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Interprofessional Working: Cultures, Identities and Conceptualisations of Practice

by

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ABSTRACT

DEPARTMENT OF SOCIAL WORK AND SOCIAL CARE

Doctor of Philosophy

INTERPROFESSIONAL WORKING: CULTURES, IDENTITIES AND CONCEPTUALISATIONS OF PRACTICE

by Fiona Collins

The relationship between poor interprofessional working and child tragedies has been made apparent by numerous inquiries into child deaths. In seeking to address the well documented problems of professional communication, cooperation and collaboration; transformation in the structure (Children's Trusts) and delivery of services (integrated teams) for children and young people was initiated under the UK New Labour government (DfES, 2004). Focused on early interventions to meet the additional needs of children, the Common Assessment Framework brings together professionally and vocationally qualified practitioners from statutory, public and voluntary agencies.

This research charts the origins and evolution of interprofessional practice in the context of children and young people highlighting historically important cases. Key developments in the legislative, social and cultural contexts and the effects of their interactions are scrutinised to aid further understanding of present day structures and practice.

Semi-structured interview data was analysed to generate themes at individual and practitioner group level. Utilisation of the qualitative methodology Interpretative Phenomenological Analyses supported identification of three super-ordinate themes: Roles, Identities and Relationships, Change and Adaptation and Conflict and Contradictions. Theoretical connections with the literature on identity are explored providing insight into objectives, learning and new forms of practice. Drawing on ideas from Cultural Historical Activity Theory the implications for policy and practice are assessed.

The thesis answers the call for the greater application of theory to interprofessional working (IPW) and education (IPE) contexts. Furthermore the research prioritises the perspective of the practitioner generating greater understanding of what it means to work collaboratively. Research findings pertain to the double binds experienced by practitioners which impeded collaboration but also generated unexpected innovations in practice and the identification of different practice orientations amongst professionally and vocationally qualified practitioners. The research concludes by asserting that partnership and child centred practice are being distorted by a performance culture.

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DECLARATION OF AUTHORSHIP

I, **Fiona Collins** declare that the thesis entitled

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and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
- none of this work has been published before submission, ~~or [delete as appropriate] parts of this work have been published as: [please list references]~~

Signed: F Collins

Date: 8/7/2011

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Glossary of Abbreviations

ACM	Assistant Care Manager
ACPC	Area Child Protection Committees
ADCS	Association for Directors of Children's Services
APA	Annual Performance Assessment
ARC	Area Review Committees
AT	Advisory Teacher
BERA	British Education Research Association
BHLP	Budget Holding Lead Professional
CAF	Common Assessment Framework
CDWC	Children's Development Workforce Council
CHAT	Cultural Historical Activity Theory
CYPSP	Children and Young People's Strategic Partnerships
DA	Discourse Analysis
DCSF	Department for Children, Schools and Families
DfES	Department for Education and Skills
DHSS	Department of Health and Social Security
DipSW	Diploma in Social Work
DoH	Department of Health
ECM	Every Child Matters
EP	Educational Psychologist
EWO	Education Welfare Officer
FLW	Family Link Worker
GDP	Gross Domestic Product
GP	General Practitioner
GSCC	General Social Care Council
GTC	General Teaching Council
HV	Health Visitor
ICS	Integrated Children's System

IPA	Interpretative Phenomenological Analyses
IPE	Interprofessional Education
IPP	Interprofessional Practice
IPW	Interprofessional Working
IRAS	Integrated Research Application System
ISDA	Integrated Service Delivery Area
ISDT	Integrated Service Delivery Team
JAT	Joint Action Team
JCAC	Joint Child Abuse Committee
LAC	Looked After Children
LA	Local Authority
LEA	Local Education Authority
LIW	Learning in and for Interagency Working
LP	Lead Professional
LREC	Local Research Ethics Committees
LSCB	Local Safeguarding Children's Boards
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Multi-Agency Team
MATCh	Multi-Agency Team Working with Children
MPT	Multi Professional Team
NECF	National Evaluation of the Children's Fund
NEETs	Not in Education, Employment or Training
NHS	National Health Service
NMC	Nursing and Midwifery Council
NSPCC	National Society for Prevention of Cruelty to Children
OME	Operational Manager Education
OMH	Operational Manager Health
OMSC	Operational Manager Social Care
Ofsted	Office for Standards in Education

PCT	Primary Care Trust
PMHW	Primary Mental Health Worker
PQP	Professionally Qualified Practitioner
RHA	Regional Health Authority
REC	Research Ethics Committee
SCR	Serious Case Review
SENCO	Special Educational Needs Coordinator
SN	School Nurse
SSD	Social Services Department
SW	Social Worker
TAC	Team Around the Child
UNCRC	United Nations Convention on the Rights of the Child
UNDRC	United Nations Declaration on the Rights of the Child
VQP	Vocationally Qualified Practitioner
WMA	World Medical Association
ZPD	Zone of Proximal Development

Introduction

Context of the Research

Establishing effective working relationships across education, health and social care has been a long term focus of policy. Directives emanating from *Every Child Matters* (DfES, 2004) initiated new structures, tools and governance arrangements which necessitated that practitioners from different disciplinary backgrounds work together in an integrated way to improve outcomes for children and young people.

This thesis explores practitioners' and operational managers' experiences of working in the relatively new interprofessional arena of the Common Assessment Framework (CAF). Rolled out nationally in the UK between April 2006 and March 2008 the CAF was envisaged as a multi-agency tool to provide a standardised approach to the assessment of need, facilitating earlier interventions and promotion of children's wellbeing.

Until recently research into interprofessional practice (IPP) was largely confined to health care contexts and there was also a paucity of research exploring the perspective of the practitioner working within an IPP team. Distinct areas identified within the literature have been consideration of facilitators and barriers to interprofessional practice (Sloper, 2004), interprofessional practice in relation to a particular client group (Asthana et al, 2002) and the development of conceptual frameworks to further understanding of the complex interplay of variables evident within interprofessional teams (D'Amour et al 2005). In seeking greater understanding of what it means to work collaboratively this research prioritises the perspective of the practitioner.

Within the last five years there has been considerable growth in the application of theory to interprofessional working and learning environments. While no one theory offers a holistic explanation, this thesis draws upon the contribution of Cultural Historical Activity Theory (CHAT) (Engestrom, 2001, Robinson and Cottrell 2005, Leadbetter et al, 2007, Daniels et al, 2007). In particular, the concepts of co-configuration (Victor and Boynton, 1998), knotworking and expansive learning (Engeström, 1999 and 2001) are utilised to further understanding of relationships, networks, new forms of practice, and the transition from professional to interprofessional identities. Effective joined up working requires practitioners to be flexible, prepared to develop new skills and competencies and apply their specialised expertise in new contexts. The statutory requirement to collaborate in providing services across institutional boundaries (DfES, 2004) necessitates change in individual and organisational culture and activity which has the potential to initiate tensions within and between groups but also generate unexpected innovations in practice.

Research Objectives

The aim of the research is to advance understanding of partnership in multi-agency children's service settings through investigation of practitioners' experiences of working together. To support this aim, in addition to analysis of practitioners' experiential accounts, analysis of government policy will be undertaken.

Specific research objectives are:

1. To explore practitioner understandings of their role in a newly emerging context, in education, health and social care and the potential effect on professional identity and practice.
2. To capture interprofessional perspectives. How do education/health/social care practitioners perceive the roles, practice and responsibilities of other professional groups? Do tensions/alliances exist between practitioner groups and if so what influence do these have on interprofessional practice?
3. Building upon objectives 1 and 2, to investigate individual (practitioner), collective (professional group), and interprofessional (interdependent) cultures in the context of multi-agency practice to improve outcomes for young people.

