard to the assumptions held about certain factors that influence the effectiveness of interprofessional collaborative child protection decision making and practice. Since the distinguishing characteristic of constructivist-interpretivism is the centrality of the interaction between the investigator and the object of investigation (Creswell and Plano Clark, 2011; Denzin and Lincoln, 2013; Ponteretto 2005; Schwandt, 1994; Tashakkori and Teddlie, 1998), the contribution of Peshkin's reflective framework was critical throughout this study.

The language of research rhetoric writing used in this report was also influenced by the constructivist-interpretivist stance. This writing stance helped to tell the story regarding what actually happened, how it actually happened, why it happened, when it happened and with whom during the different stages of the research process in order to convey understanding and meanings from the study (Holliday, 2007). Writing in constructivist-interpretivist qualitative research becomes very much an unfolding story in which the writer gradually makes sense, not only of the data, but of the total experience of which it is an artefact (Holliday,

2007). The language used in this thesis was intended to convey the research process and outcomes, with the entire written text weaving through experiences, meanings and understandings into its analyses, explanations and the reading (Mason, 2002), and through credible descriptions (Teddlie and Tashakkori, 2009). The implications for this form of writing rhetoric is that for the meaning to be clear, from a constructivist-interpretive perspective, the voice of the researcher as the writer must become a major ingredient of telling the whole story and conveying the credible research process and the evidence.

### ***4.3 The qualitative research design strategy***

The qualitative research design acted as the blueprint and an outline of the plan for conducting a study that is credible and trustworthy (Lincoln and Guba, 1985; Polit and Hungler, 1999). Designing and implementing this research plan enabled the study to obtain the intended findings or answers that it set out to achieve (Burns and Grove, 2001).

The choice of the qualitative design for this study was partly influenced by the methodological beliefs of the constructivist–interpretivist paradigm which provided the foundation and anchor for the qualitative research methods and processes (Creswell and Plano Clark, 2011; Denzin and Lincoln, 2013; Johnson and Onwuegbuzie, 2004; Lewis, 2003; Pontoretto, 2005). As with the choice of a philosophical stance for this study, the choice of the qualitative research design was determined primarily by the nature of the research questions, findings from the literature and the conceptual framework of the study. In this instance it was the desire to understand through interpreting meanings of the social workers' multiple constructs regarding what factors they perceive as key influences to the effectiveness of interprofessional collaborative child protection decision making



and practice. The knowledge gaps from the published literature and serious case reviews exposed a critical flaw in what is already known. The literature review established that there are multiple isolated influences, contrary to the conceptual framework presented in Chapter 3, which proposed that the factors perceived to be the key influences to the effectiveness of interprofessional collaboration would more likely have an interdependent interactive systemic relationship than exist in isolation (SCIE, 2012; Falkov, 2013).

The use of qualitative research methods such as interviews and observations provided the opportunity to gain an in-depth understanding through interpretation of discernible meanings of social workers' perceptions and what actually happens at child protection meetings with regard to decision making and practice. The belief that research participants have different multiple perceptions on these aspects of protecting children and young people evidenced that the study was consistent with the constructivist-interpretivist paradigm which subscribes to the ontological belief in multiple realities (Denzin and Lincoln, 2013; Ponterotto, 2005). Assumptions which informed the systemic conceptual framework were made about the likelihood of the interprofessional collaboration influences having an interdependent systemic relationship than exist in isolation.

A close relationship with research participants in order to facilitate gaining of an in-depth insight and understanding of the research participant's perceptions (Bryman, 2007; Denzin and Lincoln, 2013; Whittaker, 2009). The biases and subjectivities that come with such a close relationship between researcher and the research participants were managed through constant reflection and reflexivity in line with the constructivist-interpretivist paradigm as discussed above. Because qualitative inquiries seek to gain in-depth insight and transferability as opposed to

generalizability, small samples were therefore preferable to larger samples for this study (Denzin and Lincoln, 2013; Whittaker, 2009). Although not generalizable, transferrable findings from in-depth constructivist-interpretivist qualitative researchers can be relevant in other similar contexts and situations (Lincoln and Guba, 1985). There was recognition that what is important is not only the generalisability or transferability of qualitative findings, but also the credibility and trustworthiness of the study (Teddlie and Tashakkori, 2009).

The qualitative research design for this study combines two qualitative research methods, namely semi-structured interviews and non-participant direct observation method. Interviews and observations are recognised as two of the main qualitative research methods (Bryman, 2012; Denzin and Lincoln, 2013; Rubin and Rubin, 2005; Whittaker, 2009). In this study, the rationale for combining two qualitative research methods was to compare, through triangulating findings from both strands of interview and observation data, in order to establish either, convergence and divergence in the findings. The advantage of triangulation was to enhance rigour, trustworthiness and credibility of this study (Flick, 2002; Lincoln and Guba, 1985; Wilson, 2014). Triangulation also enabled the development of a comprehensive understanding of the issues under investigation (Patton, 1999) as well as providing a greater perspective about the data (Denzin, 1978). O'Cathain, Murphy and Nicholl, (2010) also argued that triangulation can be used to describe corroboration between two sets of findings. A number of researchers have adopted a triangulation strategy involving triangulation of data from two qualitative methods (Björk, 1999; Carter, et al, 2014; Decrop, 1999; Patton, 1999). Björk, (1999) triangulated data obtained from observing nurses with patients as well as data from interviewing nurses and patients in order to gain an in depth

understanding of their perceptions with regard to nurses' actions and patients' satisfaction. Carter, et al, (2014) observed that triangulation which involves interviews, observation, and field notes is frequently used in qualitative research. Patton, (1999) argued that a single method can never adequately shed light on a phenomenon and using multiple methods can help facilitate deeper understanding. Likewise, Decrop (1999) argued that information that comes from different angles can be used to corroborate, elaborate or illuminate the research problem. The research questions remained the same for the different samples and data collection instruments that were used; the rationale and how triangulation of data as a strategy was used is provided later under the data analysis section of the chapter.

Combining methods from different research traditions was also considered but in this instance ruled out as inappropriate for this study for various reasons. The main reason for not adopting methods from different research traditions such as mixed methods was the lack of a philosophical fit. For example, there is a compelling epistemological argument about the inappropriateness of predictive positivist quantitative tools in gaining knowledge on assessment and management of risk, partly due to the validity concerns about these tools (Broadhurst, et al, 2010; Denney, 2005; Stalker, 2015; Goddard et al, 1999; Høybye-Mortensen, 2013). Also considered, but later ruled out, were various mixed methods triangulation research designs (Creswell and Plano Clark (2009; Greene and Caracelli, 1997). Additionally, the use of a small quantitative sample as part of the mixed method design which was considered initially, would not to have had any meaningful statistical significance or complementary value, either, hence the idea was discarded. Featherstone, White and Morris (2014) also observed that there

has been a desire to move away from imposing meanings on statistics to exploring lived experiences in families, with the exception of those families in trouble who may not always speak freely about their difficulties, hence the need for innovative methodologies such as diaries. Epistemologically, adopting a qualitative research design in this study was therefore consistent with the use of qualitative systematic professional judgement, and critically reflective relationship based child protection practice (Broadhurst, et al, 2010; Denney, 2005; Stalker, 2015; Titterton, 2005; Goddard et al, 1999; Ruch, 2007). In short, methods from other research traditions were considered unsuitable for answering the research questions for this study because of the incompatibilities at both philosophical and research design levels.

The adoption of the qualitative research design which combines two qualitative methods for purposes of triangulating findings from both methods was a consequence of carefully considered decision making which included discounting other research designs as illustrated above. The choice of the suitable qualitative research design led to the development and adoption of data collection strategies, methods and processes for answering the research questions that includes the data collection strategy, sampling strategy, ethical considerations and the data analysis strategy. For a visual illustration of the decision making processes and steps that were followed throughout this study, see Appendix 12. Before discussing the methods and various strategies for this study it is critical that the contextual setting and timeframe are provided.

#### **4.3.1 Study setting**

The section describes the setting where this occurred and the justification regarding why only one local authority was used as the study setting for this study. The setting for this study was a large Local Authority in the East of England, UK.

Providing a sufficiently thick contextual information about the setting for the study and time frame, is provided in qualitative studies to facilitate transferability of findings to different settings considering the limitations to generalisability (Lincoln and Guba, 1985; Shenton, 2004). The concept of transferability is discussed more in-depth later on in this chapter. This particular local authority was purposefully chosen as the setting for this study because of the capacity it provided for answering the research questions (Bryman, 2012; Whittaker, 2009). Because of its close proximity and accessibility, it made it possible to undertake this study given the limited resources and availability of time. Interviews and observations were undertaken in geographically different parts of the county in order overcome the possibility of coming into contact with both social workers and family members who were familiar to the researcher. The choice of the study setting was also heavily influenced by the terms set out by the Local Authority's Research Ethics Governance Committee (see section on Ethical Considerations for this study for a more detailed discussion of this issue). The geographical setting was a large County with five council districts resulting from several local government unifications over years and with a larger urban and rural population. After London (37%), the East of England is regarded as having the third highest percentage of the population (12.0%) born abroad, after South East (12.4%) the West Midlands (12.1%) (Hawkins, 2016). Because of the diversity of the county it was not considered necessary to involve another local authority in this study. However, with the benefit of hindsight, involving another local authority may have provided the study with another perspective. The study was carried out within the Children and Young People' Services of the Local Authority in three areas of the County. The main gate keepers were the Service Manager and Child Protection Chairperson at the time and two other Service Managers of the Children and

Young People' Services for two County Areas; they provided access to child protection conferences and core group meetings which were observed. According to Creswell, (2009) gatekeepers are individuals at research sites who provide access to the site and allow or permit a qualitative research study to be undertaken. The role of gatekeepers is discussed later in relation to ethical considerations in this study.

#### **4.3.2 Study time frame**

This study was conducted over a six-year period (2010 – 2016) and approval for the study was granted in December 2010 by the University Faculty Research Degrees Subcommittee. The application for ethical approval was made in November 2010 to the Local Authority's Research Ethics Governance Framework Coordinator and was granted on 24 October 2011. Between November 2011 and July 2012, non-participant direct observations of child protection meetings and semi-structured qualitative interviews were conducted concurrently. The data analysis and write-up occurred between 2012 and 2016; the data analysis being a continuous process (Glaser, and Strauss, 1967; Mason, 2010; Dworkin, 2012). On reflection, one of the advantages for undertaking this study over this length of time is that it enabled a deeper reflection and understanding of the issues that the study set out to investigate. The downside, however was mainly the fact that child protection practice is constantly changing and there were a number of changes that occurred which were relevant to this study. For example, the working together guidance to safeguard children and young children changed from the HM Government, (2010) guidance, to the HM Government, (2013) guidance and again to the HM Government, (2015). While these changes may not have directly affected the design, data and findings of this study, it was important to update the literature review. The implications for other

changes such as the reorganisation of the Local Authority's Children and Young People's Services into the systemic unit model which coincided with the start of this study are discussed in various parts this report. However, before discussing the sampling strategy it is important to clarify what units of analysis for this study were the focus of all data collection efforts.

#### **4.3.3 Units of analysis**

The definition of a unit of analysis is related to the way the research questions are defined and each unit should have a category or level of analysis (Titscher, 2000; Yin, 2009). In this study, the units of analysis were set on two levels; the child protection meetings (observations) and the individual social workers (interviews). Both, interviews and observations were designed to answer the research questions and therefore designating the unit of analysis involved the process of decision making that led to the outcomes of this study. This was consistent with Miles and Huberman (1994) who asked researchers to clearly define the boundaries of their units of analysis by making sure that they focus on the "heart" so that they are clear about what will and will not be studied (p.25). Units of analysis can vary in terms of nature and size of the social unit such as individuals, individual roles, subunits, small group, organisation, a community or settlement or a nation, or temporally, as in events, processes or episodes (Miles and Huberman, 1994; Yin, 2009). Both, units of analysis, in this instance enabled the study to obtain answers to the research questions regarding what was perceived and observed as the factors that are key to effective interprofessional collaborative child protection practice and decision making. As illustrated in Chapter 1, lead social workers' perceptions in this study were taken into account because collaborative child protection practice relies heavily on social workers' practitioner knowledge and stewardship (Mathews and Crawford, 2011; O'Sullivan, 2010;

Pawson et al, 2003; Trevithick, 2008) in line with relevant policy guidance and legislation (HM Government, 2015; Children Act, 1989). Despite the differing positions they may have about the issues under discussion, professionals and family members rely on social workers' knowledge and expertise for guidance and leadership regarding this approach (HM Government, 2016). The rationale for prioritising social work practitioner knowledge is presented in the introductory Chapter 1. Omitting the views of family members and other professionals, is acknowledged as a limitation for this study.

The child protection meetings which were observed provided the opportunity to compare and establish either, convergence or divergence between the two sets findings, as already discussed above. In particular, child protection meetings such as child protection conferences and core groups were chosen because they represent a suitable naturalistic environment of observable interprofessional collaborative child protection practice (Denzin and Lincoln, 2013). The environments provided by child protection conferences and core groups in this study made it possible to observe and listen to the interaction between social workers, other professionals and family members. This enabled the comparisons between what social workers had said during the interviews and what was being observed at the meetings. Observing these child protection meetings in these naturalistic settings as units of analysis was also intended to make it possible to interpret meanings of what was observed with regard to how it influenced the effectiveness of interprofessional collaborative child protection practice and decision making. Admittedly, not everything that social workers said was observable and similarly, not everything that was observed was also raised by social workers during interviews. Such discrepancies in the data were addressed



to some degree through triangulation of findings from this study. In short decisions regarding the units of analysis involved streamlining issues on who to interview, which meetings to observe, as well as which individuals and meetings to exclude in order to obtain a suitable sample for the study in line (Miles and Huberman, 1994). These decisions regarding the delineation of the units of analysis influenced the sampling strategy that was adopted and therefore a more detailed discussion on this is provided below.

#### ***4.4 Purposive sampling strategy***

This section discusses the strategy that was used to identify the samples for this study. The discussion includes procedures that were followed in the selection of the sample sizes and the rationale for adopting a particular sampling strategy ahead of others.

The selection of these units of analysis involving interviews with social workers and observations of child protection meetings was done in a manner that maximised the ability to identify and explore factors that social workers perceived as key to effective interprofessional collaborative child protection practice and decision making (Bryman, 2012; Dworkin, 2012; Miles and Huberman, 1994; Teddlie and Tashakkori, 2009). As with all other aspects of the research design, the sampling strategy employed in this study therefore, was driven by the need to answer the research questions, the constructivist-interpretive philosophical stance and the qualitative research design of this study (Bryman, 2012; Creswell 2012; Dworkin, 2012; Lincoln and Guba, 1985; Mason, 2010). The purposive sampling method was adopted as a strategy for identifying both, the interviews and observations samples. Purposive sampling has been described by Bryman (2012) as a procedure of choice for most students and writers in qualitative research.

According to Whittaker, (2010), purposive sampling is also known as judgemental sampling because of the role the researcher judgement in the choosing the suitable sample, as was the case with this study. Researcher judgement was used to identify social workers and child protection meetings that offered the best opportunities for choosing a sample that is likely to yield useful information (Whittaker, 2009). The decision to adopt a purposive sampling strategy also lent itself well to the epistemological stance for this study with regard to the small size of the sample and nature of the relationship between the researcher and research participants as discussed above (Creswell and Plano Clark, 2011; Denzin and Lincoln, 2013; Ponteretto, 2005; Tashakkori and Teddlie, 1998; Schwandt, 1994). Ultimately, the relatively smaller samples identified through purposive sampling in this study enabled the identification and the exploration of the factors that social workers perceived as key to effective interprofessional collaborative child protection practice and decision making. There are a number of other considerations that determined the size the samples in this study, as discussed below.

#### **4.4.2 Sample sizes and saturation**

This study relied on a sample of sixteen (n=16) participants who were experienced social workers with child protection case responsibility who were interviewed, as well as a sample of twenty (n=20) child protection meetings which were observed. As previously indicated, smaller sample sizes used in this study was consistent with gaining an in-depth understanding of meanings and not making generalisations (Bryman, 2012; Dworkin, 2012; Rubin and Rubin, 2005; Whittaker, 2009). The sizes of the samples in this study therefore were determined through the application of the principle of saturation, which is a point of diminishing return to a qualitative sample (Mason, 2010; Ritchie and Lewis, 2003). This is the point at

which the collection of new data does not shed any further light on the issue under investigation (Glaser, and Strauss, 1967). With regard to this study, the saturation point was therefore reached when additional interviews or observations did not bring about any changes to the emerging themes and the conceptual framework. While saturation is often viewed as a sampling activity only, in this study sampling, data collection and data analysis were interwoven and continued to the point of saturation (Mason, 2010). Although theoretical saturation has its roots in theoretical sampling which is used mainly in grounded theory studies (Glaser and Strauss, 1967), in this instance it was used to ensure robustness of the data.

In a qualitative study which used semi-structured interviews to explore perceptions of obese patients, Brown, et al, (2006) achieved saturation by undertaking sampling, data collection and data analysis concurrently to enable emerging themes and the dimensions to the conceptual framework in the study to be investigated. Similarly, in this study saturation was interwoven concurrently during sampling, data collection and data analysis. There seems to be some agreement that the concept of saturation is the most important factor to think about when mulling over sample size decisions in qualitative research (Charmaz, 2006; Dworkin, 2012; Mason, 2010; Morse, 1994).

The use of saturation in sampling in this study therefore not only facilitated sampling but it contributed to analysis and understanding of qualitative data from the outset, during data collection and data analysis (Wilmot, 2005). Without that analysis and understanding of data during sampling it would have been difficult to arrive at the saturation point. This is consistent with view expressed by a number of researchers that data analysis occurs throughout data collection and analysis

and not necessarily during the conventional data analysis stage (Bryman, 2012; Creswell, 2009; Rubin and Rubin, 2005; Whittaker, 2009).

As there are no rules for sample size in a qualitative inquiry other than the credibility of the sample (Patton, 2002), this study was guided by the principle that the sample must be large enough to assure that most or all of the perceptions that might be important are uncovered and that when it is too large data becomes repetitive and, eventually, superfluous (Mason, 2010). Qualitative purposive samples which are below 30 or fewer are commonplace (Teddlie and Tashakkori, 2009), while Guest, Bunce and Johnson (2006) demonstrated that for most studies whose aim is to understand common perceptions and experiences among a group of relatively homogeneous individuals, twelve interviews should suffice. In this study, the accessibility and selection criteria of the research interview participants and meetings to be observed, as agreed by the local authority's ethics governance committee was a consideration, although not a constraint. The discussion on how research participants were recruited and child protection meetings selected below demonstrates the attempts which were made to achieve saturation despite the inherent challenges and the sensitivity of child protection ethical issues surrounding accessibility of the participants and the child protection meetings.

#### **4.4.3 Recruiting interview participants**

According to the working together guidance to safeguard children and young people a lead social worker should be "a qualified, experienced social worker and an employee of the lead statutory body" (HM Government, 2015 p.43). Qualified and experienced lead social workers with child protection case responsibility were recruited with the help of service managers in three local authority areas acting as

gatekeepers who provided details of all social workers who met the criteria, helped with introductions and explaining the study where necessary. A combination of strategies for approaching participants were employed, including, phoning, sending emails and face-to-face introductions and invitations to participate. Information about the study was shared and informed consent to participate obtained from each participant (see Appendices 7 and 10). Recruiting participants was on the basis of 'first come, first served' criterion, which is consistent with purposive sampling (Bryman, 2012; Whittaker, 2010). Recruitment continued on this basis until saturation was achieved, although in actual fact saturation was interwoven concurrently throughout sampling, data collection and data analysis, as previously indicated (Brown, et al, 2006). On reflection, despite appearing as simply process initially, recruiting the participants was frustrating as some participants often did not respond to emails and others cancelled at short notice. There were also instances where social workers changed to other locations outside the agreed study area or others, who having committed to the interview date, suddenly left employment before they could be interviewed. In such situations, another social worker who matched the sampling criteria would be recruited. Attrition occurred even during the actual interviews where an interview could be stopped if an emergency requiring social worker's attention occurred. One interview, for example, was terminated after only five minutes due to work related emergency and efforts to reconvene at a later date were futile leading to a replacement being sought. Replacing interview participants who were no longer accessible became a recurring endeavour until such a point when it became apparent during the later interviews that responses from the participants were increasingly becoming repetitive and no new information was coming in. This was evidence of saturation which suggested that there was nothing more to be gained

from each subsequent interview. Decidedly, the sixteenth interview in this instance therefore became that point at which the collection of new data from further interviews did not seem to shed any new insights on the issues under investigation (Glaser, and Strauss, 1967) or point of diminishing returns for the purposive sample (Mason, 2010). As Dworkin (2012) suggested, this was the point at which no additional data brought any new dimensions to the emerging themes and the conceptual framework. The decision taken at this point was certainly consistent with the principles and guidelines about saturation as discussed above (Mason, 2010).

#### **4.4.4 Sample profile of interview participants**

All 16 social workers who were selected for the interview sample were qualified social workers with case holding responsibilities for child protection cases. 13 of them were qualified in social work up to first degree level while three were qualified to post graduate level. Seven of these social workers had less than five years of post-qualifying work experience in child protection practice while nine had more than five years of work experience. Only two social workers were agency employees while the rest were council employees. There was only one male social worker in the sample which anecdotally could be a reflection of the gender composition within the social work profession (Scourfield, 2003; 2014; Featherstone, 2006). All participants were also uniquely identified throughout the study to ensure confidentiality. For example, SW01 denotes the first interview while SW16 denotes the 16<sup>th</sup> and final interview. Table 4.1 below provides profiles and characteristics of interview participants in the sample of this study.

<b>Child protection case holding status</b>	<b>Breakdown</b>
• Case holder	16
• Non case holder	0
<b>Qualifications</b>	
• Undergraduate	13
• Post graduate	3
<b>Post-qualifying experience</b>	
• Below 5 years	7
• More than 5 years	9
<b>Employment status</b>	
• Council	14
• Agency	2
<b>Gender</b>	
• Male	1
• Female	15
<b>TOTAL</b>	<b>16</b>

**Table 4.1 Sample profile and characteristics of interview participants**

#### **4.4.5 Selecting child protection meetings**

The identification of 20 child protection meetings which were observed was also arranged purposively through the social workers who had been identified as research participants and the service managers acting as gatekeepers. This involved identifying meetings that fulfilled the criteria which is discussed in the section below. Some child protection meetings that were selected were for cases that some interview participants were involved with as case holders, while others were not. Because of that arrangement, some of the challenges which have been discussed above, in relation to interviews were relevant to selecting child protection meetings that were observed. For example, changes to social workers, occasionally led to changes to meetings where the social worker was the one arranging observation. Similarly, because attendance to child protection meetings required express consent from family members and most importantly the children themselves, in accordance with the ethics approval for the study, such changes and communication lapses often led to cancellations and rearrangements of direct observations. As with the interviews, by the 20<sup>th</sup> direct observation the emerging

issues or themes had increasingly become monotonous, in line with the point of diminishing returns when there were no new insights from further observations (Glaser, and Strauss, 1967; Mason, 2010). At that point, a decision was made that the point of saturation had been reached since there were no insights or emerging themes or the new dimensions to the conceptual framework were being added to the existing data. Similarly, as with the interview sample, saturation in the observation sample was interwoven concurrently during sampling, data collection and data analysis (Brown, et al, 2006). As with the interviews the element of subjectivity could not be ruled out but consistency with the principles and guidelines about the concept of saturation had been achieved (Mason, 2010). Once identified the children and parents or carers involved were approached individually with information sheets and consent forms (see Appendices 5 and 8 for children and 6 and 9 for parents or carers). Informed consent which was sought from family members who consisted of parents and children before any direct observation could be made also served ethical considerations.

#### **4.4.6 Sample profile of child protection meetings observed**

The 20 child protection meetings that were observed consisted of ten child protection conferences and ten core group meetings involving five different child protection cases as illustrated in Appendix 13. The cases and meetings were anonymously and uniquely identified as described below. For example, the first initial child protection conference meeting that was observed is identified as C1CP1, while the second core group meeting for the same case would be identified as C1CG2.

In particular, the child protection conferences (C1CP1 and C1CP2) and core group meetings (C1CG1 and C1CG2) relates to a case that involved a baby born to a



young parent in an environment of neglect, substance misuse and parental mental health. There were parenting capacity issues due to a chaotic lifestyle as well as concerns for the young mother's inappropriate acquaintances. While 12 people attended the initial child protection conference (C1CP1), nine people attended the review conference (C1CP2), with seven people attending each of the core group meetings (C1CG1 and C1CG2). The main professionals involved in these child protection meetings included, the social worker, housing officer, the general practitioner, the child protection chairperson and minute taker, community psychiatric nurse, health visitor, community mental health nurse, drug and alcohol misuse worker and a support worker. Family members who attended included two grandparents, the mother, the baby and the father who only attended the review conference.

Child protection conferences (C2CP1 and C2CP2) and core group meetings (C2CG1 and C2CG2) on the other hand, involved an unborn baby to a pregnant young parent with a child protection plan and her siblings who were also subject of a child protection plan. There was a long child protection history in respect of neglect, emotional abuse due to domestic abuse, multiple moves, substance misuse and a chaotic lifestyle. As indicated in Appendix 13, the initial child protection conference (C2CP1) was attended by 16 people while half that number attended the review conference (C2CP2). The two core group meetings (C2CG1 and C2CG2) were attended by six and eight people, respectively. Reflecting on practice experience as a child protection chairperson, initial child protection conferences tend to have a higher attendance than review conferences. Professionals and agencies involved with the case included three social workers and a student social worker due to involvement of other siblings, an Integrated

Youth Support Service worker, health, specialist midwife, four teachers, support worker, conference chairperson and minute taker. Family members included the mother of the unborn baby and a grandparent who only attended the initial child protection conference.

The child protection conferences (C3CP1 and C3CP2) and core group meetings (C3CG1 and C3CG2) involved three children with child protection plans. Main concerns were child neglect and parenting capacity, non-engagement with professionals, children's safety, parental mental health, alcohol misuse, lack of routines and school attendance for children. Eight people attended the initial child protection conference (C3CP1) while seven attended the review conference (C3CP2). The two core groups (C3CG1 and C3CG2) were attended by four and five people, respectively. Key professionals who attended the child protection meetings included the social worker, line manager representing the social worker at other meetings, chairperson and minute taker, school nurse, head teacher and teacher, child's advocacy worker, youth development worker. The mother attended all the meetings with father attending the initial child protection conference only.

Child protection conferences (C5CP1 and C5CP2) and core group meetings (C5CG1 and C5CG2) involved physical and emotional abuse regarding a two-year-old in an environment of domestic abuse, parental mental health, chaotic lifestyle with no routine and criminal behaviour with police involvement due to mother's inappropriate acquaintances. Nine people attended the initial child protection conference (C5CP1) while seven attended the review conference (C5CP2). The two core groups (C5CG1 and C5CG2) were attended by four and three people, respectively. The main professionals involved in the case were the chairperson and minute taker, Sure Start worker, health visitor, social work team

manager and new social worker, nursery manager and nursery inclusion worker. Family members included father, mother and paternal aunt, although the father's attendance was erratic.

The child protection conferences (C6CP1 and C6CP2) and core group meetings (C6CG1 and C6CG2) involved four children with a child protection plan for neglect and emotional abuse. The family had a long history of domestic violence, parental mental health and parenting capacity concerns with the physical and emotional needs for the children not being met consistently. 12 people attended the initial child protection conference (C5CP1) while 13 attended the review conference (C5CP2). The two core groups (C5CG1 and C5CG2) were attended by nine and 11 people, respectively. Both the mother and the father attended all the meetings and one child attended one core group meeting (C6CG2) with a grandparent attending. The professionals who were involved at the child protection meetings that were involved included child protection chairperson and minute taker, social worker, school nurse, family support worker, nursery manager, health visitor, mental health nurse, support worker, learning mentor, project worker, business manager and a senior social worker (mental health).

In short, all child protection meetings involved a cross-section of child neglect, physical and emotional abuse resulting from either, domestic violence, parental mental health issues, substance misuse, inappropriate acquaintances and chaotic lifestyles or inadequate parenting capacity. Mainly, children did not attend either because they were unborn or too young. Mothers attended most of the meetings with fathers attending half and grandparents attending a quarter of the meetings. The attendance of fathers which was considered in the literature review (Featherstone, Rivett and Scourfield, 2007; Featherstone, 2009; Ferguson 2016;

Walters, 2011; Maxwell et al., 2012) and in serious case reviews (Clarke, 2015; Ibbetson, 2015; Maddocks, 2012; Parry, 2015; Wonnacott, 2015) was comparable to that of grandparents who are not necessarily primary care givers but part of the family support network. Social work, health, education and support workers were the most regular professionals who attended. Altogether, professionals and family members at one time or another, attended meetings that were observed a combined total of 164 times (see Appendix 13). The above two samples were the source of data that the data collection strategy relied on to answer the research questions in this study as discussed below.

#### ***4.5 Data collection strategy***

Before the actual collection of data in this study an overall data collection strategy was developed. Data collection relied on two qualitative research methods, namely; semi-structured interviews and non-participant direct observations, with two samples described above as the source of data. This section of the methodology chapter discusses the data collection strategy. The data collection strategy for this study included the design and development of data collection techniques, instruments as well as the data collection activities (Creswell, 2009; Gill, et al, 2008; Kvale, 2007; Sandelowski, 2000; Teddlie and Tashakkori, 2009). More specifically, this section of this chapter discusses how the semi-structured interview guide was developed and used to gather the perceptions from 16 social workers regarding factors that they perceive as key influences to effective interprofessional collaborative child protection practice and perceptions about decision making for this approach. Similarly, this data collection strategy, includes a discussion of how the direct, non-participant observation sheet was developed and used in the observation of the sample of 20 child protection meetings in order to compare these findings with those from interviews. As with all other aspects of

the research design, the data collection strategy employed in this study was driven by the need to answer the research question in line with the conceptual framework of this study (Mason, 2010; Dworkin, 2012).

#### **4.5.1 Data collection instruments**

Two data collection instruments were developed and used to collect data in this study in line with the qualitative research design strategy as discussed above. Both instruments addressed the same questions with regard to social workers' perceptions of factors they consider to be key influences to the effectiveness of interprofessional collaborative child protection practice and decision making. While an interview schedule (see Appendix 4) was developed to guide the interviews with social workers, a direct observation sheet (see Appendix 3) was also developed for use during non-participant direct observations. Ultimately, data obtained through the two data collection instruments was compared through triangulation in order to enhance rigour, trustworthiness and credibility of this study as previously discussed (Lincoln and Guba, 1985; Pontoretto, 2005). The following sections provide a more detailed discussion of these two data collection instruments.

##### **4.5.1.1 Semi-structured interviews**

Semi-structured interviews were one of the two principal sources of data for this study. Interviews are believed to provide a deeper understanding of social phenomena where very little is already known and detailed insights are required from individual participants (Brown, et al, 2006; Gill, et al, 2008; Whittaker, 2009). In this study, the focus was on seeking to gain an in-depth understanding of social workers' knowledge and understanding of interprofessional collaborative child protection practice and decision making through gathering and interpreting meanings of their perceptions of what they consider to be key influences to the

effectiveness of this approach. The rationale regarding why it was desirable to interview social workers only, and not other professionals and family members alongside social workers was discussed at in Chapter 1. While, the exclusion of other professionals and family members has been identified as one of the limitations for this study, it must be acknowledged that social workers with child protection experience and case holding responsibility are central to this collaborative approach (HM, Government, 2016) and their knowledge and understanding is therefore important.

Out of the three fundamental types of research interviews: structured, semi-structured and unstructured interviews (Brown, et al, 2006; Gill, et al, 2008; Mason, 2010; Bryman, 2012; Denzin and Lincoln, 2013; Rubin and Rubin, 2005), semi-structured interviews were the preferred data collection tool in this study, alongside direct, non-participant observations, which are discussed separately under this section later. While structured interviews are essentially, verbally administered questionnaires and relatively, quick and easy to use, they were considered unsuitable in this study because they offer limited participant responses and are therefore, of little use when in-depth understanding and meanings are required (Bryman, 2012; Gill et al, 2008; Rubin and Rubin, 2005; Whittaker, 2009). Structured interviews were also not suitable in line with the critique, earlier in this chapter, regarding the inappropriateness of the epistemological stance that uses the positivist structured decision making tools to gain knowledge about risk (Broadhurst et al, 2010; Denney, 2005; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999). Unstructured interviews too, were not used because they can be time consuming, difficult to manage and to participate in (Gill, et al, 2008; Whittaker, 2009). Unstructured interviews also and

provide little guidance on what to talk about, hence they are of little value where in-depth inductive understanding is required (Bryman, 2012; Creswell and Plano Clark, 2011; Denzin and Lincoln, 2013, Gill, et al, 2008; Whittaker, 2009). While, focus groups could have been another effective method for gaining in-depth qualitative data (Gill et al, 2008), due to the potential difficulty of bringing social workers together and time constraints, it was considered not to be practically possible to use this method in this study.

Semi-structured interviews were therefore the preferred data collection interview tool in this study because they allow both, the interviewer or interviewee to pursue an idea or response in more detail (Gill, et al, 2008). Compared to structured interviews, semi-structured interviews provided the participants with some flexibility and guidance on what to talk about, and greater elaboration of information. Semi-structured interviews are considered to be the most commonly used method by students according to Whittaker, (2009). Semi-structured interviews provide the advantage of relying on flexible interview guide to vary the sequence of questions and provide some latitude to ask further questions to probe certain responses (Bryman, 2012). The other advantage of using semi-structured interviews in this study is that they also provided some degree of structure while also giving sufficient flexibility and focus to explore participants' responses in depth (Whittaker, 2009; Yin, 2009). As Bryman (2012) put it, semi-structured interviews acted as a guide to the interview while also allowing for change in the order of the questions at any stage of the interview in order to suit the direction of the individual interview situation (Whittaker, 2009). In line with Whittaker's assertion, interviews in this study also allowed for probing social workers' perceptions and their meanings, resulting in richer and more in-depth data.

As with any data collection instrument there were pros and cons for using interviews despite their popularity in health and social care studies, (Carter, et al, 2014; Gill et al, 2008; Whittaker, 2009). On reflection, and in line with a large body of literature, some of the drawbacks for using interviews that were observed include the fact that they can also be time-consuming in terms of developing the interview schedule, accessing research participants, sufficient time to collect the data as well as transcribing and analysing data (Gill et al, 2008; Miles and Huberman, 1994; Whittaker, 2009), and the findings may have easily been influenced by personal biases and subjectivity (Bradbury-Jones, 2007; Peshkin, 1988; Savage, 2007). Biases can arise, especially when questions are poorly constructed, although sometimes there could be “response bias” as well as inaccuracies due to poor recall, according to Yin (2009). Constant reflection and reflexion throughout the research process, however, was used to reduce biases and subjectivity in order to enhance rigor and trustworthiness, as already discussed in this chapter. Yin (2009), however, cautioned that reflexivity can also adversely affect responses when the respondent tells the interviewer what they think they want to hear.

The design of interview schedule considered questions that were likely to yield as much high quality data about the investigation as possible in order to address the aims and objectives of this study (Creswell, 2009; Gill, et al, 2008; Kvale, 2007). Semi-structured open-ended questions used in the interview schedule were therefore informed by the research questions and the proposed conceptual framework of the study, and were in line with the philosophical paradigm of the study (see Appendix 4). Use of open-ended questions enabled for further probing as indicated above (Whittaker, 2009; Yin, 2009). More specifically, a few questions



were asked to explore the social workers' perceptions about the factors that are key influences to effective interprofessional collaborative child protection practice, while another specific question was asked to explore social workers' perceptions about the decision making involved in the collaborative process.

The interview schedule was adjusted after pre-testing and that was helpful in making it fit for purpose (Gill, et al, 2008; Kvale, 2007; Whittaker, 2009; Yin, 2009) and to establish dependability and trustworthiness (Lincoln and Guba, 1985). The first few interviews though tended to be longer, but as confidence increased, the length of each interview became shorter (Gill, et al, 2008). The decision to use few questions on the interview schedule also proved to be beneficial in terms of maintaining focus, structure and where it was necessary, to probe and seek further clarification to gain a more in-depth insight (Whittaker, 2009).

The process of member checking was also used to ensure that interview data were authentic and original by playing back the audio recording while others were asked to go through their transcribed responses (Creswell, 2012; Lincoln and Guba, 1985). While some agreed, others declined, suggesting that they were convinced data would be accurate. Additionally, painstaking and iterative checks were made on the transcripts to ensure accurate participants' verbatim accounts were reflected in the data. Surprisingly, the sample of 16 interviews translated into a large volume of qualitative data once the audios had been transcribed. While having a lot of data increased the likelihood of more in-depth and rich data, practically, it also triggered challenges to do with amount of time and rigor that was needed to analyse it.

Reflecting on how the interviews were conducted as an experienced social work practitioner and former child protection chairperson it was necessary to be

constantly conscious of the familiarity of some the perceptions that social workers described (Peshkin, 1988). To overcome the potential subjectivity arising out of the preconceived knowledge about some of the influences that social workers described, reflexivity was maintained throughout the interviews (Bradbury-Jones, 2007; Long and Johnson, 2000; Mason, 2002; Savage, 2007). Throughout the interviews reflexivity was also maintained by balancing and managing the tensions and dilemmas arising out of familiarity with interprofessional collaborative child protection practice and the dual practitioner–researcher identity. By adopting an insider-outsider perspective, given the stated passion and experience in child protection practice, the knowledge and passion was consciously separated from what social workers were describing and looked at more objectively (Allen, 2004; Rouf, Larkin and Lowe, 2011). Overall, the experience of developing and using the semi-structured interviews was helpful in gathering relevant data about social workers' perceptions regarding key influences to effective interprofessional collaborative child protection practice and decision making.

#### **4.5.1.2 Direct observations**

The direct observation sheet which was used for recording observations was developed around areas which were encapsulated in the research questions, proposed systems conceptual framework and insights from the literature review, as discussed in Chapter 1, 2 and 3 above (see Appendix 3). These areas provided the framework for developing a suitable direct observation tool that would enable answering the questions for this study when used in conjunction with the appropriate observation skills. Healy, Darlington and Yellowlees (2012) adopted a direct, non-participant observation approach which used an observation sheet when observing family participation in child protection practice, alongside interviews with social workers and parents in order establish how family group

meetings enable or limit family members' participation during planning and making decisions. The structured observational sheet which was used by Healy, Darlington and Yellowlees (2012) recorded the number of different types of actors at the meeting including professionals and family members and the nature of the interaction and how different participants contributed to the meetings. There were a lot of similarities with how the observation sheet was developed by Healy, Darlington and Yellowlees (2012) and how the direct non participant observation sheet was developed in this study as outlined in Appendix 3.

Direct observation skills have been recognised within the domain of child and family assessments in the knowledge and skills statement for child and family social work (Department for Education, 2014). Similarly, direct practice observation is also the most widely used observation assessment method of 'real' practice during social work placement (Ruch, 2015). Direct observation is used to assess actual social work practice capability of students at practice placement, those training to become practice educators, as well as qualified practitioners in practice (Ruch, 2015). Similarly, domains six and seven of the professional capabilities framework (BASW, 2012) require professional leadership of social workers and professionals to work effectively within changing contexts of multi-agency and inter-professional settings, respectively. In developing the observation sheet in this study, consideration was therefore given that it was in line with existing framework of tools for observing for social work students and social workers during practice.

Further consideration was given to adopting other validated observation tools which could have enhanced validity and reliability when assessing social workers and student social workers' capabilities and effectiveness during multiagency

practice (BASW, 2012; Huxham and Vangen, 2005; Mattessich, Murray-Close and Monsey, 2001; Ruch, 2015). For example, a multiagency health check survey toolkit which was developed by Huxham and Vangen, (2005) was considered during the pilot stage of this study but because it was designed for structured quantitative observations, and therefore it was deemed unsuitable in its entirety, although some of its elements were adopted. Likewise, the Wilder collaboration factor inventory (Mattessich, Murray-Close and Monsey, 2001) was considered but, as with the multiagency health check survey toolkit (Huxham and Vangen, 2005), it was deemed to be unsuitable because it was designed for structured quantitative observations. Similarly, some elements within the Wilder collaboration factor inventory were consistent with what the study sought to investigate and therefore were adopted in this study's direct observation sheet. Ultimately, it needs to be acknowledged that because this was a qualitative study, a flexible observation sheet offered a better chance of gaining an in-depth understanding of the issues that were investigated. Recording of direct practice can raise serious ethical considerations, including issues around data protection and the potential for recordings to be used for other purposes (Dale, 2004; Munro, Holmes and Ward, 2005; Ruch, 2015; Stalker et al, 2004). Ruch, (2015) observed that direct observations of social work students and practitioners, as stipulated in the HCPC guidance, can be of any aspect of practice, for example a home visit, working with a child in a neutral setting or contributing to a child protection meeting; hence insights from such observations were relevant to developing and application of the direct observation sheet in this study. On reflection, direct observations in this study were similar, for example, to a student being watched while engaged in practice meeting by a practice educator who is physically in the room but is not contributing to the meeting.

In this study, direct observation involved going into child protection meetings, watching and recording what people did and said and then describing and analysing what has been seen which involved the systematic, detailed observation of behaviour and talk (Mays and Pope, 1995). Crucially, these qualitative direct observations took place in natural settings and not experimental ones; hence, this type of work is often described as naturalistic research (Bryman, 2012; Mays and Pope, 1995). There were advantages for observing first-hand experience of the child protection meetings without participating in the deliberations despite the presence of the researcher being known by everyone attending the meeting because consent to do so had been sought and granted (DePoy and Gitlin, 2011; Mays and Pope, 1995; Yin, 2009). Permission to observe was granted and that process of obtaining research ethics approval is discussed later in this chapter under ethical considerations. Consent to observe not only enabled compliance with ethical considerations and overt access, but also made it easy to record on the direct observation protocol during the meeting.