An Overview of the Thesis

This thesis consists of six chapters. In the first chapter, through consideration of historically significant inquiries into child deaths and child abuse, I trace the origins and evolution of interprofessional practice in the context of children and young people. The expansion and intensification of agencies and practitioners' responsibilities in relation to child protection and child welfare are discussed alongside the extension of management control over practice. Chapter 2 presents a review of the literature from 1997 (advent of UK New Labour government) to current day (April, 2011), predominantly in the context of health and social care. The main aim of the chapter is to ascertain what is already known, supporting further refinement of the research objectives and scope. Consideration is given to terminology, philosophies of practice and the maintenance and erosion of traditional boundaries. Modern day structures and groupings within which practitioners work collaboratively are outlined. The theoretical research literature pertaining to CHAT is reviewed and its utility as a framework to support the research assessed.

Chapter 3 provides a rationale for the epistemological stance of the research and the qualitative methodology (Interpretive Phenomenological Analyses) utilised in data collection. The research process is described and my motivations for undertaking the study reflected upon. Chapter 4 reports the findings from the semi-structured interviews with education, health and social care practitioners around the three super-ordinate

themes of: Roles, Identities and Relationships, Change and Adaptation and Conflict and Contradictions. The tensions in practice experienced by practitioners are exemplified through extracts from the interviews which reveal the inconsistencies between the rhetoric and reality of multi-agency working.

Applying theoretical concepts from CHAT and the Social Identity Approach (SIA) chapter 5 provides discussion and analysis of themes at macro and micro level. Diversity and co-location are identified as important factors affecting relationships between practitioners, professional groups and services and are discussed in relation to the dynamic policy context. Service specific as opposed to integrated targets are presented as detrimental to partnership with the potential to distort a holistic response to the needs of children and young people (Figure 5.2). Interdependent practice and learning at the level of the individual practitioner and practitioner group are conceptualised (Figure 5.3).

Finally, based on the main findings, chapter 6 makes recommendations for policy and practice and evaluates the contribution of the research to a greater understanding of practice in interprofessional contexts.

Chapter 1 Historical and Policy Context

1.1 Aims of the Chapter

In this chapter I identify the origins and chart the evolution of interprofessional practice (IPP) in the context of children and young people. Professional relationships and practice within and across agencies are underpinned by the context and the history of an activity (Engeström, 2001) and provide the rationale for this section.

The chapter explores societal perceptions of childhood and their implications for practice through the lens of historically significant inquiries into child abuse and child killings. The inquiry reports highlighted are symbolic of their respective times and provide valuable insights into societal values and their influence on subsequent legislation, professional roles and practice frameworks. Key developments in the legislative, social and cultural contexts and the effects of their interactions are then scrutinised to further understanding of present day structures and professional practice.

Throughout this chapter reference is made to 'practitioners' and 'health and social care professionals.' In the historical context of the inquiries and their findings these terms refer to front line staff employed by the Social Services Department (SSD), the National Health Service (NHS), the Local Education Authority (LEA) or in charities such as the National Society for Prevention of Cruelty to Children (NSPCC) whose statutory duties or role incorporated child protection. Following the re-configuration of services post 2003 the terms apply to front line staff employed in Primary Care Trusts (PCTs), Children's Trusts, Children's Services and the charitable and voluntary sectors who have a role to play in achieving the 5 Every Child Matters (ECM) outcomes.

Although a range of vocabulary is used in the literature to describe the way in which agencies and practitioners work together, I will at this point simply acknowledge a preference for *interprofessional work,* deemed by Leathard (1994) to be the most useful term to express *'learning and working together.'* Consideration of the terminology around professional practice will be addressed within the literature review.

1.2 The Inquiry Reports

The Maria Colwell Inquiry was the first in a series of inquiries into child deaths to be brought to the public's attention and the findings and recommendations remain poignant and influential today. Prior to 1973 such inquiries were conducted largely in private. Media coverage of child abuse and child deaths from Maria Colwell to Victoria Climbié (2003) subjected health and social care professionals and their respective agencies to increased public scrutiny (Parton, 2006).

1.3 Child Abuse, the Family and the State

Child abuse, the non-accidental injury of a child, is not a new or modern problem. However, It was during the 1960s that awareness of the physical abuse of children came to the fore (Corby et al, 2001). Henry Kempe, an American paediatrician, declared that a high proportion of children admitted to hospital after having suffered an 'accident' had in fact been physically abused. X-Ray technology enabled detection of older, healed fractures which when considered alongside new injuries raised suspicion. Kempe's 'discovery' of the physical abuse of children by their parents contradicted the prevalent functionalist view of the family at that time as being the 'cornerstone of society'. Within the UK, the state had traditionally relied on the family as being the natural and best place for bringing up children. However, media coverage of a series of child abuse cases in the 1970s revealed that problems within families were more prevalent and complex than had been realised. The government sought greater legal powers to intervene in the formerly private family (Parton, 2006).

Parton (2006) charts the evolution of the family from being a private institution to an instrument of government. In the 1950s affluence and life expectancy were increasing and the recently created welfare state which aimed to 'abolish want' (Beveridge, 1948) focused on children as an investment for the future. Unemployment was falling, partly due to a booming manufacturing sector but also because of the return of women to the home as wives and mothers. Slum clearance programmes and increased geographical mobility led to the decline of the extended family and the emergence of the child centred nuclear family. Societal values accentuated childhood as being a special and protected time for children to enjoy before taking on the responsibilities of adult life (Wyness, 2006).

1.4 The Findings of the Maria Colwell Inquiry

Maria Colwell died in January 1973 after being neglected and beaten by her step father and mother. Although Maria had been the subject of a care order and had formerly been 'boarded out' by the local authority to live with relatives, she died a year after being returned to her natural mother under a supervision order. Maria came from a white working class family, who lived in local authority housing and had a large local network of kinship ties.

Societal values at that time can be seen to have placed Maria's welfare below the rights of her mother to have her child back, the belief being that the best place for a child was with its natural mother '*it was generally believed that natural parents had the "right" to have their child back from care once they had established that they were fit to receive it'* Report of the Committee into the Care and Supervision Provided in Relation to Maria Colwell (p.27, 62).

Despite concerns about Maria's happiness and safety following her return to the family home, Miss Lees her social worker, *'decided to persevere with the placement of Maria and continue to supervise'* (p.39, 94). The inquiry criticised the social workers who too willingly accepted the inevitability of Maria's return to her natural family and caused an *'unduly high degree of trauma'* (p.23, 45).

Inadequacies in the management and sharing of information between two authorities and groups of practitioners resulted in Maria coming into contact with a number of different agencies over a period of time with no professional being able to intervene appropriately. The inquiry into Maria's death records the missed opportunities and the failures of practitioners *'to react correctly or with a due sense of urgency'* (p.87, 243). However, although criticisms were made in relation to particular incidents, no individual or group of practitioners was held responsible for Maria's death

> *What has clearly emerged, at least to us, is a failure of system compounded of several factors of which the greatest and most obvious must be that of the lack of, or effectiveness of, communication and liaison* (p.86, 240).

1.4.1 Conceptualisations of Childhood

'Children and young people's safety and well-being arouse strong protective feelings in most adults' (The Munro Review of Child Protection, 2010, p.20). Societal conceptualisations of children and childhood are manifested in the actions of welfare practitioners.

Understandings of children, young people and their needs, were dominated throughout much of the twentieth century by developmental psychology, which utilised the apparatus of science to describe common stages of development or evolution from infant to adult (see Bosack, 2002). Due to moving schools and poor attendance Maria did not receive the annual developmental checkups which existed at the time. Had she done so her malnutrition and weight loss may have been detected and triggered an intervention. At the time of her death

> *The body weighed 36lbs, whereas the medical evidence in the case generally showed that she should for her age and height have weighed anything between 46 and 50lbs* (p.60, 147).