The main rationale for the decision to observe child protection meetings without participating was to ensure that there was minimum interference with the natural setting of the meetings and to have an authentic experience of the behaviour that was being observed (Bryman, 2012; Mays and Pope, 1995; Whittaker, 2009). DePoy and Gitlin (2011) also concur that, “non-participatory observation can be used to obtain understanding of a natural context without the influence of the observer” (p.220). Some of the strengths of direct observations was being contextual, which offered reality and insight into interpersonal behaviour and motives (Yin, 2009). The drawback for direct observations is that they could be time-consuming and biased due to potential manipulation by observer’s

interpretation of their observations (Yin, 2009). On reflection too, observations may have also been influenced by the Hawthorne effect due to participants behaving differently because they are being observed as well as the researcher becoming selective because there were too many issues to observe (McCambridge, et al, 2014). In such instances constant use of reflexivity, from various perspectives of practice experience as social work practitioner, child protection chairperson and as a social work academic, was helpful. As previously indicated what was observed during the child protection meetings was recorded, interpreted, and compared with what was said by research participants during interviews. Interpretations and comparison of observations with what social workers had described continued until the saturation point with the last observation when no new themes emerged.

As with interviews, the direct observation sheet was pre-tested in a similar child protection meeting to establish dependability and trustworthiness (Lincoln and Guba, 1985). This involved using the sheet and then making improvements in the subsequent observations. While the observation sheet had its own limitations as highlighted above, it was still able to provide findings which were compared for divergence, dissonance and convergence with data from interviews (Farmer, et al, 2006; Jensen, et al 2011; O'Cathain, Murphy and Nicholl, 2010). Another important advantage of direct observation in this study was that it also helped to overcome the discrepancy between what social workers said and what they actually do, during interviews, which is difference between perceptual issues and reality. This comparison enhanced credibility by reducing the biases inherent in the accounts people give of their actions because they tend to present themselves in a good light or some might have difficulties with recollection, while others would be selective in what they say because of the roles they occupy (Mays and Pope,

1995). More than that, comparing data from the two data sources through triangulation contributed to the rigor and trustworthiness in this study, as has been previously stated.

Reflection and reflexivity from the different practice experience perspectives throughout observations, as highlighted above, was also maintained in order to overcome the potential subjectivity arising out the pre-conceived knowledge of some of the influences that were witnessed during observations, (Bradbury-Jones, 2007; Long and Johnson, 2000; Mason, 2002; Savage, 2007). Similarly, by reflexively adopting an insider-outsider perspective, it was possible to keep stated passion and experience in child protection practice under control, hence reduce biases and subjectivity (Rouf, Larkin and Lowe, 2011). As with the interviews, while some of what was observed seemed familiar, there were still a lot of observations which were not familiar, which could be attributable to the critically reflective and reflexive stance that was adopted. Overall, the experience of using the direct observation sheet in gathering relevant quality data about social workers' perceptions about key influences to effective interprofessional collaborative child protection practice and decision making was helpful for comparing with the perceptions that social workers described.

#### ***4.6 Data analysis strategy***

The analysis of data was key to this study because of the role it played in the interpretation and understanding of meanings of the data that were collected (Bazeley, 2013; Braun and Clarke, 2006; Bryman, 2006; Whittaker, 2009). This involved deciding on the best data analysis strategy analysing data from a range of different and at times overlapping data analyses approaches (Bazeley, 2013; Braun and Clarke, 2006; Bryman, 2006; Creswell and Plano Clark, 2011; Miles

and Huberman, 1994; Whittaker, 2009). This section discusses how qualitative data from interviews and observations were analysed in this study. Crucially, the discussion provides a rationale for the decision to adopt a particular data analysis strategy. Although, the rationale for triangulation has been explored above, this section illustrates how data from the two strands were compared and what the outcomes were. Ultimately, the discussion in this section aims to demonstrate how the quality, rigor and trustworthiness of the findings were ensured and conclusions reached in this study.

Some of the guiding principles and characteristics of qualitative data that informed the data analysis in this study include the expectation that qualitative data should present a chronological flow that tells a research story and helps the researcher see precisely which events led to which consequences, and derive fruitful explanations (Miles and Huberman, 1994). Analysing data in this study involved inductively generating patterns, interpreting meanings as well as exercising judgement (Whittaker, 2009). As indicated earlier in this study, data analysis and saturation were actually interwoven during sampling through to data collection and data analysis (Brown, et al, 2006). However, it is also true that data analysis occurred throughout the study as, Bazeley, (2013) argued that data analysis begins the moment the research questions are conceived up to the point of analysing main findings and conclusions. More specifically, data analysis in this study involved an iterative process comprising of three concurrent activities namely; data reduction, data display and conclusion drawing and verification (Miles and Huberman, 1994). While each of these processes may appear to have occurred in a linear form during and after data collection (Miles and Huberman, 1994), data analysis in this study was an interactive and recursive process



involving two steps-forward and one step-backwards through the same three activities in line with Bazeley (2013). Similarly, while data analysis in this study progressed up to drawing conclusions and verification (Miles and Huberman, 1994) this was a recursive undertaking that ended with findings that were conveyed, defended and extended or could be transferrable to other different contexts and situations (Bazeley, 2013). Crucially, data analysis in this study was not about which or whose method or approach one chooses but about the quality of the research findings produced by the approach adopted (Bazeley, 2009; Corbin, 2009). Concurring with the stance adopted in this study, Patton, (2002) argued, “no abstract processes of analysis, no matter how eloquently named and finely described, can substitute for skill, knowledge, experience, creativity, diligence, and work of the qualitative analyst” (p.432). The key consideration in this study was the practical steps that were taken in obtaining the findings as what matters so that those who read or use the outcomes could make their own judgements about the goodness of the conclusions (Miles and Huberman, 1994). The stance described above was adopted throughout the data analysis for this study.

At a practical level, qualitative data from interviews and observations in this study were analysed inductively (Bryman, 2012; Creswell and Plano Clark, 2011; Denzin and Lincoln, 2013, Gill, et al, 2008; Whittaker, 2009) using interpretive descriptive thematic analysis (Bazeley, 2013; Thorne, Reimer Kirkham, and O’Flynn-Magee, 2004). Thematic analysis is a method of choice for qualitative data analysis (Bryman, 2012; Whittaker, 2009). Braun and Clarke, defined thematic analysis as, “a method for identifying, analysing and reporting patterns (themes or codes) within data” (p.79), while themes can be used in place of codes (Bazeley, 2013),

as was the case in this study. The steps followed in the thematic analysis approach for this study was a hybrid combination of some of the steps espoused by Bazeley, (2013), Braun and Clarke, (2006) and Creswell and Plano Clark, (2011) and process followed can be summarised as involving the following:

- a) Familiarisation, exploring and preparing the data for analysis.
- b) Creating categories, patterns, codes or nodes.
- c) Searching, analysing, the data for themes from coded extracts.
- d) Defining, naming, reviewing, refining and representing themes and sub-themes.
- e) Interpreting, describing and presenting thematic qualitative findings.

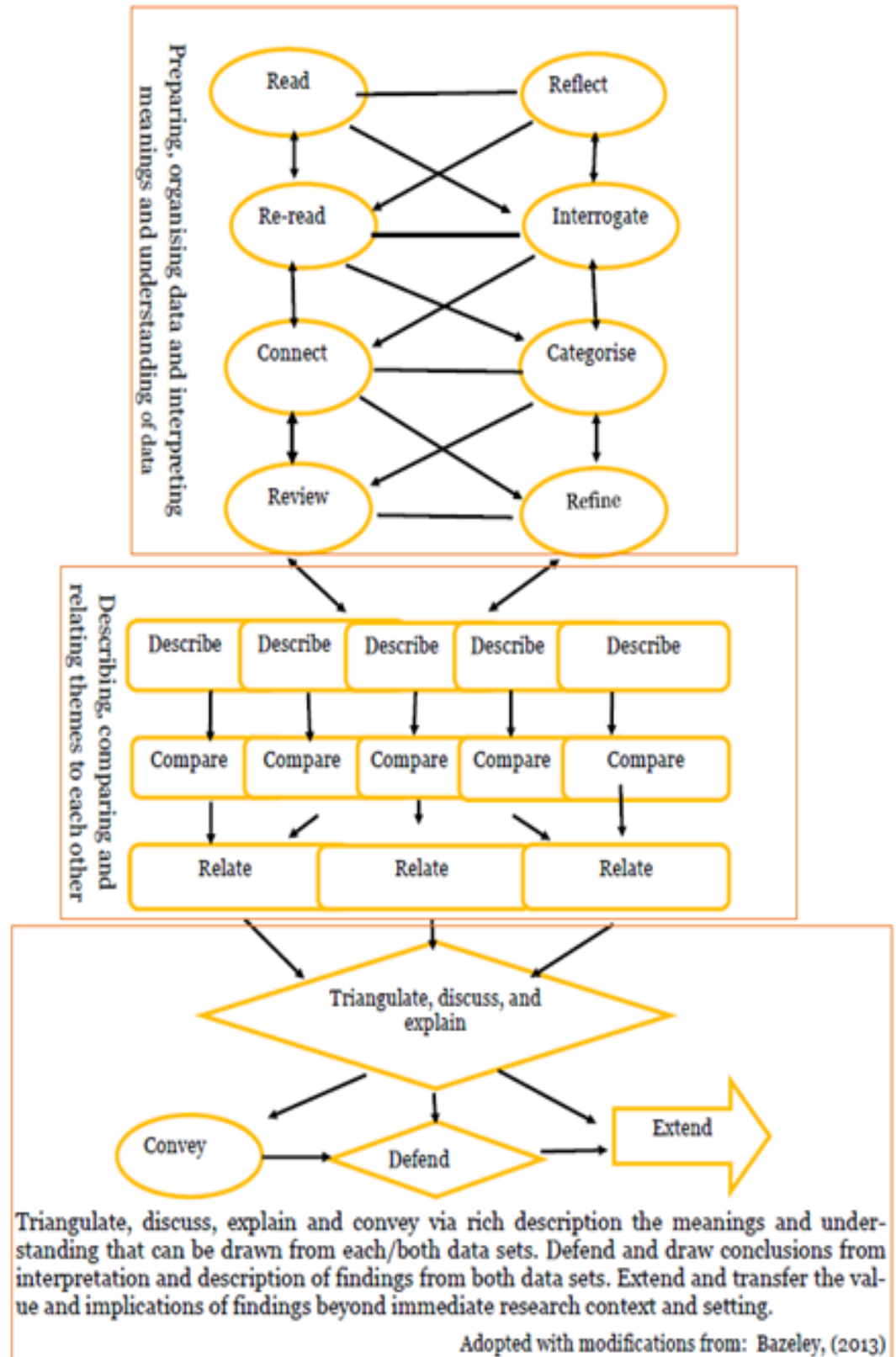
The same steps are also visually illustrated in Figure 4.1 below. Adopting the interpretive descriptive approach to thematic analysis in this study offered the opportunity to work outside the confines of the more traditional methodological approaches and create an inductive logic of analysis that is consistent with the aims of this study (Bazeley, 2013; Schwandt, 2007; Thorne, Reimer Kirkham, and O'Flynn-Magee, 2004). The interpretive descriptive thematic analysis was adopted ahead of other orthodox traditional types of qualitative data analyses such as content analysis, narrative analysis, discourse analysis, framework analysis and grounded theory. The interpretive descriptive approach evolved in response to the need to move beyond established qualitative methodologies in health and social care in order to generate credible and meaningful disciplinary knowledge with applicable potential (Thorne, Reimer Kirkham, and O'Flynn-Magee, 2004). Interpretive description is considered to be a less prescriptive qualitative data analysis approach (Sandelowski, 2000). While interpretive description is closely similar to both content and framework but dissimilar to narrative analysis,

discourse analysis and grounded theory, it is however distinctively different from all of them because it is less prescriptive, pragmatic and non-categorical (Bazeley, 2009; Corbin, 2009; Thorne, Reimer Kirkham, and O'Flynn-Magee, 2004). Interpretive description provides direction in the creation of an interpretive account that is generated on the basis of informed questioning, using reflection and critical examination, according to Thorne, Reimer Kirkham, and O'Flynn-Magee, (2004). The main purpose or outcome of interpretive description is a coherent conceptual description that taps into thematic patterns and commonalities believed to characterize the issues being studied and also accounts for the inevitable individual variations within them as was the case in this study (Bazeley, 2013; Thorne, Reimer Kirkham, and O'Flynn-Magee, 2004). For example, a unified conceptual model with practice applicable potential was developed from the interpretive description of the triangulated data from interviews and observations in this study. The data analysis approach described was used with both interview and observation data although the observation data were analysed manually before being compared using triangulation in order to answer the research questions and to ensure rigor and trustworthiness as has already been discussed extensively in this chapter.

As previously, alluded to, the inductive iterative and recursive interpretive descriptive thematic analysis began with the formulation of the research question through to sampling saturation, data collection and data analysis (Bazeley, 2013; Brown, et al, 2006). The interpretation of data into themes was predominantly manual, with the use of NVivo.9 qualitative data analysis (QDA) software only as an aid to the analysis, management and presentation of data, and not as a replacement for manually understanding data, in order to identify categories and

patterns in the data. All thematic categories and patterns that emerged from the Nvivo analysis were treated as tentative to allow analysis process to be repeated manually to ensure rigor in the data analysis process. According to Bazeley (2013) an illustration of steps followed in the interpretive descriptive data analysis as Figure 4.1 can provide an audit trail that aids transparency regarding how conclusions about findings were reached.

**Figure 4.1: An illustration of the steps followed throughout the interpretive descriptive data analysis for both qualitative data sets for this study**



Manually, the interpretive descriptive data analysis for both interview and observation data sets involved separately reading and re-reading data before reflecting on each data sets and the emerging themes from the manual analysis and the Nvivo analysis in order to build a more holistic perspective, meaning and understanding of data. The observation data were smaller but this process was still rigorous. As clearer understanding and meanings emerged from data, connections between data narratives and Nvivo analysis were also made to build an even better understanding, while data were also interrogated or explored, categorised into superordinate, main and sub themes (Bazeley, 2013; Braun and Clarke, 2006; Creswell and Plano Clark, 2011). These categorised themes were reviewed and refined further. Reviewing and refining further involved iteratively going over all the previous steps of interrogating data and reflecting on data and making connections, categorising, and review and refining the emerging themes. This meticulous process involved interrogating each theme to determine its essential meaning with sub themes being drawn from each of the main themes (Bazeley, 2013; Ryan and Bernard, 2003). The refined and categorised themes were tabulated with supporting similar statements, phrases or key words as illustrated in Figure 5.1 to 5.4 in Chapter 5. The categorisation into first, second and third columns of tentative superordinate, main and sub themes was created to allow for presentation and illustration of themes and meaning of each statement, phrase or key word. According to Ryan and Bernard (2003) following the discovery or categorisation of themes and subthemes, the winnowing of themes to a manageable few, deciding which themes are important, and researchers should build hierarchies of themes and link themes with theoretical models. In addition, while continuing to work iteratively and exhaustively, effort was made to accommodate themes that did not fit into the established categories through

further review and refinement in order gain new insights into meanings and understanding.

Continuing to work inductively with data, back and forth, while challenging every perspective, the interpretive descriptive analysis of data moved on to the next stage involving richly describing, comparing and relating the emerging themes to each other (Bazeley, 2013; Braun and Clarke, 2006; Creswell and Plano Clark, 2011). At this stage the description involved redefining, renaming and affirming the previously tentative hierarchical superordinate themes, main themes and sub themes. Making constant comparisons between themes and relating them to each other facilitated the development of mutually inclusive and exhaustive themes with clear boundaries (Bazeley, 2013; Gill et al, 2008; Thorne, Reimer Kirkham, and O'Flynn-Magee, 2004 Whittaker, 2009). Constant comparison of also involved the separate analysis for both interview and observation data adopted the same data analysis approach, once the emerging themes or findings from either qualitative data sources had been clarified and refined, with clear boundaries, the interpretive descriptive stage of the analysis moved to the triangulation of findings from the two qualitative data sets. Data triangulation involving data from both qualitative interviews with social workers and from observing child protection meetings regarding perceptions about influences that are key to interprofessional collaboration and decision making during child protection practice was embedded within the interpretive descriptive data analysis process. The dilemmas and tensions of the insider-outsider relationships were also balanced and managed the reflexively, as discussed further below to make it possible to descriptively compare what was observed during child protection meetings and what social workers said about interprofessional collaborative child protection practice.

The final stage of the recursive data analysis the iterative and recursive interpretive descriptive data analysis process ended by, verification, conveying, defending as well as drawing conclusions and implications for extending or transferring findings to different contexts and situations (Bazeley, 2013; Miles and Huberman, 1994). This included, descriptively discussing, explaining and conveying the overall findings through rich description the meanings and understanding that can be drawn from findings. Ultimately, the interpretive descriptive thematic analysis made it possible to provide a thick description of themes and findings for this study (Bazeley, 2009), thus yielding a richer and more in-depth analysis of both interview and observation (Whittaker, 2009, p.43). Defending the findings and drawing conclusions from the interpretative and descriptive analysis was important for making extensions or transferring the value and implications of findings beyond immediate study context and situation through recommendations.

Qualitative interview findings and observation findings are presented in Chapter 5 and 6 of this study respectively. The whole interpretive descriptive qualitative data analysis process described above provides an audit trail of a story or a professional narrative which illustrates the decision making and rationale that was adopted in order to make sense, meaning and understanding of the qualitative data and findings from this study. In conclusion, by interpretively and descriptively analysing and triangulating two qualitative data strands it was possible to compare data, thereby ensuring rigor and trustworthiness of evidence from this study. On reflection, the triangulation strategy which was employed in this study also contributed to the reduction of the inherent subjectivity of any qualitative study.



The subject of rigor and trustworthiness of this study is discussed briefly in the following section below.

#### ***4.7 Ensuring rigor and trustworthiness in this study***

Ensuring quality, rigor and trustworthiness in this study was undertaken at various complementary multiple levels (Lincoln and Guba, 1985; Mason, 2002; Pontoretto, 2005; Wilson, 2014; Yin, 2009). The use of the term ‘trustworthiness’ in constructivist-interpretivist qualitative research represents validity and reliability in positivist quantitative research (Creswell, 2009; Lincoln and Guba, 1985; Shenton, 2004). Trustworthiness in this study was ensured mainly, through adhering to each of the following criteria as discussed below.

- Credibility;
- Transferability;
- Dependability;
- Confirmability.

##### **4.7.1 Ensuring credibility in this study**

Ensuring credibility of a study in qualitative research is what ensuring internal validity is in quantitative research, in that it seeks to ensure that the measures or tests what is actually intended (Lincoln and Guba 1985; Shenton, 2004). For this study to be credible every step in the research process had to be aligned and by always paying attention to the fit of the question, data, and method, as well as ensuring that you can properly account for each step in your data analysis (Richards, 2005). Ensuring credibility in this study was also complemented by ensuring that saturation interweaves throughout sampling, data collection and data analysis as previously discussed. Member checking, which is considered to be the single most important activity for bolstering a study’s credibility was also used as discussed under interviews earlier (Creswell 2009; Lincoln and Guba, 1985). This

exercise was used in addition to the painstaking and iterative checks that were made on the transcripts to ensure accurate participants' verbatim accounts were reflected in the data. As the study relied on interpretive descriptive thematic analysis (Bazeley, 2009) this also made it possible to provide thick description of the issues under scrutiny in order to convey the actual child protection practice situation that was being investigated and for the findings to ring true (Shenton, 2004). In line with the view by Silverman (2001) that findings from the existing body of knowledge is a key criterion for evaluating the quality of a qualitative study, similar previous research findings, including one recent one involving the same local authority, were also examined in this study.

#### **4.7.2 Ensuring transferability in this study**

Transferability is the equivalent of external validity and generalizability in quantitative research (Lincoln and Guba, 2009; Shenton, 2004). While findings from this study may not be generalised, the extent to which the findings of this study can be applied to other situations was indeed a consideration (Creswell and Plano Clark, 2011; Whittaker, 2009). Despite being based on small samples qualitative studies, like this one, provide an in-depth understanding of the context of study and a detailed description of what is being studied to allow comparisons and transferability to be made (Denzin and Lincoln, 2013; Richard and Lewis, 2003; Whittaker, 2009). The thick contextual information about the background to the study and study setting was provided to facilitate transferability (Shenton, 2004). Additionally, during the literature review in Chapter 2, consideration was given to similar studies that employed similar research methods in similar or different environments in order to enhance transferability in this study. The implications for practice for the findings from this study are also considered in the conclusion chapter to facilitate transferability.

#### **4.7.3 Ensuring dependability in this study**

Because of the difficulty of addressing the issue of reliability through replicating studies, qualitative researchers address dependability of their studies (Lincoln and Guba, 1985). In this study dependability (in preference to reliability) was addressed by ensuring, as with credibility, that all the steps in the research design, process, implementation including data collection and as well as the use reflection and reflexivity, were reported in great detail. This was so that if another researcher wanted to, they could attempt to replicate this study. Appendix 12 provides a visual flowchart which illustrates the different stages and decisions made throughout the research process for this study, while Figure 4.1 in this chapter illustrates the specific steps that were followed during the interpretive descriptive data analysis, to demonstrate transparency and dependability of the research process and the study as a whole. Reflection and reflexivity, which are discussed in detail below, according to Shenton (2004) are the researcher's appraisal or evaluation of the effectiveness and fitness of purpose of the research and processes of study undertaken.

#### **4.7.4 Ensuring confirmability in this study**

In order to reduce biases and subjectivity while increasing confirmability or objectivity it was essential that the findings of this study are seen to reflect what social workers described and what was observed at child protection meetings, rather than what was already known from my experience as a social worker, social work academic and former child protection chairperson. Reflexivity, in particular enabled introspection and admission of predispositions that are based on experience and declared passion (Miles and Huberman, 1994). Managing and balancing the dilemmas and tensions of the insider-outsider perspective also facilitated the increase in confirmability of this study (Allen, 2004). These

flowcharts in Appendix 12 and Figure 4.1 referred to earlier were used to provide a trail of the research process in order to complement transparency, integrity and confirmability of this study (Akkerman et al, 2006; Carcary, 2009; Seale, 1999; Shenton, 2004; Smith, 2003; Yin, 2009). This was done to enable readers to trace through a researcher's inductive logic and determine whether the study's findings may be trusted and be relied upon (Carcary, 2009; Seale 1999). The key to this lies in the open and transparent nature of the research processes and procedures, and in leaving a clear audit trail as a guarantor of the integrity and trustworthiness (Smith, 2003; Yin, 2009).

#### **4.7.5 Other forms of ensuring rigor and trustworthiness in this study**

Apart from ensuring rigor and trustworthiness through Lincoln and Guba's four criteria as discussed above, other criteria were also used as already discussed in this chapter. The use of triangulation ensured quality, rigor and trustworthiness of this study will be discussed briefly in this section because it has already been discussed extensively earlier this chapter. Similarly, while saturation as the point of saturation where no changes or new dimensions to the emerging themes in identifying and selecting purposive samples was also rigour and trustworthiness, as already discussed (Brown, et al, 2006; Corbin and Strauss, 2008; Dworkin, 2012; Lincoln and Guba, 1985; Glaser and Strauss, 1967; Shenton, 2004). As previously acknowledged and discussed, constant reflection and reflexivity were used to enhance rigour, trustworthiness and credibility through this study (Bradbury-Jones, 2007; Long and Johnson, 2000; Mason, 2002; Peshkin, 1988; Savage, 2007). Different vantage points as insider with passion and knowledge and as an outsider undertaking the study introduced tensions and dilemmas which had to be balanced and managed reflexively (Allen, 2004). In conclusion, therefore combination of the application of Lincoln and Guba (1985) criteria of ensuring

trustworthiness, the use of triangulation, saturation as well as reflection and reflexivity from the insider-outsider perspectives played a key role in enhancing rigour and overall trustworthiness in this study.

#### ***4.8 Ethical considerations***

Gaining research ethics approval in sensitive personal areas such as child protection practice can be a delicate, time consuming and an arduous process (Dale, 2004; Munro, Holmes and Ward, 2005; Stalker et al, 2004). Ethical approval for this study was granted by a relevant Local Authority's Research Ethics Governance Committee following a long-drawn-out application process. This protracted process involved complying with the following requirements:

1. Establishing contact with the relevant gate-keepers
2. Completing the Research Governance Framework Application Form
3. Employer's, Public and Products Liability Insurance Cover
4. Professional Indemnity Insurance Cover
5. Evidence of Criminal Records Bureau (CRB now DBS)
6. Child or Young Person's Information Sheet (see Appendix 5)
7. Parent or Caregiver's Information Sheet (see Appendix 6)
8. Participant Information Sheet (see Appendix 7)
9. Child or Young Person's Consent Form (see Appendix 8)
10. Parent or Caregiver's Consent Form (see Appendix 9)
11. Professionals Consent Form (see Appendix 10)
12. Interview Schedule (see Appendix 4)
13. Direct Observation Sheet (see Appendix 3)
14. Research Timetable.

The application to obtain research ethics approval began in earnest in October 2010 and the approval was finally granted 24 October 2011 - after eleven months (see Appendix 11). Mindful of difficulties relating to gaining access to the research participants establishing contact with the relevant gate-keepers was the first task (Stalker et al, 2004). There were multiple gatekeepers that needed to be contacted at various stages of the process to enable access to the research sites and participants (Creswell, 2009). The first gate keeper who was contacted by telephone confirmed that indeed the Local Authority had a Research Ethics Governance Committee and he promptly shared contact details for the person who was responsible for facilitating the application process. Having previously worked under the first gatekeeper who was a senior manager within the same Local Authority raised ethical issues and subjectivity and these were discussed and agreement reached on the importance of maintaining clear professional and research boundaries. How subjectivity was addressed in this study has already been discussed in great detail in chapter.

Contact with the person responsible for facilitating the application process was via email and telephone. On each occasion clear guidelines were given regarding what was needed to be done. This involved the multiple processes of completing the application form and the detailed requirements which have been stated above as well as establishing further contact with another layer of gate keepers. These were service managers, who according to one of the email correspondences would, “facilitate access to either, information, staff or premises as well as obtaining a letter agreeing how they are going to assist”. The initial responses to the inquiry from four service managers who had been identified were varied. One did not reply despite repeated approaches via emails and telephone calls to her

office. Two responded to the effect that they were happy to provide the assistance but not necessarily permission to undertake the study. The last one apologised for the long delay she had taken to respond, but was clear permission would not be granted for access to the integrated children system or child protection documents. It had initially been intended to include document analysis as one of the data collection instruments but this was promptly dropped when it became clear that access would not be granted. The option of paying a stipend to someone within the service to do the collating of anonymised information from the documents was offered with a reminder that “the unit had no capacity whatsoever to support ...we are busier than ever- have very explicit and major pieces of work to do - and I don't personally have any capacity for discussions”. The remainder of the advice sought information on specific samples required, permission required, number of children intended to be spoken to, records, conferences to be observed, with an admonishment that this, “in terms of ethics is huge as I know from other research work”. There was also a reminder that this study was taking place at a time when the Local Authority's Children and Young Peoples' Services were undergoing considerable re-organisation and therefore they needed assurance that the transition to the systemic unit model approach which had been “praised by Eileen Munro – is recognised in my report”. This seemed like an attempt to influence the findings of study to be favourable to the local authority's reorganisation project.

This experience was not just about challenges for gaining access to research participants in general (Stalker et al 2004) but it also brought to fore the ethical issues that relate to undertaking research with children and young people and their families (Munro, Holmes and Ward, 2005) which was referred to earlier. Following further discussions with the PhD supervision team it became clear that the

research questions for this study could still be answered fully even if document analysis was excluded. While the permission to access confidential documents was difficult to obtain, there was still a chance for obtaining access to observe child protection meetings and interviewing social workers, and thus the research proposal was amended accordingly.

The difficulties faced in obtaining ethics approval in this study were not unique. Stalker et al, (2004) recounted the difficulties experienced when researchers sought access to children for social research interviews. They concluded that sometimes the process appeared as if it was designed to prevent access to research participants and that it may contribute to the reluctance of some researchers to undertake research if ethical considerations are perceived as being restrictive. Nonetheless, ethical considerations are of huge the importance in any research (Creswell, 2009; Dale, 2004; Stalker et al, 2004; World Medical Association, 2013). All research involving human participants, in whatever form, should have research ethics approval before engaging research participants in data collection (World Medical Association, 2013). Research ethics approvals remain an important responsibility since the publication of Nuremburg code and the Helsinki declaration, hence today's research ethics committees have a duty on the conduct of researchers (U.S. Department of Health & Human Services, 2005; World Medical Association, 2013). Failure to take heed of the importance of research approval could lead to either the physical, social economic and emotional harm to research participants or harm to the researcher and their reputation (Gelling, 1999; Fadden and Beauchamp, 1986). While failure to comply with ethical requirements could also lead to a compromise in the scientific value of the study, however, there is also need for balance between risks and benefits (Fadden



and Beauchamp, 1986). This study complied with most of principles of these declarations, codes and protocols of research ethics.

In accordance with the principles outlined in Gelling (1999), Fadden and Beauchamp (1986) and British Educational Research Association (BERA), (2011), when considering research ethics approval for this study the following were observed:

### **Beneficence**

Every effort was made to ensure that the obligation and expectation for the research to benefit the participants or society in general was made clear to the research ethics committee and the research participants (see Appendices 5, 6 and 7).

### **Non-maleficence**

Similarly, all potential risks to participants and researchers were explained in the research ethics application form and in the information sheets referred to above.

### **Fidelity**

A trusting and respectful relationship was built with the participants throughout this study in line with this principle.

### **Justice**

The relationship with participants was built on the principle of fairness and justice.

### **Veracity**

In all aspects of interaction with participants during this study the principle of truthfulness and transparency, without any deceitful was upheld at all times.

### **Confidentiality**

It was also made clear that all information disclosed by research participants would not be disclosed to unauthorised people, with the exception of child

protection disclosures, where it was made clear at the outset that there is a duty to share such information professionally. There were however no disclosures made during this study.

### **Autonomy**

Sufficient information was made available to research participants so they could make informed consent and decisions to participate in the research.

### **Voluntary informed consent and the right to withdraw**

The voluntary informed consent and the right to withdraw from the study were explained in the information sheets referred to above and consent forms (Appendices 8, 9 and 10) were signed before participation in the study could occur.

Since this study was sponsored by Anglia Ruskin University, both the University and the researcher as an employee, were insured against the Employer's, Public and Products Liability Insurance Cover as well as Professional Indemnity Insurance Cover, respectively. As part of the ethics application process evidence of such insurance cover was requested and was provided. Throughout the data collection process, as a registered member of the General Social Care Council (GSCC), and later on Health and Care Professions Council (HCPC), there was an acute awareness of the duty to the profession and the children who were either in need, neglected or at risk of harm.

Apart from following the guidelines referred to above, throughout the study there was a constant awareness of the moral dimension of the study and that ethical dilemmas could arise. These were anticipated and actively sought out right from specifying the research problem; identifying a purpose statement and developing research questions; and collecting, analysing, and writing up the results of data (Creswell,(2009; Kvale, 2007). Contrary to conclusions by Stalker, et al (2004) that

some ethical requirements may appear as if they are designed to prevent access to research participants, in this instance there was an appreciation of the importance of the ethics approval process despite it being long-drawn-out.

#### ***4.9 Limitations of the study***

There are a number of important limitations for this study that need to be considered. Firstly, the fact that the study is qualitative implies that the findings from the study, despite offering in-depth insights, cannot be generalised (Bryman, 2007; Denzin and Lincoln, 2013; Miles and Huberman, 1994; Whittaker, 2009). The two purposively identified samples of 16 interviewees and 20 child protection meetings observed were too small for findings to be generalised. While the purpose of qualitative data is not to generalize findings but to gain an in-depth understanding, failure to generalise findings does not render such results less important (Dworkin, 2012; Rubin and Rubin, 2005). As discussed earlier, findings from a qualitative research study such as this one can still be transferable to other child protection practice contexts and situations that this study and its findings can relate to (Bazeley, 2013; Lincoln and Guba, 1985; Shenton, 2004).

Second, participants in this study were qualified social workers with case holding responsibilities and observation of child protection meetings. While knowledge from lead professionals is important in terms of contribution to the improvement of collaboration, perceptions from non-social work practitioners as well as family members that could have enriched the study, hence the recommendation for further research involving other professionals and families. Crucially, though the focus of this study was on the contribution by and to social work practitioner knowledge, which is one of the key sources of knowledge in child protection practice (Mathews and Crawford, 2011; Pawson et al, 2003; O'Sullivan, 2010;

Trevithick, 2008). Social work practitioner knowledge, as practice wisdom, is key to interprofessional collaborative child protection decision making and practice as argued throughout this thesis. The observations also relied exclusively on the researcher's observations and judgement. It could therefore be argued the whole process and the findings are subjective. However, as already discussed some measures were put in place for both, interviews and observations, to minimise biases and subjectivity.

Also, despite offering research participants the opportunity member check their interviews by reviewing their verbatim accounts, the uptake was far less than expected. This may have compromised the ability to improve the accuracy, credibility and trustworthiness of what has been recorded during a research interview. This limitation however was mitigated by other initiatives for ensuring rigor and trustworthiness in this study by applying Lincoln and Guba (1985)'s criteria of ensuring trustworthiness, comparing findings through triangulation, use saturation strategy in sampling as well as use of reflection and reflexivity throughout the study, as already discussed in this study.

#### **4.10 Conclusion**

This chapter has discussed how the plan to find answers to this study's research questions was developed and implemented while drawing from a combination of elements of two systems' models, namely, the serious case review systems model (SCIE, 2012) and Falkov's systemic Family Model (Falkov, 2013) as a conceptual framework. In doing so, this research methodology has explored and justified the relevant decisions made with regard to the different philosophical designs and research designs that were adopted as well as those that were considered but not adopted. The rationale for adopting the constructivist-interpretivist paradigm and

the qualitative research design have also been discussed and justified. Specific qualitative research methods, strategies and procedures that were adopted for this study, such as the purposive sampling strategy, data collection strategy, data collection procedures and instruments, ethical considerations and data analysis strategy, have all been discussed. The chapter has also discussed how rigor and trustworthiness in the processes and findings of the study was ensured, through applying Lincoln and Guba (1985)'s criteria of ensuring trustworthiness, use of triangulation, saturation, reflection and reflexivity. The following two chapters present the findings from the interviews in Chapter 5 and observations in Chapter 6.

## **Chapter 5: Presentation of qualitative interview findings**

### ***5.1 Introduction***

This study was about researching the factors that social workers perceive as key to effective interprofessional collaborative child protection practice. Additionally, the study also explored how social workers perceive decision making during this process. Following an iterative interpretive descriptive thematic analysis of data from the qualitative interviews four superordinate themes emerged, namely: multi-level relationships influences; multi-level organisational influences; external influences; and decision making prioritisation influences that social workers perceive as key to effective interprofessional collaborative child protection practice. Evidence from this study demonstrated that social workers perceive these findings as key influences to effective interprofessional collaborative child protection practice and how they perceive decision making for this approach. The key finding is that when professionals and family members work together collaboratively, social workers perceive their partnership as being influenced by a number of additional barriers or enablers as presented below. Another interesting finding is that there are some overlaps or recurrence of the influences that make up the broad themes. The evidence of the multi-level relationships between influences is consistent with the systemic conceptual framework for this study which presumed an interaction and interconnection between various influences.

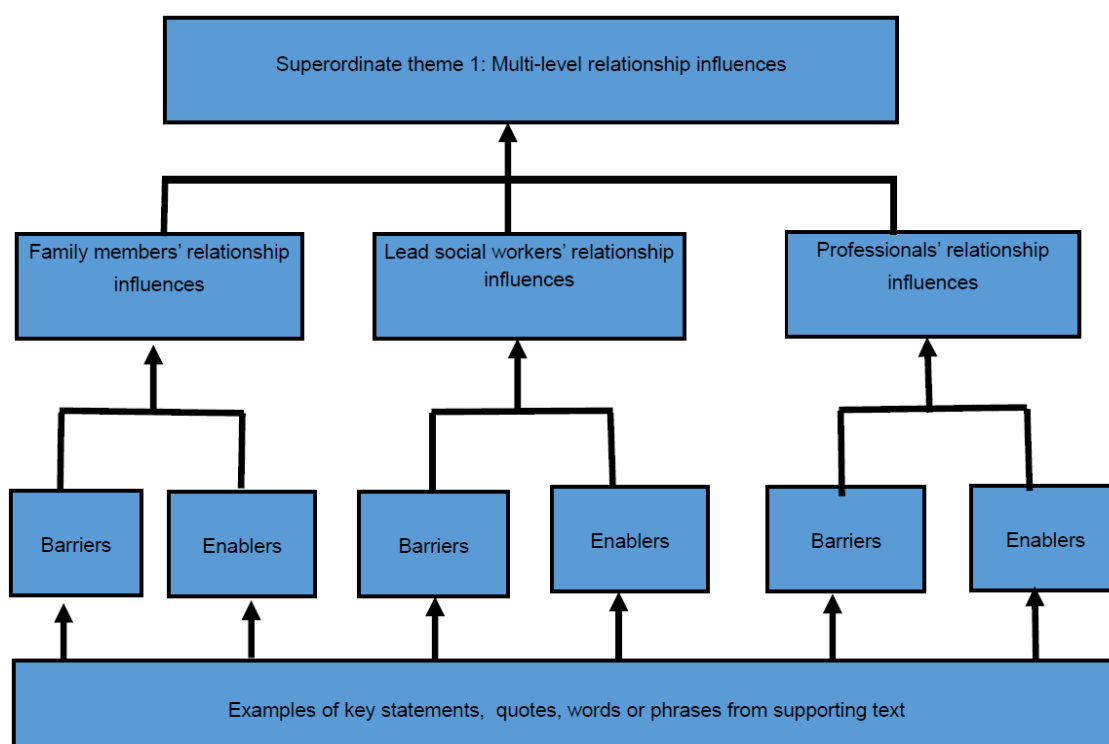
This chapter presents the thematic findings that social workers perceive as key to effective interprofessional collaborative child protection practice including how social workers perceive decision making during this approach. An illustration of how the themes emerged from the interpretive descriptive thematic analysis was discussed in Chapter 4. A table illustrating the hierarchical compositional structure of themes is provided in Appendix 2. Only data that helps answer the research

questions is presented here. Likewise, only the best examples of direct quotations or key statements, words or phrases used by social workers to express their perceptions are used as evidence to support the findings.

## **5.2 Superordinate Theme 1: Multi-level relationship influences**

Multi-level relationships influences are a combination of three connected themes, namely, professionals' relationship influences, the lead social worker relationship influences and family member relationship influences as illustrated in the hierarchical compositional structure of the theme in Figure 5.1 below.

Figure 5.1: An illustration of the compositional structure of Superordinate theme 1: Multi-level relationship influences



As illustrated, each of these themes has specific, yet connected relationship influences. The professionals' relationship influences involved those influences which social workers perceived as either, barriers and enablers to various professionals and their agencies working together during interprofessional collaborative child protection practice, while lead social worker relationship

influences involved which social workers perceived as either barriers and enablers to lead social workers' ability to play their statutory lead role effectively. Family member relationship influences involved barriers and enablers to family members' involvement and contribution to collaborative partnership working. The barriers and enablers identified constituted the subthemes to these three themes of superordinate theme of multi-level relationship influences. Altogether, the multi-level barriers and enablers, illustrated by supporting examples, provide answers to the research questions about what social workers perceived as key influences to effective interprofessional collaborative child protection practice. Each of the barriers and enablers and the supporting evidence are presented below under related headings.

### **5.2.1 Professionals' relationship influences**

Social workers identified a number of barriers and enablers to professionals' relationships that they perceive to be key to effective interprofessional collaborative child protection practice as follows:

- Communication and information sharing between professionals
- Relationships between professionals
- Clear and shared vision and goals by professionals
- Clarity of professionals' roles
- Professionals' relationships with family members
- Professionals' relationships with the lead social worker

#### **Communication and information sharing between professionals:**

Social workers identified poor communication and information sharing as one of the main inhibitors which leads to failure in relationships when professionals, family members and organisations work together to protect children and young



people. Social workers also perceived the main barriers that prevented good communication and information sharing during as the following:

- Attitudinal barriers
- Lack of information and communication breakdowns
- Language barriers - professional jargon and diverse professional languages

Attitudinal barriers included the attitude such as that 'somebody else will do that' and therefore no-one takes responsibility for that part of the plan. Sometimes the assumption being that someone else will notice, thus leading to situations where participants perceived that when professionals don't communicate it is difficult to work together on a plan with common goals. Together with lack of communication some participants identified that the lack of clarity in communication can have a disabling effect to collaboration. Also a lack of communication can sometimes manifest as poor communication where people do not seem to understand each other at all. Regarding language barriers, participant SW14 expressed sentiments that:

*"in this area which we are finding more of, you do have the language barriers, because... you know, there's a big Eastern European community, so that provides a barrier really".*

From the social workers' responses above the thread that seemed to cut across all of them was a theme that poor or lack of communication and information sharing in professionals' relationships can be characterised by negative attitudes by some professionals. Unclear information, lack of information trail or chronologies, withholding or unwillingness to share information also featured prominently. Sometimes this appeared, can be due to ignorance about the duty to share such information. The barrier to communication and information sharing could also be

due to language barriers as a result of the large immigrant population in the region, with agencies having to rely on prohibitive costs for interpreting services.

On the other hand, social workers also perceived clear and open communication and information sharing as a key influence that enhances the effectiveness of professionals' relationships. Some of the enablers to clear and open communication and information sharing which were identified by social workers were the following:

- Honesty and transparency
- Continuous dialogue with other professionals
- Valuing others' different perspectives and contribution
- Use of appropriate language
- Task focus
- Timeliness

Participant SW02 described what clear and open communication and information sharing between professionals is perceived as:

*"being open and honest",*

Honesty and transparency in communication was emphasised by a number of participants. For some this included maintaining a continuous dialogue and sharing of information from different perspectives. It also involved using language that people understand very well, and without any jargon or acronyms. Failure to keep in touch with other professionals was perceived as causing other professionals to feel undervalued. Describing the benefits of open and honest communication, participant SW14 said it involves:

*"keeping everybody within the loop updated with what's going on and making them aware of what the concerns are".*

Emphasis was placed on working together in an open and in a transparent manner and on timely communication while others highlighted the connection between open and honest communication and information sharing as being key to having an effective child protection plan for family members.

From the descriptions and examples of evidence provided above by the participants who were lead social workers, one can discern that clear and open communication and information sharing within professionals' relationships requires honesty and transparency from all professionals. It also requires regular dialogue from different perspectives with all those involved. Furthermore, clear and open communication and information sharing requires the appropriate jargon-free language as well as valuing each other's contributions, task focus and timeliness.

### **Relationships between professionals**

Social workers also perceived difficult working relationships between professionals as one of the main inhibitors to effective professionals' relationships. In particular, participants identified the main barriers that prevent good relationships between professionals as:

- Different perspectives to threshold for risk and eligibility criteria
- Personality differences, mistrust and undermining of each other
- Power differentials

Social workers attributed difficult professional relationships to not being able to see things from each other's agency perspective. They concurred that different perspectives to thresholds for risk and eligibility criteria can impair professionals' relationships. One issue is that some professionals may assess a case as having lesser risk, while others see it as high risk and that can cause a break down in relationship. Participant SW06 describes how failure to have a good rapport

among professionals can also be due to:

*“personality clashes between individuals within the core group”.*

Social workers observed that difficult professional relationships can be attributed to different priorities or standpoints by the different agencies who also have different thresholds for risk.

Other than professionals focussing on areas within their individual or agency expertise and thresholds, social workers argued that sometimes relationship difficulties can be down to power differentials between agencies and professionals, with participant SW08 insisting:

*“there’s the power issue as well, there are certain agencies who feel that they have more power than the other agencies, as a result they tend to take the lead role”.*

Some professionals and their agencies were perceived as manipulative, while in some instances personality clashes can also be acted out during professional interactions, which is not good for professionals’ collaboration. As a result, according to participant SW15 professionals can end up:

*“undermining each other’s roles”.*

Good professional relationships were also perceived as down to trust. The trust that a social worker earns is critical because if for any reason other professionals cease to trust the social worker or social care as an organisation, then that can be really counterproductive, according the social workers who were interviewed.

To summarise the issues were cited, it is clear that there are indeed a number of influences which can contribute to difficult working relationships between professionals. Participants spoke of power differentials between professionals or agencies together with different perceptions of risk, thresholds and eligibility

criteria. Personality differences were also considered to account for some of the relationship difficulties between professionals while lack of trust can also undermine the ability of professionals to work together effectively, as can difficulties with communication and information sharing.

Conversely, the perception by social workers was that good professional working relationships can be enhanced through:

- Strong working relationship involving the lead social worker, family members and other professionals
- Child focussed shared perspective

Participants commented that good strong professional working relationship should involve the lead social worker, family members and other professionals. In line with this perception therefore when professionals, the lead social worker including family members work in a professional manner, the effectiveness of the interprofessional collaborative effort is likely to be enhanced. Other participants emphasised the importance of good relationships between professionals and agencies. Participant SW01 argued that effective professionals' relationships can only be successful:

*“when all the professionals share the same views”.*

The need for a shared child focus on the child was also seen as an enabler to good relationships between professionals and was captured by participant SW10 who argued:

*“I think it’s very important to have a kind of team around the child”.*

Emphasis was also placed on the importance of positive relationships with both professionals and their agencies.

From the above participants' accounts, one can discern that good professional relationships involve all stakeholders – professionals, lead social workers, family members - as well as agencies. A good strong professional relationship also involves information sharing, maintaining links and a shared child focussed team around the child or family member. A lot of time and effort is also required to build and sustain these relationships.

### **A clear and shared vision and goals by professionals**

Social workers also perceived that if there is a lack of shared clear vision, goals and understanding between professionals this can inhibit effective professional relationships. Some of the barriers that social workers perceived as giving rise to a lack of shared clear vision, goals and understanding included:

- Lack of knowledge and understanding about child protection practice.
- Lack of child focus - focus on own priorities and collusion with parents or carers.
- Lack of joint interprofessional training.

Participant SW03 in particular cautioned against not having agreed common shared goals while participant SW04 commented that what can also make it worse is:

*“not being able to understand what we’re capable of doing and what we’re not capable of doing”.*

The lack of a clear vision and goals means that there is no clear way forward. Not only is it important to be clear about the way forward, according to participants, but professionals need to understand each other. Some underscored the significance of lack understanding of the task at hand such as thresholds and child protection itself. Caution was expressed against employing defensive practice where

professionals became concerned with self-preservation. Participants acknowledged that while child protection is a primary function for social workers, for other professionals it's a secondary function. Another poignant reminder that was made was that some professionals don't focus on the child, particularly professionals who aren't really trained in child protection. Also, as a result of not having a clear vision and goal that is child-centred, some professionals can become very protective of the actual adults. However, this may not always be collusion with parents but it could be professionals' attempt to adopt a whole family focus which is consistent with the conceptual framework of this thesis. A lack of a clear vision and goals was also attributed to unrealistic expectations due to lack of relevant professional knowledge, skills and experience. This was mainly attributed to newly qualified social workers involved in child protection cases, who would not be sure about what they're looking for. In that regard a lack of joint interprofessional training was considered to be a contributor to the absence of a clear shared vision, hence participants called for more multi-disciplinary training.

The descriptive perceptions by the lead social workers illustrate how important it is to have realistic and shared clear vision, goals and understanding in professionals' relationships. Without a high level of clarity of the task at hand it is difficult to develop an effective child-centred plan. Lack of clarity and understanding of goals can be either due to lack of child focus, failure to see the bigger picture or ignorance and lack of relevant joint child protection practice training with other professionals. Having relevant professional knowledge, skills and experience includes understanding of timescales, policies and procedures in relation to child protection practice. It also about developing the interprofessional skills that are required to work with others, as well as appreciating that for other professionals, child protection is not their core business but something that they have to address

in addition to their primary roles. Some professionals, however, either collusively focus too much on protecting the parents or become preoccupied with their own anxieties due to their inadequacies, according to participants.

Participants identified the presence of a clear and shared vision, goals and understanding of what is expected to be done as one of the main enablers for professionals' relationships. According to the participants in order to have a shared clear vision, goals and understanding professionals also need the following:

- Clear task focus
- Knowledge and understanding of the child protection process and risk

Having a clear vision was described as being very clearly task focused in terms of the children and the risk issues and the reasons for social care involvement. A clear vision was also perceived by other social workers to include being clear with your goals, understanding why you are involved, as well as why others are involved, not being excluded or not being dictated to and feeling part of the whole process. Ultimately, success in professionals' relationships according to participant SW03 is:

*“when children’s lives are improved., quite simply what we’re looking for is that children are kept safe and that their life chances are improved”.*

To achieve that goal, participants perceived that there is need to have a clear understanding of what needs to be done and achieved. According to participant SW07 while there may be differences regarding how to achieve the goal, it is still important to have:

*“a consensus of what the risks are to the child”.*

A clear understanding about why professionals are involved is crucial. Having a clear understanding of what needs to be done in terms of risk to the child and the



child protection process, is crucial to the success of professionals' relationships. The key measure for success according to the participants in this study is being able to keep children safe while improving their wellbeing and outcomes. There is however recognition that occasionally there could be disagreements along the way, hence professional relationships with a shared clear vision and goals also involves reaching consensus in order to reconcile opposing views.

### **Clarity of professionals' roles**

Professionals' relationships can also be stifled by professionals' lack of clear roles and shared responsibilities according to research participants. Quite simply, professionals may know what is expected of them but be unclear with regard to how to achieve it. According to social workers, some of the barriers that impede professionals' ability to play their roles effectively include the following:

- Poor attendance at meetings
- Unavailability of reports, lack of action and non-engagement by professionals
- Lack of role clarity and responsibilities
- Competing professional and agency priorities

Unsurprisingly, according to participant SW02 poor attendance at meetings can impede professionals' ability to play their roles effectively and this can sometimes manifest itself through professionals:

*“not arriving at meetings, not sending in reports”.*

As well as not arriving at meetings and not sending in reports, this can also include not engaging during meetings, not bringing in a report or not reading the minutes when they come through. It may also involve lack of engagement within the plan. For example, quite often social workers are accused by other professionals for not

taking action such as removing children into care before any work is done with the family, yet that is lack of understanding about each other's roles and responsibilities. While participant largely concurred about the lack of role clarity, some observed that this lack of role clarity can actually lead to professionals feeling they are not adding any value to interprofessional collaboration.

The study found that the lack of clear roles and responsibilities can sometimes be linked to assigning funding responsibilities as without clear roles it is difficult to know which agency is funding what. Additionally, contributory to the lack of role clarity were overlapping roles, where other professionals came across as overenthusiastic by assuming others' roles which may cause conflict between them and confusion to family members in particular. Participant SW15 observed that due to lack of role clarity:

*"other professionals use the social worker to dump most of the things on them"*

Overall, from what the participants said it seems the lack of clear roles and shared responsibilities is not just to do with not knowing who should be doing what, but it was also due to professionals not turning up at meetings, being late at meetings or not sharing reports. Participants also acknowledged that sometimes there can be overlapping roles or competing priorities, although on other occasions professionals simply either do not demonstrate anything or enough, or at worst they defer to the social worker on every task.

Social workers identified the need to have clear roles and responsibilities, as one of the key influences that positively impacts on professionals' relationships. Some of the key requirements for enabling clear roles and responsibilities for professionals, according to participants are the following:

- Shared responsibility
- Sharing expertise
- Understanding each other's roles

Having a shared responsibility between professionals was perceived as key to having clear roles and responsibilities which in turn enable good professionals' relationships. Evidence provided as examples of sharing responsibilities and expertise included simple tasks like spreading the responsibility to take minutes instead of the social worker doing every task. Participant SW04 pointed out that professionals' relationships require professionals who have a:

*“feeling that they have some sort of responsibility”.*

The importance for professionals to understand each other's role and all the different agencies' roles was consistently emphasised by social workers.

In short, what the participants' perceptions demonstrate is that clear roles, responsibilities and understanding are not only about understanding one's role, but also others' roles, your own agency role as well as others' agency roles. It also involves professionals assuming and sharing responsibilities, expertise and not just leaving or deferring everything to the lead social worker.

### **Relationships between professionals and family members**

This theme is part of the two-way relationship influences between professionals and family members. The latter are discussed separately under family members' relationships influences section later on in this chapter. According to participants what contributes to difficult relationships between professionals and family members results from the following influences:

- Family member aggression
- Different agenda (different priorities)

- Confidentiality
- Collusion and relationship preservation
- Non-engagement

Describing family member aggression participant SW02 gave examples of aggressive individuals coming to the meeting with their own different agenda or priorities and not willing to accept the opinions of others. Aggression by family members may be verbal and not necessarily physical but the extent of intimidation could be intended to incite fear and prevent professionals from expressing their concerns.

The positive working rapport with families may also be influenced by issues around confidentiality. This is because of the sensitive issues that family members share with professionals. According to participants, family members are less likely to confide to professionals if they are not assured that what they share remain confidential. On the other hand, there are other professionals who do not challenge family members, who prefer to appear as 'nice' to them or want to preserve their relationship with family members which is collusive. An example comes from participant SW06 who said:

*"I find sometimes it feels a bit collusive, especially if you've got health visitors that have known the family for a long time..., because they'll tell you what they think we need to hear rather than what we should be hearing".*

Other social workers who were interviewed felt sometimes some professionals are quite scared of either damaging their relationship with family members, hence they feel very protective of the actual adults. Others, like participant SW15, however expressed the view that difficult relationships between professionals and family members may sometimes be due the fact that:

*“the clients that you normally work with are not voluntary clients they are mandated clients”.*

Nonetheless participant SW16 argued that the professional/family-member relationship can fail due to non-engagement of families, which makes it really important to build up a relationship with the families through being totally open and honest with them.

In short, difficult relationships between professionals and family members, according to the participants, can be partly due to aggressive involuntary family members who simply make engagement difficult. On the other it could be due to professionals having a different priorities or acting collusively to protect adults at the expense of the vulnerable children in order to preserve relationships. Sometimes professionals become overly friendly, collusive and enmeshed in relationships with family members such that they are unable to challenge them. Failure to assure service confidentiality can also act a barrier to a positive relationship.

Having good relationships between professionals and family members was identified as crucial to effective working relationships. The influences that emerged from the analysis of social workers' perceptions as enablers of good relationships between professionals and family members are the following findings:

- Direct work
- Having an inclusive dialogue with other professionals
- Listening to family members and paying attention to their perspective

Participants felt that relationships between professionals and family members could improve if families are worked with directly to make changes in their lifestyle or if there is direct work. This is consistent with the whole family focus in the

conceptual framework for this thesis. According to participants, when professionals work with families they need to engage meaningfully with the families, and avoid being collusive because families may tell you what they think you want to hear rather than what we should be hearing. Direct work with families involves having the dialogue about the family circumstances and participant SW13 poignantly observed that establishing a good relationship with the family members should make them:

*“feel that you’re listening to them, that you are actually, paying attention to what they’re saying and the way they see the situation”.*

A good working relationship between professionals and family members from the participants’ perceptions above therefore involves direct work, listening to family members and enabling them to feel that they are being listened to and that the situation is seen from their perspective. It also involves working inclusively in collaborative partnership and not collusively with family members and other professionals.

### **Professionals’ relationship with the lead social worker**

Participants identified that having a clear lead professional role, responsibility and understanding as one of the key influences that enhance the effectiveness of the collaborative relationship between professionals and the lead social worker. The crucial components of this leadership theme that participant social workers identified are:

- Coordinative, facilitative and supportive role
- Clarity of the lead social worker and other professional’s roles

When working with other professionals and the family, participants were clear that the social worker needs to take the responsibility of the lead role which is after all

a statutory one as previously discussed in Chapter 1. This understanding of the social worker's role was also clearly expressed by participant SW10 who said:

*“it is up to the social worker to manage and lead and coordinate and facilitate the core group and be a lead worker in the core group”.*

Concurring with view, Participant SW12 described the role of lead social worker as:

*“the glue that binds everyone together”.*

Underscoring the significance of the lead social worker role in enabling professionals' relationships, participants emphasised the need be clear about what this role is, its limitations and to have an understanding of what other professionals' roles entail and what their limitations are.

The relationship between professionals and the lead social worker as described above therefore requires the latter to manage, lead, coordinate, facilitate and support other professionals and family members or the core group. Not only should the lead role and responsibility be clear, but also its limitations alongside that of other professionals should also be appreciated. The description of the lead social worker as the glue within the core group is testimony to the significance of role in enabling collaborative relationships. Other characteristics of the lead social worker role are presented below.

### **5.2.2 Lead social worker relationship influences**

As indicated above, the lead social worker relationship influences were characterised as the kind of the glue that binds everyone together by Participant SW12. This section therefore presents what constitutes the lead social worker relationship influences in the form of both barriers and enablers that social workers

identified. The barriers and enablers that influence the lead social worker relationships are the following:

- Lead social worker's relationship with other professionals
- Lead social worker's influence on the relationship between professionals and family members
- Clarity of the lead social worker's role
- Lead social worker's communication and information sharing
- Impact of changes in the lead social worker

### **Lead social worker's relationship with other professionals**

This theme involves how the lead social worker relates with the professionals and not vice versa as discussed in the previous section above. The implication is that the way professionals relate to lead social workers is different from the way lead social workers relate to other professionals, hence the superordinate theme on multi-level relationship influences. This involves the lead social worker developing a relationship with other professionals and not conversely, the other professional developing a relationship with the lead social worker. A number of participants identified the way the lead social worker relates to other professionals as key to effective professionals' relationships. Barriers to this particular direction of the lead social worker's relationship with other professionals were identified by lead social workers as:

- Lack of task focus by other professionals
- Lack of commitment by other professionals
- Power differentials and imbalances between professionals

Participants described how the lack of task focus by other professionals can interfere with the lead social worker's ability to develop a positive relationship with



other professionals. A lot of time is spent managing professional relationships and anxieties which detracts from working with families. Sometimes other professionals may want to override social workers' decisions, particularly with the perceived powerful professionals identified by participant SW04 as:

*“professionals such as police and maybe headmasters or medical staff which they feel maybe have got a greater power”.*

Other professionals attributed poor working relationships between professionals to the lead social worker being involved in too much administrative work such as too much paperwork which leaves the lead social worker stuck in the office without time to go out and do the necessary liaison work with other professionals. Overall the inability of the lead social worker to relate well to other professionals, according to the participants can be attributed to other professionals' poor task focus, lack of commitment, professional anxieties due to power differentials and too much administrative work. In some situations, these difficult relationships between professionals can unfortunately serve as a distraction for social workers and other professionals from actually working with the families.

On the other hand, participants perceived that for the lead social worker to relate well to other professionals there is need to enhance the effectiveness of the lead social worker role. Specific enablers for the lead social worker relationship with other professionals were identified as the following:

- Need for a professional rapport
- Need for a shared perspective

The lead social workers spending enough time with other professionals so that they can build up an informal relationship was perceived as an important enabler.

Spending a lot of time with other professionals according to participant SW04 leads to:

*“a professional interplay, knowing each other professionally, having built a professional rapport with them”.*

Participants proposed joint visits in order to get a better understanding of where others are coming from because there are different perspectives and professionals see things differently. To illustrate how difficult these relationships can get, participant SW09 gave an example:

*“you hear that name and everybody sort of rolls their eyes and you know you’re working with somebody who’s quite difficult”.*

Relationships between professionals however should not be superficial and participants cautioned against just accepting views and perceptions of other professionals without challenging each other. Whilst the lead social worker’s relationship with other professionals can sometimes be difficult, overall participants perceived that spending time together, knowing each other better, and doing joint visits could be a recipe for a good rapport and a shared perspective.

### **Lead social worker’s influence on the relationship between professionals and family members**

Participants identified difficult working relationships between professionals and family members as one of the main barriers for the effective lead social worker role. However, participants perceived that the lead social worker could have a positive influence on the relationship between professionals and family members. The barriers to the effective lead social worker role which stem from the difficult relationship between professionals and family members were identified as follows:

- Difficult balance between direct work and other responsibilities

- Complexity and emotive issues in the case
- Aggressive involuntary family members

The loss of the skill by social workers to undertake direct work was viewed with deep regret by participants. Finding the right balance between direct work and responsibilities such as recording and other office work was seen as challenging and impacted on promoting positive relationships between professionals and family members. Participants gave examples of a difficult relationship with family members with aggression being a common theme to barriers for direct work, yet, amidst that participant SW13 admonished:

*“if you’ve got a case where you have got a service user that is aggressive or whatever, then it is, sometimes that, you have to be really careful not to let that affect you”.*

What is clear from the above perceptions and examples is that where there are difficult relationships between professionals and family members this can impede direct work with families and can be compounded by the difficult balance between direct work and other responsibilities such as administrative work. A recurring theme from the social workers was that spending too much time on administrative work can have a de-skilling effect on social workers. Discussing emotive issues and complexity of the case as well as engaging with aggressive family members can antagonise the influence the lead social worker has on the relationship between professionals and family members, and hence inhibit the effectiveness of the lead role.

Participants perceived the ability of the lead social worker to have a positive influence on the relationship between professionals and family members as depended on the following:

- More time for one to one direct work
- Giving the family member a voice
- Listening and appreciating family member perspective.
- Speaking up without fear of antagonising relationships with the family members

The awkward situations that lead social workers often find themselves in was illustrated in the example of being constantly perceived as the bearer of the bad news more often than their professional colleagues. This according to participants can sometimes alienates social workers from the family members they are supposed to be engaging in direct work with. However, participants were clear that they want to spend more time with families because as Participant SW006 put it:

*“by going out and working one on one with the child or one on one with the parent you get a clearer picture of where they’re coming from..., and gaining the child’s perspective”*

### **Clarity of the lead social worker’s role**

As is the case with role clarity for other professionals discussed earlier, some participants identified the lack of clear roles, responsibilities and understanding as another reason why lead social workers fail to be effective. The barriers that prevent lead social workers from understanding and executing their roles effectively were identified as the following:

- Lack of role clarity and shared responsibility and accountability
- Role conflict
- Role avoidance
- Lack of training, experience and clear expectations of the lead social worker role

Social workers were perceived by participants as spending a lot of time doing the mundane chores as opposed to doing what they are responsible and accountable for. Role conflict and avoidance, as well as lack of training were cited as barriers to the effectiveness of the lead social worker relationships. What one can discern from the above perceptions is that lack of role clarity can sometimes lead to social workers spending too much time on non-core roles, which may lead to role conflicts or failure to share responsibility with other professionals. In some cases, other professionals expect the social worker to know everything yet in others they just expect that it is the social worker's responsibility, hence they avoid taking responsibility. Such behaviour by other professionals prevents the lead social workers from playing their roles effectively. However, lack of training, experience in leadership skills and unclear expectations of the lead social worker role was also identified as one of the inhibitors to the effectiveness of the lead social work role.

Participants also perceived that newly qualified social workers were often ill-equipped or prepared for the lead social worker role but according to Participant SW15:

*"You're just thrown in the deep end of the pool to be quite honest".*

They argued that newly qualified social workers find it difficult to deal with other professionals, which undermines lead social worker relationships. The combination of unclear expectations, power differentials between professionals and uncertainties about thresholds all of which impacts negatively on lead social worker relationships.

With regard to enablers that facilitate the lead social workers to play their roles effectively the following requirements were identified.

- Relevant joint training and closer working
- Clarity of each professional's role and lead social worker role
- Recognition of the lead social worker
- Being valued and trusted
- Better image and public perception
- A leader should be motivator, overseer, gatekeeper and coordinator.

Participants perceived that relevant joint training and closer working could enable the effectiveness and appreciation of the lead social worker's role. Others suggested child protection training for non-social care professionals. Some participants were critical of current social work curriculum, which they perceived as lacking in communication skills and understanding people. Perhaps because of the introduction of the systemic unit model of social work practice by the local authority where this study was undertaken a year before the data collection for this study some participants even prescribed that psychoanalytic or psychodynamic thinking, attachment theory, systemic training or systemic family therapy training needed to be introduced. The unit model requires that a clinician be part of a unit alongside social workers, hence unsurprisingly, their input was already recognisable.

What is clear from the above perceptions is that lead social workers feel their role could be enhanced if there was to be more joint interprofessional training and closer working so that all professionals understand each other's roles and speak with the same voice. This according to the participants, could reduce duplication, improve communication and understanding and other relevant skills. Specific training on the new systemic approach to social work practice together with psychoanalysis, group behaviour and attachment theory were recommended.

Some participants called for more professional discretion in decision making without the need to always defer to the supervisor or line manager so that as lead social workers they could make decisions on the spot. Participant SW10 reiterated that sometimes:

*“you need to feel very valued and trusted as a social worker, by the people you work with and I suppose by your manager particularly”.*

The significance of role clarity and recognition of role of the lead social worker was underscored, with calls for better public perception and knowledge of what social workers do just as it the case with teachers, lawyers, nurses, or doctors. Participant SW05 emphasised the need for recognition of the lead social workers:

*“that actually we are the lead.., I think that ought to be more recognised”.*

Participants also expressed the perception that being a lead social workers is about inspiration, energising and prompting other professionals and family members into action. An unexpected example was given by Participant SW08 who said:

*“the school will be concerned that you have to be available as like a gatekeeper to frighten parents from non-engagement because they say if you withdraw then they disengage with the school”.*

That other professionals perceive lead social workers as being there instil fear in family members is not consistent with the lead social worker role and interprofessional collaborative child protection practice.

In short, what the social workers who were interviewed perceived about the clarity of lead social worker’s role, responsibility and accountability is that they want to be valued and trusted, to be more autonomous and be able to make on the spot decisions. They also want their public image and perception to improve and in

particular to be visible and recognised in a more formalised way as leaders who can motivate and oversee, as well as act as gatekeepers and coordinators during the collaborative effort.

### **Lead social worker's communication and information sharing**

As with communication and information sharing on professionals' relationship influences, participants also perceived poor communication and information sharing as one of the barriers to the lead social worker relationship influences. In particular, the lead social worker's poor communication and information sharing was attributable to the following reasons:

- Communication breakdown with other professionals
- Lack of timely information sharing responses
- Inadequate and incomplete information
- Misinformation by family members

Communication breakdowns between the lead social worker and other professionals, could occur at individual and agency level in the form of not being able to get hold of people, by telephone, email or through face to face communication, leading to frustrations as lead social workers constantly having to chase responses. In other instances, participants did not perceive communication and information sharing does as occurring timely. Overall, according to participants' communication breakdowns, untimely, incomplete or inadequate information as well as misinformation can inhibit the lead social worker's effectiveness.

For the lead social worker communication and information sharing to be effective, according to participants, the following enablers have to be in place:

- Open and transparent communication and information sharing



- Availability of information

According to SW01 it is all down to facilitating a collaborative environment for both professionals and family members by:

*“allowing them, and them feeling able and willing to share that information”.*

Participant SW01 concurred that:

*“communication has to be even tighter and even more freely shared amongst the professionals when those sort of things are picked up”.*

The requirements for lead social worker communication and information sharing to be effective are consistent with those for communication and information sharing for other professionals, except that here the social worker is the focal person and needs information to execute their statutory lead role of keeping children and young people safe.

### **Impact of changes in the lead social worker**

Some participants commented that changes of allocated social worker are a barrier for the social worker role. The data analysis was able to identify the ways in which social worker changes affected collaboration as follows:

- Frequency of changes
- Family member aversion to changes
- Information gaps

The impact of regular social work changes on the lead social worker relationships was aptly captured by Participant SW013 who observed:

*“if you’ve not had enough information from that worker..., have not been able to do a joint visit with the worker..., it makes it much harder, obviously, to then go into the family, because most families don’t like it when there’s change”.*

Not only do less frequent social worker changes improve relationships with family members and closes information gaps but according to participants it enables in-depth understanding of the case and ensures continuity.

### **5.2.3 Family members' relationship influences**

This theme relates to what social workers perceive as barriers and enablers that influence the family members' collaborative partnership relationships with various professionals and the lead social worker. These barriers and enablers are perceived by social workers to be some of key parts to the multi-level relationships influences in interprofessional collaborative child protection practice in line with conceptual framework of this thesis. Crucially, these barriers and enablers are associated with the following family members' relationship influences:

- Family members' relationship with professionals
- Clarity of family members' roles and expectations
- Family members' engagement and participation
- Family members' image, perception or experience of social care
- Communication and information sharing with family members
- Impact external influences to family members
- Impact of the reorganisation into the new unit model on family members

#### **Family members' relationship with professionals**

The family members' relationship with professionals is the reverse side of the two-way relationship between families and professionals in line with the conceptual framework of this thesis. In this instance the relationship relates to family members' influence in the partnership while in the previous one it related to the professionals influence within the partnership. The same two-way relationship applies to the relationship between lead social worker and family members as

illustrated in the conceptual framework as it is between the lead social worker and other professionals.

In this instance, participants overwhelmingly perceived a difficult family members' relationship with professionals as a barrier for the effective involvement of family members in working together with various professionals and their organisations. This difficult family members' relationship with professionals was perceived as due to the following barriers:

- Perceived intrusion by too many professionals
- Professionals' enmeshment and collusive behaviour with family members - fear of antagonising relationships
- Language, values and cultural differences as an excuse
- Too much focus on mothers and exclusion of fathers
- Non-engagement and non-involvement of family members from decision-making
- Media portrayal of professionals
- Unfulfilled promises and unrealistic expectations
- Disguised compliance, manipulative behaviour and institutionalised involvement with social care

The effect of the perceived intrusion by too many professionals into family was aptly provided in an example by participant SW01 who said:

*“sometimes too many professionals is overwhelming and families will withdraw if there's too much going on that they can't cope with..., I think it impacts on the ability of the service users to remain involved”.*

Participants also expressed concerns that some professionals can be over friendly and just too involved. Participants were able to acknowledge that they often fail to

listen to the family member's voices, due to language, values or cultural barriers. Others pointed out that sometimes too much focus tends to be on the mother of the children and less so with their father, even when the father was actually the abusive person. This practice of letting fathers off the hook was highly criticised by the participants. At the same time, participants reflected on their own practice and acknowledged that sometimes they don't spend enough time with families as they should while also admitting, as Participant SW06 did, that:

*"we are at times very intrusive within families and I wouldn't like for someone to come into my house and want to check my bedrooms and everything else".*

Perceptions were expressed about how public media has negatively influenced family members' views about professionals, yet other participants were quick to acknowledge that sometimes unfulfilled promises by professionals were to blame for the difficult relationships with family members. There was also recognition that sometimes relationships between family members and professionals can be hindered by complete non-engagement by family members who do not know what the concerns are and why social workers or other professionals are involved. Participant SW08 bluntly said that difficult relationships with family members are down to a number of reasons including:

*"not being involved in decision-making. They are not heard".*

Participants also observed that family members can be quite manipulative, quite controlling sometimes, yet others' can be aggressive, antagonistic and very defensive because they feel marginalised and oppressed about the whole child protection system. Family cases that had been worked with for several years were perceived as having become habituated to social care involvement and therefore

unlikely to take the process seriously or may feel despondent and in despair. They could also become institutionalised and overly reliant on services without taking ownership of their lives. Participants also cautioned about disguised compliance, involving family members whose compliance was not genuine but intended to mislead or hood wink professionals into believing they were making desirable changes when they are not doing so. While participants perceived the inability by family members to spend enough time with the professionals as very important, they also pointed that having too many professionals involved can be overwhelming for family members leading to confusion about who is doing what and what is expected of them. For fear of antagonising relationships between them and family members, participants also referred to experiences examples of when professionals collude with family members, which is not good for the relationships.

To summarise, among the reasons cited behind a difficult relationship between family members and professionals are: family members being involved with too many professionals; professionals spending less time with family members; an enmeshed relationship between professionals and family members as well as the intrusive nature of interprofessional collaborative child protection practice. In addition, the social cultural construct which very often excludes fathers from the primary responsibility of child care creates an unfair preoccupation with mothers, thus constructing them as bad parents. Participants also identified unfulfilled promises and unrealistic expectations created by professionals as possible causes for antagonistic relationships with family members. Consequently, participants also acknowledge that it can be difficult to work with hostile, aggressive and antagonistic family members. Some of them according to participants can be manipulative and controlling or non-engaging and dismissive of the concerns raised against them. Because of long involvement with social care, participants,

felt some family members become habituated and institutionalised. Also professionals can sometimes become collusive with family members or inadvertently become victims of disguised compliance by family members.

Participants overwhelmingly identified good relationships between family members and professionals as an enabler to family members' relationship influences, the same way this influence was identified as an enabler to professionals' relationship influences and as an enabler to the lead social worker's relationships influences.

The key requirements for this enabler to be a success identified as the following:

- Open Challenge of family members
- Family member engagement and involvement in decision-making
- Family member empowerment and sense of ownership of the whole process
- Appropriate use of professional power

The relationship between professionals and family members was perceived as vital by participants, although others cautioned against the reluctance by some professionals to speak their concerns when family members are present. This was considered to be common among professionals who did not want to antagonise, but preserve, their relationships with family members, with some participants describing such practice as complicit to the abuse of children and young people. Failure by family members to engage was perceived as a barrier to progressing plans leading to stalemates. Good relationship between family members and professionals was perceived as absolutely vital because family members are the most important people within collaborative partnership working. This was appropriately captured in the excerpt from participant SW10 below:

*“obviously we couldn’t do the job if they weren’t contributing [laughs]... ideally you want to formulate, some kind of a plan and a [good] working relationship means that the changes that you make are going to empower them”.*

In addition to the involvement of family members being empowering, participants understood the significance of family members’ input to achieving desirable outcomes, while acknowledging the hard work that goes into ensuring that family members are included. The need to use power appropriately was recognised, with participant SW12 commenting:

*“sometimes I feel so overwhelmed by the power that we have and constantly checking in, am I using my power in the right way”.*

A good relationship between professionals and family members, according to the research participants who were interviewed clearly contributes to effective collaboration. Participants identified family members as important people who are in the know and therefore, among other things, should be involved from start to the end of intervention. Different participants described this relationship as vital, important, essential or a key part. While some argued that it gives family members a voice, others acknowledged that developing and maintaining the relationship can sometimes be difficult. Collusion with family members or fear of antagonising relationships are examples of about the stresses within this relationship. Participants argued that professionals should avoid trying to be nice but rather should be open and tell it as it is, while being mindful of the appropriate use of power. A good relationship between family members and professionals can be empowering and provide a sense of ownership of the whole child protection process.

### **Clarity of family members' roles and expectations**

Clarity of roles for family members was perceived as critical to professionals' relationships, as it was with the lead social worker and other professionals. This multi-level link in relationships is consistent with the conceptual framework of this thesis. Participants also identified the family members' lack of clear roles, goals and understanding of expectations as one of the influences that inhibit their involvement and participation in collaboration for protecting children and young people and young people. That in turn was perceived as a contributor to difficult relationships with professionals. The main barriers for clear roles, goals and understanding of expectations were identified as the following:

- Family members lack of role clarity and understanding
- Lack of motivation to change
- Learning disabilities and low literacy levels
- Lack of acknowledgement of the problem
- Complexity of issues

Participants put the lack of clear roles, goals and understanding of expectations down to the family members' unwillingness and lack motivation to make changes, to improve their situation. The perception that a lot of service users have low IQs which prevents understanding was an unexpected finding and although the credibility of this perception could not be ascertained it is unlikely that this could be the explanation for failure to understand of expectations for some family members. Anecdotal evidence and reflections from practice experience as social worker and child protection chairperson show that any parent can be subject to child protection concerns. What participants seemed to agree on was that family members can sometimes be faced with very complex issues which are difficult to understand.



What can be learnt from these participants' perceptions is simply that not being clear with what is expected of family members, their level of understanding, their motivation to change, their inability to acknowledge the concerns at hand and the complexity of issues that family members are confronted with can make the whole effort of family member involvement and participation in the collaborative effort extremely challenging.

### **Family members' engagement and participation**

Participants perceived that having a clear understanding of roles and what is expected of them can enable effective engagement and collaboration. According to participants, understanding the child protection process can improve engagement and ensure speedy progress just as having a shared focus and ownership of the process can. Participant SW10 argued that to enable family members to understand what is expected of them:

*“you want to put them in the driving seat, so it's about their family, it's about their change, it's about their process, and you're just trying to create the conditions for it to happen”.*

Getting family members on board in terms of their understanding of what needs to change for them was perceived a pre-requisite for improving the family situation based on the plan that is agreed with them *because*, according to participant SW15

*“if they understand why, for instance there are concerns, and why you need them for the plan..., [why] we are working towards the same goals”.*

The participants' description of clear understanding of the vision, roles, goals and expectations by family members appears to revolve around, principally acknowledging the seriousness of concerns and what it would take to improve the

situation. According to the participants for the right level of understanding to occur family members should be put in the driving seat. When family members know what they are expected to do and can determine the course of change, participants argued, things tend to move faster. Furthermore, participants were clear that there is need to individualise family members because they, not only have different needs, but also have different levels of understanding.

### **Family members' image, perception or experience of social care**

According to participants, their work is not always appreciated by family members. Some of the reasons why family members have a negative emerge of social care were identified as the following:

- Social stigma, misconceptions and negative media portrayal and experience of social care – e.g. fear of children being taken away
- Learning disabilities and low literacy levels
- Personality clashes between professionals and family members
- Family members' different circumstances
- Family member's mistrust, habituation, despondency and dependence
- Family member's loyalty to family

Participant were almost unanimous that there is a there is an entrenched stigma and negativity associated with social care which they attributed to perceived intrusion into their lives. Some of the negativity, according to participants may be connected to the fear of having their children taken away because of their belief that social care is only there to take away their children. Indeed, according to participant SW06:

*“a lot of it is parents think we're there to take their children..., definite huge misconceptions”*

Participants perceived that the families' image of social care as not been helped by the negative public media, the limited understanding of family members, previous bad experience, the level of distress they may have endured or the erosion of trust. Participant SW04 argued that the stigma of being associated with social care;

*“depends on what class, if you’re looking at a different class structure in society.., there will always be a stigma of social care involvement”.*

The perception that structural influences such as poverty and social class may have a role in influencing family members' image, perception or experience of social care was consistent with the domain of external environmental factors which are connected and interact systemically with various other influences. Participants also recognised that family members are different from each other, and therefore some work positively with professionals while others just feel persecuted by the world for all sorts of reasons. As already alluded to earlier, there is a perception that some families become habituated to social care involvement over years and they have just resigned themselves to it. These families, according to Participant SW11:

*“either take the process less seriously or they feel that we haven’t changed things yet, so why would we change things in the future.., the longer term really entrenched families that don’t move on, those service users lack autonomy. They can become overly reliant on services”.*

These seemingly complex and stuck families were perceived as being very difficult to work with. Participants noted that family members' image of social care largely depends on their past experiences, if they've had or feel that they have been mistreated previously that can cause problems in terms their image, perception of social care and sense of justice as well as how they relate to professionals.

The key issues that can be discerned from these participants is that there is a recurring misperception that collaborative partnership is all about taking children away. For some family members this perception can be accompanied by a sense of injustice, persecution or a siege mentality. These family member views, according to participants are often influenced by the family member's past experiences, their social class and the negative media portrayal. Some family members, according participants have very strong family loyalties, yet others have personality differences with professionals which inhibit or disable their ability to engage with professionals and participate meaningfully. As a result, some family members harbour a lot of mistrust for professionals and their agencies. Involvement with child protection professionals can attract a lot of stigma for some family members, while some families can develop a dependency syndrome which in turn prevents progress.

### **Communication and information sharing with family members**

Communication and information sharing between family members and professionals was perceived as key to collaborative partnership relationships with family members. This interface between different levels of communication and information sharing is consistent with the conceptual framework of this thesis, as previously discussed. Poor communication and information sharing, was overwhelmingly identified as a considerable barrier for family members' relationship influences due to the following:

- Use of jargon
- Failure to communicate by agencies
- Not returning calls
- Inappropriate communication skills

To illustrate how poor communication and information stifles family member involvement and participation, Participant SW02 remarked poignantly:

*“I find the jargon a little bit difficult”.*

According to participants, when agencies do not share information with each other and with families it can be frustrating because the family may disengage. However, failure of the professionals to communicate appropriately with the family can lead to poor or limited engagement by family members, especially if individual circumstances are not taken into consideration.

A few enablers to open communication and information sharing between professionals and family members were identified namely as:

- Not playing professionals off each other
- Sharing information freely
- Relevant training in knowledge, skills and experience for professionals

Participants pointed out that communication with family members can be difficult because they can sometimes manipulate professionals off each other with regard to what information they give to who, hence when such behaviour manifests professionals need to share information more efficiently. The need for relevant training in knowledge, skills and experience for professionals to work with family members was also highlighted in order to acquire the ability to manage family members who play professionals off each other and encourage sharing of information of freely.

### **Influences that are external to family members**

Participants felt that family members' involvement and participation can also be inhibited by external influences. While some of these external influences are peculiar to family members' others are generic to interprofessional collaboration in

child protection practice. The external influences that are peculiar to family members which participants identified are as follows with a brief description:

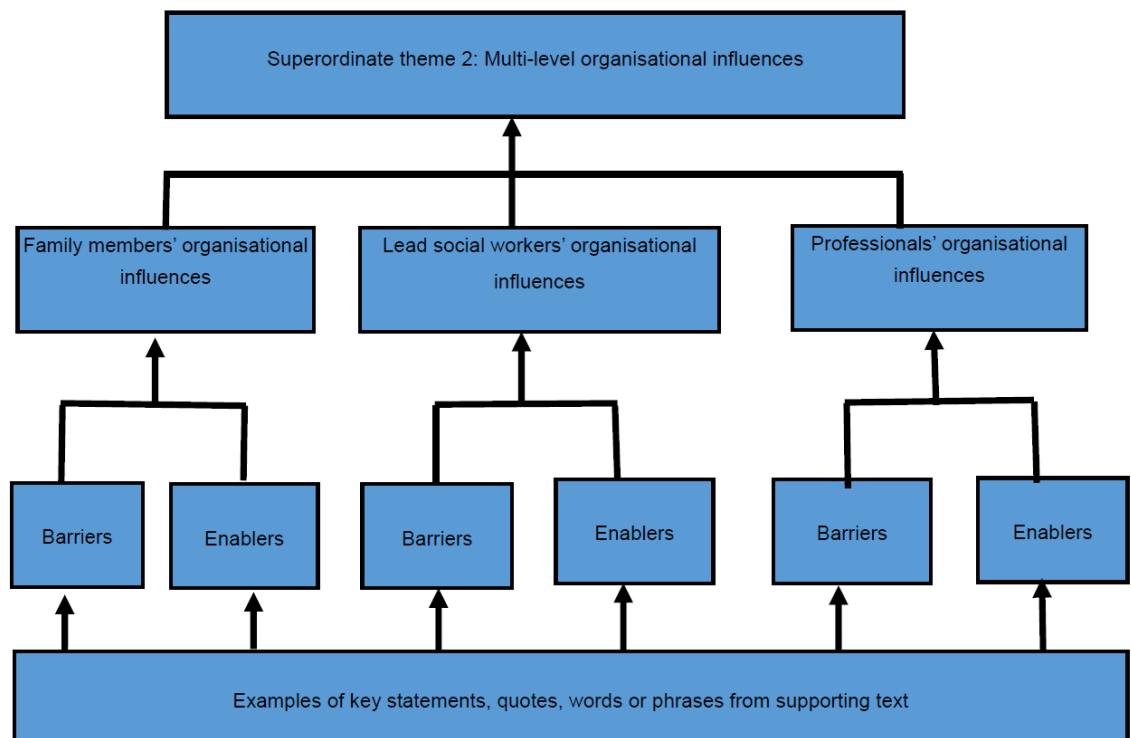
- Child care responsibilities
- Parental mental health and substance misuse
- Learning disabilities, and other personality and emotional difficulties
- Poverty

Child care responsibilities were singled out as an example of why family members often cannot fully engage with professionals while other external barriers such as parental mental health illness or substance misuse were cited. Other influences which family members have no control over such as personality difficulties and emotional difficulties were also identified. Overall, this combination of child care responsibilities, parental mental health and substance misuse, learning disabilities, and other personality and emotional difficulties as well as family poverty, exert a lot of pressure on the family members' ability to engage meaningfully in their collaboration with professionals.