Although developmental indicators had been prioritised, growing societal expectations of practitioners' duty to protect a child became apparent in the 1970s in that Miss Lees' lack of consultation with Maria concerning her feelings and circumstances was noted as a significant failure in communication within the report. There have been several successive social constructions of the child in need of services since the 1960s (Anning et al, 2006), all of which are based to some degree on the premise of a shortfall with

either the child and/or their family. Barron et al, (2007) advocate that the role of external agencies has consistently been understood as being one of compensating for the deficits or inadequacies of the child or their family. 'Normal' children and families do not require support or interventions. According to Mayall, (2002), the rationale for the engagement of external agencies with children has its origins in the ideology of western society which conceives children as incompetent, unstable and emotional. Goldson (1994) attributes the growth and increasing complexity of services to the desire to control rather than protect young people. He advocates that

> *welfare provision for children has emerged as part of a widening network of professional activity and aggrandizement within a centralized state apparatus to secure socialization, order and regulation* (p.5).

1.4.2 Ambiguity Concerning Roles

The report into the care and supervision provided to Maria Colwell raised concern about the lack of clarity evident in individual practitioner roles and the responsibilities of agencies. Following an incident at the Keppel home in April 1972 to which Miss Lees and Mrs Kirby (NSPCC) were both called, an informal collaboration was established between the two women. Although the inquiry recognised that the collaboration was intended to benefit Maria, the

> *lack of clarification of their respective roles and communication with their seniors led to an insufficient precision as to what function each was exercising and what exactly was left to the other* (p.41, 100).

As a consequence of the arrangement, Miss Lees visited the home less frequently in the belief that Mrs Kirby was visiting regularly. Ambiguity also existed at agency level between the roles and responsibilities of social services and the NSPCC. Having received a report concerning the physical abuse of Maria, Mrs Hodgson, duty officer for Brighton Social Services responded *'I stressed that it was definitely Mrs Kirby's territory if there was a suspicion of ill treatment.'*

The inquiry found that this view *'discloses an unfortunate confusion of thought as to roles and the existence of any line of demarcation between that department and the NSPCC'* (p.52, 126).

Mrs Dickinson, the EWO at Maria's school was reported to suffer from *'an apparent confusion of thought over her role and the best course to adopt'* (p.56, 137). The Seebohm Committee (1968) which sought greater integration in Children's Services had recommended that the educational welfare service should become part of the social services department. Unfortunately for Maria, this had been opposed by senior officers in the Brighton education department.

1.4.3 Differing Perspectives on Events

The inquiry report highlighted variation in practitioners' accounts of key events

> *since we have no doubt of the veracity of all concerned, we are left pondering how it comes about that responsible professional people do not substantially agree in their recollections of conversations which were of crucial importance* (p.69, 179).

Corby et al (2001) have suggested that the panels which make up inquiries lack the ability to capture the complexities of practitioner interaction and decision making at the time events occurred. The discrepancy between accounts may in part have been due to inadequate record keeping - a practical failure in communication (Reder and Duncan, 2003). However, practitioners' conceptualisations of their and others' practice and their interpretations of events would also have been influenced by their professional identity and values (Davies, 2003). Eason et al (2000) interviewed practitioners working with children and their families in two areas of high social need concerning their interprofessional collaborative experiences. Interviewees described disparity in the ways in which different professional groups conceptualised their roles, purposes and practice. This lack of consistency in interpretation of roles, purpose and action was accounted for by the practitioners interviewed as being due to 'cultural differences' between professional groups. Cultural differences between professional groups influence attitudes and beliefs about family life (Stevenson, 1989). Professional value bases, especially those of social workers and the police, have been found to differ markedly at various points in time, interpreting at their most extreme abusers as either criminals or individuals in need of help. These varied perspectives of child abuse became a potent source for conflict and dissent between the professionals involved in the Cleveland cases in 1986, hindering interprofessional working (IPW).

1.5 The Impact of the Maria Colwell Inquiry on Professional Practice

Recommendations from public inquiries into child abuse have spawned legislation which has served to both inform and police professionals' practice. Major administrative re-organisation occurred in child welfare in an attempt to address the shortcomings identified by the inquiry. Legislation prompted the creation of formal child protection procedures at local level including child protection registers, multi-agency child protection conferences and Area Child Protection Committees (ACPC). However, in addition to instigating procedures and structures to develop better understanding and co-operation between agencies, Parton (2004, p.17) points out that the inquiry and its subsequent report *'had the impact of catapulting the issue of child abuse as a professional multi-disciplinary responsibility onto public and political agendas.'* The inquiry increased community and professional awareness of physical abuse and

referrals inevitably rose. Child and family social work entered a new period characterised by a preoccupation with child abuse. Parton (1985) describes how social workers were overwhelmed by the task because there were so many contradictions in determining what constituted child abuse. New aspects and contexts of abuse have emerged over time leading to a changing professional focus; for example the Colwell inquiry highlighted neglect and physical abuse within the family whereas abuse within residential care or sexual abuse by strangers or older children have also been prioritised at different times as a result of societal reactions to cases. Different aspects of abuse necessitate the development of new professional discourses and interprofessional relationships.

The findings of the Maria Colwell inquiry also brought into question society's deference to the importance of the blood tie between child and parent (Reder and Duncan, 2004). Welfare practitioners guided by Bowlby's influential work *Attachment and Loss* (1969) had formerly prioritised the parent child relationship, often to the detriment of the child. The *Children Act* (1975) sought to counter the over emphasis of the blood tie through increasing the responsibilities of local authority SSDs to promote the welfare of the child.

The Maria Colwell and subsequent proliferation of inquiries into child abuse and killings served to revise societal perceptions of childhood and children. Children were increasingly recognised as being entities in their own right rather than just part of a family. This shift in conceptualisation of children and young people reflected the Declaration on the Rights of the Child (UNDRC), adopted by the UN Assembly in 1959 which stated *'Mankind owes to the child the best that it has to give.'* And that *'the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.'* Legislation supported transfer of some responsibility for the child from the family to the state and the public increasingly viewed professionals as advocates for the child, answerable for their protection and welfare.

1.5.1 The Erosion of Professional Status?

Media coverage of child tragedies not only raised awareness of child abuse but also doubts as to professional groups' real levels of knowledge and expertise. A finding of the Colwell inquiry was that training for social workers assigned to at risk children was inadequate. Since its formal inception in the 1970s the professional status of social work has been contested by the media through the perpetuation of negative images. Wroe (1988) highlights the power of the press to influence the professional workforce and the conditions under which they work in that reporting of the Colwell case had a direct consequence on legislation, resource allocation and prioritisation in SSDs.

Misgivings as to the true motivations of welfare professionals often provoked by the media brought their established power and status into question. The public, who had previously deferred to the superior knowledge of the professional, increasingly called for transparency and greater regulation. Professional groups have traditionally sought to protect their market position by retaining a monopoly over distinctive knowledge and skills and by controlling access to the profession through extended academic training. Hudson (2007) posits that professional training at this time had perpetuated segregated autonomous groups as an allegiance to the profession rather than the aims of the employing organisation was promulgated. Co-operation and collaboration across professional boundaries was hindered by a distinct hierarchy of power, status and prestige.

Changes in the global labour market during the 1970s led to rising unemployment and spiralling inflation and the government came under mounting pressure to reduce expenditure (Kirkpatrick, 2005). The financial crisis prompted reconsideration of Beveridge's ideal of provision for all and means testing was introduced. To achieve further financial savings rapid restructuring of public organisations occurred. In addition to the efficiency rationale, the realignment of services was promoted to address the recurring issues identified by inquiry reports; lack of co-ordination, inadequate communication and information sharing between agencies. Greater flexibility of roles and responsibilities was called for to address patient needs. The introduction of community based service delivery via teams of health professionals working collaboratively brought the traditional, hierarchical model of service delivery into question. Clark (1998) however, discerns that the true rationale for the cuts and reorganisation was not the needs of the service user but to undermine established professional bastions.