### ***5.3 Superordinate Theme 2: Multi-level organisational influences***

Multi-level organisational influences should be understood as influences which research participants perceived as being associated with both, the social care agency and the various agencies at various professionals' level, lead social workers level and family members' level as illustrated in the hierarchical compositional structure in Figure 5.2 below.

Figure 5.2: An illustration of the compositional structure of Superordinate theme 2: Multi-level organisational influences



As illustrated, according to participants, organisational influences have a multi-level effect because they impact on various individual professionals, lead social workers and family members in different ways. Participants identified a number of multi-level organisational influences which can be categorised into three main themes, namely:

- Professionals' organisational influences,
- Lead social worker organisational influences, and
- Family member organisational influences.

### 5.3.1 Professionals' organisational influences

Professionals' organisational influences were perceived as either managerial or agency influences. In this instance, participants identified forms of professionals' organisational influences which are discussed below:

- Managerial influences on professionals
- Agency influences on professionals' effectiveness

- Perceptions about the reorganisation into the unit model

### **Managerial influences on professionals**

Participants perceived certain managerial practices as inhibiting professionals' ability to be effective during interprofessional collaborative child protection practice. In particular participants expressed concern about lack of supervisory and management support. They also described how difficult it can be for professionals to take certain decisions due to lack of adequate supervisory and management support participants said on occasions they cannot make any progress because they have to negotiate with their manager. This can obstruct plans which social workers regard as very good but where funding is not approved by management resource panels usually on grounds of budget limitations.

### **Agency influences on professionals' effectiveness**

Apart from managerial influences on professionals, participants also identified agency related barriers that inhibit the effectiveness of professionals' effectiveness. More specifically the following inhibiting influences were identified:

- Bureaucracy and red tape
- Workload pressure and unavailability of time
- Staff shortages and changes

Participants gave examples regarding how bureaucracy and red tape can inhibit professionals' effectiveness such as rigid expectation to conform to of rules, regulations, procedures and paperwork, which results in slow progress in getting anything done. Regarding workload pressure and unavailability of time for lead social workers to engage with other professionals, participants said that these inhibited their ability to communicate with other professionals as much as they would want to. Participants SW06 observed that regular staff changes were a



barrier in that each time there was a change:

*“you have to go back in and rebuild those relationships with the families if the family had a good working relationship with the previous social worker”.*

For a replacement social worker, it can be difficult especially if the family had a bad relationship with the previous social worker and that all takes time. Overall, the lack of staff and frequent staff changes, alongside workload pressure and unavailability of time and the bureaucracy and red tape were perceived as main agency barriers that inhibit professionals' effectiveness. Participants felt that the removal of these barriers could enable professionals' effectiveness.

### **Perceptions about the reorganisation into the new unit model**

As indicated earlier, this study coincided with the reorganisation of the Local Authority's Children and Young People's Services into a systemic unit model. Participants expressed mixed expressed their perceptions regarding this agency driven reorganisation around the following three concerns:

- Sense of apprehension and anticipation
- Concern for family members
- Early stages

Despite acknowledging that it was still in the early stage of the reorganisation, participants expressed a sense of apprehension about lack of administrative support for the reorganisation, yet they been given the impression that the new model would reduce administrative work and allow them to spend more time with children and with families doing direct work. Perceptions about the reorganisation into the unit model also emerged as a prominent theme that influences the lead social worker role which are presented in that section below.

### **5.3.2 Lead social worker organisational influences**

While the lead social worker's effectiveness influenced, and was influenced by, other professionals and family members, participants also expressed the view that lead social workers are also impacted on by managerial and agency influences. This section of the chapter presents managerial or agency organisational influences during interprofessional collaborative child protection practice as follows with a brief description:

- Managerial influences on the lead social worker's effectiveness
- Perceptions about the reorganisation into the unit model on the lead social worker
- Agency on the lead social worker's effectiveness in their role
- Decision-making influences on the lead social worker

Each of these influences are briefly discussed below, starting with managerial and agency barriers and enablers to the lead social worker's effectiveness which are presented below with a brief description.

#### **Managerial barriers that inhibit the lead social worker's effectiveness**

Research participants highlighted managerial and supervisory influences that act as barriers to the lead social worker's effectiveness during interprofessional collaboration. As with barriers for organisational barriers for professionals, participants' perceptions were that there are also specific managerial barriers that are peculiar to the lead social workers as follows with a brief description:

- Lack of recognition and management and supervisory support
- A sense of powerlessness and being undermined

The lack of recognition and supervisory and management support for the lead social worker, according to research participants can disable the lead social

worker's effectiveness in their role. Participants perceived that decisions were taken by senior managers that can actually hinder your relationship with professionals and their effectiveness. Participant SW08 concurred that:

*“sometimes we feel very powerless.., if things go wrong then they would shift everything to the key worker”*

Participants said that they perceived senior management as a hindrance because when you are told by your senior management that your request regarding funding a plan has been declined you then have to feed that back to the family and you can feel like you are caught in the middle sometimes. The lack of support by supervisors and managers according to the participants can stifle their effectiveness, particularly when decisions made with family members are overturned or overridden resulting in lead social workers feeling powerless.

### **Managerial influences that enable the lead social worker's effectiveness**

To mitigate the effect of the managerial barriers the lead social worker's effectiveness, participants identified some managerial practices that enable the effectiveness of the lead social worker and these are the following with a brief description:

- Being valued and trusted
- Autonomy
- Bespoke supervision

Participants perceived being valued and supported by line managers and supervisors key to lead social workers' effectiveness. The significance of the supervisory and management support influence was illustrated in the excerpt from participant SW07 below:

*“having the evidence that what we present to senior managers is acknowledged and actually taken on board when they make their decisions”.*

According to the participants, lead social workers find it disheartening not being supported and their input not being taken seriously, as this affects their effectiveness in their role. Their wish is to be allowed to work with some degree of independence, being valued and trusted. Additionally, participants called for autonomy and for their professional judgements to be trusted. Putting it more succinctly, participant SW10 argued:

*“I think you need to feel very valued and trusted as a social worker, by the people you work with and I suppose by your manager particularly.”*

Participants expressed a desire for individualised supervision which addressed their individual lead social worker needs and not just focus on case supervision and in the words of Participant SW12:

*“I think more bespoke supervision”.*

In brief, according to research participants there is need for greater support, autonomy, trust and being valued as well as tailor-made bespoke supervision for lead social workers in order for their role to be more effective.

### **Agency barriers that inhibit the lead social worker’s effectiveness in their role**

As with agency barriers that inhibit professionals’ effectiveness, participants also identified the following barriers that inhibit the lead social worker’s effectiveness and they have no control over:

- Work case load pressure,
- Lack of time

- Administrative work
- Lack of resources
- Unreliability of Integrated Children Systems (ICS)
- Bureaucratic and red tape constraints

Case load pressure and too much administrative work were perceived as the main barriers to the effectiveness of their role. Participants perceived that heavy caseloads and administrative work such as doing the minutes and typing them up left them with not enough time for reflection, case discussion and mainstream social work tasks such as direct work. Participant SW06 conceded:

*“as a profession we’ve lost that skill in being able to work directly with children, especially children”.*

Metaphorically, on the other hand SW10 described her concerns about how social work practice is at the moment:

*“we have to spin so many plates, I’m kind of constantly surprised that we don’t drop more of them rather than that we drop the occasional one”.*

Participants commented on how difficult it is to find the right balance between direct work and administrative work such as recording which keeps some of them awake at night. Some participants feel that a lack of resources hinders the lead social worker’s effectiveness which has led to some social workers to look for funding from charities yet, even charities have reduced their funding due to ongoing economic austerity measures. Participant SW07 described how the austerity measures had also affected important work such as:

*“a specific parenting course, the woman was referred to go to the XYZ to have it done in September, but it’s been cancelled”.*

In short, according to participants, the lack of resources, and in particular financial resources can hinder lead social workers from accomplishing what they are expected to. Lack of resources as a theme also emerged under external influences and therefore will be revisited under that theme. Concerns about bureaucracy and red tape as well as problems with integrated children systems (ICS), such as the computer not working and the system freezing, were also perceived as agency barriers for the lead social worker's effectiveness in their role.

Overall, participants identified that too much administrative work, lack of time, alongside a heavy caseload, involving recording and minute taking, leaves social workers with less time for their lead role, for direct work and reflection. According to the participants, this not only results in social workers having limited time with family members and for liaison with other professionals but can also result in de-skilling social workers. Participants commented that the lack of resources, alongside the afore-mentioned unreliable systems, bureaucracy and red tape were indeed agency barriers that inhibit the lead social worker's effectiveness.

### **Agency influences that enable lead social worker's effectiveness in their role**

To overcome the agency barriers that inhibit the lead social worker's effectiveness participants also identified the following enablers:

- Manageable case load
- Need to streamline administrative and paperwork
- Need for administrative support
- Availability and shared access to resources
- Better integrated Children's systems
- Less bureaucracy and red tape

Participants identified less administrative work for lead social workers as important for enabling lead social worker effectiveness. Administrative work involves the work that social workers do in the offices when they are not out on visits meeting family members. Participants called for streamlining work less duplication of work, fewer exemplars, less form filling and more administrative support. They felt that some of their precious time which could be used for engaging with family members is taken up by administrative work which sometimes is duplicative. Participants called for a manageable caseload in order to free time for the lead social workers to play their roles effectively.

### **Perceptions about the reorganisation into the unit model on the lead social worker**

There were varied perceptions about the reorganisation into the new unit model. As already presented some of these related to how the reorganisation into the unit model influenced other professionals. While there are some similarities, this section presents reorganisation influences that participants perceived as related to the lead social worker as follows with a brief description:

- Sense of apprehension and anticipation
- Concern about lack of planning and implementation
- Doubts about benefits of new system over old system

Participants expressed guarded optimism about the reorganisation, while acknowledging that the reorganisation was in its early stages. Some participants expressed positive perceptions about the reorganisation like Participant SW10 for example argued:

*“it’s like having a new kind of engine, you know, it drives the thinking about the case.., you’ve got five people challenging each other, so the quality of the thinking is better.., I think it’s a massive shift ”.*

Participants were also cautious about the reorganisation because of the unreliable, integrated children system (ICS), huge caseloads and same level of paperwork with the old system, which all erodes time for direct work with families. The lack of adequate training in the unit model made participants feel the transition had been quite haphazard and poorly planned. While clearly some participants felt there is a lot to be gained from reorganising the children’s services into the systemic unit model others were somewhat cautiously optimistic and anxious. The main positives about the reorganisation were that participants perceived it could enhance the effectiveness of the lead social worker’s role including shared caseloads, shared responsibility, shared risk, stress and anxiety and more family member focus. Participants perceived that the reorganisation into units enabled the pulling together of ideas, empowered them and ultimately some saw this as paradigm shift in the way they do their work. A large part of the anxiety seemed to be around the perception that the reorganisation was poorly planned, that it is early stages, staff still need to be trained on how the new unit model works and that nothing much has changed.

### **Decision-making influences on the lead social worker**

Participants identified the lack of a decision-making prioritisation criteria and the level of risk involved in a case as barriers to the effectiveness in the lead social worker during decision making. Participants perceived that sometimes there are variations in what professionals and family members consider as important and the lead social worker has to get some consensus on what should be prioritised.



According to participants these variations in perception of risk by professionals could be due to the work being crisis driven because they do not have time to do what is important, but not urgent. Urgent things, even when they not important in terms of immediate risk, tend to be prioritised. School holidays were also perceived as a barrier to the lead social worker role because few head teachers attend child protection meeting during school holidays.

Overall, participants were clear about the need for a manageable case load and availability of time, as well as better integrated children systems and less bureaucracy in order for the lead social work role to be more effective. Participants also felt that having decision-making prioritisation criteria that separates high risk from low risk; important from less important; or urgent or less urgent, could help enable the effectiveness of the lead social work role. Decision-making will be revisited under the separate Superordinate Theme 4 on decision-making influences below.

### **5.3.3 Family member organisational influences**

As organisational influences on other professionals and the lead social worker, participants identified other influences within the organisations that have a bearing on family members as presented below with a brief description:

- Reorganisation into unit model
- Family members' external influences

#### **Reorganisation into the new unit model influence on family members**

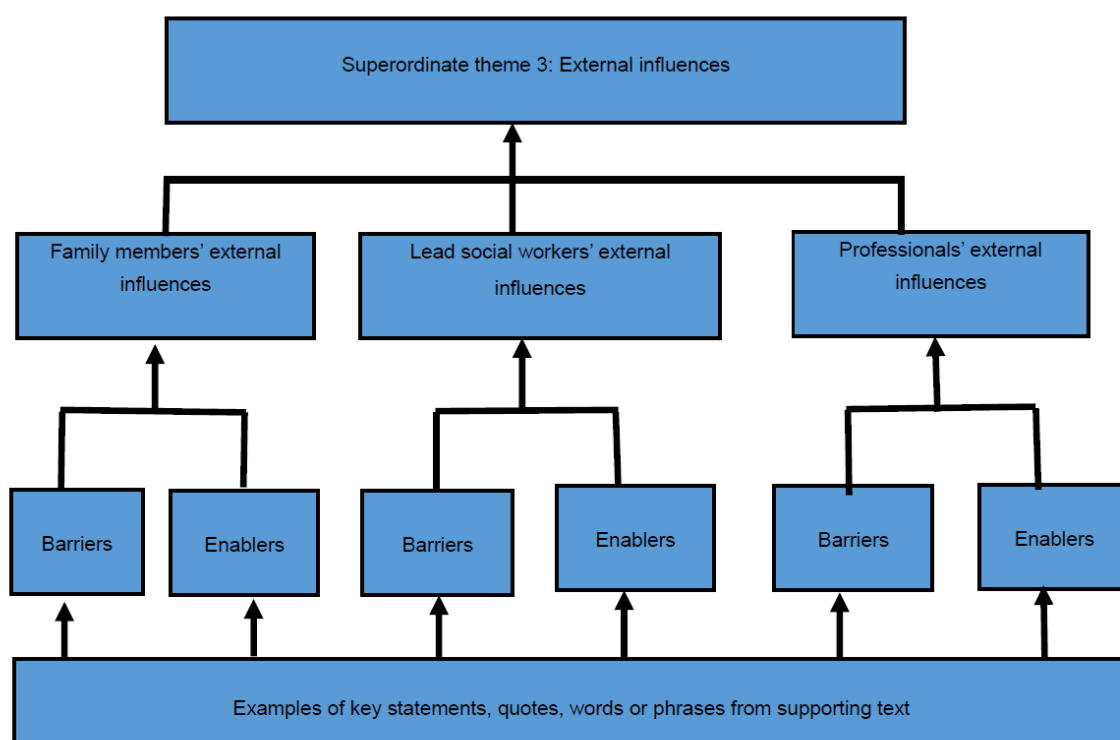
The reorganisation into the new unit model was perceived as having an influence on family members just as it had on the lead social worker and other professionals, particularly with regard to guarded optimism and sense of apprehension. This connection and link between influences is consistent with the

systemic conceptual framework for this thesis. The involvement of clinicians in particular was a source of optimism because participants perceived it would enable more effective direct work with families, yet the uncertainties about the introduction of the model was a source apprehension. A separate presentation of how reorganisation influences impact on the entire child protection system is provided later in this chapter under generic external influences below.

#### **5.4 Superordinate Theme 3: External influences**

This section presents generic external influences to interprofessional collaborative child protection practice. Although the external influences that relate to family members, the lead social worker and other professionals have already been presented under relevant sections of this chapter above, the hierarchical compositional structure of external influences is illustrated in the Figure 5.3 below.

Figure 5.3: An illustration of the compositional structure of Superordinate theme 3: External influences



The connection and link between various levels of external influences is consistent with the systemic conceptual framework for this thesis. Each of the generic external influences is presented below with a brief description:

- External influences related to lack of resources due to economic austerity measures
- Reorganisation into the unit model
- Legislation, policies and procedures
- Political influences
- Housing
- School holidays
- Image and public perception of social care
- Amount of travelling and distance covered
- Difficult working relationships between professionals
- Bureaucracy and red tape

### **External influences related to lack of resources due to economic austerity measures**

Overwhelmingly research participants identified lack of resources due to economic austerity measures as the main influence that hinders effective collaboration work.

Within this theme were other sub-themes that also emerged, namely:

- Tight financial budgets
- Services closure
- Perceived unfairness of funding criteria (post code lottery)
- Benefits cuts
- Immigration pressure on resources
- Poverty

- Impact on thresholds
- Creativity and innovation (thinking outside the box)
- Increased role of charities

The extent of lack of resources due to economic austerity measures was perceived by participants as a key external influence on interprofessional collaborative child protection practice. Financial budgets cuts, with children's centres closing, were considered to be getting worse due to the prevailing economic climate. However, other participants dismissed view that the limited availability of services was due to the economic austerity measures because the situation has always been the same. Participant SW06 argued that:

*“it depends on where you live within UK because (our area) is considered quite an affluent society, so they get less funding from central government in relation to social care, because they're an affluent society. But we have huge pockets of deprivation and poverty”.*

While some participants described the budget cuts and resource allocation by the government as a little bit of a lottery, depending on where you live, others argued that those on benefits had already suffered cuts such as housing benefits. Participant SW08 however blamed it immigration, arguing:

*“resources are available in the area.., (but).., we find most Eastern European people coming and flooding the area”.*

Other participants took a different view altogether. They argued that having skilled and competent professionals was more important than the concern about resources.

Poverty for family members was also cited as an external influence and this is discussed in a separate section below. Participants perceived the lack of

resources had negatively impacted on their work with families. Thresholds have changed to cut down on the costs and social workers, according to Participant SW15:

*“have to do is think a bit more out of the box about how we’re going to get things done..., we’re relying more on charities to help us out”.*

To sum up, on the external influences, participants were almost unanimous that the key relevant influence is lack of resources due to the economic austerity measures which they felt would inevitably make it harder for the poor and those on benefits. Examples of evidence of the impact of austerity measures that they gave include the closure of some children’s centres and tight budget cuts which made it difficult for interprofessional collaboration effort to adequately respond to family member needs and protect children and young people. Participants also commented that the gravity of the impact depended on where you live and in addition there was a perception that the presence of immigrant families from Eastern Europe also contributes to the depletion of resources in this part of the country. However other participants disagreed, arguing that the lack of resources predates the onset of the current economic austerity measures. Some argued that, rather, it is the lack of professional skills and not austerity measures and lack of resources that inhibits the effectiveness of the interprofessional collaborative effort. Amidst the current interprofessional collaborative environment some participants advised professionals to be creative and innovative by thinking laterally.

### **Reorganisation into the new unit model**

The reorganisation into the new unit model been presented above as an influence to the lead social worker, other professionals and family members. However, participants perceived the reorganisation as having an external influence to the

entire interprofessional collaborative child protection system. The connection and link between these various levels of influence for the reorganisation is consistent with the systemic conceptual framework for this thesis. The section below presents and describes how participants perceived the reorganisation into the unit model as an external influence on entire interprofessional collaborative child protection system.

- Early stages
- Guarded optimism and sense of apprehension
- Impact on relationships with other agencies
- Lack of training and confidence in application of the model
- Concern for family members

Because this study was undertaken during the early stages of the reorganisation, participants were quick to acknowledge that although with some guarded optimism and sense of apprehension as already alluded to above. Without reciting what has already presented on this influence, participants described how they have had to explain why they were broken down into units and why caseloads were being shared which they found exhausting. The lack of training in the systemic clinical practice was perceived as having resulted in a lack of confidence in using the model as well as increased staff turnover. With a bit of trepidation participant SW05 was cautious:

*“I reserve judgement at the moment..., it’s been quite a well introduced system..., I guess the nuts and bolts are a little bit unclear”.*

Optimism was expressed by participants who perceived that the reorganisation could benefit the families because they would have to work with clinicians as indicated earlier. Confusion, however was triggered by that while they were now changing their social worker they not getting another named social worker, but

instead they were getting several social workers. For those who do not like social workers this was just another burden yet for those who embraced being supported it was bonus. Further concerns were expressed with regard to lack of depth in experience for some social workers and agency social workers who felt the reorganisation would not affect them much as they have to move on from time to time. According to the participants the uncertainty heightened the misgivings about the reorganisation and staff morale was also affected, with a few managers and front line social workers having left as a result.

While the situation might have changed since the interviews were conducted, the participants were almost unanimous in their uncertainty about the reorganisation into the new systemic unit model. Indeed, Wilkinson et al (2016) in their evaluation of the local authority's reorganisation into the unit model found that the reorganisation had led to an improvement in the quality of social work practice. However, notably during this study there were clear disparities between what participants thought about the reorganisation. Participants also expressed concern for some family members who were worried about the loss of the now familiar personalised social work relationship compared with the perceived more diffused several points of contact. Some professionals according to the participants were optimistic about the new model yet others had some misgivings about it. There were some concerns - perceived or real - about lack of clarity and understanding or lack of adequate preparation and knowledge of the new model then. Others felt that owing to the reorganisation there had been a notable staff turnover and low morale. Yet some felt that despite the anticipated freeing up of time to enable more engagement with families, they still had too much paperwork to contend with. Nonetheless, the significance of reorganisation as a transient agency and external

collaboration influence, with huge positive and negative implications was clearly evident.

### **Legislation, policies and procedure**

Participants perceived legislation, policies and procedures as external influences that hinder effective collaborative work. Government policy for collaboration such as working together to safeguard children and young people (HM Government, 2015) and legislation such as The Children Act, (1989) and the Children Act, (2004) were perceived by family members as acting against their interests, according to participants. For example, according to participant SW06:

*“sometimes policies and procedures can be quite stringent and inflexible... (particularly)..., local policies and procedures plus the legal guidelines”.*

Participants felt that professionals and family members also have no control over changes in policy. According to the participants, both professionals and family members have no control over the introduction and the changes to legislation as well as government and agency policies and procedures.

### **Political influences**

Some participants saw a political motive in the funding and delivery of certain services, including child protection services. In that regard the effectiveness of child protection initiatives is also linked to the resource allocation and prioritisation for a particular local authority jurisdiction. The role of neo-liberal political ideology in influencing the design and delivery of child protection services as alluded to in the introductory chapter was not an unexpected finding given the impact of the recent far reaching economic austerity measures on some social care sector services.



### **Work caseload pressures and unavailability of time**

As with the external organisational influences for the lead social worker, other professionals and families, workload pressures and lack of time to attend emergencies and for juggling with competing priorities, were perceived as external influences for the whole child protection system. Participants perceived these as external influences because they had no control over them, however because these have already been described above there is no need to dwell on them here.

### **Housing**

The absence and need for housing in certain cases was perceived as an external influence which could interfere with interprofessional collaborative child protection practice. The economic austerity measures were perceived as partly to blame for unavailability of housing. The need for housing often arises when family members who are subject of child protection concerns have to be moved.

### **Personality differences**

The issue of personality differences emerged not just in family member relationships as presented above, but according to participants there can also be personality differences between professionals which can stifle interprofessional collaboration during meetings and on a one to one basis. The perception of the participants was that personality differences are an external influence which sometimes unnecessarily interferes with the collaborative effort.

### **Image and public perception of social care**

The image and public perception of social care was presented as an influence for the lead social worker relationship influences and family member relationship influences earlier. However, the image and public perception of social care was also perceived as an external influence for the entire child protection system.

Much has been said about this particular influence but the excerpt from participant SW13 below was insightful:

*“sometimes you know when you go to a certain area that you’re not going to be particularly welcomed in that area because the ethos of that area is that social services are busybodies who shouldn’t be there”.*

Participants perceived that the individual families and communities that social workers interact with can have some deep seated negative perceptions about social work such that it would be difficult to work with them and gain their trust.

### **School holidays**

Similarly, the influence of school holidays has been described under relationship influences and organisational influences above schools, because when teachers go on school holidays and children are at home, that information sharing and communication loop with schools is closed, according to participants. Why school holidays were perceived as an external influence was aptly captured in quotation by participant SW16 below:

*“schools close down during holiday times..., you want to organise any meetings, you have to make sure they’re in term time, so that’s an external factor that you can’t really do much about”.*

However, as previously indicated, participants acknowledged that a few head teachers made some contingency arrangements for covering child protection meetings that are convened during school holidays.

### **Amount of travelling and distance covered**

The amount of travelling and the distance covered by social workers, family members and other professionals can vary from very close to faraway places and this can present difficulties to collaborative work, according to participants.

## **External influences on working relationships between professionals**

Sometimes, according to the participants, the social worker has no control over the relationship and different priorities for other professionals. The way professionals relate with each other could be dictated or influenced by their sponsoring agencies which can cause conflict. Participants viewed such conflicts in relationships as externally induced and they felt social workers have very little control when other professionals behave this way. Comparisons were made between different priorities between the police and social workers around culpability and child protection concerns, where police were often seen as prioritising the former and social workers prioritising the latter.

## **Bureaucracy and red tape**

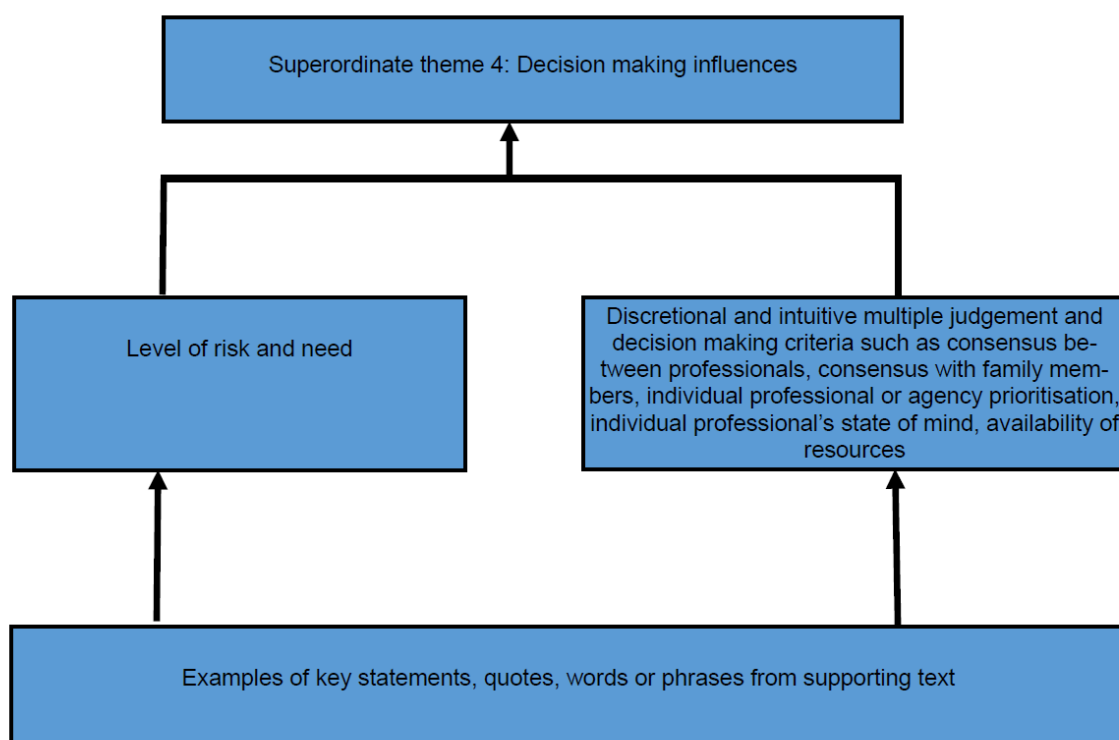
In addition to perceiving bureaucracy and red tape as both lead social worker influences and as organisational influences, they were also perceived as external influences to overall interprofessional collaborative child protection practice, given each agency has its own bureaucratic bottlenecks which have a bearing to collaborating professionals and partnership with families.

Overall, from the above participant's perceptions of external influences it is clear that some external influences overlap or recurred under different superordinate themes. The links and interconnections are consistent with the conceptual framework for this study. The implications for this nature of relationships between influences, not only with external influences, but also with various other themes that have been presented in this chapter will be revisited in the chapter on discussion of findings later.

## 5.5 *Superordinate Theme 4: Decision-making influences*

This section of this chapter presents specifically, the answers to the research question regarding how social workers perceive decision making during interprofessional collaborative child protection practice. Decision making influences relate to key considerations that are taken into account when making professional judgements and decisions about need and risk during interprofessional collaborative child protection practice as illustrated in the hierarchical compositional structure of decision making influences in Figure 5.4 below.

Figure 5.4: An illustration of the compositional structure of Superordinate theme 4: Decision making influences



Decision making occurs throughout assessment, planning, intervention or implementation and review, as discussed in the introduction and literature review chapters of this thesis. Decision making is also located at the process stage of the conceptual framework of this thesis. Participants identified a number of influences

that they perceived as key to interprofessional collaborative child protection professional judgement and decision making which are presented below:

- Multiple intuitive and professional judgement
- Level of risk and need
- Consensus between professionals.
- Consensus with family members
- Individual professional or agency prioritisation
- Individual professional's state of mind
- Availability of resources

### **Multiple intuitive and professional judgement criteria**

Multiple intuitive and professional judgement criteria is a construct which represents a combination of a wide range of criteria that participants identified to describe how they go about determining which decisions should be implemented ahead of others. While some participants perceived decision making as being influenced by that which would bring about the most beneficial change to the child or young person, others perceived decision making as depended on what is urgent ahead of what is important. Participant SW09 concurred:

*“prioritising what’s the most urgent.., so my to do list will be which one’s the most urgent is the priority”.*

Participants also perceived professional judgement and decision making intuitively based on delicate negotiation and consensus seeking with other professionals, where you may start with what attracts least resistance or is a little bit easier to deal with. Some perceived decision making as starting with one that reduces risk most or what the risk situation is are. Others argued that it is not based on a certain criterion as long as it is the most important to the family or that will make

the biggest difference. Participant SW05 argued what matters is:

*“what’s feasible as well..., because what’s important will be driven by what’s risk and what’s needed really ..., that’s what important means to me”.*

Participants also perceived experience as key to professional judgement and decision making. Participant SW12 offered more insight that:

*“as you go further down your career and your professional development you get better at assessing levels of risk..., what’s a real risk, what can wait, what’s longer term and what we need to do immediately”.*

Other participants were more pragmatic and discretionary about it, arguing that decision making depends on professional judgement of what is achievable within a specified review period. Sometimes, according to participants, decision making is based on what is quick to implement even if it’s not high priority, but just what you can get out of the way.

### **Level of need and risk**

The participants’ perception about the level of need and risk as an influence on decision making was described as involving the most significant needs that bring about the change, the risk could be reduced quickest and issues to do with need and significant harm. According to participants, when prioritising decisions, for example at the first core group following child protection conference, professionals focus on the immediate high risk or need to forestall the likelihood and severity of either from happening. Participant SW04 concurred:

*“the one that I think is going to reduce the risk first is actioned first”.*

Participants were in agreement child protection decision making is influenced by what the family needs, the risks that are identified and addressed in order to improve the circumstances. Professional judgement and decision making is

influenced by prioritising where there is the highest risk and the most impact on the child that is likely to be achieved. Some participants gave examples of rating of cases within the unit in terms of level of risk. Participant SW12 was more forthright saying that:

*“risk is the biggest thing that influences what you need to do”.*

Clearly, participants seemed to be well aware of the influence that the level of need and risk have on professional judgement and decision making, yet they tended to use their own discretion, with a mixture of multiple intuitive and professional judgement criteria.

### **Consensus between professionals and family members**

Consensus between professionals and family was perceived as another criterion for decision-making prioritisation. According to the participants the negotiation and willingness to engage with the plan by the family can influence decision making, the ownership as well as success of the plan. Participants gave an example of consensus decision making with family members as involving looking at the plan that came out of the conference and then jointly, everybody, including the family, going through those decisions and working out which ones could be implemented straight away. Not only does consensus between professionals and family members influence decision making but it also facilitates good collaborative partnership relationship building. A more candid description of the consensus decision making between professionals and family members was given by participant SW06 who observed:

*“I don’t think that’s a decision I make on my own, I think I use the core group and the family because I think the family knows best what needs to improve first.., it’s about coming to a consensus”.*

The unit system model has introduced a new form of decision making in the form of a group of social care professionals facilitating family decisions on what their priorities are and what they're going to work with. Participants acknowledged that certain decisions are dependent on other agencies, and in turn, also depended on the relationships with other agencies and professionals. For some participants decision-making and prioritisation is influenced by availability of resources and therefore is resource led. They argued that rather than decisions being based on the level of need or risk sometimes these decisions are influenced by the availability of resources. Resources are not necessarily limited to financial resources but also to other resources such as who is the most appropriate to do that which has to be done.

Overall what participants clearly articulated is that although, largely decision making and prioritisation during collaboration is based either multiple intuitive and professional judgement criteria, the level of need and risk as well as consensus between professionals, and consensus with family members, the availability of resources also play an important role in influencing what decisions made and prioritised ahead of others. There are also some instances where individual professional and other agency priorities can influence overall decision making

This chapter has presented qualitative interview findings for this thesis involving a number of influences for interprofessional collaborative child protection practice and decision making. The findings that were presented provided answers to the research questions regarding the factors that social workers perceive as key to effective interprofessional collaborative child protection practice and how social workers perceive decision making during this approach. Four superordinate themes emerged following an exhaustive iterative interpretive descriptive data



analysis process namely, multi-level relationship influences, multi-level organisational influences, external influences and decision-making influences. As illustrated in this chapter, multi-level relationship influences are composed of three main themes, namely, professionals' relationship influences, the lead social worker relationship influences and family member relationship influences. On the other hand, multi-level organisational influences consist of professionals' organisational influences, lead social worker organisational influences and family member organisational influences. External influences and decision-making prioritisation influences. The perceived barriers and enablers for each of these that were identified were also presented in this chapter. Evidence of interconnection between various influences was also established and that is consistent with the systemic conceptual framework for this thesis. These qualitative interview findings are discussed later on in Chapter 7 following the presentation of the qualitative observation findings in the next Chapter 6.

## **Chapter 6: Presentation of observation and triangulation of findings**

### ***6.1 Introduction***

This chapter presents findings from the qualitative direct observations on a sample of five (5) child protection cases over 20 child protection meetings, consisting of 10 core groups and 10 child protection conferences, which are also thematically analysed and compared through triangulation with findings from Chapter 5. As with interview data, an interpretive descriptive analysis of the observations of interaction during meetings, reflection and description, comparison and relating themes was undertaken. The analysis of observation data was helpful in gaining in-depth insights, meaning and understanding of what was occurring during these meetings. This sample for observations was described in detail in Chapter 4. The rationale for observing child protection meetings, in addition to interviewing social workers, also discussed in Chapter 4, was to compare findings from the two qualitative methods in order establish convergence and divergence between the findings. Both, the observation and interview findings provided convergent data for the research questions on exploring how social workers perceive effective interprofessional collaborative child protection practice and how social workers perceive decision making during that approach. The key findings from the direct observations, as with qualitative interview findings, was the evidence of multi-level influences. Furthermore, evidence of systemic relationships between the multi-level influences was established, which is consistent with the conceptual framework of this study.

The evidence of convergence, as opposed to divergence, between what was observed with what social workers perceived as key to effective interprofessional

collaborative child protection practice and decision making is illustrated in the triangulation protocol in Appendix 14 (O’Cathain, Murphy and Nicholl, 2010). The use of a triangulation protocol involved identifying areas of consonance, convergence or agreement between qualitative interview findings and the evidence from the qualitative observation findings. Decisions were made with regard to whether there was full agreement (AG), partial agreement (PA), silence (S) or dissonance (DA). This was a painstaking exercise in order ensure credibility of the comparison as opposed to merely presenting findings side by side (O’Cathain, Murphy and Nicholl, 2010). To ensure more credibility in the use of the protocol, qualitative comments were used to explain each comparison of influences that was made. Overall, the use of the triangulation protocol was helpful in comparing, yet, also integrating findings into one study and not two separate studies (O’Cathain, Murphy and Nicholl, 2010). The observation findings that are presented and compared with interview findings in this chapter were structured around the six (6) broad and sixteen (16) sub-categories as illustrated in the observation sheet and discussed in Chapter 4 (see Appendix 3). Below is the detailed presentation of observation findings for this study.

## ***6.2 Professionals’ influences***

The influences relate to various professionals from different agencies that are involved in interprofessional collaborative child protection practice. As a direct non-participant observer at child protection meetings; looking and listening to the professionals and family members deliberate on child protection issues, there was evidence of a shared focus, clear aims and understanding about professionals in almost all child protection meetings. For example, during C5CP2 and C6CP2 meetings, there was evidence of a child centred approach where all professionals were able to say something about the child even though their contributions tended

to be within the realm of their areas of speciality. During the C3CP2 meeting, despite the limited contribution from the line manager who was standing in for the social worker who had left their role, there was still evidence of a shared focus, clear aims and understanding. Other professionals openly shared information and with the encouragement by the chairperson a lot of detail about the child was provided by the school and the mother confirmed that she has a *“good relationship with the school”*. An interesting observation was during C2CG1 meeting where although there was evidence of a shared focus by professionals, the arrival of mother of the children had the effect of ‘toning down’ the professionals’ contribution. By recording toning down at the time I had observed that professionals who were free to speak about the mother’s weaknesses during her absence suddenly became less vocal and critical of her. I attributed this change of tone to fear of antagonising collaborative partnership relationship with the mother, who despite claiming, *“I am getting my confidence back”*, had issued a threat to professionals that, *“if any of you tried to take away my child my solicitor will help me”* as soon as she arrived. She had also complained that, *“family had had about 7 social workers in 2 years”*. However, part of the ability to maintain a shared focus by professionals, despite anxiety which was triggered by the arrival of the mother, could have been due the supportive role played by the chairperson. Reflecting on the knowledge and experience gained from the long years as a social worker and a child protection chairperson, despite the inherent bias and subjectivity, I understood the influence by the chairperson in ensuring that all professionals stayed focused. By using reflection and reflexivity in this way I was therefore able to reduce potential subjectivity and bias while also increasing rigour and trustworthiness in the observations that I made.

Likewise, a high level of openness, communication and information sharing between professionals was observed. Communication and information sharing was also a recurring theme in the social workers' perceptions of relationship influences that relate to the families, lead social worker and other professional during interprofessional collaborative child protection practice. As during C5CP2 and C6CP2 meetings, during C1CG1 meeting, professionals tended to restrict themselves to information that was relevant to their individual expertise or agency. For example, the home visitor shared information on baby's health, the drug and alcohol worker also shared information on substance misuse, while the housing officer contributed on housing issues. Remaining in their area of professional expertise raised questions regarding whether professionals did not have a more holistic and comprehensive understanding of child protection issues or this was because they felt more comfortable and confident doing so. During C2CG2 meeting a detailed report was provided by the home visitor on the child's health, while during C3CG2 meeting, the head teacher gave a balanced report about the child at school. During C1CP2 meeting professionals spoke confidently and knowledgeably about issues of concern, although some professionals seemed to contribute more than others. While meetings were well attended generally, it was mostly mothers who attended more than any other family members (See Chapter 4: discussion of the sample profile). The tendency to focus on mothers and exclusion of fathers at child protection meetings was also reported by participants during interviews as barrier to relationships with family members. This observation was consistent with findings from literature regarding the tendency to exclude fathers in parenting their offspring (Featherstone, Rivett and Scourfield, 2007; Featherstone, 2009; Scourfield, 2003; Walters, 2011; Maxwell et al., 2012).

During the observed meetings, professionals demonstrated understanding of their own and each other's professional roles in terms of responsibility and accountability, and commitment. For example, to a large extent they reported on their individual areas of expertise, as already discussed above. Similar findings were reported with regard to social workers' perceptions of the influence of professionals, lead social workers and family members' role clarity and understanding during collaborative partnership practice. During C3CP2 meeting it was observed that schools took their responsibilities seriously as the head teacher challenged the drug and alcohol worker about the mother's attendance in an appropriate manner, while during C5CP1 meeting professionals stuck to their respective roles and responsibilities. The good attendance at C2CG2 meeting, for example, when reflecting on practice could have been an indication of role clarity, responsibility and commitment for both professionals and family members.