While Kirkpatrick (2005) acknowledges that '*governments in the UK have displayed much less confidence in professional expertise, competence and effective self-regulation*' (p. 56) he does not believe that this amounts to a process of deprofessionalisation but rather a realignment of the relationship and values of the state and the professions. Baldwin and DeWitt (2007) describe an enforced return to the ethos of service amongst the caring professions as opposed to the pursuit of self interest which had been portrayed as having gained dominance.

Prior to this period the claim of 'professional judgment' had enabled practitioners to exercise a considerable degree of autonomy including self regulation and self policing. The limiting of autonomy through increased centralisation enforced by legislation and inspection curtailed traditional professional power and privileges and imposed restrictions on professional practice through monitoring and regulation of front line staff

e.g. Ofsted inspections report on teachers' competence and adherence to the National Curriculum.

1.5.2 The Managerial Agenda versus the Professional Agenda

In sequencing the development of new management systems and practices within the NHS, Kirkpatrick (2005) highlights the importance of the organisational context on professional groups. The restructuring of welfare provision with the intention of controlling expenditure and making practitioners more accountable for their decisions, has been a policy focus of Conservative and Labour governments alike. The period 1948 - 1974 was however, according to Kirkpatrick, representative of the

> *strongest version of custodial model of management in which the delivery of services is controlled by professionals and the management was subordinated to professional objectives and decision making* (2005, p.80).

During this period inequality in government funding of the NHS between regions was prevalent as money was allocated to support the existing infrastructure rather than to meet the health care needs of the population. In 1974 the recommendations of the Porritt Report (1962) were finally implemented establishing centralised administration by Regional Health Authorities (RHA).

Expenditure on the NHS increased steadily as a percentage of Gross Domestic Product (GDP) until the Conservatives came to power in 1979. Under Margaret Thatcher management practices from the private sector were introduced to the NHS, purportedly as a means of establishing financial accountability but also to bring about political management of the system and control over the professionals within it (Ackroyd, 1995). Quality regulation and the creation of an internal market were introduced to monitor and control expenditure and increase output. Autonomous hospital trusts were created, from which GPs and health authorities purchased hospital services. The government sought to motivate professionals through rewards for the achievement of service benchmarks. As part of the efficiency drive new decentralised forms of service delivery were introduced. Despite the cost cutting and competitive culture which typified the era, *The National Health Service and Community Care Act* (1990) provided impetus for interprofessional work in that it introduced budget holding for GPs enabling them to employ health and welfare staff within local teams (Leathard, 1994).

In 1997 New Labour unveiled the 'third way' which promised modernisation of British society and the institutions of government (Parrott, 2005). Partnership emerged as a prominent concept in which previously functioning autonomous agencies were encouraged to develop new relationships which would reduce the distinctions between

public, private and voluntary bodies. Partnership under New Labour had stronger implications than the former ad hoc arrangements initiated by the Conservatives. It represented a move towards integration with incentives for co-operation and successful outcomes and penalties for non-compliance or failure to meet targets.

Professional accountability continued under New Labour with the imposition of quality standards and the publication of league tables to measure and rank achievement. Parrott (2005) amongst others emphasises how the focus on performance based outcomes rather than process has undermined professional skills. Audit of public services for purposes of accountability has been counter-productive to partnership (Barton, 2002), instigating competition between agencies and the adoption of defensive cultures rather than a co-operative spirit.

The 1997 White Paper, *The New NHS: Modern, Dependable* (HMSO, 1997) allocated modernisation funds and strengthened governance through management utilising performance indicators. The concept of 'clinical governance' was introduced uniting standards of quality with performance management and serving to make senior clinicians more accountable (Kirkpatrick, 2005). In July 2000 the government set out a 10 year programme to rebuild and renew the health service (*The NHS Plan. A Plan for Investment a Plan for Reform*, DoH, 2000). The plan advocated national standards together with local autonomy. A Commission for Healthcare Audit and Inspection was established to implement a new national framework of standards to promote good practice and provide accountability to patients and taxpayers. The 'best' primary care trusts were awarded Foundation Trust status with increased freedom from central government but with an on-going duty to engage with their local communities. Emphasis was placed on patient choice and personalised services, with a right to choose from healthcare providers and the NHS funding treatment. A shift in the balance of services, with more patients being seen in primary and community settings rather than hospitals, necessitated increased expenditure on social services and more integrated working between health and social care practitioners. *The NHS Plan - a progress report* (DoH, 2003, executive summary) claimed, *'The monolithic paternalism of the old NHS is starting to be replaced by new and innovative ways of working'* (p.ii).

The rise of public sector managerialism, demonstrated by the transition of control over work from practitioners to managers, has been viewed by some commentators as undermining practitioners' status. Calder (2004) suggests that a series of governments have sought to control the welfare professions through the imposition of centrally directed frameworks such as the Integrated Children's System. These frameworks, according to Calder, signify a lack of trust in welfare professionals. Mechanistic checklists concerned with *'efficiency, monitoring, measuring and targeting'*

deprofessionalise social workers as '*instead of being an aid for good practice, they become a substitute for it*' (p.228). Alternatively, Campbell et al, (2000) claim that the implementation of assessment frameworks has improved services and outcomes for clients by encouraging assessors to adopt an evidence based approach to their practice. Crisp et al, (2007) concede that while frameworks may have a role to play in promoting 'good practice' they cannot replace professional knowledge

> *the potential of assessment frameworks to contribute to the development of effective practice will be dependent upon how they are implemented. Framework documents alone are not a panacea and should not be considered as an alternative or substitute for training* (p.1074).

Debate is ongoing as to whether professional status has been eroded through government imposition of structures and procedures to ensure consistency across a service. What is generally agreed however, is that professional autonomy has declined in recent decades (Calder and Hackett, 2003) as government policy and legislation have exerted tighter control over practice.

1.5.3 The Effects of New Management on Professional Practice

Kirkpatrick (2005) asserts *'There can be little doubt that a key goal of the new management reforms was to increase the ability of managers to control and direct professional practice'* (p.91). The establishment of effective management within the NHS however was a slow and difficult process. Managers, recruited predominantly from administrative roles within the sector, initially lacked authority over practitioners. Ignorant of the demands of practice, health service managers required co-operation and participation in management from senior clinicians to make progress.

Since the 1990s management roles within the NHS have proliferated. This is partly due to the redefining of professional roles as management posts e.g. Ward Sister has become Ward Manager. This has coincided with a crisis of recruitment in nursing and evidence of a decline in vocationalism in the sense of an altruistic calling, with the rise of a more instrumental attitude amongst nurses (Kirkpatrick, 2005).

There is considerable debate as to whether the rise of new managerialism has served to break down attachment to the professional group and increase allegiance to the organisation. Professionals occupying roles which bridge managerial and practitioner responsibilities have come under particular scrutiny. Kitchener (1999) identified the emergence of new values and orientations amongst health care practitioners which have been described as 'hybrid' or 'sedimented'. Lleywllyn (2001) acknowledged acceptance of managerial values by medical managers undertaking clinical director

roles. This is disputed by the research of Hoque et al (2004) which indicated practitioner distancing from the values of management.

In his report *High Quality Care for All* (DoH, 2008) Lord Darzi recommended expansion of clinicians' roles from that of the practitioner delivering high quality specialised care, to incorporation of partner and leader roles. The balance of the three elements is envisaged to vary between clinicians depending on the role undertaken; however, the stated rationale for the extension of practitioners' roles is the giving of greater freedom to frontline staff. The Darzi report offers greater professional autonomy to practitioners but crucially in a way designed to promote identification with the employing institution rather than the professional group. Government policy has sought to reduce the power of professional groups and to promote and encourage interprofessional work.

The underlying motivation of reducing traditional professional power has been concealed within New Labour legislation which has emphasised the service user as the driver for change, necessitating that practitioners adopt flexible and innovative practice across organisational and professional boundaries to meet the needs of clients (*Our Health, Our Care, Our Say*, DoH, 2006). The rights and treatment of service users' and their families first came to the policy fore following the public inquiry into Child Abuse in Cleveland.

1.6 Report of the Inquiry into Child Abuse in Cleveland 1987

Up until the mid 1980s public inquiries, which had been concerned with the deaths of children due to parental neglect or abuse, had criticised practitioners for failing to intervene in families to protect children before it was too late (Parton, 2006). However, the *Report of the Inquiry into Child Abuse in Cleveland* (1987) was to break the established pattern in that it condemned practitioners for removing children precipitately and causing families unnecessary distress.

The children caught up in the Cleveland crisis ranged in age from under 1 year to adolescence. Many were separated from their parents under Place of Safety Orders and taken into hospital pending investigations into the abuse. Although the Cleveland inquiry (Butler-Sloss,1988), did not reach absolute conclusions as to whether the children involved had or had not been abused, it focused attention on the poor quality of IPW and the inconsiderate treatment of parents, carers and children by the practitioners involved. The power of professional groups came under scrutiny, the social workers involved were found to have acted solely on the medical evidence provided by the two paediatricians and failed to have sought corroborating information. A requirement was introduced that social workers should not act on the basis of medical opinion alone.

After the death of Maria Colwell (1973) Area Review Committees (ARC) had been established as inter-agency bodies responsible for the co-ordination of child protection work. In 1987 the ARC in Cleveland was replaced by the Joint Child Abuse Committee (JCAS) as a result of the DHSS circular *Working Together* (1988). Both committees had multi-disciplinary membership and a remit for professionals to co-operate in the interests of child protection. Although the Cleveland ARC had produced a manual to direct the work of practitioners and agencies in dealing with suspected cases of child abuse, it was recognised that the guidelines required extension to incorporate child sexual abuse. A working party was convened which identified three issues which required clarification

(i) *Who should examine children thought to be victims of sexual abuse? Should it be consultant paediatricians or police surgeons?*

(ii) *Where should children be examined: hospital, general practitioner's surgery or police station?*

(iii) *The propriety and practicality of police and social workers working jointly or co-operatively in investigating allegations of sexual abuse* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.47, 3.10).

Significant differences in views became apparent, particularly between social workers and the police which impeded their ability to work together and ultimately led to a breakdown in interprofessional relations. Health and social care professionals emphasised a therapeutic approach and the need *'to ensure that child sexual abuse was brought into the child health arena'* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.48, 3.12). The police, however, perceived their role as *'primarily to investigate a crime'* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.51, 3.42) and were keen to retain charge of the investigation with continuation of the practice of the examination of victims by police surgeons in their surgeries. Relationships between the police and social workers were to deteriorate further due to the police's reluctance to accept the diagnosis of Dr Higgs and Dr Wyatt. The police retreated from the multi-disciplinary approach.

Parton (2006) notes that from the early 1990s child protection was increasingly perceived '*as much as a criminal justice issue as a child welfare issue*' (p.5) and that IPW was complicated by the existence of two distinct multi-agency systems, one around child protection committees (ARC re-titled Area Child Protection Committees in 1988) and the other around the more recently established multi-agency public protection arrangements (MAPPAs).

The Cleveland Inquiry Report acknowledged that child sexual abuse, as a relatively newly recognised phenomenon, posed challenges for the many agencies, both public

and voluntary, concerned with child protection in Cleveland. However, individual practitioner and agency responses to the crisis had been obstructed by

> *Lack of a proper understanding by the main agencies of each others' functions in relation to child sexual abuse*
>
> *A lack of communication between the agencies*
>
> *Differences of views at middle management level which were not recognized by senior staff. These eventually affected those working on the ground* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.243, 2).

The report condemned professionals generally for their failure to collaborate effectively in the interests of their client

> *It is unacceptable that the disagreements and failure of communication of adults should be allowed to obscure the needs of children both long term and short term in so sensitive, difficult and important a field. The children had unhappy experiences which should not be allowed to happen again* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.244, 14).

The inability to work together, experienced by police and social workers in Cleveland, can be attributed to a number of complex factors at practitioner and managerial level. The norms and values acquired by different practitioner groups during training and practice affect how problems are perceived and the solutions proposed. As Christie and Mittler (1999) have reasoned, in seeking to resolve a state of affairs social workers will employ social forms of knowledge, whereas medical staff will utilise scientific/biological and teachers cognitive/educational knowledge. In the Cleveland case, although parties may have been well motivated to work together, the different views of child sexual abuse led to disagreements as to how to proceed.

The alleged sexual abuse diagnosed in Cleveland in 1987 was mainly confined within the context of the family. It was not until the early 1990s that concern about maltreatment of children in residential care came onto the social policy agenda (Corby et al, 2001 p.38). Since that time residential childcare has come under the scrutiny of public inquiries in roughly equal measure to that of field social work at the time of writing with the investigation into abuse at Haut de la Garenne former children's home (Feb, 2008) in Jersey. .

1.6.1 Post Cleveland - Changing the Focus of Practice

A major problem identified in the Colwell inquiry was the lack of medical evidence to support concerns over neglect and abuse. Following publication of the Colwell report DHSS circulars emphasised medical diagnosis as *'a key part of the clinical picture'*

(Parton, 2004, p.86). Subsequent events in Cleveland in 1987 can be attributed in some measure to the domination of and over reliance on medical diagnosis. According to Dobson (2002), practitioner deference to the perceived superiority of doctors had unbalanced child protection systems.

Medical practitioners in Cleveland were reproached for their lack of effective collaboration with other agencies. Children were subjected to several examinations by more than one doctor and questions were raised as to whether aspects of the pediatricians' practice had been in the best interests of the children

> *By separating children from their parents and by admitting most to hospital, they compromised the work of social workers and the police. The medical diagnosis assumed a central and determining role in the management of the child and family* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.243, 6).

The Cleveland inquiry report differed in relation to former inquiries in that it referred to the 'over-zealousness' of professionals in removing children from their families. This criticism prompted a reconsideration of strategies utilised by practitioners in the best interests of the child. The proliferation of inquiries into abuse throughout the 70s and 80s created a growing unease that practitioners were confusing social and economic deprivation with abuse and/or neglect (Corby et al, 2001). There was concern that social work practice had become too focused on preventing child deaths and that responses to families were distorted as a result (Reder and Duncan, 2004). Section 17 of the *Children Act* (1989) gave statutory responsibilities in terms of 'children in need' rather than children 'at physical risk.' Children in need were defined by the 1989 Act as those whose health or development is impaired or likely to become impaired in the absence of remedial services. The focus of agency and individual practitioner work was directed more towards the emerging concepts of 'safeguarding children' and ensuring their 'well-being' as opposed to a former concern with protecting 'at risk' young people from physical abuse. 'Safeguarding' and promoting the welfare of children is defined by New Labour government as

> *The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully* (*Safeguarding the Young and Vulnerable*, DCSF, 2008, p.4).

The change in terminology marked the government's attempt to transform the culture of Children's Services to a concern with improving the welfare of all children rather than just focusing on the victims of abuse or neglect (Munro and Calder, 2005). Reactive

intervention services have been scaled down and there has been a transition towards providing a range of preventative services for all children with additional needs.