Despite some occasional evidence of disagreements, conflict and tension as well as uncertainty during the child protection meetings, it was also observed that professionals tended to stay focussed and were prepared to compromise. Professionals were not swayed from their mandate by the differences they may have had amongst each other or with family members. This observation provides important divergent evidence to what social workers identified about over enthusiastic professionals who assumed others' roles unnecessarily causing conflict and confusion to family members. During C5CP1 meeting professionals remained focused on the child despite disruptions by the mother walking out every now and then, while during C6CP2 meeting there was disagreement, on whether they required a 'parenting assessment' or 'mental health assessment', yet professionals stayed focussed. Professionals stayed focussed and were able to compromise during C3CP2 meeting where disagreements were observed about

the mother's appointments at the drug and alcohol agency as well as about whether the child protection plan should be discontinued or not. When grandparents who had custody of the child expressed uncertainty about what to do should the mother demand to take baby away during C1CP2 meeting, the social worker was clear with the grandparents that they have a duty to safeguard the child. Reflecting on my practice experience as a social worker and child protection chairperson, such behaviour by professionals was consistent with what I observed over years of experience. Often this resulted because the chairperson of the meeting influenced the professionals to stay focussed or professionals were less likely to challenge the social worker or the chairperson.

The observations also established the presence of evidence of trust and respect for each other amongst professionals, together with the appropriate use of professional power and status on decision-making. Mistrust was evident, instead, in the relationship between the family members and the professionals in some meetings. For example, during C6CP1 the chairperson had ask why the mother of children still had mistrust when there is a long history of involvement with professionals. In this instance there were concerns regarding why the mother had refused to grant permission to the social worker to speak to children alone or at school. Similarly, during interviews participants perceived the need to be valued and trusted, to be more autonomous and be able to make on the spot decisions as key relationship influences for family members, other professionals and the lead social worker as well as with supervisors and line managers in organisational influences. The multi-level interconnection and links between influences where trust is involved not only shows the importance of trust in collaborative work but also evidences the systemic conceptual framework of this study. Regarding the

appropriate use of professional power, during C5CG1 meeting, professionals demonstrated empathy for the mother, they allowed her to express her emotions freely. During C2CP1 meeting, although professionals respected each other's views, the only male professional at the meeting was dominant and used language that could be considered to be condescending. During this particular meeting when the chairperson asked professionals to decide whether there need for a child in need plan or child protection plan, the dominant male professional was the first to express his view leading to other professionals to follow in unison, "*I agree*"; "*I agree*"; "*I agree*", until all of them had said so. Reflecting on past experience as a child protection chairperson, dominant professionals can indeed influence the direction of the meeting and decision making on risk or need at the end of the meeting and chairpersons need to anticipate and manage that behaviour. In comparison, power differentials and status considerations were perceived by participants during interviews as barriers to relationships between professions and reflections on my practice experience bears testimony to that, which is consistent with this observation.

One of the important findings from these observations was the evidence of judgemental attitude and construction of unsuitable parents demonstrated in some child protection meetings. The concept of construction of unsuitable parents is attributed to Urek (2005) who used a narrative study to investigate how child protection professionals routinely come up with character constructions, moral constructions, fact constructions and categorisation. To illustrate, it was observed that professionals' attitudes and behaviour can be equally judgemental and non-judgemental and that professionals routinely construct bad parents. For example during C6CP2 meeting professionals constantly blamed the mother for "*persistent failure*", with nothing being said about the father who was also at the meeting.



During the same meeting professionals expressed their views about the “*snack diet*” at home and the school nurse challenged professionals on this, while asserting that what matters is “*nutrition*”. Use of phrases during C6CP1 meeting such as “*mum shutting down*” to describe concerns about the possibility of a mother’s mental health before a mental health assessment is done amounted to labelling and construction of an unsuitable mentally ill mother. During C3CP1 meeting professionals gave contradicting description of the mother and the social worker was a bit evasive and during C3CP2 meeting a youth worker described a child as an intelligent, “*typical man*” which was stereotypical and inappropriate. Use of professional jargon and inappropriate language by professionals was also observed in child protection meetings in line with the professionals’ enmeshment and collusive behaviour with family members which was perceived by participants during interviews as fear of antagonising relationships between professionals and family members. During C6CP1 meeting there was an unfamiliar acronym used in a police report, while C6CG2 meeting the phrase “*letter of expectation*” was used but not explained. Presumably, due to lack understanding during C5CP1 meeting, both parents failed to respond when asked if they felt child is at “*risk of significant harm*”. While this may have been an unexpected finding it is however consistent with a lot of anecdotal evidence which shows that professionals routine use of professional jargon and inappropriate language during child protection meetings, such the use of acronyms, or words and phrases that are not in day to day use by family members.

Overall, when compared, the observation findings on professionals’ influences presented above demonstrated a lot of convergence and some complementary with findings from social workers’ perceptions from interviews in Chapter 5. Also

the interconnection between most of the findings observed were consistent with the systemic conceptual framework for this study. The next section of this chapter presents findings based on observing social workers collaboration influences during child protection meetings.

### **6.3 *Lead social worker's influences***

The lead social workers in all the meetings observed were able to articulate the best interests of the child and purpose of the child protection meetings. For example, during C3CP1 meeting the social worker articulated a list of concerns in a confident and balanced manner, while during C2CP1 meeting the social worker was focused and assertive. Even during C5CP1 meeting where the team manager was standing in for the social worker who had left employment, the line manager was clear about what was best for the child. In child protection conferences, where the chairperson would also be a social worker, the focus of the meeting was provided by the chairperson. The clarity of vision, aim and focus for both the lead social worker and other professionals was also a recurring perception by participants during interviews. This recurring interconnection between influences for the lead social workers and other professionals was consistent with the systemic conceptual framework for this study.

Similarly, during observations lead social workers were clear about their roles, responsibilities and understanding. What this means is that in the meetings observed lead social workers were able to demonstrate their understanding of their lead professional and statutory responsibility. Lead social workers also demonstrated clear leadership styles and skills, which included empathetic concern for the family members' circumstances, facilitative and coordinative skills. For example, during C2CP2 meeting the social worker provided good analysis and

summary at the end of the meeting to justify recommendations for a suitable plan. While during C6CP1 meeting the lead social worker was clear of her key role, and despite allowed into the girl's room she went on to challenge parents respectfully and sensitively. During C1CP2 the social worker also demonstrated understanding of her professional and statutory responsibilities by explaining the Special Guardianship Order provisions to the grandparents in a manner that made them understand. However, where the team manager was standing in for the social worker, during C5CP1 there was limited discussion of the mother's emotional state and needs, regarding her loss and separation anxiety and the necessary support for her. That is itself demonstrated the key influence of the absence of the allocated lead social worker has because at the meeting no one seemed to have a good rapport with the mother – something which on reflection, social workers are able to build over time. Reflecting on practice experience, as a social worker and child protection chairperson, the description that the lead social worker is the *“kind of the glue that binds everyone together”* by Participant SW12 during interviews, seemed appropriate, regarding what was observed in this instance. Overall, the quality of leadership by social workers at child protection meetings was of a high standard. These observation findings suggest that the lead social worker's influences on collaborative working were evident during most child protection meetings as well as the systemic relationship and interconnection between lead social worker influences and other professionals' influences was also evidenced.

#### **6.4 Family member influences**

Evidence that family members' appreciated the value of collaborative partnership was available during the child protection meetings that were observed. During C1CP2 meeting, for example, parents said that they were *“grateful for support”*, yet when asked about the care of the child, the mother retorted that the

grandparents had, *“taken over care completely”*. However, she also described the baby as *“thriving”*. Evidence of aggression was observed in C5CP1 meeting when a mother became verbally abusive, shouting profanities, *“don’t care anymore.., to listen to this crap, shit”*, when they challenged her on inappropriate behaviour. While aggression by family members was not evidenced at all meetings, where it was observed, it was consistent with descriptions made about aggression during interviews. Family members’ aggression and absence of fathers which were observed at meetings were also perceived by participants as relationship influences to family members, lead social workers and other professionals, alike, which was also in line with the conceptual framework for this study. Coincidentally, most of the children involved in the sample were too young to contribute and therefore adults tended to speak on their behalf because as illustrated in the sample of meetings observed in Table 4.3 of 164 people who attended the twenty (20) child protection meetings that were observed, only five (5) were children, seventeen (17) were mothers, nine (9) were fathers, eight (8) were grandparents, one (1) was another family member. Where parents did not attend the child’s voice was presented by professionals with regard to wishes and feelings as was the case during C3CP1 meeting. The conspicuous absence of some family member’s voices particularly the fathers was an important finding considering the similar findings in the literature review in Chapter 3. Overall, when compared, the findings from these observations with findings from interviews, there was some considerable convergence in a number of areas, at professionals, lead social workers and family members’ levels as illustrated above.

## **6.5 External influences**

External influences on interprofessional collaborative child protection practice were evident in the child protection meetings that were observed. For example, housing

was discussed during C1CG1, C2CP1 and C5CP2 meetings, while legislation, policies and procedures were discussed during C5CP1, C1CP2 and C2CG1 meetings. The influence of the wider family and history was discussed during all meetings but to a greater extent during the C5CP2 meeting, while health issues were discussed extensively during C3CP1 meeting. The influence on lack of resources on budget limitations and closure of some services like early years centres was a recurring theme in most meetings and it was attributed to economic austerity measures. The influence of substance misuse and external agencies such as drug and alcohol agencies were also discussed in a number of meetings, together with the influence of long distance travelled by social worker while during their work. Reorganisation into the new unit model as an external influence had an influence during C6CG1 meeting where the absence of the regular social worker was explained as due to the reorganisation. All these influences were observed to impact on collaborative working between professionals and family members. When compared to data from the interviews the external influences observed during child protection meetings were similar.

## **6.6 *Decision-making influences***

The decision making influences that were observed during child protection meetings were consistent with the perceptions of research participants during interviews with regard to relying on intuitive multiple professional judgement for their decision making. The decision-making prioritisation criteria was not always apparent in some child protection meetings. During C5CP2 for example, need and risk were considered jointly without clear exploration of each of these concerns. There was no clear criteria for decision prioritisation but a list of decisions was followed. Also, the chairperson pre-empted the decision to discontinue with the child protection plan in her summary before asking professionals to express their

views after saying she supported the social worker's recommendation which was followed by a chorus of "*I agree*", from all professionals. I found this form of decision making limited in that it does not allow professionals to challenge each other's judgement because professionals become reluctant to differ with the opinion of the chairperson. During C6CP2 after another chorus of "*I agree*" the chairperson commented "*quick decision*" as if she was expressing some relief that consensus had been reached. Consensus between professionals during the decision making was also perceived as a form of decision making by interview participants. On reflection, however, decision making by consensus by professionals and with family members may appear attractive, but my observations show that if it is undertaken with the intention of reaching a less contested quick decision it can be flawed. During C3CP2 meeting there was disagreement over the outcome of the meeting. The chairperson's concluded that there were, "*strengths far outweighing risks*" and as a result some professionals perceived the need to continue with the child protection plan, principally, because of the absence of social worker and the drug and alcohol worker at the meeting, while others wanted to discontinue with the child protection plan. What was unexpected though was that when chair failed to get consensus from the meeting she suggested a conditional decision until she received a reports from the drug and alcohol agency and from the newly allocated social worker. The decision was reflected indecisiveness, yet it could also be strength in that it accommodated flexibility and discretion in decision making. Surprisingly, at the same meeting one professional said he was "*not professionally qualified' to make a decision. I am just a lay person*". In this instance, even though the chairperson had pre-empted her opinion, professionals were able to differ with that opinion which is evidence that professionals are indeed clear with their roles and focused on the aims and

goals of interprofessional collaborative child protection practice. Evidence of clarity with aims and roles was also provided in findings from interviews as previously indicated.

Overall, there was convergence between observation and interview findings with regard to the use of discretionary intuitive multiple professional judgement criteria by professionals in reaching and prioritising their decisions during interprofessional collaborative child protection decision making. While the criteria regarding the use of the level of need or risk was evident the tendency or temptation to defer to discretionary intuitive multiple professional judgement criteria was always there.

Ultimately, with regard to the child protection outcome influences, these observations also provided evidence of collaborative advantage, which is that the positive outcomes at the child protection meetings were due to collaboration partnership between family members, lead social workers and other professionals. An example was given earlier that during C1CP2 meeting, parents remarked that they were *“grateful for support”*, even though grandparents had, *“taken over care completely”*, the baby was described as *“thriving”*. During C3CP2 meeting there was also evidence of positive progress with the plan, the father was complimented for good work and social worker commented positively that it was a, *“good thing about having same chair”*. These finding suggests that despite the widespread pros and cons of collaboration, most of the positive outcomes, hence the collaborative advantage can be attributable to collaborative working between professionals, lead social workers and family members.

## **6.7 Conclusion**

To conclude, this chapter has presented findings from direct non participatory qualitative observations of child protection meetings, which when triangulated

have established convergence with the findings from qualitative interview findings on a number of influences. Further evidence of consistency with the systemic conceptual framework for this study has been established from findings of both methods in the interconnection between multi-level influences that relate to family members, lead social workers and other professionals. The comparison of observation and interview findings in this chapter has provided answers to the research questions, the factors that social workers perceive as key influences to effective interprofessional collaborative child protection practice and how social workers perceive decision making during that approach. Finally, the triangulation of findings from both methods has contributed to rigour and trustworthiness in the entire study. In the next Chapter 7 the findings for this study are discussed.



## **Chapter 7. Discussion of findings**

### ***7.1 Introduction***

This study sought to identify the factors that social workers perceive as key influences to effective interprofessional collaborative child protection practice and how social workers perceive decision making that is involved in this approach. Adopting the constructivist–interpretivist stance, this study interpreted meanings in order to gain an in-depth understanding from social workers’ multiple constructs and perceptions about these collaborative influences (Bryman, 2012; Gill et al, 2008; Rubin and Rubin, 2005; Whittaker, 2009). Through interpreting meanings of social workers’ perceptions, it was also possible to construct and create the researcher’s own meanings of the social workers’ perceptions (Bannister, 2005; Ponterotto, 2005; Schwandt, 1994). This chapter discusses those interpretations of meanings and the in-depth understanding gained from the convergent triangulated findings from interviews and observations.

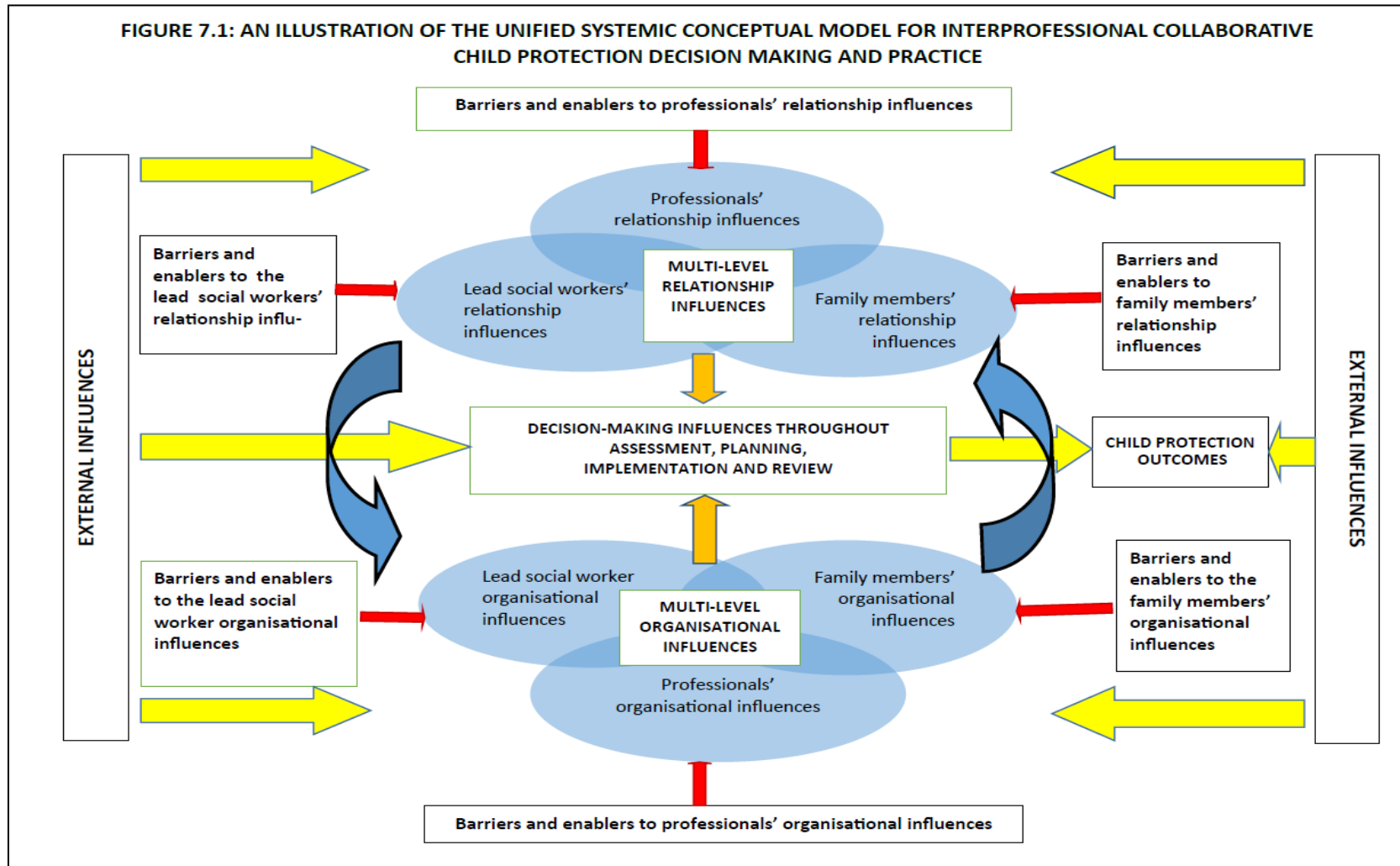
The key finding from this study was that the effectiveness of interprofessional collaborative child protection decision making and practice, as perceived by social workers, is influenced mainly by the systematic identification and the systemic interaction between four factors namely: multi-level relationship influences, multi-level organisational influences, external influences and decision making influences. A key contribution to the research evidence base and practitioner knowledge for this study is that it is possible to systematically identify, categorise, and understand the systemic interaction between, the various overlapping influences of this approach within these four broad categories. The discussion in this chapter is therefore anchored on these multi-level influences and how these

influences interact systemically in line with the conceptual framework for this study in Chapter 3. The barriers and enablers for multi-level relationship influences are discussed under three levels: professionals' relationship influences, the lead social worker relationship influences and family member relationship influences, while the barriers and enablers to multi-level organisational influences are also discussed under professionals' organisational influences, lead social worker organisational influences and family member organisational influences. The discussion also includes what social workers perceived as barriers and enablers within the external environment and various decision making criteria for interprofessional collaborative child protection practice. Evidence of convergence from the comparison of findings from both interview and observation methods in Chapter 6 is used to provide a rich description and in-depth understanding of the findings.

In essence, the discussion of findings in this chapter demonstrates and synthesises how the study reflects, differs from and extends, current knowledge about social workers' perceptions of key influences on interprofessional collaborative child protection decision making and practice. The discussion makes links between the evidence obtained and existing knowledge about this topic by interpreting the findings and explaining what they mean. The discussion demonstrates how this thesis reinforces what is already known about the collaborative approach from the review of published literature review in Chapter 3 and from serious case reviews. Additionally, links between these findings and the systemic conceptual framework of this study are made and the original contribution to knowledge from this study is identified.

To illustrate, the systematic identification and systemic interaction between the perceived various influences that are key to the effectiveness of interprofessional collaborative child protection decision making and practice, a conceptual model is proposed (see Figure 7.1 below). The development of a unified conceptual model evidences originality which contributes to research and practitioner knowledge. The aim behind developing a unified conceptual model was to illustrate the systemic interaction between the various influences that were identified in line with the conceptual framework of this study using a visual representation of the meanings and understanding of the influences that social workers' perceived regarding this collaborative approach. The development of the unified conceptual model was also in line with the argument by Miles and Huberman (1994) that conceptual frameworks can evolve during the research and when they are presented graphically can illustrate the relationships more meaningfully. This was also consistent with the view that theory or conceptual frameworks may appear at the beginning and be modified or adjusted later based on participant views (Creswell, 2009). In this instance the unified conceptual model in Figure 7.1 was built on the original conceptual framework of this study in Chapter 3 which was drawn from combining elements of two systems models namely, the SCIE learning together systems model (SCIE, 2012) and Falkov's systemic Family Model (Falkov, 2013). As indicated above, other conceptual frameworks that were considered were not used as they were found to be unsuitable for this study.

**FIGURE 7.1: AN ILLUSTRATION OF THE UNIFIED SYSTEMIC CONCEPTUAL MODEL FOR INTERPROFESSIONAL COLLABORATIVE CHILD PROTECTION DECISION MAKING AND PRACTICE**



A considerable amount of published literature informed the development of the unified systemic conceptual model (Angeles et al, 2014; Miles and Huberman 1994; Creswell, 2009; Churchill, 2011; Lesh and Doerr, 2003; Norman, 1983; Dawson, 2004; Johnson and Lesh, 2003; Mayer, 1989). This model is intended to be a representation of the child protection system that can be easily understood and as an artefact that can be mapped onto to this phenomenon to make it easier to understand (Dawson, 2004; Norman, 1983). Visually, an important consideration was to ensure that the model was interactive and a representation designed to depict the perceived concept of interprofessional collaborative child protection system and its other connected concepts (Churchill, 2011). The aim was to make it possible to systematically identify and see the compositional elements, relationships, processes, and parameters that govern the systemic interactions within the model that can be used to describe, or explain the behaviour of the various parts of the system in relation to others (Lesh and Doerr, 2003). This conceptualisation suggests a move away from relying only on the traditional systematic, step by step, identification and isolation of reasons for failure in individual cases without exploring their wider impact on collaboration and systemic relationships, which could be missing an important piece of the jigsaw about this approach (Nyathi and Akister, 2016). The unified systemic conceptual model presented in Figure 7.1 is therefore a visual representation of the evidence from the triangulated participants' perceptions expressed during interviews and the observations of child protection meetings in this study; it has evolved from the rudimentary conceptual framework which was proposed at the conception stage of a study.

Additionally, constant use of reflection and reflexivity throughout the research process led to the development of this unified conceptual model. The design of model was therefore, consistent with reflections from different practice perspectives of experience as a social work practitioner, child protection chairperson as well as from a social work academic perspective. As a module tutor for the child and family work module over the last seven years, systemic conceptualisation of interprofessional collaborative working has been key to my teaching. However, it was important to ensure that the knowledge gained and passion nurtured over these years did not interfere with evidence from the study. As alluded to earlier, by using reflexivity in line with Peshkin's model it was possible to reduce biases and subjectivity (Bradbury-Jones, 2007; Long and Johnson, 2000; Peshkin, 1988; Savage, 2007), hence ensuring rigour and trustworthiness in this unified conceptual model and the entire study (Brown, et al, 2006; Lincoln and Guba, 1985; Shenton, 2004).

## ***7.2 Multi-level relationship influences***

One of the key findings in this study was the social workers' perception of the prominence and transcendence of multi-level relationship influences at interprofessional, family member and lead social worker levels (see Chapters 5 and 6). In line with the constructivist-interpretivist stance in this study, the meanings and understanding from the social workers' perceptions suggest that relationships between professionals, the lead social worker and family members are some of the key influences to the effectiveness of interprofessional collaborative child protection decision and practice. A particular key contribution to new knowledge from these findings is that multi-level relationship influences have a systemic interaction at all three levels of relationships involving professionals, lead social worker, and family members, including the interaction between the

barriers and enablers for each of these (see Figure 7.2). These findings also extend existing knowledge by providing evidence that these relationship influences can be identified and understood in a systemic way. This interaction as previously alluded to is consistent with the systemic conceptual framework of this study as illustrated in Figure 3.2. Most influences in this study were associated with these multi-level relationships in that, while some influences are specific to either family members, lead social worker or other professionals, there are some that overlap or transcend the three levels of influence. For example, evidence from this study suggests that influences such as communication and information sharing, relationships between professionals, lead social workers and family members, clarity of shared vision and roles may be common to all three relationship levels, yet they influence each level differently. The multi-level location of interactive relationship influences at these three different levels namely; professionals, family member and lead social worker relationship levels is therefore a significant contribution to research and practitioner knowledge and originality.

Incidentally, the term 'multi-level influences' which is used to describe the categories of two superordinate themes on relationship and organisational influences was also used by Smith and Mogro-Wilson, (2007) with reference to specific collaborative practices at individual and organization-level, including beliefs, perceptions, knowledge and organizational policy issues. Mitchell, (2011) observed that relationships are central to effective collaborative working. It also seems well-established in both existing research and literature that relationships are important, more specifically, in the contemporary social work practice context and collaboration (McColgan, Campbell and Marshall, 2013; Smith, 2013; Hennessey, 2011; Lishman, 2009). Social work is practised in an interprofessional

environment and therefore human relationships lie at the heart of social work practice (Hennessey, 2011; Lishman, 2009).

Evidence from this study, however suggests that the lead social worker is not just another professional but a unique professional with key statutory roles and responsibilities, encompassing barriers and enablers that influence their role, yet remains interconnected with family members and other professionals. However, in published literature the lead social worker level relationship influences are often either ignored or treated as merely part of the wider professionals' relationships (Reder, Duncan and Grey, 1993). For example, while Reder, Duncan and Grey (1993) identified the importance of a systemic interaction between interprofessional communication and relationships between professionals, their agencies, and family members, they did not separate the lead social worker influences. Although in pursuit of the same goal, evidence about the special position occupied by the lead social worker is consistent with reflections on practice experience in various capacities referred to earlier.

Key evidence from this study suggests that there is systemic interaction between various collaborative influences in line with the conceptual framework proposed. Few researchers considered the systemic interaction between the multiple level influences as the proposed systemic conceptual framework (Guch, 2007; Reder, Duncan and Grey, 1993), which is major gap in the existing knowledge regarding this approach. Guch (2007) proposed a holistic reflective practice which requires interdependence at both individual and interprofessional levels. Atkinson, Jones and Lamont, (2007) found conclusive evidence that there are elements of good practice that are essential to the establishment of effective working relationships, alongside multi-agency processes, availability of resources and effective

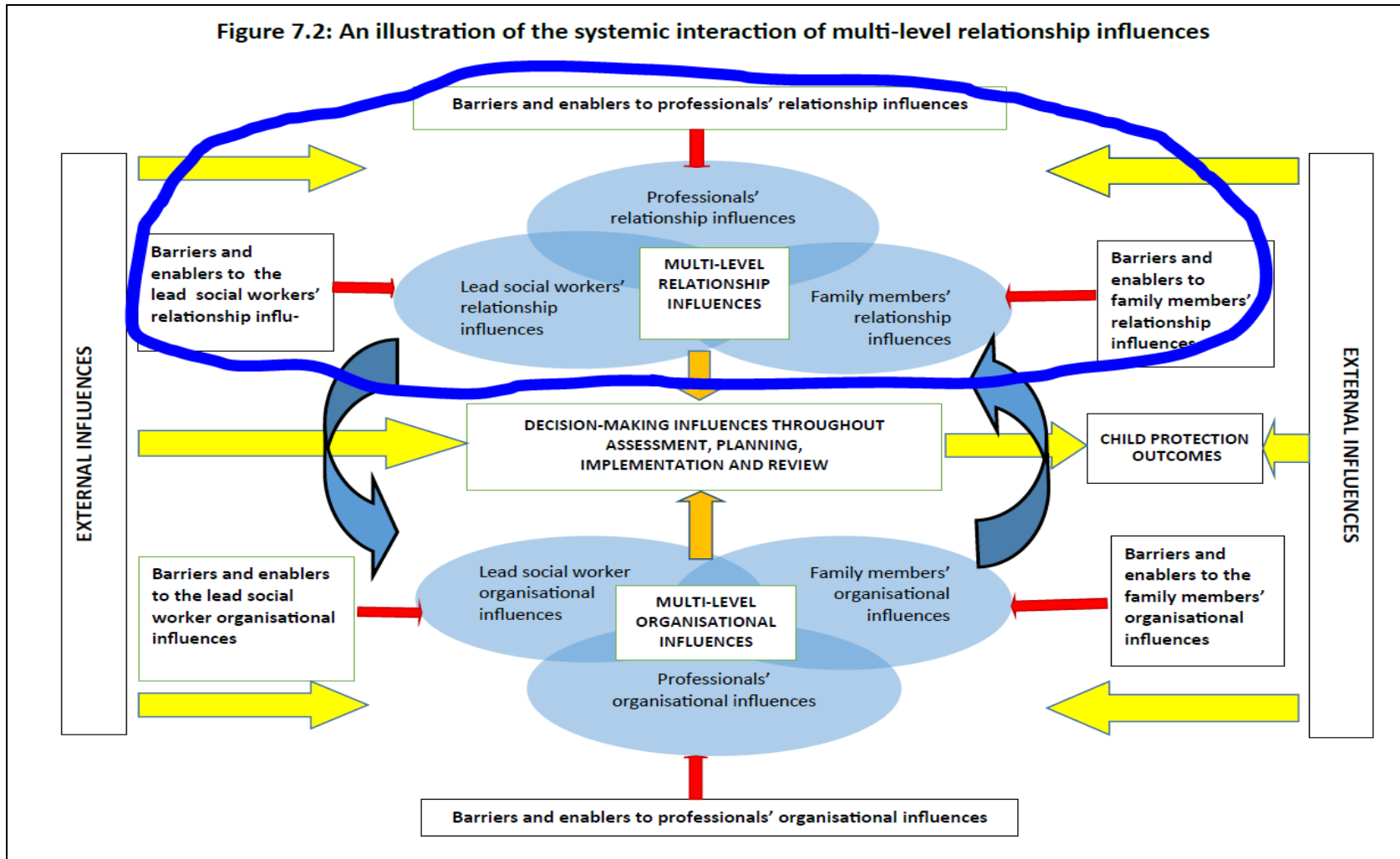


management and governance, However, the review by Atkinson, Jones and Lamont, (2007) did not explore how these influences interact and influence each other nor did they figure out the different and similar influences for lead social worker and other professionals. Similarly, Ferguson (2005; 2011) focussed on the hostile relationship between family members and the social workers and other professionals, he too did not explore the systemic interaction between these relationship influences with other influences such as organisational, external and decision making influences.

The importance of relationship influences have also been cited in serious case reviews. Concerns about difficult adolescent-professional relationships were considered in the serious case review involving the murder of Child J, a 17-year-old female by her ex-partner despite professionals being aware (Oxfordshire Safeguarding Children Board, 2016). Similarly, in case of 17-year-old victim of child sexual exploitation Child N, missed opportunities cited included poor relationships with social workers and family members (Salford Safeguarding Children Board, 2015). Reflecting on practice experience as a social worker and child protection chairperson, there are a lot examples one could think of where the tripartite relationship between family members, lead social worker and other professionals was influenced either by similar or different issues. For example, it is not uncommon for members to be on good terms with one professional and to be on bad terms with the social worker, just as it is commonplace for good and difficult relationships to exist between and among professionals and the lead social worker. This systemic interaction between the different dimensions of relationship influences ultimately impacts on the effectiveness of the whole intervention. While social workers perceive relationships as critical to the effectiveness of

interprofessional collaborative child protection practice. However, relationships should be understood in terms of different levels of influences that relate to family members, lead social workers and other professionals. Relationship influences should not be viewed in isolation, but in terms of how they interact with other influences. To better understand the systemic interaction involving multi-level relationship influences, Figure 7.2 provides a specific illustration of these interactions, followed by a discussion of the barriers and enablers for each of the three relationship influences.

Figure 7.2: An illustration of the systemic interaction of multi-level relationship influences



### **7.2.1 Professionals' relationship influences**

The evidence from social workers' perceptions and the observation findings in this study suggests that various professionals' influences are key to the effectiveness interprofessional collaborative child protection practice (see Figure 7.1). A large body of published literature has addressed the key professionals' relationship influences that were identified in this study (Atkinson, Jones and Lamont, 2007; Darlington, Feeney and Rixon 2004; Huxham, 1993; McCallin, 2003; Smith and Mogro-Wilson, 2007). Serious case reviews have also consistently singled out failures in relationships between professionals as one the main recurring reasons child protection practice efforts failed children and young people (Laming, 2003; 2009; Leslie, 2016; NSPCC and SCIE, 2016; Trench, 2015). Perhaps, unsurprisingly, communication and information sharing between professionals was perceived as one of the key influences on professionals' relationships. Difficulties in communication and information sharing have been identified as the main reasons behind the inadequacies of the collaborative approach and since the death of Maria Colwell in 1973 (Laming, 2003; 2009; Hopkins, 2007; Broadhurst et al, 2009; Reder and Duncan, 2003; White, 2009). The importance of effective communication and information sharing between professionals and agencies is dealt with in a number studies (Bell, 2001; Darlington, Feeney and Rixon 2004; Huxham, 1993; Frost and Robinson, 2007; Stanley, 2003; Reeves, Goldman and Zwarenstein, 2009; Reder, Duncan and Grey, 1993; Theakstone-Owen, 2010). McColgan, Campbell, and Marshall, (2013) identified poor communication as one of the barriers to effective collaboration while Ferguson (2011) identified communication breakdowns as one of the reasons why children are not protected effectively. Communication and information sharing has also been a recurring

theme in serious case reviews (Atkins, 2015; Laming, 2003; Miller, 2015; NSPCC and SCIE, 2016; Sidebotham, et al, 2016; Wiffins and Harrington, 2015). In the triennial analysis of serious case reviews undertaken between 2011 and 2014, Sidebotham, et al, (2016) acknowledged that communication breakdowns can be a barrier to information sharing and that effective communication requires practitioner skills and a culture that promotes information sharing as well as clear systems and guidance. However, what extends knowledge and reinforces current thinking from the findings of this study is that professional attitudes alongside communication breakdowns and the use of jargon and diverse languages can be barriers to effective communication. Attitudinal barriers to communication which were identified by research participants in this study were also proposed in the Laming report where some professionals still felt they were doing work on behalf of social workers (Laming, 2009). An example of this evidence is one participant (SW01) in this study who echoed similar sentiments that there is '*an assumption that somebody else will notice*'. The implication for this finding may be that other professionals often see themselves as not having the primary responsibility for child protection practice, hence not obligated to share information. While not all professionals have the same level of negativity, such attitudes are in contrast with the statutory expectations of professionals in the working together guidance to safeguard children and young people (HM Government, 2015). Indeed, on the contrary, Darlington, Feeney and Rixon, (2004) in their study of collaboration established that there are positive attitudes between professionals in both mental health and child protection services.

Inappropriate use of language and professional jargon has also been identified in previous studies (Smith, 2013; Cameron and Lart, 2003; Quinney and Hafford-

Letchfield, 2012; Frost, 2005). Cameron and Lart (2003) found that cultural differences and backgrounds can inhibit collaboration. Smith (2013) on the other hand observed that there are difficulties in agreeing a common language during collaboration, while Quinney and Hafford-Letchfield (2012) observed that language, culture, practices and value bases of certain professional groups can inhibit collaborative working. Similarly, Frost (2005) argued that use of jargon can actually exclude other professionals from engaging fully, leading to unequal power and status within the collaborating professionals. Evidence from this study, especially from the observed child protection meetings and reflections on years of practice wisdom support the view that professional jargon and inappropriate language is indeed used during collaboration and can be a barrier to positive collaborative relationships.

Further contribution to existing knowledge, from this study, is the evidence that honesty and transparency, continuous dialogue between professionals, valuing others' perspectives, timeliness, jargon language and being task focused can enhance communication and information sharing and ultimately, effective collaboration. The requirements for honesty and transparency between professionals, alongside continuous dialogue, valuing each other's different perspectives use of appropriate language, having a task focus and timeliness as enablers for good relationships between professionals have been stressed across the wider literature on collaboration (Hennessey, 2011; Laming, 2003; Darlington, Feeney and Rixon, 2004, Ferguson, 2011; Smith, 2013; Woodcock-Ross, 2011). Ferguson (2011) also found that honesty and transparency encourages good communication and information sharing in the same way Vangen and Huxham, (2006) found that trust and honesty were some of the key enablers to achieving

collaborative advantage. Harker, et al, (2004) recommended that there should be strong and clear avenues for information sharing and communication among collaborating professionals. Hennessey (2011) argued that relationships between professionals involve listening to each other, communicating and sharing information, understanding each other, seeking clarification, as well as acknowledging the presence of diverse perspectives. In line with the systemic conceptual framework of this study, what is new knowledge is evidence that information sharing and communication barriers and enablers are systematically interdependent with other influences as this study found. Crucially, according to this study, improvements in communication and information sharing are linked systemically with other relationship influences, such as having a clear and shared vision or goals by professionals. What is meant by social workers' perceptions of the clarity of shared vision and goals and was also evident at child protection meetings articulated with Huxham and Vangen (1996) who described meta-goals: individual agency goals and individual agency representative goals. Meta-goals, according to Huxham and Vangen (1996) relate to the whole essence of collaboration, while individual agency goals can be encapsulated in the example of one agency such as the Police's overarching aim being to establish culpability of the perpetrator. The implications for these various levels of goals in relation to the findings of this study and in promoting positive professionals' relationships would be to realign all the multi-level vision and goals; from meta-level vision and goals, through the individual agency goals up to the individual professional goals. For example, protecting a child should be the shared goal between various agencies and professionals alike as the whole essence of collaboration. As indicated earlier, Laming (2009) found that some professionals still felt they were doing it for the social worker, which is evidence of misalignment of goals. Huxham and Vangen

(1996) argued that when there is a clear and shared overarching aim for collaboration the meta-vision or goals should guide the collaborative effort because it transcends the individual agency as well as the individual professional goals. The importance of the contribution to research and practitioner knowledge of meta-vision or goals analysis of findings cannot be overemphasised, considering the barriers to professionals' relationships that have been highlighted above. The lack of clear shared vision and goals or outright ignorance and in some cases, conflict, during child protection practice which was established in this study has also been observed in a number of studies (Quinney, 2006; Ferguson, 2011; Parker, 2010; Maclean and Harrison, 2011; Johnson et al, 2003; Huxham and Vangen, 2003). Ferguson (2011) argued that professionals can be familiar with new theories and policies but still not have a clear vision of what child protection is about. To overcome this scenario, Parker (2010) asserted that professionals must be clear about their expectations and define their roles to avoid conflict, while Johnson et al (2003) suggested that promoting a shared vision and good communication enhances professionals' relationships. The meaning and understanding which can be discerned from social workers' perceptions and observations from child protection meetings in this study is that professionals need to be have absolute clarity of what it is that is of concern and what they are expected to achieve. More recently, Munro (2011), in her final report of The Munro Review of Child Protection bemoaned the lack of child focus and the proceduralisation of child protection, and called for less proceduralisation and more child focus and a systematic approach to child protection. While the clarity of concerns is important for all professionals (Sidebotham, et al, 2016), evidence from this study suggests that clarity alone is not sufficient for engendering good relationships between professionals, or between professionals with family



members, or between professionals and the lead social worker Glennie (2007) argued strongly for the need for joint interagency training to facilitate relationships between professionals. Horwath and Morrison (2007) pointed to the need to build and nurture relationships and trusted networks of collaboration. The need to nurture relationships is particularly important given the prominence of multi-level relationship influences in the findings of this study. Reflecting on practice experience, as a social work practitioner and child protection chairperson, however, professionals can sometimes face the dilemma of knowing what the concerns are but still be unclear of what their roles are. As one participant (SW05) argued, '*not seeing the bigger picture*' can be a major obstacle to knowing and understanding what is expected of a professional. The interdependence between knowing what to do and not knowing how to do it may sound like a contradictory finding yet it attests to some of the practical challenges that professionals often face. The importance of clarity of professionals' roles in promoting effective collaboration between professionals has been addressed in various studies (Atkinson, Jones and Lamont, 2007; Darlington, Feeney and Rixon 2004; Quinney, 2006; Ferguson, 2011; Maclean and Harrison, 2011). Atkinson, Jones and Lamont (2007) found that lack of understanding of each other's roles as well as conflicts over responsibilities were key issues in interprofessional relationships. Correspondingly, Ferguson (2011) places emphasis on the need for planning and clarity of roles and responsibilities of all agencies and professionals. Echoing similar sentiments, Smith (2013, pp. 15-16) attributed the lack of role clarity to the blurred boundaries between professionals' and agencies' roles, arguing that some professional roles can actually be subjected to "*colonisation*" attempts by another professional or agency. It therefore follows that not only tensions, but acrimony could also potentially arise as a result of unclear roles and responsibilities.

Ferguson (2011) further cautioned that role confusion or conflict can actually inhibit the achievement of good interprofessional relationships, while asserting that role clarity is a key factor for success. Additionally, the importance of improving professionals' relationships through joint interprofessional training of professionals to improve knowledge, understanding and clarity of roles which was identified in this study has been stressed in published literature (Cameron and Lart, 2003). The implications for these finding in terms of the unified systemic conceptual model is that role clarity is still needed even when there is a clear and shared meta-vision because merely knowing what needs to be done, without knowing who should do what, is not sufficient on its own, hence the systemic relationship between these influences.

While safeguarding children and young people is everyone's responsibility (HM Government, 2015, Children Act, 2004), according to Sidebotham et al, (2016, p. 204) it is important that "all staff recognise their role in the safeguarding process, and recognise and value the roles of others". The evidence from this study contributes to existing knowledge in that relationship influences are interconnected in such a manner that they influence each other and they in turn are influenced by others such as lead social worker relationship influences and family member relationship influences which are discussed below.

The evidence established in this study that differences in power and status between professionals are barriers to relationships between professionals and to effective collaboration has also been considered in published literature. For example, beliefs in expert opinion from the perceived higher status professionals has led to misjudgements as happened in the case of the Cleveland Case (Butler-Sloss, 1988). Additionally, a considerable amount of writing has been devoted to

the role of status in collaborative working (Smith, 2013; Bell, 2001; Beresford, 2013; Lymbery, 2006). Consistent with the findings of this study, Bell (2001, p.78) found that there are inequalities and differences in influence among the collaborating professionals, an observation which Smith (2013) attributes to status differentials and to professionals coming together with different backgrounds and traditions. The evidence from this study suggests that differentials and inequalities in power, status, and personalities can sometimes lead to mistrust and different understandings about thresholds for risk. According to Smith (2013) some of these difficulties, are imported inequalities because they are external to the professionals' relationships and these include gender, culture, ethnicity, etc. This notion of imported inequalities is particularly relevant to this discussion because the systemic interaction between internal and external influences constantly hold sway over each other. Lymbery (2006) suggests that the uncertain professional status of social work creates a particular problem in relation to the development of collaborative working. As illustrated in the various narratives of the research participants certain professionals are considered to have a higher status than others. According to Unwin and Hogg (2012) while having a wide range of collaborating professionals can be helpful in achieving desirable outcomes, on the other hand it can also be a source of conflict because the evidence they bring from their different professional perspectives can be contradictory. However, conflict is not always negative in that it may sometimes indicate the full involvement and engagement by professionals (Preston-Shoot, 2007). The key lesson to be learnt therefore is that the advantages of bringing diverse professionals to work together involves a number challenges.

The evidence from this study that professionals who do not trust each other are not likely to have positive relationships is consistent with the evidence from literature that child protection relationships rarely provide enough time and opportunity for professionals and family members to build up trust between each other (Milbourne, Macrae and Maguire, 2003). Most collaborative working relationships are short and transient which makes it difficult for professionals to develop trust in each other and encourages groupthink as discussed in Chapter 2 (Janis, 1982; Golkar, 2013). Vangen and Huxham (2006) explored the notion of building and nurturing trust in interorganisational collaboration and concluded that trust can be grown incrementally and in cyclical loops over time, hence needs constant nurturing. The implications from this study are that trust requires constant attention and nurturing, more so, in the tension filled collaborative environments where professionals and their agencies may have different priorities.

The evidence of competing professional and agency priorities which this study found has also been discussed in existing published literature (Griffiths, 2011; Smith, 2013). Griffiths (2011) also established that often there is either competition or conflict between child protection and adult mental health professionals, and sometimes collusion between professionals and family members. Attributing this problem to the competing practice models, Smith (2013) cited examples of competition between the social and medical models when working with disabled people. Smith further highlighted the complex accountabilities that come with some of these roles including fears and anxieties about who is going to take the blame as well as who has primary responsibility. In short, relationships between professionals may exhibit potential conflict and competition between collaborating professionals and agencies. While Sidebotham, et al (2016) recommended that

professionals should balance their competing priorities, the working together guidance to safeguard children and young people is clear about the need for role clarity and understanding (HM Government, 2015).

The finding that professionals' relationships could also be enhanced through valuing each other's different perspectives was unsurprising as it echoes what has been a consistent theme in public inquiries and recent research (Reder, Duncan and Grey, 1993; Frost, 2005; Bell, 2001; Laming, 2003; 2009). In a study aimed at exploring stereotypes among collaborating professionals, Frost (2005) established that professionals have a more positive perspective of themselves than others. However, Frost (2005) also found that collaborating with others can also break stereotypes down, just as Bell (2001) also found that while groups influence their members, the members also influence the groups, as was found in this study. Sidebotham et al (2016) acknowledged that the lead social worker is often required to manage the different perspectives and prioritise the child's welfare as professionals' may focus on a narrow view of their responsibility in a case, solely from the perspective of their own discipline.

One of the key findings in this study was that, contrary to most previous studies, the various systemically connected influences to interprofessional collaborative child protection decision making and practice can be systematically identified. For example, good information sharing and communication and having a clear and shared vision and goals are interdependent constituent parts of good professionals' relationships alongside other influences. The absence of any one of these influences could therefore negatively impact on the entire effectiveness of collaboration. Regardless of how important good communication and information sharing may be, the implication from these findings is that without a clear and

shared vision and goals, it cannot singularly account for either the success or failure of the entire collaborative effort. It was for that reason that the unified systemic conceptual model was developed to represent the interconnectedness of these influences (see Figure 7.1 and 7.2).

Evidence of professionals' relationships being antagonised by family members playing professionals off against each other was also found in the well documented inquiry into the death of Neil Howlett as far back in 1976 (Hopkins, 2007). The tenuous relationships between family members and professionals can also be a source of tension and conflict between the professionals. For example, in this study the research participants perceived that sometimes professionals focus on self-interests or even collude with parents and carers. Some of the barriers and conflicts which relate to professionals' and lead social worker relationships such as different priorities and real or perceived status differentials and values, can have similar resonance in the relationship between professionals and family members (Frost and Robinson, 2007). For example Griffiths (2011) found that when adult mental health and social work professionals are in conflict, some professionals often colluded with family members. Participants in this study cited examples of some professionals, for example, GPs withholding certain child protection information from other professionals, because such information has been shared confidentially by the patient and therefore medical ethics would dictate that such information should not be shared with other professionals. Contradictions emerge when trying to draw a line between what should or should not be shared despite the working together guidance having been quite clear on this over the years (HM Government, 2015; Unwin and Hogg, 2012). In this study the research participants reported that collusion tended to be rooted in the fear of

antagonising relationships with family members. Sometimes professionals do not want to be seen to be the bearer of the bad news but rather want family members to see them as the 'nice' ones and as illustrated in the words of one participant (SW06), *'sometimes it can feel a bit collusive'*. This is not surprising given the precarious circumstances and issues that bring the professionals into relationships with family members. Such pseudo relationships are the antithesis of the good collaboration relationship needed for good outcomes. This interaction between professionals-family members relationships and professionals-professionals' relationships is further evidence of the systemic relationships between influences which this study has contributed to existing knowledge.

Poor attendance at meetings is another barrier to professionals' relationships and attendance at some child protection meetings was found to be erratic. Additionally, the unavailability of reports, lack of action on the plan and non-engagement by professionals made collaboration and relationships between professionals difficult. During the 20 child protection meetings that were observed, poor attendance by professionals was also a concern. Brandon et al (2012) in an examination of serious case reviews established that there was inadequate professional representation at social care meetings. Presenting reports face to face and engaging with other professions promotes good relationships between professionals, yet as one participant (SW15) put it, *'other professionals use the social worker to dump most of the things on them'*. Sidebotham et al (2016) found that professionals often hung back expecting others to act, or passed on information thinking their responsibility ended at that point, just as Laming (2009) found that other professionals often felt they were doing it for the social worker. In short, while all agencies and professionals are expected to fully sign up to

collaborative working as clearly spelt out in the new working together guidance to safeguard children (HM Government, 2015), yet in practice this is not happening as evidence from this study has shown. Apart from making collaboration and relationships between professionals difficult, poor attendance at meetings adversely impacts on other multi-level relationship influences and in turn diminishes the whole premise of benefitting from working interprofessionally.

Overall, evidence from this study suggests that professionals' relationship influences play a key role, alongside lead social worker relationship influences and family members' relationship influences in the effectiveness of interprofessional collaborative child protection practice which is an important finding and contribution to research and practitioner knowledge.

### **7.2.2 Lead social workers' relationship influences**

The key contribution to knowledge and understanding of interprofessional collaborative child protection practice by this study, with regard to the lead social workers' influences, is that these influences are in a systemic relationship with professionals' influences and family members' influences as illustrated in Figure 7.2 above. As indicated above, lead social workers are often either ignored or treated as merely part of the wider professionals' relationships (Reder, Duncan and Grey, 1993) instead of being seen as unique and key to effective collaboration as evidence from this study suggests. However, despite the evidence from this study that lead social worker influences are critical to collaboration, there is still very limited published literature that focuses on how this role influences and is influenced by others. As with the professionals' relationship influences, evidence from this study suggests that there are relationship influences that are specific to the lead social worker. That lead social workers have a key statutory role in



interprofessional collaborative child protection practice (HM Government, 2015) is reflected in the evidence one participant (SW12) who described the lead social worker as the, *'kind of the glue that binds everyone together'*, in the same way Van Pelt, (2013) described the lead social worker as the glue that holds multiple disciplines. It has been argued that the key role of the lead social worker is often a neglected dimension during policy formulation and reforms (Gilligan, 2000; BASW, 2016). This study identified a number of influences for the lead social worker including: clarity of the lead social worker's role, lead social worker's communication and information sharing, lead social worker's relationship with other professionals and the lead social worker's influence on the relationship between professionals and family members. Lack of role clarity of the lead social worker was also identified as a barrier. Quinney (2006) also argued that social workers play a pivotal coordinative, facilitative and supportive role which is consistent participants' perception that the lead social worker should be a motivator, overseer, gatekeeper and coordinator. The evidence of this pivotal role of lead social workers and its clarity is supported by evidence from child protection meetings that were observed. The negative impact of changes in the lead social worker which was evidenced in this study has also been observed in serious case reviews where a common response to a lack of qualified social workers appears to be the allocation of cases to less experienced or trainee social workers (Sidebotham et al, 2016). Existing knowledge suggests that retention and turnover are critical concerns for lead social workers, with burnout and work-related stress being strongly associated with job exit (Healy, Meagher and Cullin, 2009; Burns 2009).

The lead social worker influences on relationships with family members and vice versa has been explored in a number of published (Breakwell, 1997; Laird, 2013; Davies and Frude, 2004; Ferguson, 2005; Littlechild, 1997; 2005; Stanley and Goddard, 2002) and literature suggests that lead social workers often encounter violence and aggression from family members (Ferguson, 2005; Littlechild, 1997; 2005.). The findings from this study also confirmed that some social workers who fall victim to this aggression and violence exhibit behaviours akin to the Stockholm Syndrome (Breakwell, 1997; Laird, 2013; Davies and Frude, 2004; Stanley and Goddard, 2002). The key issue however is that both, lead social workers and other professionals do experience violence and aggression, the effect of which is different because of their different roles within interprofessional collaboration.

Another key contribution and extension to existing knowledge is the finding regarding the difficult balance between direct work and other responsibilities for the lead social worker which is consistent with both anecdotal evidence and reflective insights from practice. Increasingly, as perceived by research participants in this study lead social workers spend less and less time on their core business because of administrative duties. Neil (2014) in a study focusing on how child protection social workers experience their work found consistent evidence of concerns about the increasing administrative demands at the expense of spending time with children and their families. Similarly, high and unmanageable workloads can sometimes create a disincentive for social workers to do direct work and acting outside of the usual processes as was found in an analysis of serious case reviews (Sidebotham et al, 2016). Yet, not only does more time for one to one direct work facilitate positive lead social worker relationship influences but also

gives family members a voice and enables the worker to listen and appreciate family member perspective, according to evidence from this study.

The need for the lead social worker to have a positive professional rapport and a shared perspective with other professionals is consistent with the relationship based model of social work (Hennessey, 2011). To be able to speak up without fear of antagonising relationships with other professionals and family members requires lead social workers to apply emotional intelligence (Howe, 2008; Goleman, 2005). This requires recognition of the need to perceive, understand, use and manage emotions in human relations (Goleman, 2005), and in social workers in particular, in order to increase self-awareness and that of others (Howe, 2008). What this study was not able to establish is the evidence of use of humour which Gilgun and Sharma, (2012) had argued could be used in small dosages by social workers to enhance their leadership role. The implications for these findings are that more knowledge and expertise is required from the lead social worker than from other professionals to be able to perform effectively in their role in line with the emphasis by Akister (2011) on the importance of the social worker's knowledge in enhancing their skills for performing this crucial role.

While the finding that being valued and trusted could positively enhance the lead social worker's relationships just as it would with relationships between professionals, and therefore what was a surprising finding was the perception that the image and public perception of the lead social needs to improve. Similar concerns have been raised about the constant media scrutiny (The Guardian, 3 March, 2015) and the effect of constant changes and reforms in social work (BASW, 2016; Meleyal, 2012; Munro, 2010; 2011; Narey, 2014). On the basis of the evidence presented and in line the unified systemic conceptual model which

reflects multi-level relationship influences (see Figure 7.2) the lead social worker influences discussed in this section interact systemically with the relationships between other professionals and family members as discussed in the next section below.

### **7.2.3 Family members' relationship influences**

The evidence from interpreting and synthesising meanings from social workers' perceptions and the observation findings in this study suggests that family members' influences are key to the effectiveness interprofessional collaborative child protection practice (see Figure 7.1). Family member's relationship influences constitute the third sphere of the multi-level relationship influences. From the outset in the introductory Chapter 1, family members' involvement with professionals and the lead social worker described as collaborative partnership is in line with the existing understanding and positioning of family involvement in child protection practice and decision making (Dumbrill, 2006; Featherstone, Morris and White, 2014; Smithson and Gibson, 2016). The terms 'collaboration' and 'partnership' have also been used interchangeably - Sidebotham et al, (2016) in the triennial serious case review analysis stated that, "effective safeguarding of children relies on good collaborative working between professionals and families (p.151: paragraph. 6.4), while "effective partnership working with parents requires their full understanding and engagement with what is expected" (p.151: paragraph. 6.4.1). Drawing on practice wisdom, the position adopted in this study was that family members like various professionals and the lead social worker are central to the child protection collaborative efforts, and the evidence from the findings was able to backup this stance. The key contribution to research and practitioner knowledge by this study, with regard to family members' influences, is that these influences are in a systemic relationship with professionals' influences and the

lead social worker influences. There are barriers and enablers, as this study found, to the way the family members relate with lead social workers and other professionals and vice versa. Evidence of family members' relationship influences from this study is consistent with what is already known from a wide body of published literature (Buckley, Carr and Whelan, 2010; Dumbrill, 2006; Featherstone, Morris and White, 2014; Laird, 2014; Smithson and Gibson, 2016). In particular, Buckley, Carr and Whelan (2010) found that parents want better relationships, respect and professionalism from social workers working with them. Influences that were evident in both lead social worker relations as well as in relationships between professionals were also evident in family members' relationships with professionals and lead social worker such as communication and information sharing and clarity of family members' roles and expectations. However, although similar, family members' relationships were affected by these in different ways from professionals and lead social workers. This is consistent with examples from practice experience where professionals often failed to articulate clearly what the concerns are and what they expected from family members. This is particularly true for complex families who are either hard to reach or to change (Centre for Excellence and Outcomes (C4EO), 2009). While Smithson and Gibson, (2016) found that some relationship difficulties for family members can be attributed to power imbalances in their relationship with professionals, Dumbrill (2006) actually established that there is a strong power differential between parents and professionals. As with the evidence from this study family members' perception of professionals' use of power was the primary influence to shaping their views on working collaboratively with professionals. As a result, family members often responded by being openly opposed and played the

game to feign cooperation or being collaborative, depending on whether power was used against them or with them, respectively (Dumbrill, 2006).

Inversely, as previously discussed, there was evidence that family members can also negatively influence their relationship with the lead social worker and other professionals, which is consistent with what is already known about working with aggressive and violent family members (Ferguson, 2005; Laird, 2014; Littlechild, 1997; 2005; Neil, 2014; Stanley and Goddard, 2002). Closely linked to aggression and violence from family members as a barrier to family relationships as identified in this study, is evidence of dishonesty and skilful deceit by family members as in Peter Connelly's injuries by the mother and her cohabitee (Laming, 2009). Owing to these challenges, Laird (2014) recommended that social workers should be trained in effective management of aggression by family members in order to reduce its negative influence on the effectiveness of child protection practice.

Evidence from this study also suggests that relationships with families, as with lead social worker relationships and relationships between professionals which were discussed earlier can be negatively impacted upon by influences which are external to the family such as imported inequalities, as Smith (2013) put it. In this study external influences were found to result from a combination of child care responsibilities, parental mental health and substance misuse, learning disabilities, and other personality and emotional difficulties as well as family poverty, which exert a lot of pressure on the families' abilities to engage meaningfully in collaborating with professionals. What is already known from published literature is that some of the most common triggers to family members' collaborative partnership in child protection include domestic violence, parental mental ill-health and parental drug and alcohol misuse (Ofsted, 2011; Stanley, 2003) - a

combination which has been described as the toxic trio (McGovern, 2012). Apart from these external influences which are specific to family members' relationships, this study identified other external influences which generic to the whole collaborative approach, as discussed later under the section dedicated to external factors. This also demonstrates the overlap and systemic interaction between the multi-level relationship influences as illustrated through the intersection in the venn diagram and direction of arrows in the highlighted section of the unified conceptual model in Figure 7.2 above, which is a key finding and contribution to practitioner knowledge and originality which extends the evidence base for interprofessional collaborative partnership practice.

As well as thinking about the barriers, it is also important to have clear interpretation of meanings and understanding regarding what research participants perceived as enablers to family members' relationship influences. The enablers which were identified included direct work, an inclusive dialogue with other professionals, listening to family members and paying attention to their perspective, are consistent with findings from published literature (Healy and Darlington, 2009; Leigh and Miller, 2004). For example, Healy and Darlington (2009) identified three themes or principles for collaborative relationships between professionals as families to be: respect, appropriateness and transparency. Likewise, Leigh and Miller (2004) found that families want professionals to be clear about their roles and to be listened to in order to gain an understanding of the world in which they live.

The evidence from this study regarding the importance of the relationship between family members and professionals and lead social workers, which is consistent with knowledge from existing literature, is not limited to adult family members, but

includes the child or young person who are the main focus (Cossar, Brandon, and Jordan, 2011; Goddard et al, 1999; Leeson 2007; Sidebotham et al, 2016) and fathers who are often excluded collaborative partnership working (Brandon; 2012; Featherstone, 2003; Ferguson, 2016; Scourfield, 2003; 2014), making the whole family as the new focus (Falkov, 2013; Featherstone, White and Morris, 2013; 2014; Morris, 2013). In short, collaborative child protection, as evidence from this study and published literature suggests should not just be about the child alone, but the whole family should be the focus, in line with the unified systemic conceptual model for this study.

While this study did not identify a lot of specific influences regarding children and young people's relationship influences, the evidence that emerged was consistent with is already known about their involvement with the interprofessional collaborative child protection process. Gaps in achieving the desired levels of participation are routinely identified in research (Archard and Skiveness, 2009; Rigby, 2011). For example, the barriers faced by children and young people in conveying their wishes and feelings at child protection meetings is consistent with the findings by Goddard et al (1999) who observed that the use of structured risk assessment tools may stifle children's voices. Archard and Skiveness (2009) established that children's participation is possible if their authentic views are taken seriously, and that children actually participate in the decision-making process and not just be listened to. Broadhurst et al (2010) emphasised the importance of ensuring that children are listened to and helped to understand and not making assumptions about their comprehension. While the evidence from this study reflects a lot that is already known about the challenges faced by children and young people during collaborative partnership with professionals, the



evidence still extends knowledge and understanding regarding children and young people's relationship influences.

The perception expressed by participants regarding too much focus on mothers while excluding fathers was corroborated in the observations made on the attendance at child protection meetings where there was a disproportionate representation of seventeen (17) were mothers to nine (9) were fathers in all of the twenty (20) meetings that were observed. Scourfield (2003) attributed this child protection practice which excluded fathers to the gendered organizational culture and the feminist biased perspective on male masculinity within the social work profession. This preoccupation with mothers and less concern for fathers has also been observed in serious case reviews, hence the concerted call to engage with fathers (Clarke, 2015; Ibbetson, 2015; Maddocks, 2012; Parry, 2015; Wonnacott, 2015). Ferguson (2016) found evidence of positive engagement of fathers from a starting point of suspicion and reluctance with a risk of non-engagement. Incidentally, where effort has been made to engage fathers, for example through initiatives such as Family Rights Groups, Fatherhood Institute, good outcomes have been observed (Brandon, 2012; Featherstone, 2003; Scourfield 2003; 2014).

By drawing partly on the family focused Falkov systemic Family Model (Falkov, 2013) for the conceptual framework the aim was to draw attention to the systemic interplay between the needs of children, parents and the whole family as illustrated in the example in Chapter 3. As with the systemic influence of mental health problems on the whole family, Falkov's family focused model, the evidence demonstrates the importance of involving the whole family, including children and young people, their parents or care givers, including grandparents as observed in child protection meetings. This evidence is consistent with the published literature

which calls for re-imagining social work practice to be more humane and family minded and understanding and negotiating the complex day-to-day realities and needs of families (Featherstone, White and Morris, 2013; 2014; Morris, 2013). The implication for the whole family minded focus is that the needs or risks for the child and young person are intertwined and inextricably linked with those of all family members or the whole family, hence the need to adopt a systemic perspective as this study has also demonstrated.

The complex interaction of children and young people's needs and risk of harm with those of their families requires the coordinating lead social worker and various professionals to manage the different perspectives of the whole family while prioritising the child's welfare (Sidebotham, et al, 2016). Some studies have found evidence of comfortable relationships and communication between family members and professionals and that this interaction engendered increased understanding (Healy and Darlington, 2009; Kvarnström, Hedberg and Cedersund, 2013). Likewise, in accordance with the findings from this study, Sidebotham, et al, (2016) found that in most serious case reviews there was evidence of good practice as well as scope for improvement in areas such as full understanding and engagement in order to hear the voice of the family more, respecting parental beliefs and practices; and balancing support and challenge as well as professional curiosity. According to Turney, (2012), for a relationship based practice which is anchored on ethical engagement with the whole family to succeed, what is needed is recognition, respect and reciprocity in the relationship. As with other studies, Turney (2012) acknowledged that this approach is certainly not without any tensions, challenges and dilemmas. Sidebotham, et al, (2016) also cautioned against the dilemma in professional practice which was played out repeatedly in

serious case reviews which requires understanding the family while not losing sight of the child. Similarly, involving fathers as discussed above and grandparents who were observed in the child protection meetings during this study, needs to be embraced and supported by professionals without making grandparents assume primary care giving responsibilities over their grandchildren.

The use of reflexivity throughout the research process, with regard to making sure that existing insights into how family members relate to professionals and lead social workers, was helpful in enhancing deeper understanding and reducing biases and subjectivity, hence ensuring rigour and trustworthiness in the evidence from this study. While the findings demonstrate the importance of the systemic relationships between professionals, lead social worker and the family member, there are some who question the wisdom of seeing a relationship as an end in itself (Trevithick, 2003; Hennessey, 2011). Trevithick, in particular described such an approach as deceptive, perilous and impoverished because it negates the wider social, political and structural context within which these relationships are formed. Incidentally, the findings of this study however, do address some the concerns raised by Trevithick about other wider external structural influences. More so, other studies which were referred to earlier such as Atkinson, Jones and Lamont, (2007) as well as Mitchell, (2011) also acknowledged the important status of other influences such as multi-agency processes, resources for multi-agency work and management and governance. As illustrated in Figure 7.2 and in the discussion above, multi-level relationship influences and their barriers and enablers can be systematically identified and there is also a systemic interface within these influences as well as with other influences such as external

influences, decision-making influences and the multi-level organisational influences, which are discussed in the next section below.

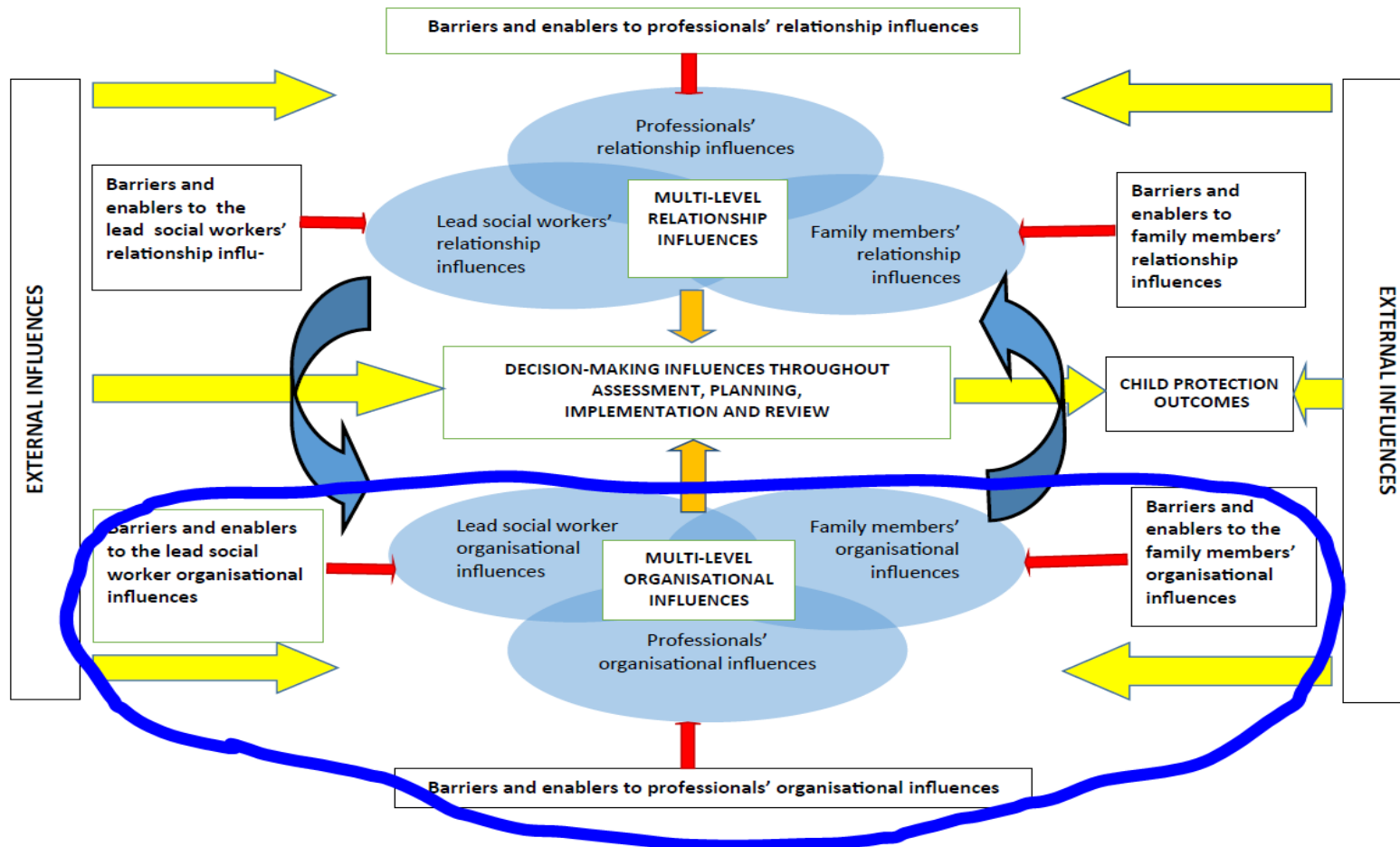
### ***7.3 Multi-level organisational influences***

Evidence from this study suggests that multi-level organisational influences are composed of mainly professional organisational influences, lead social worker organisational influences as well as family member organisational influences. Barriers and enablers for these influences can be systematically identified and that there is a systemic interaction between these and other influences, which is consistent with conceptual framework for this study as discussed in Chapter 3. The systemic interaction between multi-level organisational influences is further illustrated in the highlighted part of the unified conceptual model in Figure 7.3. The key finding and contribution to knowledge and originality about multi-level organisational influences is that as with multi-level relationship influences, there are multi-level internal organisational influences which affect family members, professionals and the lead social worker. According to the evidence from this study, despite some similarities, these internal organisational influences are different from the generic external influences, because they are specific to the internal organisational environment which they are embedded within, as the discussion below demonstrates. While some of these influences are internal to the organisation there may be external to the lead social workers, other professionals and family members as they all have no control over most them.

The evidence from this study that there are internal managerial and agency influences which are attributable to the organisation and not to either professionals, the lead social worker or the family members is consistent with a considerable body of published literature that was reviewed in Chapter 3

(Atkinson, Jones and Lamont, 2007; Murphy, Duggan and Joseph, 2013; Horwath and Morrison, 2007; Mitchell, 2011; Stalker et al. 2007). For example, Atkinson, Jones and Lamont (2007) argued that effective management and governance, which can be likened to multi-level organisational influences, is one of the key elements to successful collaborative partnership between professionals and family members, alongside working relationships, multi-agency processes and availability of resources. Mitchell (2011) found that leadership and drive at a strategic level, including vision and tenacity, enhanced inter-agency working. Horwath and Morrison (2007) argued that there is a powerful impetus across the range of jurisdictions to move towards strategic levels of collaboration in order to deliver more integrated child welfare services. Policy wise, the duties and responsibilities enshrined in the new working together guidance to safeguard children and are premised on strategic leadership involvement in child protection (HM Government, 2015). What follows below is a discussion on how multi-level organisational influences affect professionals, lead social workers and family members either as barriers or enablers as illustrated in Figure 7.3 below.

Figure 7.3 Illustration of the systemic interaction of multi-level organisational influences



### 7.3.1 Professionals' organisational influences

Evidence from interpreting expressed perceptions by research participants in this study demonstrates how constrained professionals can be when supervisors and managers, either withhold support or simply override some of their decisions. Reflectively, the accounts of SW002 narrating how they, *'have to negotiate with their manager'*, or worse still, how she had, *'already been told off by their manager'* and SW11 describing the dialogue with the line manager in terms such as, *'they come in and they're quite defensive'*, brought to fore vivid memories from practice experience as a social work practitioner. Serious case reviews have also addressed the perceived lack of supervisory and managerial support (Bracknell Forest Local Safeguarding Children Board and Ohdedar, 2016; Sidebotham et al, 2016). For example, managers and service leads have a responsibility to model authoritative practice and culture in their own leadership by allowing professionals to exercise their professional judgement and a stance of professional curiosity and challenging family members from a supportive base (Sidebotham et al, 2016). In a serious case review involving Child C (born 2013), Child C sibling (born 2010) the role of staff supervision across agencies and the need to review how partner agencies provide supervision to ensure reflective challenge, was emphasised (Bracknell Forest Local Safeguarding Children Board and Ohdedar., 2016). Additional evidence of criticism levelled at failures in managerial and supervisory support for professionals is consistent with other published literature regarding the role played by the agency and its managers in enhancing or disabling interprofessional collaborative child protection practice and decision making (Murphy, Duggan and Joseph, 2013; Munro, 2010; 2011; Neil, 2014; Stalker et al, 2007). Murphy, Duggan and Joseph, (2013) argued that some of the challenges to collaborative work are down to the advent of managerialism and consumerism

on social work and as a result the relationship based approach is untenable and incompatible with modern statutory social work practice. In her Review of Child Protection Report, Munro (2011) argued for less proceduralisation and bureaucracy and called for a systemic and child centred approach such as the reorganisation into the systemic unit model. Bradbury-Jones, Appleton and Watts, (2016) highlighted the importance of support, supervision and training for public health nurses working with children where there is domestic violence and abuse. Stalker et al (2007) argued that managers have control over important influences, such as effective use of supervision and workload management while Munro (2010) acknowledged the effect of organisational influences including IT, huge caseloads and lack of supervision on individual performance and human error. Laming (2009) also highlighted agency low staff morale, high caseloads, poor supervision and under resourcing and inadequate training while Neil, (2014) observed that excessive workloads take toll on professionals' health.

The perceptions about the management imposed reorganisation into the unit model which were characterised by a mixture of guarded optimism and a sense of apprehension were consistent with people's reaction and pre-contemplation anxieties towards change in line with the transtheoretical model of change (Prochaska and DiClemente, 1998). Subsequent evaluations have since vindicated the management decision to reorganise the unit model (Forrester, et al, 2013; Wilkinson et al, 2016). Wilkinson et al, (2016) for example found that there was an improvement in the quality of social work practice since the reorganisation into the unit model. In an earlier evaluation of local authorities that had reorganised into the unit model, Forrester, et al, (2013) also found evidence of a very positive picture of practice and consistently, high quality assessments, with



professionals spending more time with families and children. Forrester, et al, (2013) also found evidence of broader organisational influences that were either independent of or indirectly related to systemic units which were equally important in creating the environment of good practice such as the culture or values of the agency, including more mundane issues such as availability of staff parking space, functioning office equipment. These findings are confirmed in this study which found external factors that are specific to organisational influences such as bureaucracy and red tape, workload pressure and unavailability of time and staff shortages as well as staff changes were identified as some of management and agency influences that inhibit effectiveness of collaboration.

There are lessons that can be drawn from the discussion above regarding how both agency and managerial influences affect professionals. By systematically identifying professionals' organisational agency and managerial influences it makes it possible to understand their systemic interaction with system-wide influences, as already discussed, but also with those that are more specific to the lead social worker, as discussed below.

### **7.3.2 Lead social workers' organisational influences**

As with professional organisational influences, according to evidence from this study, a number of lead social workers' organisational influences, are located within the managerial and agency levels. The evidence that lead social workers often experience a lack of recognition, management supervisory support. a sense of powerlessness and being undermined, as with the other professionals, has been addressed in various published literature and serious case reviews (Hawkins and Shohet, 2012; Laming, 2003; Neil, 2014; Pawson et al, 2003; Sidebotham, et al, 2016; Skills for Care, 2007; Trevithick, 2008). Effective supervision, alongside

practice, education and training, attending team meetings and case conferences and comparing notes, is considered to be a key source of practitioner knowledge (Pawson et al, 2003; Sidebotham, et al, 2016; Trevithick, 2008). Effective supervision is a theme that emerges frequently in serious case reviews and supervision can be a positive and empowering system for practitioners and managers alike because it facilitates reflective practice and continuous improvement (Sidebotham et al, 2016). Apart from the line management function, supervision therefore can also be educational or developmental and supportive (BASW, 2011; Hawkins and Shohet, 2012; Skills for Care, 2007). Laming (2003) described supervision as “the cornerstone of good social work practice and should be seen to operate effectively at all levels of the organisation” (p.12). It is therefore important for all organisations employing social workers to make a positive, unambiguous commitment to a strong culture of supervision, reflective practice and adaptive continuous learning and improvement, according to (BASW, 2011). This is in line with what research participants perceived as the need for bespoke supervision which recognises individual lead social worker’s circumstances.

Managerial influences that enhance the lead social worker’s effectiveness which were identified in this study such as being valued, trusted and being allowed some autonomy have been discussed earlier because the same aspects of these influences have a bearing on overall collaborative child protection practice. These influences are associated with managerial leadership, governance and drive at a strategic level, including vision and tenacity, which as alluded to above enhance collaboration, yet, the absence of a clear leadership, vision and support from management inhibits collaboration (Mitchell, 2011; Atkinson, Jones and Lamont, 2007). For example, the impact of the reorganisation into the unit model on the

role of lead social worker was a strategic leadership and governance issue which although internal to the organisation was an external issue to the lead social workers as they had no control over it. The anxieties associated with the reorganisation process could have been due to the way people deal with change in the early stages (Prochaska and DiClemente, 1998). As with other professionals', some agency influences for the lead social worker may act as barriers for effectiveness in this role, such as work case load pressure, lack of time due to administrative work, lack of resources and bureaucratic and red tape can be generic to the whole child protection system and also to be specific to the lead social worker. The overlap in influences, as previously discussed, is consistent with the systemic unified model presented in Figure 7.1 and illustrated in Figure 7.3 to further demonstrate the part of the model that depicts the interaction of the various barriers and enablers of the agency influences of the lead social worker. The lead social worker has no control over these internal agency influences and therefore they can also be perceived as external to this role, hence they also overlap with some of the generic external influences. A discussion of the generic influences is provided in a separate section below. As previously indicated, Neil (2014) found that such internal agency influences impacted adversely on social workers' wellbeing, administrative demands reduced time with children and their families. Reducing these barriers, as this study found, could mitigate their adverse effect on the lead social workers.

As the evidence has demonstrated, the organisational influences identified in this study can inhibit the lead social worker's effectiveness. While some of the internal managerial and agency influences are specific to the lead social workers, others are generic to the entire child protection system as has been demonstrated in this

discussion so far. The systematic identification of these influences as demonstrated by social workers' perceptions in line with this study's conceptual framework enhances the understanding of the interactive relationship with various other influences including the family members' organisational influences which are discussed below.

### **7.3.3 Family members' organisational influences**

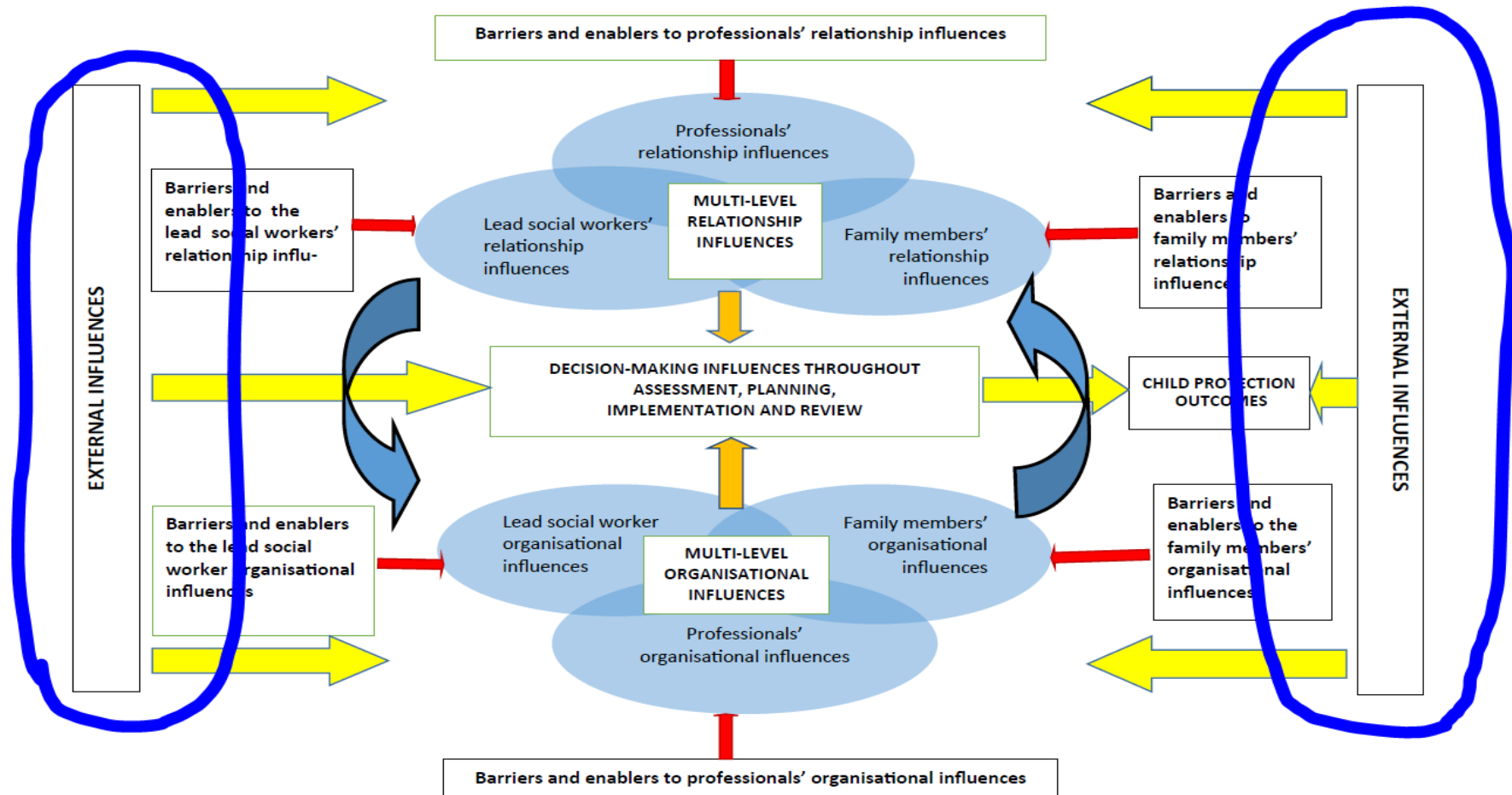
Like the lead social worker and the various other professionals, this study also found that family members are influenced by managerial and agency influences which constitute the internal organisational environment but are external to the family members. The important finding and contribution to research and practitioner knowledge here, is that while there are organisational influences that are generic to family members, the lead social worker and other professionals such as the reorganisation into the unit model and the internal as well as external organisational influences, there are some influences that are specific to family members. Inevitably, while professionals were grappling with the effects of change, family members too were experiencing change in the form of changes to their social workers and different ways of working, among others. Such interaction between family members' influences and with various other influences is consistent with the systemic conceptual framework for this study.

## **7.4 External influences**

The findings from this study suggest that external influences to collaboration between professionals, lead social workers and family members come in many forms as has been described in the previous sections of this discussion chapter. The evidence relating to external influences extends understanding of what is largely already known about the influences identified in this study such as lack of

resources due to economic austerity measures; reorganisation into the unit model; political influences, legislation, policies and procedures; housing; school holidays; image and public perception of social care; amount of travelling and distance covered; difficult working relationships between professionals as well as bureaucracy and red tape. Among these, are influences within the organisation or agency which are external because, although they are specific to professionals, lead social workers and family members, they, in turn have no control over them. Most of these influences have already discussed above, but the important practice message from of interpreting the research participants' perceptions of these influences is that once these influences have been systematically identified it becomes easier to understand their systemic interaction (see Figure 7.4). Apart from the systematic identification of external influences, the interaction between these influences and other influences as illustrated in the unified systemic conceptual model in Figure 7.4 is another contribution to originality and knowledge in this study.