The 1989 *Children Act* also outlined a clear agenda on family support promoting engagement with families and co-operative working with parents. The development of an on-going partnership between professionals and service users was encouraged (*Working Together* DHSS, 1988) to maximise outcomes and reduce social exclusion. The form of collaboration promoted between service providers and clients has been termed co-configuration (Victor and Boynton, 1998). Co-configuration requires practitioners to adapt practices in order to respond to the changing needs of clients, to possess the ability and capacity to recognise and access expertise distributed across local systems and the skill to negotiate traditional service and team boundaries. The role of practitioners is further complicated by the need to balance the welfare of the child against the rights of the parent. The enormity of this responsibility was acknowledged in the *Report of the Victoria Climbié Inquiry*

> *staff who undertake the work of protecting children and supporting families on behalf of us all deserve both our understanding and our support. It is a job which carries risks, because in every judgment they make, those staff have to balance the rights of a parent with that of the protection of the child* (2003, p.3, 1.15).

Little et al (2003) considered the possible impact on children's services of the shift in emphasis from child protection to children in need. On the one hand they envisaged that early interventions and preventative work may

> *improve children's development and, in the long term begin to reduce the burden on children's services...Alternatively, an unintended effect may be to identify previously unreported needs and so increase the burden on children's services* (p.207).

1.7 The Victoria Climbié Inquiry 2003

Victoria Climbié died in St Mary's Hospital, Paddington in February 2000 aged 8 years old. 128 separate injuries were found on her body; the cause of death recorded as hypothermia initiated by malnourishment and restricted movement. Her great aunt, who had posed as her mother, was later convicted of her murder along with her common-law partner.

As with previous inquiries Victoria's death was attributed in part to poor practice

> *the horror of what happened to Victoria will endure as a reproach to bad practice and be a beacon pointing the way to securing the safety and well-being*

of all children in our society (*Report of the Victoria Climbié Inquiry 2003*, p.13, 1.68).

Parton (2004) analysed the differences between the inquiries into the deaths of Maria Colwell and Victoria Climbié in terms of globalisation and identity, responsibility and accountability and the legislative contexts. One finding was that the diversity and complexity of modern day households associated with the decline of the nuclear family, impeded practitioners' ability to engage with children and families.

Victoria's identity as a black non English speaking child cared for by a black, homeless, unemployed great aunt may directly or indirectly have impacted on how professionals managed her case. Although Victoria was over 8 years old when she died the issue of her attending school had not been raised by social workers. Following review of the literature on child protection investigations Chand (2008), suggested that minority ethnic children and their families were perceived by social workers and allied professionals in one of two ways. Their circumstances were either interpreted through the cultural deficit perspective which views minority ethnic lifestyles as problematic and in need of correction, or interpreted through cultural relativism which is accepting of cultural diversity and does not presume to impose mainstream values on minority groups. The implications for practice are considerable; social workers adopting a cultural deficit perspective are more likely to intervene earlier in cases involving minority ethnic families whereas those influenced by cultural relativism delay interventions. Barn (2002) highlights the role of moral judgments in the interpretation of abuse highlighting how easy it is for cultural differences and perspectives to come into conflict with established societal values

> *child abuse and neglect is a socially constructed phenomenon of the late twentieth century...Much of the literature is based upon western societies' views about the best way to raise children, and is predominantly Eurocentric and middle-class* (p.36).

The Laming report was criticised (Chand, 2008, Garrett, 2006) for its unwillingness to dilute the issue of child welfare with consideration of race and culture. Allegedly in response to practitioners' fears of being accused of racism, the report insisted that *'a child is a child regardless of colour'* (*Report of the Victoria Climbié Inquiry 2003*, p.346, 16.11). Issues of race and culture and their impact on child protection practice were therefore subsumed under a broad criticism of professional malpractice

> *There were so many instances of bad practice in this case that one simply cannot begin to determine which of them may have been influenced by some form of prejudice; and which were due to incompetence or lack of attention* (*Report of the Victoria Climbié Inquiry 2003*, p.346, 16.6).

Cultural differences between practitioners and client groups which in the 1970s were based predominantly on social class and gender have been exacerbated with the passing of time. Widespread global migration has led to metropolitan areas being characterised by their ethnic, cultural and linguistic diversity. A decline in community and a corresponding growth of individualism can also be evidenced in that Maria Colwell's neighbours reported their concerns to social services and the NSPCC whereas Victoria's abuse thirty years later went largely unnoticed and unreported.

The expansion and intensification of responsibilities in relation to child protection and child welfare work threatens to incapacitate social services departments and practitioners due to their overwhelming nature. Parton (2004) differentiates between the failure of practitioners in the 1970s to *share* information with other agencies and the inability of practitioners in the 21st century to *manage* information, *'Victoria acquired five different identifying numbers, creating ample scope for information loss and case mismanagement'* (*Report of the Victoria Climbié Inquiry 2003*, p.94, 5.116).

Many of the interprofessional issues identified in the Cleveland Report (1987) were to re-emerge in the Victoria Climbié Inquiry (2003). Poor relationships and a lack of collaboration between the police and social workers were once again evident

> *Haringey Social Services itself seems to have its own particular culture and ways of working within the child protection framework. It seems that they are extremely powerful within the child protection network and some social workers work hard to actually prevent police involvement* (*Report of the Victoria Climbié Inquiry 2003*, DCI Wheeler, p.312, 14.17).

Different understandings of practitioners' communication and intentions impacted adversely on subsequent practice *'I cannot account for the way other people interpreted what I said. It was not the way I would have liked it to have been interpreted'* (*Report of the Victoria Climbié Inquiry 2003*, Dr Ruby Schwartz p.9, 143). Recollections of interprofessional exchanges differed markedly between practitioners. A paediatrician and a social worker's account of a shared telephone conversation, concerning Victoria's burns and whether or not they had agreed they were accidental, were unable to be reconciled (*Report of the Victoria Climbié Inquiry 2003*, p.258).

As in former inquiries, the transfer of relevant information across agencies was found to be unsatisfactory. At the time of her death Victoria was known to four social services departments, two child protection teams and she had been admitted into two hospitals because of suspected deliberate harm. The policy of withholding information rather than sharing it characterised individual and agency practice and was compounded by mismanagement and inadequate referral systems. Resistance to sharing information across professional groups was compounded by issues of consent and confidentiality.

Goldthorpe (2004) asserts that information sharing is a difficult area of practice and professionals require further guidance on the implications of the *Data Protection Act* (1998) and the *Human Rights Act* (1998), which came into force in the UK in October 2000. Similarly Calder (2004) acknowledges that *'workers trying to decide when information can be shared without consent have a fine line to walk'* (p.230). The *Data Protection Act* states that personal information about children and families is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. Disclosure of confidential information is permitted by the law in order to safeguard a child from significant harm but this does not include children defined as 'in need' and disclosure must be justified by the facts of the case. Article 8 of the *Human Rights Act* details a right of respect for private and public life, an individual's home and correspondence. Intervention is however justified on legal grounds including child protection.

In response to the ambiguity surrounding the appropriate sharing of information guidance on when and how practitioners can legally share information to support good practice was produced in 2008 (DCSF).

In a significant departure from the findings of former inquiries senior managers as well as practitioners were identified as responsible for Victoria's tragic demise. Lord Laming condemned the reluctance of senior managers to accept responsibility and attempt to 'pass the buck' and called for

> *a clear line of accountability for the protection of children and for the well-being of families. Never again should people in senior positions be free to claim - as they did in this Inquiry - ignorance of what was happening to children* (*Report of the Victoria Climbié Inquiry 2003*, p.8, 1.42).

The Victoria Climbié Inquiry highlighted the gulf that existed between practitioners' and managers' perceptions of the agencies they represented

> *Front line staff may well have a different perception of the organization they work in from that of their senior managers. Based on the evidence to this Inquiry, the differences could only be described as a yawning gap* (*Report of the Victoria Climbié Inquiry 2003*, p.5, 1.25).

The lack of a shared purpose across practitioner and managerial levels resulted in *'sloppy and unprofessional performance'*, poor allocation of resources and a failure to respond when circumstances necessitated; *'the principal failure to protect her was the result of widespread organizational malaise'* (*Report of the Victoria Climbié Inquiry 2003*, p.4, 1.21).

1.7.1 The Role of the Child

Conceptualisations of children and childhood have shaped legislative and professional responses to child abuse and more recently child welfare. Tensions between children's rights and parental rights and responsibilities have been encountered by practitioners and highlighted by the inquiry reports. During the 1960s and 1970s children were viewed as passive recipients of services, it was only during the 1980s that the rights of children and young people to participate were acknowledged in legislation (*Children Act*, 1989) and addressed in practice approaches.

However, it is apparent from the inquiry reports including Victoria Climbié (2003) that while practitioners sought to act in the best interests of the child few consulted the young person concerning their circumstances. Goldthorpe (2004) laments professionals continued inability to consider the child's perspective. Of the 211 social work days allocated, Victoria had been seen for a total of 30 minutes, amounting to four occasions, on only two of which she was seen on her own. Within the Cleveland inquiry report it was recognised that practitioners had focused too narrowly on policies and procedures and *'the child themselves may be overlooked. The child is a person and not an object of concern'* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.245). The report recommended *'Professionals should always listen carefully to what the child has to say and take seriously what is said'* (*Report of the Inquiry into Child Abuse in Cleveland 1987*, p.245). Where disclosure work was undertaken practitioners' motivations and their competence to undertake it, were questioned *'There is a need for debate about skills and working with children'* (*Report of the Inquiry into Child Abuse in Cleveland 1987, 12.33).*

> *There was insufficient expertise, over-enthusiasm, and those conducting the interviews seemed unaware of the extent of pressure, even coercion, in their approach* (*Report of the Inquiry into Child Abuse in Cleveland 1987, 12.42).*

In recent years the children's rights movement has made considerable advances in supporting children to actualise identities as active and competent members of society. In 1989 the UNCRC extended children's rights of provision and protection (DRC, 1959) to include the right to participate (the 3 Ps). Although the *Children Act* (1989) required welfare agencies to take account of the wishes and desires of individual children in addition to considering what is believed to be in their best interest; the UN Convention has not been enacted into English law to give children the same legal rights and protection as adults (Goldthorpe, 2004).

1.8 Barriers to Interprofessional Working Emerging from the Inquiries

The underlying problems with child protection systems identified by inquiries into child deaths and abuse since the 1970s have been highly repetitive; raising concerns as to

whether the reports and their recommendations have had any impact on improving systems, processes and practice. Hudson (2003) refers to the collective inadequacies cited as part of the 'fragmentation problem' where services for children existed and operated in isolation from one another.

Barton and Welbourne (2005) observed that Lord Laming's report, like others which had gone before, noted a correlation between the likelihood of child tragedies occurring and the inability of practitioners to perform their roles adequately due to deficiencies within the organisational framework. Analysis of inquiries' findings identified common shortfalls related to communication, assessments, resources, and policies and procedures (Reder and Duncan, 2004). Much has been made of the failure of professionals to communicate and work together effectively (Harlow, 2004). Although a broad criticism of 'communication failures' has been leveled at practitioners and agencies, Reder and Duncan maintain *'The issues of communication are far more complex than has ever been envisaged by inquiry panels'* (2003, p.84). They distinguish between practical, interpersonal and psychological limitations in practitioner communication. Practical issues cited in inquiry reports focused on administrative delays, poor record keeping and lost messages. Interpersonal short-comings in communication concerned professionals neglecting to include relevant practitioners in crucial meetings or to inform other stakeholders of pertinent information and the failures *'of various professionals sharing, not just factual information, but also their respective expertise'* (Parton, 2004, p.86).

Psychological factors are cited as responsible for poor communication in instances that concerned how practitioners thought about a case *'Professionals did not think beyond their circumscribed involvement in a case and keep the wider network in mind'* (Reder and Duncan, 2003, p.83).

Explanations for the reasons behind failures in communication between professional groups differ. Brandon et al (1999) cite a lack of respect for, or mistrust of other professionals' perspectives. Similarly, Davies (2003, p.203) suggests that in spite of the rhetoric of teamwork and the restructuring of working arrangements, there is still some hesitancy in valuing the contribution of colleagues from different professions. However, Sinclair and Bullock (2002) attributed poor interprofessional communication to practitioner uncertainty around issues of consent and confidentiality. The Victoria Climbié Inquiry Report (2003) acknowledged obstructions to the exchange of information within and between agencies and recommended that they be addressed at national level by the government, *'the free exchange of information about children and families about whom there are concerns is inhibited by the legislation on data protection and human rights'* (*Report of the Victoria Climbié Inquiry 2003*, p.9, 1.46).

The bureaucracy and complexity which is associated with interprofessional environments is often experienced as detrimental to collaboration. An array of organisational rules and professional codes of conduct are brought together which cause conflicts of accountability for practitioners (Barton 2002). IPP is not easily achieved due to its intense nature *'working together means contact between differing emotional realities, different systems of meaning and different types of bias'* (Morrison, 1996, p.130). Child protection work in particular has been widely recognised as emotionally demanding. High anxiety levels and feelings of inadequacy were identified by Woodhouse and Pengelly (1991) amongst practitioners working with families to protect children. The pressures experienced were unconsciously transferred onto interactions with other professionals.

Munro (2002) attributed failures in collaboration between professional groups to the different frames of thinking apparent in child protection practice. Traditionally presented as opposites on a scale, qualitative, represents a response from the heart and values interpersonal skills such as empathy, whereas quantitative, refers to responding with the head and focuses on scientific knowledge and rational arguments. Social work has been rebuked for an over reliance on qualitative methods whereas medicine has emphasised quantitative. Munro contends that frames of thinking exist along a continuum and complement each other. She advocated that both approaches should be promoted during practitioner training to aid understanding of other professional groups and also to secure the best outcomes for clients.

Reder and Duncan (2004) question the likelihood of practitioners learning from inquiry reports and their recommendations which focus on policies and procedures and fail to address the complex reality that is practice. They advocate that child protection practice is more likely to improve if practitioners have access to theoretical frameworks to inform assessments, training which emphasises the rationale for clear communication, greater experience of talking and working with young people during pre and post qualifying training.

1.9 Evolving Social Policy and the Re-configuration of Services

Traditionally the welfare state provided support for individuals during times of need. Commentators on social policy have advocated a new form of welfare state, a 'social investment state' which focuses on children and families as they will provide the welfare of the future (Esping-Anderson, 2002). The shift in social policy initiated under New Labour since 1997 is summarised by Lister

> *the shift in new Labour's welfare philosophy can be understood as a paradigm shift from concern with equality to a focus on social inclusion and opportunity, with which comes responsibility* (2001, p.431).

Health and welfare services have grown and become increasingly complex in response to an ageing population and patients'/clients' higher expectations. Successive governments have sought to cut costs through reduction of duplication and the provision of more integrated services. Partnership working has become a New Labour policy imperative, distinct from the internal market and competition promoted under the Conservatives (Townsley et al, 2004); multi-agency working being presented as a means to address the complex needs of children and families which routinely cross agency and professional boundaries. However, the political and financial imperatives should not be overlooked.

In 2003 Lord Laming found that child welfare reforms had had little impact on improving the co-ordination, quality and accessibility of services available to vulnerable children and families (*Report of the Victoria Climbié Inquiry 2003*, p.7, 1.32). To put an end to the patchy provision which had resulted in children such as Maria and Victoria 'slipping through the welfare net,' he proposed a major re-organisation.