Figure 7.4 Illustration of the systemic interaction of external influences



In line with the evidence from this study, Reeves, Goldman and Zwarenstein, (2009) identified influences which may be considered as both internal and external to some degree, such as funding, human resources, policies and culture within the organisation because all of them are beyond the control of the professionals, lead social worker, and family members. Additionally, there are generic external influences which transcend the entire collaborative child protection system, as the discussion in this section demonstrates below.

The evidence from this study of external influences which are key to collaboration is supported by a large body of published literature (Department of Health, 2002; Smith and Mogro-Wilson, 2007; Frost and Robinson, 2007; Bell, 2001; Mattessich, Murray-Close and Monsey, 2001; Reeves, Goldman and Zwarenstein, 2009; Munro, 2005; 2011; SCIE, 2012; Stalker, 2015). External influences were recognised by Munro (2005) who drew on lessons on safety in the aviation industry and her views on the system perspective to child protection practice later influenced the adoption of SCIE learning together systems model by LCSB's serious case reviews (Munro, 2005; 2011; SCIE, 2012). In turn SCIE model was combined with Falkov's systemic Family Model which also recognised the role of external factors, in the development for the systemic conceptual framework for this study. The Framework for Assessment for Children in Need and their Families' which is a key assessment tool for collaborative child protection assessments also locates external environmental factors as one of its three main domains (Department of Health, 2002). Stalker (2015) called for a new social model of risk which takes into account of cultural, economic and material factors while, Mattessich, Murray-Close and Monsey, (2001) identified some of the influences to the success of any collaboration in the external environment as history, political

and social climate. Structural influences such as lack of resources due to economic austerity measures were a big issue for research participants and during observation of child protection meetings. Reeves, Goldman and Zwarenstein, (2009) treated some agency influences such as funding, human resources, policies and culture within the organisation as external influences, which is consistent the evidence from this study because lead social workers and other professionals have no control over these. The next section discusses what influences the decision-making prioritisation criteria during collaboration.

Whatever the differences in what constitutes external influences the key finding is that there are influences which are external either to all collaborating agencies, individual agencies, family members, lead social workers and other professionals. As evidence from this study has shown, these external influences interact with each other and other various collaborative influences as illustrated in Figure 7.4. Furthermore, the systematic identification of these various interacting influences contributes to new knowledge and extends the understanding of what is already known about the impact of these external influences.

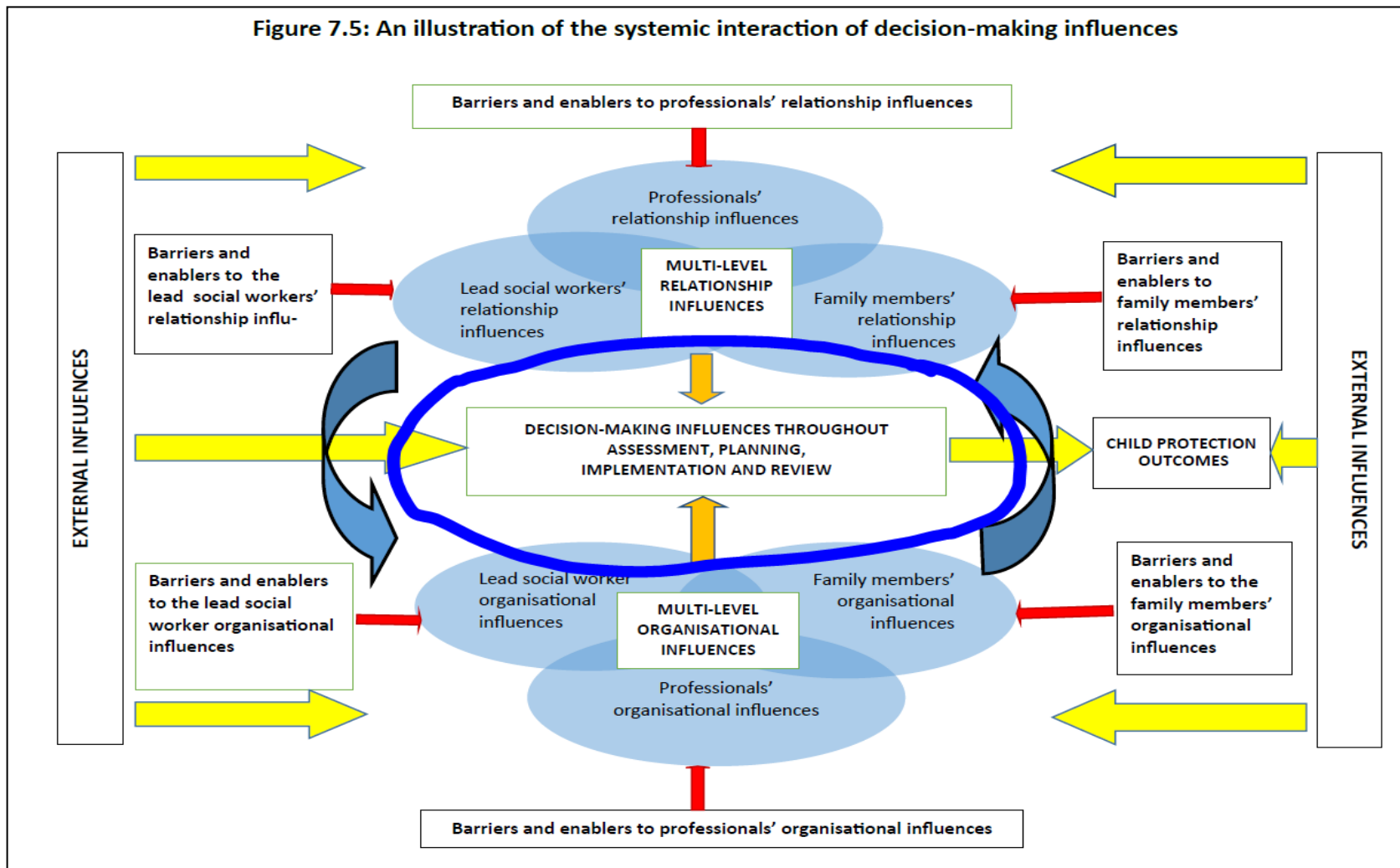
### ***7.5 Decision-making influences***

The discussion in this section addresses how social workers in this study perceived decision-making influences during collaboration. However, the study also provides insights into how professional judgement and decision making influences, and in turn, is influenced throughout the assessment, planning, implementation and review processes, as illustrated through the direction of arrows in the highlighted section of Figure 7.5 below. While the study did find decisions were made on the basis of level of risk and need; consensus between professionals; consensus with family members and availability of resources, it was



surprising to also find that quite often decisions relied on intuitive multiple professional judgement criteria; individual professional or agency prioritisation and sometimes on the individual professional's state of mind. This surprise finding was indeed a key contribution to knowledge. Further contribution to knowledge and originality was through the evidence of systemic interaction between decision-making influences with the multi-level relationship influences, organisational influences and external influences which was also established. The evidence of these findings is illustrated by the direction of arrows in the highlighted section of the unified conceptual model in Figure 7.5 and in the discussion that follows below.

Figure 7.5: An illustration of the systemic interaction of decision-making influences



The evidence from this study supports aspects of professional judgement and decision making in child protection, assessment and management of risk that have been considered in published literature (Broadhurst et al, 2010; Denney, 2005; Evans, 2010; Evans and Harris, 2004; Goddard et al, 1999; Keiser, 2003; Lipsky, 1980; Stalker, 2015; Parton, 1998; Titterton, 2005). The evidence that professionals working in partnership with family members do consider alternative options in decision-making is in line with the idea that professional judgement and decision making involve a choice between two or more options (Davis, 2000; Dean and Sharfman, 1996; Milner and O'Bryne, 2009). Consistent with some of the evidence from this study, it is already known and expected, that child protection decisions should be made on the basis of level of risk and need; consensus between professionals; consensus with family members in line with statutory guidance and the wide body of published literature (Broadhurst et al, 2010; Goddard et al, 1999; HM Government, 2016; Milner and O'Bryne, 2009; Titterton, 2005). The influence of the availability of resources on decision making and the entire child protection system has been discussed above in this chapter (Atkinson, Jones and Lamont, 2007; Mitchell, 2011; Reeves, Goldman and Zwarenstein, 2009). What findings from this study were not able to account for is why, despite the guidance to make decisions on the basis of level of risk and need, decisions were often based on intuitive multiple professional judgements; individual professional or agency prioritisation and sometimes on the individual professional's state of mind.

The interpretation of meaning of intuitive multiple professional judgements is that such decision making does not rely on any specific criteria but rather draws on intuition, practice wisdom and a wide repertoire of factors. Drawing on the

complexity theory, Sidebotham et al (2016) argued that decision making in child protection is complex because no matter how much understanding of the interaction of risk factors there is, risk of harm is still difficult to identify. The complexity of child protection decision making leads to intuitive professional judgement and decision making and is consistent with arguments for professional discretion and autonomy for professionals who work as street level bureaucrats (Evans, 2010; Evans and Harris, 2004; Keiser, 2003; Lipsky, 1980). Exercising professional autonomy and discretion as street level bureaucrats can be empowering because it addresses the sense of powerlessness and being undermined for professionals due to lack of management and supervisory support. From practice experience, experienced professionals can exercise discretion with minimum supervision while newly qualified and other less confident professionals require constant help when navigating and managing uncertainties of assessing and managing risk. Additionally, in line with a large body of published literature on assessing and managing risk professionals involved in collaborative child protection work need to be allowed some degree of professional autonomy and discretion because they deal with uncertainty, ambiguity and unpredictability (Broadhurst et al, 2010; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999; White, 2009). For example, Parton (1998) argued in favour of working with ambiguity, complexity and uncertainty and refraining from obsessions with scientized, calculative notions of risk, while, White (2009) urged practitioners to embrace ambiguity and uncertainty. Also, arguing against the predictive actuarial tools, Titterton (2005) emphasised the importance of not seeking to eradicate risk but to manage it, while Goddard et al (1999) cautioned against the rush to eliminate uncertainty. Furthermore, cautioning against structured risk assessment tools, Broadhurst et al (2010) argued that the uniformity in these tools, without

informality and relationships between family members and professionals, may lead to tools which are not necessarily fit for purpose. The call to embrace uncertainty, to rethink of professional judgement and to reframe relationships between family members and professionals referred to in Chapter 2 (Broadhurst et al, 2010; Stalker, 2015; Parton, 1998) is consistent with the evidence in this study that some decision making is based on consensus between family members and professionals which is the spirit behind collaborative partnership decision making. Given the unpredictability and uncertainty that professionals and family members are often faced with during collaboration, the systematic, step by step decision-making and systemic understanding of influences is therefore desirable in making safe and secure child protection decisions for vulnerable children and young people. Questions have been raised about the validity of actuarial and structured predictive decision-making, their impact on professional discretion and autonomy with regard whether or not professionals actually used them as intended (Chermack, 2003; Dean and Sharfman, 1996; Høybye-Mortensen, 2013; Schwalbe, 2004; 2008; Lyle and Graham, 2000; Gillingham and Humphreys, 2010). Gillingham and Humphreys, (2010) actually established that such tools were not used as intended, hence undermining the purpose for which they were intended, while Høybye-Mortensen (2013) found that these tools have limited validity and are perceived as restrictive and a hindrance to professional discretion. Ultimately, by employing the use of intuitive multiple professional judgement decision-making criteria discretionally, alongside, the established criteria of the degree of need and risk, collaborating professionals and family members are able to empower themselves (Vesneski, 2009). However, there is evidence that standard decision-making (SDM) tools can be adapted to aid discretionary professional judgement and decision making (Barlow et al, 2012)

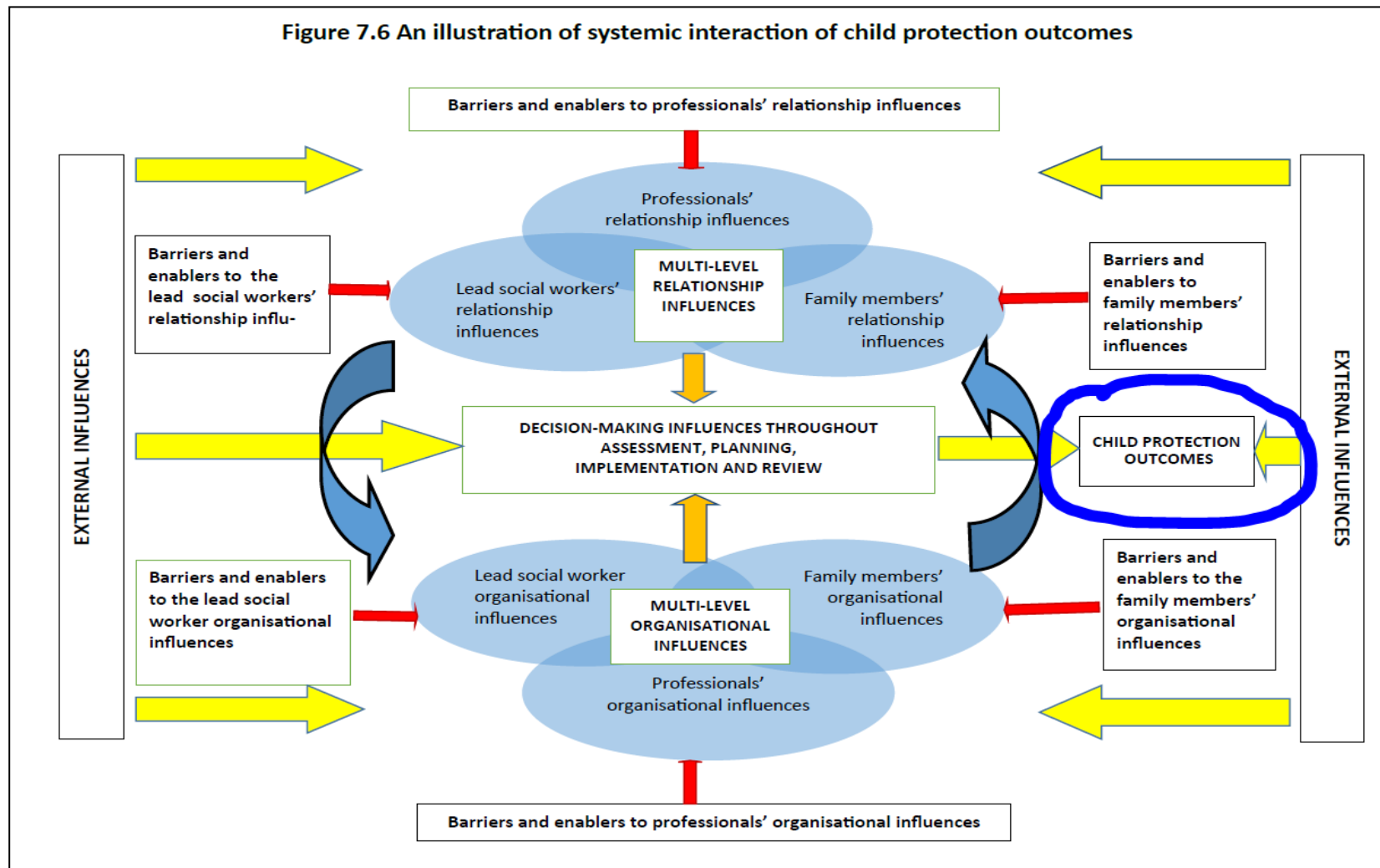
The conclusion that can be drawn from this discussion on how decision-making is perceived by social workers is that professionals and family members often use of intuitive multiple professional judgement criteria in addition to the level of need and risk criterion. Structured predictive decision making tools may be used in conjunction with discretionary professional judgement and decision-making. Crucially, decision-making, like other collaborative influences that were identified in this study, has a bidirectional relationship with other influences. For example, decision making influences the outcomes of child protection practice, yet the availability of resources, managerial or agency influences and the state of the collaborative partnership relationship with other professionals and the lead social worker, can determine the effectiveness of the whole effort. Although, this study did not have the remit to explore child protection outcomes, a brief discussion regarding how the findings of this study are linked to the outputs of the collaborative child protection system is provided below.

### ***7.6 Child protection outcomes***

Ultimately, child protection outcomes are the outputs of the entire interprofessional collaborative child protection decision making and practice. While this study did not particularly investigate the child protection outcomes, some participants at interviews and during the child protection meetings still made important comments about outcomes, hence the brief discussion here is intended to reflect how and where the collaborative process ends, as illustrated with the direction of arrows in the highlighted section of the unified conceptual model in Figure 7.6 below. All social systems have inputs, processes and outputs as illustrated in Chapter 3 and therefore it is important that this is reflected in any discussion of systems (Dunlop, 1958; Katz and Kahn, 1978; O'Sullivan (2004; von Bertalanffy, 1969). Essentially, the relevance of including the output stage in this thesis is to make the link

between the key finding on the systematic identification of the perceived identification and systemic conceptualisation of all interprofessional collaborative child protection practice and decision making influences and the desirable child protection outcomes. Studies have been carried out to establish that outcomes are attributable to the collaborative advantage resulting from professionals and family members working together as alluded to in Chapter 2 (Anning et al, 2010; Huxham, 2003; Huxham and Vangen, 2005). For example, evidence of collaborative advantage was demonstrated in the child protection meetings that were observed where those attending spoke about the benefits of collaborative working in glowing terms, despite the challenges, despite the stigma and the negative image and perception that others described about being involved with social care. During C1CP2 meeting, for example, parents remarked that they were *“grateful for support”*, and they also described the baby as *“thriving”*, despite retorting that the grandparents had, *“taken over care completely”* (see chapter 6). These statements suggest that despite the widespread challenges there are good outcomes which can be attributable to collaborative working between professionals and family members. Ultimately, achieving good outcomes for children and young is the whole essence of collaborative child protection.

Figure 7.6 An illustration of systemic interaction of child protection outcomes





## **7.7 Conclusion**

This chapter has discussed the evidence from the two qualitative strands of this study. In congruence with the constructivist–interpretivist stance, this chapter interpreted meanings from social workers’ multiple constructs and perceptions about various collaborative influences, which also helped create the researcher’s own meanings of the social workers’ perceptions, in order to gain an in-depth understanding. A key contribution to knowledge and originality that has been discussed in this chapter is the systematic identification and the systemic conceptualisation of four broad influences that are critical to the effectiveness of collaborative working between professionals and families, namely: multi-level relationship influences; multi-level organisational influences; external influences; and decision-making influences. The discussion interpreted what is meant by these influences, and in particular, that multi-level relationship influences are predominant and central to collaboration and can be located at three different levels, namely; professionals’ relationship influences, lead social worker relationship influences and family member relationships influences. As with the multi-level relationship influences, the chapter also discussed the interpretation of multidimensional internal organisational influences which are also located at three levels namely; professionals’ organisational influences, lead social worker organisational influences and family member organisational influences. Also discussed were the barriers and enablers for the multi-level relationship influences; multi-level organisational influences; external influences; and decision-making influences.

The chapter also discussed how the unified systemic conceptual model for collaboration which emerged from the interpretation of the evidence of this study was developed and illustrated through the visual intersections in a venn diagram

and arrows indicating the direction of influence as highlighted in Figures 7.1 to 7.6. This model was helpful in clarifying the recurring overlaps and the systemic interaction between various influences. Unexpected and surprising findings such as use of discretionary intuitive multiple professional judgement criteria during decision making were highlighted and discussed.

One of the conclusions that can be drawn from this discussion is that while the findings contribute to originality and extend current knowledge, they also confirm what has already been proposed. Evidence from the large body of published literature and serious case reviews was used to support the discussion in this chapter. The use of reflection and reflexivity throughout the study in order to gain in-depth meaning, understanding of the issues that were investigated and to reduce bias and subjectivity, while also increasing rigour and trustworthiness in the evidence and the study was discussed.

However, the evidence discussed in this chapter is not without limitations. While the limitations for the whole study were discussed in Chapter 4, there are some limitations that are relevant to the findings of this study. The specific limitation that is associated with the findings on professionals' relationship influences, is that social workers' perceptions which are reflected in the evidence from this study may not necessarily be the consistent with perceptions of family members and other professionals. Be that as it may, it is important to appreciate that social workers are the lead professionals, and their practice is guided by these perceptions - real or not, and that has huge implications for the entire collaborative effort. The inclusion of family members and other professionals in similar future studies would provide more depth to understanding of these influences, although to some degree the comparison of findings through triangulation may have

mitigated this limitation. Overall, from the discussion in this chapter, there is evidence that the main aims of the study were achieved to some degree. However, the evaluation of the whole study and the main policy and practice implications for the findings of this study are addressed in the following conclusion Chapter 8.

## **Chapter 8. Conclusion**

### ***8.1 Introduction***

This study set out to identify factors that social workers' perceive as key to effective interprofessional collaborative child protection practice, and to understand, in the context of their statutory lead professional role, how social workers perceive decision making involved in this approach.

The study was inspired by personal reflections on years of practice experience as a social worker and children protection chairperson, recurrent concerns about failings of child protection practice and by the scale and magnitude of the problem of child neglect and abuse in the UK. Despite the large body of published literature and serious case reviews, there are still problems in both social work practice and in our understanding of the processes of collaborative child protection decision making. Most studies have not explored the social workers' knowledge and understanding concerning what influences their effectiveness as lead social workers, nor how these influences impact on each other. The aim of this study was to explore the social work practitioners' knowledge and understanding of interprofessional collaborative child protection decision making and practice in order to see how this contributes to their effectiveness in decision making and practice in their role as lead professionals. To reiterate, two specific research questions were formulated as follows:

1. What factors do social workers perceive as key to effective interprofessional collaborative child protection practice?
2. How do social workers perceive decision making during interprofessional collaborative child protection practice?

In order to answer these research questions, the study drew on a combination of two systems models: SCIE learning together systems model (SCIE, 2012) and Falkovs' systemic Family Model (Falkov, 2013). Other conceptual models, including the UNICEF Conceptual Framework for the Child Protection System were considered but were deemed to be not as suitable (Wulczyn, et al, 2010). Elements of the SCIE learning together systems model were adopted because the model is used in most serious case reviews to identify and analyse what occurred and why incidents of harm happened, as well as to provide an understanding of the way people and processes interact with each other. Falkov's model, on the other hand, contributed to the family focussed conceptualisation that problems such as parental mental illness, domestic abuse and parental substance misuse can affect children's well-being, parenting and parent-child relationship. In turn, parenting can influence parental mental illness, domestic abuse and parental substance misuse, while children's mental health and well-being can influence parental mental health and overall well-being. The combination of these two models facilitated the conceptual understanding of the systemic interactional relationship between and within the different parts of the whole family system in relation to other parts of the child protection system which informed the design of this study.

A constructivist-interpretivist qualitative research study design was employed, which combined two qualitative methods: semi-structured interviews and direct non participant observations concurrently. The rationale for combining two qualitative methods was to compare findings from the two methods through triangulation. Semi-structured interviews were conducted with a purposively selected sample of sixteen (16) research participants. The direct, non-participant

observations were also undertaken with a purposively selected sample of 20 child protection meetings that consisted of ten child protection conferences and ten core group meetings, involving five (5) different child protection cases. Data collection with both methods was concurrent over a nine (9) months period.

The findings from the study are based on these small samples and therefore, while the evidence offers in-depth insights into the issues that were investigated, generalisation beyond the context of this study should be undertaken with caution. Also, as discussed in Chapter 4, under the limitations of this study, involving family members and other professionals in the research could have provided a broader perspective of the issues under study. After all, practitioner knowledge in practice is used alongside other types of knowledge including family members' knowledge, organisational knowledge, policy knowledge and research knowledge (Mathews and Crawford, 2011; Pawson et al, 2003; O'Sullivan, 2010; Trevithick, 2008). Future research, involving family members and other professionals, could provide extra breadth and depth to insights regarding this topic. A further key consideration is that perceptions can sometimes differ from reality, yet still influence a lead social workers' decision making and practice, hence the rationale for investigating them in this study. These limitations do not in any way reduce the value of the evidence from this study.

## ***8.2 Key findings, achievements and contribution to knowledge and originality***

One of the key findings in this study is that the effectiveness of interprofessional collaborative child protection decision making and practice as perceived by social workers is down to mainly four factors: multi-level relationship influences, multi-level organisational influences, external influences and decision making influences. Barriers and enablers to each of these influences were identified. Multi-

level relationship influences can be located at three different levels: professionals' relationship influences, lead social worker relationship influences and family member relationships influences; while multi-level organisational influences are composed of mainly professional organisational influences, lead social worker organisational influences as well as family member organisational influences. Out of all the influences identified in this study, most of them were associated with multi-level relationship influences, demonstrating the centrality and importance of the relationship based collaborative child protection approach. A key achievement and contribution to knowledge and originality from this study is that the social workers' perceptions help with the systematic identification of multi-level collaborative influences, together with their barriers and enablers.

Another key finding is that the degree or level of risk and need, which form the main criteria for professional judgement and decision making and is based on consensus between professionals, consensus with family members and availability of resources. Unexpectedly, the professionals used discretionary intuitive multiple professional judgement and decision making criteria. Using discretionary intuitive multiple professional judgement and decision making criteria is consistent with the call for child protection decision making to abandon predictive structured decision making tools in favour of embracing uncertainty, ambiguity and unpredictability. Enabling professional autonomy and discretion through intuitive multiple professional judgement in a street level bureaucratic fashion is empowering, allows critical thinking and reflective practice and gives family members' a voice, which makes it an important contribution to knowledge.

A further key finding from this study is that the systemic interaction and the overlaps between the various levels of influences are consistent with the systemic

conceptual framework for the study as indicated above and which formed the basis upon which the unified systemic conceptual model for this study was subsequently developed as visually illustrated through the intersecting venn diagrams and direction of arrows in Figures 7.1 to 7.6. The development and visual illustration of the unified systemic conceptual model is both a key achievement and contribution to originality and knowledge in this study. It provides conceptual clarity to both the systemic identification and systemic understanding of interconnected collaborative child protection decision making and practice influences. The visual conceptual model helps to integrate, illustrate and communicate the relationships and interactions between the main elements of the systems and influences that constitute collaboration for child protection practice, making it easy easier to understand the phenomenon being investigated.

### ***8.3 Key researchers and contributors to literature in this area***

Some key researchers and contributors to literature investigated generic interprofessional collaborative child protection practice and decision making practice, while others are specific to different multi-level influences. For example, the recent triennial analysis of serious case reviews in 2011-2014 by Sidebotham et al (2016) explored system-wide child protection influences, hence it has been referred to extensively in this thesis. Similarly, the recent NSPCC and SCIE (2016) report on the analysis of 38 serious case reviews into child protection practice which focussed on issues relating to inter-professional communication and decision making has been referred to, along with other recent serious case reviews. Other key literature relevant to this study includes Atkinson, Jones and Lamont (2007) who explored the different types or models of multi-agency working, the impact of multi-agency working, influences influencing multi-agency working and effective multiagency practice. There were further key contributions



from literature on various influences including information sharing (Frost and Robinson, (2007), the relationship between the external environmental and other strategic influences (Anning et al, 2010), trust, clear vision and aims, multi-level vision and goals: from meta-level vision and goals, through the individual agency goals up to the individual professional goals collaborative advantage and meta-strategy (Huxham, 1993; Huxham and Vangen, 2003; Vangen and Huxham 2006).

The key researchers and other contributors to literature on collaborative partnership working with family members, included Smithson and Gibson, 2016 who explored the experience of family members involved child protection, while Healy, Darlington and Yellowlees, (2012) investigated family members' participation in the child protection system. Dunbrill (2011) explored family members' perception of professionals' use of power, while Healy and Darlington, (2009) explored respect, appropriateness and transparency in the relationship between professionals and family members and A few key researchers contributed literature on working with aggressive and violent family members (Ferguson, 2005; Littlechild, 1997; 2005; Neil, 2014; Stanley and Goddard, 2002). Key contributors for literature on the whole family focus were Featherstone, White and Morris (2013; 2014) and Morris (2013) while the family focussed family model by Falkov, (2013) made a key contribution to the development of the systemic conceptual framework for this study. Key contributors to literature on the involvement of fathers included Brandon (2012), Featherstone (2003), Ferguson (2016) and Scourfield, (2003; 2014) together with a number of serious case reviews (Clarke, 2015; Ibbetson, 2015; Maddocks, 2012; Parry, 2015; Wonnacott, 2015). Sidebotham et al, (2016), Archard and Skiveness (2009) and the Scottish Government Social Research (2013) study contributed key literature that focussed

on the needs and voice of the child. Allnock and Miller (2013) investigated disclosures of childhood experiences of abuse of young people and how they disclosed this abuse and sought help. There were some key contributors to the literature on lead social workers (McCray, 2003; 2010; McCray and Ward 2003; Pawson et al, 2003; Sidebotham, et al, 2016; Trevithick, 2008) while Forrester, et al, (2013) and Wilkinson et al, (2016) mainly contributed literature on the reorganisation into the unit model.

The key contributors to literature on external factors were Smith and Mogro-Wilson, (2007), Mattessich, Murray-Close and Monsey, (2001), Munro, (2005; 2011) and Stalker (2015). Key literature in the area of decision making influences including assessments and planning were Horwath and Morrison (2007), Horwath (2011), Horwath (2013), Horwath and Morrison (2004) while others contributed key literature on embracing uncertainty, ambiguity and unpredictability (Broadhurst et al, 2010; Stalker, 2015; Parton, 1998; Titterton, 2005; Goddard et al, 1999; White, 2009). In addition, a wide body of relevant literature was used to support the discussion in this thesis.

To conclude, the main achievement is that this study has been able to answer the overarching research question and aim of the study. While the findings confirm a lot of what is already known from existing literature, the evidence extends and also adds substantially to new knowledge and originality. The evidence that collaborative influences can be systematically identified and systemically conceptualised demonstrates the importance of social workers' perceptions in contributing to new knowledge and originality in this study. Through the new unified systemic conceptual model this study has contributed new knowledge regarding conceptual clarity and the theoretical basis for collaborative working.

Similarly, evidence of the use of discretionary intuitive multiple professional judgement and decision making demonstrates potential scope for child protection decision making to embrace uncertainty, ambiguity and unpredictability, hence reject the reliance on the positivist predictive structured decision making tools. Such discretionary decision making is perceived as empowering, allows critical thinking and reflective practice and gives family members a voice. The constant reflection and use of reflexivity throughout the research process has enabled the researcher to maintain self-awareness, the reduction of biases and subjectivity while also ensured rigour and trustworthiness in the whole study and its findings.

When I began the project I had misgivings about my knowledge, skills and competence for undertaking project of this scale. While the research journey has indeed been daunting and at times treacherous, the motivation levels remained high throughout the course of the study, partly because of the personal inspiration and passion for the topic, which had to be constantly guarded against through reflection and reflexivity. Moving forward from this experience, there is a feeling of better preparedness for the career ahead as a budding researcher and social work academic. As an academic, there is also a feeling of confidence and preparedness to share the new insights from this study with both colleagues and students (Nyathi and Akister, 2016). This study therefore contributes to better understanding of social workers' knowledge and perspectives of what enables or hinders effective interprofessional collaborative child protection decision making and practice. The contribution of knowledge and evidence from this study may be modest but the potential for more research and academic writing is clear. Crucially, these findings also have a number of important implications for future policy and practice, hence the following recommendations:

## **8.4 Recommendations**

Based on the evidence from this study, there are a number of recommendations that can be made for practice, policy, training and future research with regard to various aspects of interprofessional collaborative child protection decision making and practice:

1. The social work practitioner knowledge and understanding regarding the factors that influence the effectiveness of interprofessional collaborative child protection decision making and practice needs to inform serious case reviews and policy regarding ongoing social work reforms as well as training and practice.
2. Consideration should be given to ensuring that the assessment process employs the systematic identification of factors that influence the effectiveness of interprofessional collaborative child protection in line with the different levels of influences identified in this study, namely: multi-level relationship influences, multi-level organisational influences, external influences and decision making influences.
3. The systematic identification of different levels of influences should include the recognition of influences that are specific to either, family members, lead social workers and other professionals as well as those that are generic to the entire interprofessional collaborative child protection system.
4. Barriers to different levels of influences should be systematically identified and reduced during interprofessional collaborative child protection decision making and practice.

5. Enablers for different levels of influences should be systematically identified and enhanced during interprofessional collaborative child protection decision making and practice.
6. Systemic thinking and critical analysis and understanding of the interaction between the various influences should be used to inform interprofessional collaboration child protection decision making, practice, policy and training. For example, the way professionals relate to lead social workers is different from the way lead social workers relate to other professionals, hence the superordinate theme on multi-level relationship influences.
7. Consideration should be given to adopting the visual unified systemic conceptual model that has been developed and presented in this thesis to illustrate and communicate conceptual clarity regarding interactions between various influences during practice, policy and training.
8. In line with the unified systemic conceptual model, a more family focussed collaborative partnership in child protection practice that takes into account the interactional influence between the needs and risks to the child, parents, the whole family, including fathers, needs to be adopted.
9. Interprofessional collaboration child protection decision making criteria needs to be based on the level of need and risk, as matter of principle, but discretionary intuitive multiple professional judgements and decision making criteria should also be recognised.
10. Acknowledging discretionary intuitive multiple professional judgements and decision making will encourage collaborative child protection practice to uncertainty, ambiguity and unpredictability, which is

empowering, allows critical thinking and reflective practice and gives family members' a voice.

11. Further research should explore the views of non-social work professionals as well as family members regarding the same research questions that this study explored in order to understand their perspective.

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## LIST OF APPENDICES

*Appendix 1: Literature search table*



<b>Set</b>	<b>Search strategy</b>	<b>ASSIA</b>	<b>Social Services Abstracts</b>	<b>Sociological Abstracts</b>
1	Protecti*	15686	11468	23813
2	Safeguard*	1212	781	1710
3	Risk	67863	26410	45262
4	Child*	122005	56435	114520
5	"young people"	16919	3371	10844
6	Teenage*	2650	1811	4646
7	Adolescen*	44856	18922	42563
8	Youth*	27975	16357	49725
9	Collaborat*	14418	5749	12919
10	Interprofessional	1863	600	264
11	Inter-professional	289	110	86
12	Inter-agenc*	279	155	135
13	Interagenc*	1037	458	310
14	Multidisciplinary	3569	1102	2529
15	Multi-disciplinary	570	125	329
16	Multi-agenc*	415	171	93
17	Multiagenc*	79	65	58
18	Partnership*	7636	3400	6782
19	Child* OR "young people" OR teenage* OR adolescen* OR youth*	154416	69083	161743
20	Collaborat* OR interprofessional OR inter-professional OR inter-agenc* OR interagenc* OR multidisciplinary OR multi-disciplinary OR multi-agenc* OR multiagenc* OR partnership*	25569	10216	22113
21	protecti* OR safeguard* OR risk	79335	10007	25669
22	(Child* OR "young people" OR teenage* OR adolescen* OR youth*) AND (Collaborat* OR interprofessional OR inter-	1146	1148	606

	professional OR inter-agenc* OR interagenc* OR multidisciplinary OR multi-disciplinary OR multi-agenc* OR multiagenc* OR partnership*) AND (protecti* OR safeguard* OR risk)			
23	Limit to publication date 2006-2015 Peer reviewed	641	413	240

## ***Appendix 2: Compositional structure of all themes***

**Superordinate Theme 1: Multi-level relationship influences**

Superordinate theme	Main themes	Sub-themes	Key statements, words or phrases from supporting text
Multi-level relationship influences	<b><i>Interprofessional relationship factors:</i></b>	Attitudinal barriers	<i>an attitude from any party that somebody else could do that they don't take responsibility for their part assumption that somebody else will notice</i>
	Barriers to communication and information sharing between professionals	Lack of information and communication breakdowns	<i>if it's not shared, if important things aren't shared, so the actions cannot be taken; withholding information Lord Laming observed by mentioning failure to; share information</i>
		Language barriers - professional jargon and diverse languages	<i>in this area which we are finding more of, you do have the language barriers; you know, there's a big Eastern European community, so that provides a barrier really</i>
	Enablers to good communication and information sharing	Honesty and transparency	<i>when the communication is working between the professionals being open and honest; working together in an open and in a transparent manner</i>
		Continuous dialogue with other professionals	<i>continuing dialogue and the discussions regularly keeping in touch with people</i>
		Valuing others' different perspectives and contribution	<i>sharing of information so that you have all the different angles valuing people's contribution in meetings; keeping everybody within the loop updated</i>
		Use of appropriate language	<i>using language that they understand very well using language which does not carry any jargon or acronyms and stuff</i>
		Task focus	<i>making them aware of what the concerns are</i>

	Timeliness	<i>timely communication</i>
Barriers that prevent good relationships between professionals	Different perspectives to threshold for risk and eligibility criteria	<i>professionals can see the risk in different ways some see it as risk, some see it as lesser risk, or some see it as high risk; other professionals have their own thresholds</i>
	Personality differences, mistrust and undermining each other	<i>personality clashes between within the core group undermining each other's roles; have to really trust the social worker</i>
	Power differentials	<i>there's the power issue as well.., there are certain agencies who feel that they have more power than the other agencies, as a result they tend to take the lead role (SW08)</i>
Enablers to good relationships between professionals	Strong working relationship involving lead social worker, family members and other professionals	<i>a relationship that involves you as a lead social worker, service users and other professionals; developed really strong working relationships with quite a lot of our partner agencies; a lot of co-working</i>
	Child focussed shared perspective	<i>when all the professionals share the same views; it's about building those links up with them; have a kind of team around the child</i>
Barriers to a clear and shared vision and goals	Lack of knowledge and understanding as well as ignorance about child protection practice	<i>not seeing the bigger picture; professionals who don't have an understanding of child protection; you need to be all approaching it, although from your own different areas of expertise, but with the same goals,</i>
	Lack of child focus - focus on either self and collusion with parents or carers	<i>wanting to cover their backs, just in case; they don't necessarily focus on the concerns.., losing sight of the child.., very protective of the actual adults..</i>
	Lack of joint interprofessional training	<i>it would be really good to have more training that's multi-disciplinary; you get a much better idea of what everybody's supposed to do and that helps a lot,</i>
Enablers for a clear and shared vision,	Clear task focus	<i>very clearly task focused in terms of the children and the risk issues; very focused on what the task is</i>

	goals and understanding	Knowledge and understanding of the child protection process and risk	<i>being clear with your goals..; feeling to be part of the whole process, not being excluded or not being dictated to; consensus of what the risks are to the child</i>
	Barriers preventing professionals from playing their roles effectively	Poor attendance at meetings	<i>not arriving at meetings; I think lack of attendance</i>
		Unavailability of reports, lack of action and non-engagement by professionals	<i>not sending in reports lack of engagement within the plan, not bringing in a report, not reading the minutes when they come through...</i>
		Lack of clear roles and responsibilities	<i>we've got to have all these people here; they're not doing anything with the family.., does that make sense; overlapping roles..,</i>
		Competing professional and agency priorities	<i>for lots of people they didn't necessarily get into their job role in order to have child protection responsibilities'; for other professionals it's a secondary function in comparison to teaching children, being a health visitor,</i>
	Enablers that influence professionals to play their roles more effectively - 'knowing each other's roles really'	Shared responsibility	<i>actually spread the responsibility out; feeling that they have some sort of responsibility</i>
		Sharing expertise	<i>identifying the expertise, using the expertise of each one and sometimes things gel; working with other professionals is very skilled because.., it's about kind of understanding where people are coming from</i>
		Understanding each other's roles	<i>most important thing is for professionals to understand each role, each one's understanding of all the different agencies' roles; what different agencies or what different professionals are doing at a particular point in time</i>
	Barriers prevent professionals from relating well with family members -	Family member aggression	<i>aggressive people coming to the meeting; maybe they're quite aggressive, verbally aggressive, not necessarily physically, some professionals feel intimidated,</i>
		Different priorities	<i>Coming to the meeting with their own agenda</i>
		Confidentiality	<i>issues around confidentiality</i>

		Collusion and relationship preservation	<i>'sometimes it can feel a bit collusive'; they'll tell you what they think we need to hear rather than what we should be hearing sometimes some professionals are quite scared of either damaging their relationship with the service user</i>
		Non-engagement	<i>non-engagement of families</i>
	Enablers for professionals to relate well with family members -	Direct work	<i>parents are worked with to make changes in their lifestyle there's direct work; they need to be upfront with the families</i>
		Having an inclusive dialogue with other professionals	<i>paying attention to what they're saying; having the dialogue about the family circumstances; it's very important to work very inclusively with other professionals</i>
		Listening to family members and paying attention to their perspective	<i>it's about sort of having the discussions with the family feel that you're listening to them; paying attention to what they're saying; the way they see the situation...</i>
	Lead social worker enablers to professionals and family members relationships	Coordinative, facilitative and supportive role	<i>social worker to manage and lead and coordinate and facilitate the core group and be a lead; the role of social worker within that context is to kind of really support all the members of the core group.</i>
		Clarity of the lead social worker and other professional's' roles	<i>kind of be the glue that binds everyone together; you need to be clear about what your role is, what the limitations to your role are and make sure that you have an understanding of what other professionals' roles entail and what their limitations are</i>
<b>Multi-level relationship influences</b>	<b>Lead social worker relationship influences:</b>  Barriers to the lead social worker's relationship with other professionals? – <i>'poor multi-agency working</i>	Lack of task focus by other professionals	<i>poor multi-agency working can really..., really inhibit effectiveness managing the anxieties completely distracts</i>
		Lack of commitment by other professionals	<i>reluctance from other agencies to cooperate effectively in a timely manner</i>
		Power differentials and imbalances between professionals	<i>override social workers' decisions they feel maybe have got a greater power</i>

	<i>can really..., really inhibit effectiveness'</i>		
	Enablers to the lead social worker relationship with other professionals?	Need for a professional rapport	<i>time with other professionals professional rapport with them</i>
		Need for a shared perspective	<i>have different perspectives and see things differently</i>
	Barriers to the lead social worker in the difficult relationship between professionals and family members	Difficult balance between direct work and other responsibilities	<i>finding the balance between direct work and your responsibilities that preparation for that family so that they understand where everybody's coming from beforehand</i>
		Complexity and emotive issues in the case	<i>I think there is sometimes an emotional resistance to some element of a case</i>
		Aggressive involuntary family members	<i>if you've got a case where you have got a service user that is aggressive or whatever because I know that the person is going to shout, going to swear at me,</i>
	Enablers to the lead social worker in the good relationship between professionals and family members	More time for one to one direct work	<i>the social worker being responsible to then share that with the family</i>
		Giving the family member a voice	<i>sometimes that can be even spending enough time with the families</i>
		Listening and appreciating family member perspective.	<i>Yeah, and gaining the child's perspective</i>
		Speaking up without fear of antagonising relationships with the family members	<i>it sounds like all the negativity is coming from the lead professional</i>



	Barriers preventing the lead social workers from understanding and laying their roles effectively	Lack of role clarity and shared responsibility and accountability	<i>a lot of time doing the mundane chores; overlapping roles more sort of accountability; shared responsibility</i>
		Lack of training, experience and clear expectations of the lead social worker role	<i>just thrown in the deep end of the pool chairing a core group; fifteen people at a core group; find it quite overwhelming really; comes with experience, doesn't it not always very clear about what the expectations; lot of anxieties from other professionals</i>
		Role conflict	<i>there is conflict..., which confuses</i>
		Role avoidance	<i>not wanting to accept that they've got a role on a core group</i>
	Enablers to the lead social worker to play their roles effectively	Relevant joint training and closer working	<i>joint training with other professionals if we had some shared training understand perhaps from the school's perspective</i>
		Motivator, overseer, gatekeeper and coordinative role	<i>leading them into action; responsible for prompting them Leadership to me is about inspiration and energising' gatekeeper to oversee...</i>
		Clarity of each professional's role and lead social worker role	<i>everyone's very clear about what a teacher does, what a lawyer does</i>
		Recognition of the lead social worker	<i>need to be more emphasis that actually we are the lead</i>
		Being valued and trusted	<i>need to feel very valued and trusted'</i>
		Better image and public perception	<i>better public perception</i>

	Barriers lead social worker communication and information sharing with other professionals	Communication breakdown with other professionals	<i>it is frustrating' and 'it's like you are fire-fighting'</i> <i>Not being able to get hold of people; not getting any response</i>
		Lack of timely information sharing responses	<i>sharing of information in a timely manner'</i>
		Inadequate and incomplete information	<i>gap of sharing information</i>
		Misinformation by family members	<i>they learn to play professionals off each other by what information they give to who</i>
	Enablers to lead social worker communication and information sharing	Open and transparent communication and information sharing	<i>freely shared amongst the professionals; able and willing to share that information; communication has to be even tighter</i>
		Availability of information	<i>making sure you have all the information...</i>
	Impact of changes in the lead social worker – <i>'most families don't like it when there's change'</i>	Frequency of changes	<i>affects your leadership as well</i> <i>professionals keep swapping</i>
		Family member aversion	<i>most families don't like it when there's change</i>
		Information gaps	<i>not had enough information from that worker</i>
<b>Multi-level relationship influences</b>	<b><i>Family member relationship influences:</i></b>  Barriers to family members' relationship with professionals	Perceived intrusion by too many professionals	<i>sometimes too many professionals is overwhelming</i> <i>families will withdraw if there's too much going on that they can't cope with; we are at times very intrusive within families</i>
		Professionals' enmeshment and collusive behaviour with family members - fear of antagonising relationships	<i>some professionals are over friendly, they become too involved..,</i> <i>Too many professionals I think impacts the ability of the service users to remain involved</i>
		Language, values and cultural differences as an excuse	<i>you have language, cultures and different values..,</i>
		Too much focus on mothers and exclusion of father	<i>mum is always addressed about the children and dad usually just sits there.., so that's not just distance from.., it's distance from the abuse, even if he's the abusive person</i>

		Non-engagement and non-involvement of family members from decision-making	<i>complete non-engagement...; families that really don't take seriously why they have a social worker, what the concerns are; not being involved in decision-making; They are not heard;</i>
		Media portrayal of professionals	<i>media has a huge impact on how people see us, being intrusive</i>
		Unfulfilled promises and unrealistic expectations	<i>'sometimes we don't spend enough time with families, because that would probably be number one, is spending times with families so that they can work in partnership more effectively'</i>
		Disguised compliance, manipulative behaviour and institutionalised involvement with social care	<i>being quite manipulative, quite controlling sometimes where the parents' presentation can be aggressive and antagonistic and very defensive,</i>
	Enablers to family members' relationship with professionals	Challenge family members openly	<i>I think it's vital; if you are working with a family and they disengaged or they're noncompliant it's very, very difficult to move a plan forward, and it's very..., and you tend to get to a stalemate</i>
		Family member engagement and involvement in decision-making	<i>absolutely vital that we have service users as part of our core group because obviously..., the key people really who we need to be ensuring the children's safety is the parents, and I suppose they're the people who I'd... so they are absolutely vital and the most important people</i>
		Family member empowerment and sense of ownership of the whole process	<i>a working relationship which means that the changes that you make are going to empower them; ..., they develop a sense of ownership that yes, we are working together</i>
		Appropriate use of professional power	<i>sometimes I feel so overwhelmed by the power that we have and constantly checking in, am I using my power in the right way</i>
	Barriers to family members' knowing	Lack of role clarity and understanding	<i>not being clear, not being clear with them; level of understanding..., (and)...</i>

	and understanding their roles, goals and expectations?	Lack of motivation to change	<i>their motivation to make changes, to improve their situation</i>
		Learning disabilities and low literacy levels	<i>a lot of service users have lower IQs which I think we don't really take into account, and people will go off and use.., I have dyslexia</i>
		Lack of acknowledgement	<i>I suppose if they can't acknowledge what the concerns are, then they're not going to see.., (citing).., the example of domestic violence, parents will say, well the child was asleep upstairs</i>
		Complexity of issues	<i>just the complexity of the issues that the service users bring to the whole sort of encounter really</i>
	Enablers of family members' engagement and participation	clear vision, roles, goals and expectations	<i>but unless they actually understand what our concerns are, understand the changes that would help to improve the family situation and they're willing to make those changes, then you're not going to gain anything</i>
		understanding of the process, engagement and speedy progress	<i>if they understand why, for instance there are concerns, and why you need them for the plan.., (then).., we are working towards the same goals; so it's about their family, it's about their change, it's about their process, and you're just trying to create the conditions for it to happen need to be on board</i>
		Shared focus and ownership	<i>makes the case progress faster because they are involved.., I think when they're aware, once they understand the seriousness of the situation a lot of families do tend to engage</i>
	Barriers to family members' positive image, perception or experience of social care involvement	Social stigma, misconceptions and negative media portrayal and experience of social care – e.g. fear of children being taken away	<i>obviously there's stigma with social services, which I don't think you're ever going to take away really. Lots of people have very negative feelings about.., yeah, social care.., I suppose this is about the intrusion into their lives; fear of having their children taken away, their belief that social care is only there to take away their children.</i>
		Learning disabilities and low literacy levels	<i>a lot of the families we work with have got learning disabilities or, you know, low levels of sort of educational attainment, so their understanding is more limited.</i>

		Personality clashes between professionals and family members	<i>personality clashes with the social worker [laughs]..,</i>
		Family members' different circumstances	<i>service users are very different from each other, some have a history of working with social workers that's been positive and they think that they shouldn't actually be expected to bring up their kids without a social worker</i>
		Family member's mistrust, habituation, despondency and dependence	<i>or they've had a previous bad experience if they were looked after children, for instance, they've not had a positive experience, you know, a lot of the families we work with have come from difficult backgrounds and trusting somebody's really difficult</i>
		Family member's loyalty to family	<i>loyalties to their family, so it doesn't matter what the family's done to them, they will always gravitate back to them</i>
	Barriers to communication and information sharing that inhibit family member involvement	Use of jargon	<i>I find the jargon a little bit difficult</i>
		Failure to communicate by agencies	<i>agencies are not communicating you get sort of mixed messages</i>
		Not returning calls	<i>not returning phone calls is a major one for families</i>
		Inappropriate communication skills	<i>it's about the communication skills, yeah, if you don't approach it the right way with some families they sort of disengage very early on,</i>
	Enablers to open communication and information sharing	Not playing professionals off each other	<i>I think outside of meetings service users can sometimes make multi-agency less effective because they learn to play professionals off each other by what information they give to who,</i>
		Sharing information freely	<i>I think it's just a reason that communication has to be even tighter and even more sort of freely shared amongst the professionals when those sort of things are picked up</i>
		Relevant training in knowledge, skills and	<i>Again, we also look at how professionals are trained to understand... to understand that service users, they are also</i>

		experience for professionals	<i>experts in their own way...It needs training to have that understanding</i>
	Impact of the reorganisation into the new unit model on family member involvement	Guarded optimism and a sense of apprehension	<i>I think these units will be better..., I don't know how that works yet, but the cases are held by the unit, you know, so we're still... we'll have to see how that works out</i>
	Factors external factors to family members	Child care responsibilities Parental mental health and substance misuse Learning disabilities, and other personality and emotional difficulties Poverty and lack of resources	

### Compositional structure of the Theme 2: Organisational Influences

Superordinate theme	Main themes	Sub-themes	Key statements, words or phrases from supporting text
Multi-level organisational influences	<b><i>Interprofessional Organisational influences:</i></b>  Managerial barriers on professionals -	Lack of supervisory and management support	<i>They can't say they'll do something because they have to negotiate with their manager; they've already been told off by their manager; they come in and they're quite defensive</i>
	Perceptions about the reorganisation into the unit model on professionals	Sense of apprehension and anticipation	<i>nobody seems to know what's going on, other professionals they're positive about it, I reserve judgement at the moment'.</i>
		Concern for family members	<i>going to be more systemic with a therapist, actually I can see that it will benefit the families; some families do find it very confusing; some are quite pleased that they've got, you know, several points of contact and that they can talk to</i>
		Early stages	<i>it's a new way of working so it takes a little while to get into that as well; it is early stages, yeah, very early stages</i>
	Agency barriers to professionals' effectiveness	Bureaucracy and red tape	<i>the loops and hoops that you have to jump before you do that. So I think the system is quite bureaucratic; is a big hindrance in this.</i>
		Workload pressure and unavailability of time	<i>'you don't have any control over, and time also in terms of, you know, emergencies and having to cancel core groups, then having to rearrange, not having the time to rearrange, things can get a bit lost sometimes'; sometimes we're so overwhelmed with everything that's going on our workload,</i>
		Staff shortages and changes	<i>there's a lack of staff there as well Changing of staff, of personnel</i>

Multi-level organisational factors	<b>Lead social worker organisational factors:</b> Managerial barriers that inhibit the lead social worker's effectiveness	Lack of recognition and management support	<i>what hinders most comes from within the agency; a bit like you're caught in the middle sometimes; social worker needs to be more supported; evidence that what we present to senior managers is acknowledged(evidence) actually taken on board when they make their decisions</i>
		A sense of powerlessness and being undermined	<i>sometimes we feel very powerless if things go wrong then they would shift everything to the key worker</i>
	Managerial factors that enable the lead social worker's effectiveness	Being valued and trusted	<i>to be sort of trusted need to feel very valued and trusted...by the people you work with, I suppose by your manager particularly</i>
		Autonomy	<i>more autonomy</i>
		Bespoke supervision	<i>more bespoke supervision</i>
	Perceptions about the reorganisation into the unit model on the lead social worker - "	Sense of apprehension and anticipation	<i>a new kind of engine; it's a massive shift actually; I think these units will be better; don't know how that works yet; so we're still... we'll have to see how that works out; going to be marvellous; going to be amazing; there'll be sharing of the risk; would be far less stressful; model's going to be much better</i>
		Concern about lack of planning and implementation	<i>haven't been trained; is all relatively new; transition's been quite haphazard; I don't think it's been planned enough</i>



		Doubts about benefits of new system over old system	<i>there's a lot of stress linked to that caseloads are too high..., doing the same level of paperwork that we did in the old system we have significantly less time to be working with families</i>
		Work case load pressure,	<i>we have to spin so many plates... surprised that we don't drop more of them; too crisis led</i>
		Lack of time	<i>not enough time for reflection and case discussion too much time, I think, spent in recording writing up minutes</i>
		Administrative work	<i>you get dragged down by the admin; recording is all stacking up really hard to balance; can't do social work sitting at a desk; keeps me awake at night; could be a clerical person who could do that looking at the paperwork; most of our time in administrative work</i>
		Lack of resources	
		Unreliability of ICS	<i>Poor computer systems; ICS has never really particularly worked; computer not working; the system freezing; It's just so time consuming; it stops you from going out to actually work with the families.</i>
		Bureaucratic and red tape constraints	<i>I don't know necessarily if it's a hindrance or a strain on us having to go back to our manager then if it's over a certain amount the manager's got to go to a service manager</i>
	Agency barriers that inhibit the lead social worker's effectiveness	Manageable case load	<i>more realistic caseloads; a manageable caseload; something which is balanced</i>
		Need to streamline administrative and paperwork	<i>would like fewer exemplars, less form filling; needs to be kind of streamlined</i>
		Need for administrative support	<i>more effective administrative support; 'not enough time for reflection and case discussion</i>

		Availability and shared access to resources	<i>We just seem to lack a lot of anything really; being able to put the right resources in; even charities have got reduced funding; we don't have the resources that people look to us</i>
		Integrated Children's systems	
		Bureaucracy and red tapes	<i>sometimes it does feel as if there is a bit too much bureaucracy</i>
	Decision-making influences on the lead social worker	Multiple decision prioritisation criteria – <ul style="list-style-type: none"> <li>• Unclear criteria</li> <li>• Importance</li> <li>• Urgency</li> <li>• Level of risk</li> </ul>	<i>can't do things which are important but not urgent; They don't see it as important; prioritising issues on the day; they don't follow up the parts of the plan which are really important</i>
<b>Multi-level organisational influences</b>	<b><i>Family member organisational influences:</i></b>	Role of clinician in promoting family member involvement	<i>..there's going to be a clinician and I think this question reminded me of it, because I think the clinician in particular is going to bring us back to the family finding their own solutions...</i>
	Reorganisation into unit model on family member involvement	Optimism about the reorganisation regarding family member involvement	<i>It's also, I think, if this is an improved way of working, maybe with the clinicians' involvement we could work in a different way with families, so it's the way we've been working, very task orientated. Yeah. Well, it's not going to be perfect, I think it's going to be better. Yeah, it's going to be better, not perfect, I think,</i>
		The therapeutic benefits of the involvement of the clinician	<i>I think the clinician in particular is going to bring us back to the family finding their own solutions</i>

### Compositional structure of the Theme 3: External influences

Superordinate theme	Main themes	Sub-themes	Key statements, words or phrases from supporting text
External influences	External influences related lack of resources due to economic austerity measures	Tight financial budgets	<i>at the moment there's lots of financial cuts; it's not going to be getting better at the moment, is it, it's going to be getting worse; there's not enough money to help people</i>
		Services closure	<i>It's really hard at the moment, working in the current context, seeing services cut; children's centres for instance are amazing resources within local communities, really amazing resources, and it's really hard to see them being, you know, cut back</i>
		Perceived unfairness of funding criteria (post code lottery)	<i>I think it is a little bit of a lottery, depending on where you live</i>
		Benefits cuts	<i>we're being very, very protective of our budget and that does affect how we're working with families..,</i>
		Immigration pressure on resources	<i>we find most Eastern European people coming and flooding the area whereby resources are quite strained in terms of accommodation, schools.., They say, is it one third, if I'm not mistaken, one third of the population here is from Eastern European</i>
		Poverty	<i>we have huge pockets of deprivation and poverty.., and they rob Peter to pay Paul</i>
		Impact on thresholds	<i>they've changed the thresholds.., so they do move the goalposts in order to cut down on the costs</i>
		Creativity and innovation (thinking outside the box)	<i>we have to do is think a bit more out of the box about how we're going to get things done.., we're relying more on charities to help us out, we have to be a bit more creative about what we've got</i>
		Increased role of charities	<i>We are unable to do those things...we have to apply to charity organisations</i>
	Reorganisati on into the unit model	<ul style="list-style-type: none"> <li>• Early stages</li> <li>• Guarded optimism and sense of apprehension</li> <li>• Impact on relationships with other agencies</li> </ul>	<i>In the new model that we're going into now, they're hoping that we're going to be able to spend more time with children and with families and everything else, but at the end of the day, until the database system is more effective, we're still going to have all this paperwork that we have to do</i> <i>I think these units will be better.., I don't know how that works yet, but the cases are</i>

	<ul style="list-style-type: none"> <li>• Lack of training and confidence in application of the model</li> <li>• Concern for family members</li> </ul>	<i>held by the unit, you know, so we're still... we'll have to see how it is early stages, yeah, very early stages". some families do find it very confusing</i>
	Legislation, policies and procedures –	<i>some families tend to look at it as being as an authoritative agent that acts against them; their children have to go to school; it's the law that they have to go to school, or it's a law that you can't smack your children .., (particularly)..., local policies and procedures plus the legal guidelines</i>
	Political influences	<i>they're more political the involvement; different councils will have different services; it's there provided by people who've got an agenda for the local area</i>
	Housing	<i>if they have housing issues...</i>
	Personality differences	<i>personality clashes between within the core group</i>
	School holidays	<i>Well, I mean other things I suppose is school holidays for instance... schools close down during holiday times so therefore any information that you might have or you want to organise any meetings, you have to make sure they're term time,</i>
	Image and public perception of social care	<i>the environment around you, what's going on around where they live can effect; sometimes you know when you go to a certain area that you're not going to be particularly welcomed;</i>
	Amount of travelling and distance covered	<i>The distance we actually have to travel sometimes, because you're spending lots of time covering a great distance to get to see the people.</i>
	Difficult working relationships between professionals	<i>Yes. I think there can be a particular conflict of agendas, if you like, between some groups of professionals</i>
	Bureaucracy and red tape	<i>I mean sometimes it does feel as if there is a bit too much bureaucracy, you know</i>

#### Compositional structure of the Theme 4: Decision-making prioritisation influences

Superordinate theme	Main themes	Sub-themes	Key statements, words or phrases from supporting text
Decision-making influences	Influences that determine prioritisation of child protection decisions	Intuitive multiple professional judgement	<i>It's a mixture of all, it's intuitive; it's based on professional judgement; sometimes it can be just professional judgement,</i>
		Level of risk and need	<i>it depends what the risk situations are; start with one that reduces risk; It's on risk... it's done on risk, assessing risk so the one that I think is going to reduce the risk first is actioned first; the most significant needs that bring about the change for the children; concentrate on the immediate high risk important decisions</i>
		Consensus between professionals.	<i>it's about coming to a consensus having that discussion with your peers; it's done in discussion with other professionals...</i>
		Consensus with family members	<i>depends on engagement with the family and their willingness to get on board with the different points in the plan; if they're in agreement with them then it's easier to get them achieved, if they're not agreeing to them then they get stalled</i>
		Individual professional or agency prioritisation	<i>certain decisions are dependent on other agencies; we would jointly, everybody, including the family, go through those decisions and work out which ones could be implemented straight away</i>
		Individual professional's state of mind	<i>Some days when I'm feeling a bit overwhelmed I will do the other stuff that kind of gets forgotten because I don't have to think about, you know, the easier stuff on my list</i>
		Availability of resources	<i>can be influenced again by resources; could be resource led.., so the decisions could be based on resources, what is available;</i>

### ***Appendix 3: Observation sheet***

#### **Observable influences for collaboration in child protection practice**

## DIRECT OBSERVATION SHEET

Case Identifier: C5	Meeting observed: CP2	Date: 24/05/12
<b>COLLABORATIVE INFLUENCES</b>	<b>COMMENTS</b>	
<b>Professionals' influences</b>		
1. Shared focus and compatible aims (eg. child centred focus)		
2. Open communication, sharing of information and resources between professionals		
3. Clarity and understanding of own and each other's professional role in terms of: <ul style="list-style-type: none"> <li>a. responsibility and accountability</li> <li>b. commitment</li> </ul>		
4. Ability to stay focussed and preparedness to compromise in the face of disagreements, conflict and tension as well as uncertainty		
5. Evidence of; <ul style="list-style-type: none"> <li>a. trust and respect for each other as professionals</li> <li>b. appropriate use of professional power and status on decision-making</li> <li>c. other group dynamics and processes</li> </ul>		
6. Evidence of judgemental attitude and construction of unsuitable parents		
7. Evidence of use of professional jargon and inappropriate language.		
<b>Lead social worker influences</b>		
8. Clarity of vision, aims and focus (ie, ability to articulate best interest of the child)		
9. Role clarity (clear understanding of the role of the professional and statutory role of the lead social worker etc)		

10. Leadership style including, a. emotional intelligence b. facilitative and coordinative skills and competence	
<b>Family member influences</b>	
11. Family member involvement and participation and respect for family member knowledge	
12. Evidence of the child or family member's voice	
<b>External influences</b>	
13. Impact of external influences: a. economic austerity measures, b. politics, c. organisational context, policy and procedures d. other external influences (legal, professional etc)	
<b>Decision-making influences</b>	
14. Clarity of influences for decision prioritisation a. need b. risk, c. other criteria (eg. resources, workload etc)	
15. Evidence of a clear criteria regarding prioritisation of certain decisions or recommendation during implementation	
<b>Outcome influences.</b>	
16. Evidence of collaborative advantage (ie, evidence that good outcomes are due to collaboration)	



#### ***Appendix 4: Interview schedule***

## **Interview schedule**

I am Nhlanganiso Nyathi and I work at Anglia Ruskin University as a Senior Lecturer in Social Work and this research project will lead to a PhD thesis.

I am keen to hear from you about what the collaboration influences in protecting children and young people are in order to understand the nature of the relationship between these influences. You are free to decline answering any of the questions and should you want to bring the interview to an end please feel free to do so at any time.

1. Tell me about what you perceive as enablers to during interprofessional collaborative child protection practice.
2. Tell me about what you perceive as barriers to during interprofessional collaborative child protection practice
3. Tell me about what you perceive as enablers to the performance of the lead social worker during interprofessional collaborative child protection practice.
4. Tell me about what you perceive as barriers to the performance of the lead social worker during interprofessional collaborative child protection practice.
5. Tell me about what you perceive as enablers to the effective involvement of family members during interprofessional collaborative child protection practice.
6. Tell me about what you perceive as barriers to the effective involvement of family members during interprofessional collaborative child protection practice.
7. Tell me about what you perceive as enablers which are beyond the control of professionals and family members during interprofessional collaborative child protection practice.
8. Tell me about what you perceive as barriers which are beyond the control of professionals and family members during interprofessional collaborative child protection practice.
9. Tell me about how you make decisions during interprofessional collaborative child protection practice.

**Thank you for your participation!**

***Appendix 5: Child or young person's information sheet***

## **ABOUT THE RESEARCH**

### **What it is this research about?**

The research is about understanding how decisions about children and young people are made at child protection meetings.

### **Why am I being given this information?**

I need consent from you to attend your meeting to listen to how decisions are made. I will not say anything in the meeting. If you agree please sign a consent form to show you have agreed. You are free to withdraw your consent at any time, without giving a reason and no-one will blame you for that.

### **What are the benefits of this research?**

The research will help us know what needs to be done differently and better at these meetings in future.

### **What is expected from me?**

You are only expected to give consent to my attendance to your meetings.

### **Who is organising the research?**

My name is Nhlanganiso Nyathi and I am the researcher. My telephone number is 08451965549 and email is [Nhlanganiso.Nyathi@anglia.ac.uk](mailto:Nhlanganiso.Nyathi@anglia.ac.uk) The research is supervised by Dr Jane Akister, telephone number is 0845 196 2550, email [Jane.Akister@anglia.ac.uk](mailto:Jane.Akister@anglia.ac.uk) and Dr Julie Smith, telephone number is 0845 196 5569, email is [Julie.Smith@anglia.ac.uk](mailto:Julie.Smith@anglia.ac.uk). We all work at Anglia Ruskin University, who are the sponsor. .

### **What will you do with the information you get?**

The results of this research will be shared with Cambridgeshire County Council and used to review services. I will also use the results as part of my PhD studies.

### **How will you make sure that nobody can identify me?**

Your name will not appear anywhere in the report.

### **Are there any risks to all this?**

There are no risks but if you feel uncomfortable during a meeting you are free to leave

### **What is in it for me?**

I cannot promise that the study will help you personally, but whatever I find out could help people make better decisions about children and young people like you.

### **How will my participation in the project be kept confidential?**

All information will be kept in a safe and secure place.

**YOU WILL BE GIVEN A COPY OF THIS TO KEEP,  
TOGETHER WITH A COPY OF YOUR CONSENT FORM**

***Appendix 6: Parent or caregiver's information sheet***



## ABOUT THE RESEARCH

### 1. What it is this research about?

The research is about understanding how decisions about your son/s or daughter/s are made at child protection meetings.

### 2. Why you are being given this information?

I need consent from you to attend your son/s or daughter/s meeting to listen to how decisions are made. I will just be observing.

### The benefits from this research?

The research will help us know if anything needs to be done differently and better at these meetings in future.

### What is expected from you?

You are only asked to give consent to my attendance to your son/s or daughter/s meetings. If you agree please sign the consent form to show you have agreed. You are free to withdraw your consent at any time.

### Who is organising the research?

My name is Nhlanganiso Nyathi and I am the researcher. My telephone number: 08451965549 and email is: [Nhlanganiso.Nyathi@anglia.ac.uk](mailto:Nhlanganiso.Nyathi@anglia.ac.uk). The research is supervised by Dr Jane Akister, telephone number: 0845 196 2550, email: [Jane.Akister@anglia.ac.uk](mailto:Jane.Akister@anglia.ac.uk) and Dr Julie Smith, telephone number: 0845 196 5569, email: [Julie.Smith@anglia.ac.uk](mailto:Julie.Smith@anglia.ac.uk). We all work at Anglia Ruskin University, who are the sponsor.

### What will happen to what you find out from your research?

The results of this research will be shared with Cambridgeshire County Council and used to review services. I will also use the results as part of my PhD studies.

**How will make sure that no-one knows about me?** Your name will not appear anywhere in the report.

### Are there any risks to all this?

There are no risks but should you feel any discomfort because of my presence during a meeting you are free to request that I should leave.

**What is in it for me?** I cannot promise that the study will help you personally, but whatever I find out could help people make better decisions about people like you.

### How your participation in the project will be kept confidential?

All information will be kept in a safe and secure place.

**YOU WILL BE GIVEN A COPY OF THIS TO KEEP,  
TOGETHER WITH A COPY OF YOUR CONSENT FORM**

## ***Appendix 7: Participant information sheet***



- 1. What it is this research about?**  
The research is about understanding collaboration in protecting children and young people.
- 2. Why am I being given this information?**  
I need your consent to interview you about your understanding of collaboration in protecting children and young people. If you agree please sign a consent form to show you have agreed. You are free to withdraw your consent at any time, without giving a reason and no-one will blame you for that.
- 3. What are the benefits of this research?**  
The research will help us know what needs to be done differently and better at these meetings in future.
- 4. What is expected from me?**  
You are only expected to give consent for me to interview you.
- 5. Who is organising the research?**  
My name is Nhlanganiso Nyathi and I am the researcher. My telephone number is 08451965549 and email is [Nhlanganiso.Nyathi@anglia.ac.uk](mailto:Nhlanganiso.Nyathi@anglia.ac.uk) The research is supervised by Dr Jane Akister, telephone number is 0845 196 2550, email [Jane.Akister@anglia.ac.uk](mailto:Jane.Akister@anglia.ac.uk) and Dr Julie Smith, telephone number is 0845 196 5569, email is [Julie.Smith@anglia.ac.uk](mailto:Julie.Smith@anglia.ac.uk). We all work at Anglia Ruskin University, the sponsor of this research.
- 6. What will you do with the information you get?**  
The results of this research will be shared with Cambridgeshire County Council and used to review services. I will also use the results as part of my PhD studies.
- 7. How will you make sure that nobody can identify me?**  
Your name will not appear anywhere in the report.
- 8. Are there any risks to all this?**  
There are no risks but if you feel uncomfortable during the interview you are free to stop the interview at any stage.
- 9. What is in it for me?**  
I cannot promise that the study will help you personally, but whatever I find out could help people make better decisions about children and young people like you.
- 10. How will my participation in the project be kept confidential?**  
All information will be kept in a safe and secure place.

**YOU WILL BE GIVEN A COPY OF THIS TO KEEP,  
TOGETHER WITH A COPY OF YOUR CONSENT FORM**



***Appendix 8: Child or young person's consent form***



**Why I want to be at your meeting:** I want to understand how decisions about keeping children and young people safe are made when professionals and families work together

**My name and phone number:** Nhlanganiso Nyathi and phone number is 08451965549

1. I agree to Nhlanganiso attending my meetings.
2. I know that he will only listen and not say anything during the meetings.
3. I have read and understood why he is doing this from reading the information he has given to me.
4. I know I can refuse to let him attend if I want and I will not be blamed for doing so. I know I can also call or email him if I want to.
5. I have been promised that this information will not be given to other people.
6. I have also been told that I can ask any questions I wish to at any time during the study.
7. I have been given a copy of this form and information about the research

**I agree that any information gathered will be used by the University for research purposes only and nothing else.**

Write your name here:.....

Sign here:.....Date.....

**One copy is for you to keep**

-----  
If you change your mind later please free to complete the form below and return it to:

Nhlanganiso Nyathi  
Anglia Ruskin University  
Faculty of Health and Social Care  
Guild House  
Peterborough  
PE2 9PW.

**I WISH TO WITHDRAW MY CONSENT TO THIS STUDY**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Appendix 9: Parent or caregiver's consent form***



**Why I want to be at your meeting:** I want to understand how decisions about your son/s or daughter/s are made when professionals and families work together

**My name and phone number:** Nhlanganiso Nyathi and phone number is 08451965549

8. I agree to Nhlanganiso attending my son/s or daughter/s meetings.
9. I know that he will only listen and not say anything during the meetings.
10. I have read and understood why he is doing this from reading the information he has given to me.
11. I know I can refuse to let him attend if I want and I will not be blamed for doing so.
12. I have been promised that this information will not be given to other people.
13. I have also been told that I can ask any questions I wish to at any time during the study.
14. I have been given a copy of this form and information about the research.

**I agree that any information gathered will be used by the University for research purposes only and nothing else.**

Write your name here:.....

Sign here:.....Date.....

**One copy is for you to keep**

-----  
If you change your mind later please free to complete the form below and return it to:

Nhlanganiso Nyathi  
Anglia Ruskin University  
Faculty of Health and Social Care  
Guild House  
Peterborough  
PE2 9PW.

**I WISH TO WITHDRAW MY CONSENT TO THIS STUDY**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Appendix 10: Participant consent form for professionals***



Anglia Ruskin  
University

**Why I want to interview you:** I want to know more about your understanding of collaboration in protecting children and young people.

**My name and phone number:** Nhlanganiso Nyathi and phone number is 08451965549

15. I agree to Nhlanganiso interviewing me.

16. I have read and understood why he is doing this from reading the information he has given to me.

17. I know I can refuse to let him interview me if I want and I will not be blamed for doing so. I know I can also call or email him if I want to.

18. I have been promised that this information will not be given to other people.

19. I have also been told that I can ask any questions I wish to at any time during the study.

20. I have been given a copy of this form and information about the research

**I agree that any information gathered will be used by the University for research purposes only and nothing else.**

Write your name here:.....

Sign here:.....Date.....

**One copy is for you to keep**

-----  
If you change your mind later please free to complete the form below and return it to:

Nhlanganiso Nyathi  
Anglia Ruskin University  
Faculty of Health and Social Care  
Guild House  
Peterborough  
PE2 9PW.

**I WISH TO WITHDRAW MY CONSENT TO THIS STUDY**

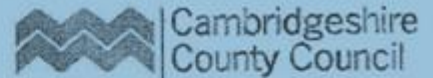
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## ***Appendix 11: Ethics approval***

My ref:  
Your ref: ST/NC  
Date: 24<sup>th</sup> October 2011  
Contact: Nicola Clemo  
Direct dial: 01223 727989  
E Mail: nicola.clemo@cambridgeshire.gov.uk

Nhlanganiso Nyathi  
Senior Lecturer in Social Work,  
Department of Family & Community  
Studies,  
Faculty of Health and Social Care  
Guild House,  
Oundle Road  
Peterborough,  
PE2 9PW



**Children and Young People's Services**  
Executive Director: Adrian Loades

**Safeguarding and Standards Unit**

Box No: CC1010  
Castle Court  
Shire Hall  
Castle Hill  
Cambridgeshire  
CB3 0AP

Dear Nhlanganiso,

**Re: A critical understanding of decision-making for safeguarding vulnerable children**

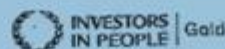
I am pleased to confirm that your research meets the requirements of Cambridgeshire County Council Research Governance Framework, and that you have been given approval to conduct the above-mentioned research project.

I would like to take this opportunity to wish you well in your research. Please send a summary of your research once completed for inclusion on the Cambridgeshire County Council internal website.

Yours sincerely,

A handwritten signature in dark ink that reads "Nicola Clemo".

Nicola Clemo  
Service Director – Children's Social Care



Chief Executive: Mark Lloyd

[www.cambridgeshire.gov.uk](http://www.cambridgeshire.gov.uk)



***Appendix 12: A visual flowchart illustrating the different stages and decisions made throughout the research process for this study***

## Appendix 12: A visual flowchart illustrating the different stages and decisions made throughout the research process for this study

The main aim of the study was to explore social workers' perceptions of the factors that they consider to be key to effective interprofessional collaborative child protection practice. The study also sought to explore how social workers perceive decision making during interprofessional collaborative child protection practice in order to understand and contribute to practitioner knowledge.

Developed and applied a suitable literature search strategy and an inclusion and exclusion criteria based on the research questions.

The study drew on combination of the elements of two systems models namely; SCIE learning together systems model (SCIE, 2012) and Falkov's systemic Family Model (Falkov, 2013) .

Adopted a constructivist-interpretivist research paradigm with a qualitative research design

RESEARCH AIM AND  
QUESTIONS

1. What factors do social workers perceive as key to effectiveness of interprofessional collaborative child protection practice?
2. How do social workers perceive decision making during interprofessional collaborative child protection practice?

LITERATURE REVIEW

Reviewed latest published literature and serious case reviews on child protection practice, interprofessional collaboration, service user involvement, lead social worker, decision making and risk, etc. in order to establish what is already known about this topic.

CONCEPTUAL FRAMEWORK  
SCIE learning together systems model and  
Falkov's family systems model

The SCIE learning together systems model and Falkov's systems family model enabled the conceptualisation of a systemic interaction between the factors that social workers perceived as key to effective interprofessional collaboration and decision making during child protection practice

RESEARCH METHODOLOGY  
Constructivist-interpretivism with a qualitative research  
design using two research methods

The constructivist-interpretivist qualitative research design enabled the study to identify, interpret and understand meanings of social workers' perceptions key influences to effective interprofessional collaborative child protection decision making and practice. The use of reflection and reflexivity from an insider-outsider perspective throughout the research process enabled me to reduce subjectivity and increase rigor and trustworthiness in the study.

RESEARCH METHODS  
QUALITATIVE DATA COLLECTION  
Semi-structured interviews

Selected a saturated sample of 16 social workers using purposive sampling strategy. Interviewed the participants and digitally audio recorded and transcribed interview data

RESEARCH METHODS  
QUALITATIVE DATA COLLECTION  
Non-participant observation

Selected a saturated sample of 20 child protection meetings using purposive sampling strategy. Conducted and recorded non participant direct observations of child protection meetings using an observations sheet

INTERPRETIVE DESCRIPTIVE QUALITATIVE  
DATA ANALYSIS  
Interview data

Analysed by interpreting and describing key themes/findings from interview data

INTERPRETIVE DESCRIPTIVE  
QUALITATIVE DATA ANALYSIS  
Observation data

Analysed by interpreting and describing key themes/findings from observations

Used triangulation to compare and establish convergence and divergence in the two strands of qualitative interview data and observation data

TRIANGULATING FINDINGS

Triangulation was also used to ensure rigor and trustworthiness in the study.

Discussed triangulated findings and considered how they answer the research questions and contribute to better understanding of interprofessional collaborative child protection practice. Develop a new unified conceptual model

DISCUSSION OF FINDINGS,  
UNIFIED SYSTEMIC CONCEPTUAL MODEL  
AND CONCLUSION

Drew conclusions and implications for policy, practice and future research

***Appendix 13: Sample profile of child protection meetings  
observed***

NUMBER OF MEETINGS	MEETING UNIQUE IDENTIFIER	FAMILY MEMBERS' ATTENDANCE					PROFESSIONALS' ATTENDANCE									TOTAL ATTENDANCE	CASE PROFILE	
		Children	Mother	Father	Grand parents	Other (family)	Social worker	Health	Education	Support worker	D&A	Housing	Other e.g.specialist	Minute taker	Conference Chair			
1)	C1CP1	1	1		2		1	1		1	1	1	1	1	12	Neglect, substance misuse, baby involved, parental mental health, parenting capacity, young parent, acquaintances, chaotic lifestyle		
2)	C1CG1	1	1		2		1		1			1			7	See C1CP1		
3)	C1CG2	1	1		2		1		1	1					7	See C1CP1		
4)	C1CP2	1	1	1			1	3					1	1	9	See C1CP1		
5)	C2CP1		1		1		3	3	4	1	1			1	1	16	Long CP history, neglect &,emotional abuse, domestic violence, unborn baby/pregnancy, young parent & siblings with CP plan, multiple moves, substance misuse, chaotic lifestyle	
6)	C2CG1		1				3	1	1	1						7	See C2CP1	
7)	C2CG2						2	3	1							6	See C2CP1	
8)	C2CP2		1				2	2			1			1	1	8	See C2CP1	
9)	C3CP1		1	1			1	1	1	1				1	1	8	Neglect, parenting capacity, non-engagement, children's safety, parental mental health, alcohol misuse, lack of routines, school attendance	
10)	C3CG1		1				1		2							4	See C3CP1	
11)	C3CG2		1				1		1	2						5	See C3CP1	
12)	C3CP2		1				1		2	1				1	1	7	See C3CP1	
13)	C5CP1		1	1		1	2	1	1					1	1	9	Two year old, physical and emotional abuse, domestic violence, parental mental health, chaotic lifestyle, criminal behaviour, acquaintances	
14)	C5CG1		1				1		1				1			4	See C5CP1	
15)	C5CG2			1			1		1							3	See C5CP1	
16)	C5CP2			1			1	1	2					1	1	7	See C5CP1	
17)	C6CP1		1	1				4	1	3				1	1	12	Long CP history, four children, neglect and emotional abuse, DV, parental mental health, parenting capacity (inconsistency, physical and emotional needs not met)	
18)	C6CG1		1	1			1	2	1	1			1	1		9	See C6CP1	
19)	C6CG2	1	1	1			1	3	1	1			2			11	See C6CP1	
20)	C6CP2		1	1	1		1	3	1	1			2	1	1	13	See C6CP1	
TOTAL ATTENDANCE		5	17	9	8	1	26	28	21	15	4	1	8	11	10	164		

***Appendix 14: An illustration of how interview and observation findings were compared using a triangulation protocol (adopted from O’Cathain, Murphy and Nicholl, 2010)***

QUALITATIVE INTERVIEW FINDINGS		TRIANGULATION PROTOCOL	QUALITATIVE OBSERVATION FINDINGS	QUALITATIVE COMMENTS
Super ordinate Themes	Main Themes		Collaborative influences that were observed	
Multi-level relationship influences	Professionals' relationship influences (Barriers and enablers)	AG	Professionals influences	<p>There was convergence hence agreement, between what social workers perceived and what was observed about professionals', lead social workers' and family members' influences that were observed.</p> <p>Evidence of the presence of multi-level relationship influences at professionals', lead social workers' and family members' levels was established during both interviews and observations. The systemic relationship between multi-level relationship influences was evident in both interviews and observations in with the conceptual framework.</p>
	Lead social workers' relationship influences: (Barriers and enablers)		Lead social workers influences	
	Family members' relationship influences: (Barriers and enablers)		Family members influences	
Multi-level organisational influences	Professionals' organisational influences (Barriers and enablers)	PA	Organisational influences were not specifically included in the observation sheet	<p>Although organisational influences were not specifically included in the observation sheet, evidence of multi-level organisational influences at professionals', lead social workers' and family members' levels was established during both interviews and observations. However during observations for example C5CP1 and C3CP2 meetings organisational influences were observed due to absence or change of social worker and the line manager stepping in.</p>
	Lead social workers' organisational influences (Barriers and enablers)	PA		
	Family members' organisational influences (Barriers and enablers)	PA		
External influences (Barriers and enablers)		AG	External influences	<p>There was agreement, hence convergence in what participants said and what was observed about external influences. Similar external influences were identified in both interviews and observations.</p>
Decision-making Influences (Barriers and enablers)		AG	Decision-making prioritisation influences	<p>There was agreement, hence, convergence about the lack of clarity of the decision making criteria. Instead there was evidence of discretionary and intuitive multiple and professional judgement criteria being used during interviews and observations.</p>
		AG	Child protection outcomes influences	<p>There was evidence that child protection outcomes being due to collaboration in what was observed although participants were not specifically asked about child protection outcomes e.g. during C1CP2 and C3CP2 as cited in Chapter 6</p>
<b>Key to Convergence Coding Scheme:</b> AG=agreement; PA=partial agreement; S=silence; DA=Dissonance				