In September 2003 the Government published Every Child Matters (DfES, 2003) which was presented as a direct response to Lord Laming's report and its 118 recommendations. However, Parton (2006) suggests that the Green Paper had already been largely written as part of a long term policy to provide support and intervention earlier in children's lives around education in order to reduce crime and unemployment in later life. Indeed, NEETs (Not in Education, Employment or Training) along with incidences of teenage pregnancies top the league table of indicators chosen by councils for their Local Area Agreements (*Building Resilience: Reducing the Impact of Family Poverty*, speech by Beverley Hughes to the Association for Directors of Children's Services (ADCS) conference July 11th, 2008).

In a substantial restructuring of the existing system Local Authorities were required to merge education and social services to form a single organisation known as a Children's Trust, headed up by a Director of Children's Services. Central responsibility for Children's Services was transferred from the Department of Health to the Department for Education and Skills (DfES). A new position of Minister for Children, Young People and Families was created, based at the DfES and an independent Children's Commissioner was appointed to champion the interests of children and young people. In order to manage and monitor interactions with agencies and professionals, each child would be allocated a unique identification number making the child protection register obsolete. Where children are known to multiple agencies a 'Lead Professional' would be assigned to act as a single point of contact for a child and their family and to co-ordinate practitioner responses.

Hudson (2005) comments how the Children's Services agenda has gone beyond partnership working *'to what might be termed "whole systems working"'* (p.7). The new structure was intended to further ways of working focused on prevention and early intervention rather than targeted protection; the aim being to address children's and families difficulties at an early stage to prevent the build up of stresses which could potentially lead to abuse (Munro and Calder, 2005). The corresponding reduction in organisational boundaries created efficiency savings and was promulgated as improving accountability from front line staff through to senior managers. Professional accountability was further extended by the *Children Act* (2004), section 10 of which placed a new legal duty on local authorities and their partners to co-operate to safeguard and promote the welfare of children. Although schools were not named specifically under section 10, they were expected to work with local authorities to implement the Act and inspected against the 5 ECM outcomes by Ofsted.

Child welfare reforms introduced to protect and promote the well-being of children and young people have been numerous, resulting in changes to the provision and operation of services at local and national level. The responsibilities of child care professionals with regard to the welfare of children have broadened; however, public respect for the professions which formerly facilitated practitioner access and engagement has deteriorated (Stanley, 2004). In an attempt to regain public confidence entry standards to some professions e.g. nursing and social work, have been increased, necessitating that new entrants possess a degree.

Local Safeguarding Children's Boards (LSCB) established as part of the wider context of Children's Trusts, replaced JCAC. The core objectives of the LSCB, set out in the *Children Act* (2004) extend beyond child protection to the co-ordination of resources to safeguard and promote the well-being of children and young people in line with the 5 ECM outcomes

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

The creation of unified services centred on the education sector was undertaken to assist practitioners' access to children and their families. Resource has been allocated in the last decade to the building of extended schools offering a 'one stop shop' and Children's Centres co-located with schools on school premises. Through the extended schools strategy there is opportunity for schools to develop closer working relationships

with social care and health partners and provide access to a range of services to children, young people and families.

The CAF was one of the measures introduced to support attainment of the 5 ECM outcomes. It was devised as a multi-agency tool to *'shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place'* (Brandon et al, 2006, p.14). However, its use is confined to children in ordinary settings who may have additional needs. It is not to be deployed where abuse is suspected and does not support practitioners in deciding when cases of need should become cases 'in need of protection' (Munro and Calder, 2005). The Integrated Children's System (ICS, 2002), a parallel conceptual framework, is utilised with the most vulnerable children, those defined as 'in need' under the *Children Act* (1989), including looked after children (LAC). In contrast to the CAF which is voluntary, ICS is a statutory tool. Calder (2004) argues that ICS has done nothing to promote inter-agency working as due to a failure to issue single agency guidance and a lack of widespread dissemination the onus has fallen on social services.

Munro and Calder (2005), contend that conflicts are inherent in the government's safeguarding agenda producing mixed messages for agencies and practitioners. The shift in policy from 'child protection' to 'children in need' requires practitioners to realign their resources and practice to *support* rather than *police* families. A focus on needs rather than risk, evident in both the CAF and the ICS means that there is a danger that *'the most vulnerable group of children are being exposed to more, not less risk'* (Munro and Calder, 2005, p.445). Conversely, despite the push towards early intervention, media coverage of high profile child abuse cases has often resulted in resources being shifted away to child protection.

1.9.1 Early Evaluation of the CAF - Emerging Themes

In terms of furthering inter-agency working it was envisaged that the CAF would

> *improve the quality of referrals between agencies; promote a common language about the needs of children and young people; enable the appropriate sharing of information; and reduce the number of different assessment processes that children and their families might experience* (*Every Child Matters: Change for Children*, DfES, 2004).

In 2005 a team of researchers from the University of East Anglia, (Brandon et al), were recruited as independent evaluators by the DfES to assess the effectiveness of the CAF and Lead Professional role in 12 (predominantly urban) Local Authorities trialing the new ways of working before national roll-out in April 2006. The research question utilised by the team was *'what helps or hinders practitioners in implementing Common*

Assessment Framework (CAF) and Lead Professional (LP)?' Telephone interviews were conducted with practitioners and this data was supplemented by case studies of Local Authority (LA) demographics, history, structures and CAF processes. The factors which Brandon et al (2006, p.49-50) identified as helping or hindering implementation of the CAF and LP role are shown in the following table.

Factors that help implementation	Factors that hinder implementation
• Enthusiasm at grass roots and managerial level	• Lack of agency join-up/conflicts of interest
• Perceived benefits for families	• Lack of professional trust
• History and practice of good multi-agency working	• Mismatch between the vision and the practice
• Learning from others	• Confusion and muddle about processes
• Existing IT system	• Skill/confidence gaps
• Clear structure for CAF/LP process	• Lack of support
• Good training, support and supervision	• Anxiety about increased workload
	• Anxiety about new ways of working

Table 1.1 Factors that Help/Hinder Implementation of the CAF and LP Role

Although some practitioners spoke positively of short and possible long term benefits for families who participated in a CAF, the process was considered by others to be intrusive to family life. Co-operation from families was deemed essential but could not be guaranteed. Research undertaken by Moran et al (2007) noted reluctance from some families to engage with a multi-agency team due to concerns about how the information would be used and the stigmatisation associated with neighbours' use of the saying *'they are known to social services'* (p.146).

From the interview data Brandon et al found that in some areas the CAF process prompted representation at meetings from agencies which had previously proved difficult to engage. However, other Local Authorities' experience was of problems in getting certain sectors to sign up for the CAF and LP, particularly schools, where a considerable proportion of staff had resisted undertaking the training.

Although duplication of assessments was evident, this was attributed to the newness of the CAF as opposed to a lack of inter-agency trust for at the time it was being trialled rather than implemented (Brandon et al, 2006). Perceived differences in workload and an absence of shared terminology were seen to impact upon practitioners' commitment to the process. Poor coherence of practice across agencies resulted from the lack of a shared vision.

In addition to confusion about the CAF process the research uncovered ambiguity concerning the LP role

> *There needs to be an understanding that LP working is about being the coordinator of services for the child, not taking full responsibility for the case. This is tending to happen as everyone is so pressured in their work* (education supervisor cited in Brandon et al, 2006, p.407).

Practitioner unwillingness to be a LP, which involved chairing meetings and following up on agreed actions, was noted by Brandon et al. Anxiety was expressed at the idea of coping with a new, additional role, and there was felt to be insufficient tailored training to support individuals taking on this responsibility. Other practitioners articulated anxiety in general concerning the impact of CAF on their professional identity and role

> *my role has changed drastically in the last 2 years. I was trained to save lives but now we're all a bit like social workers, but doing tasks we're not trained to do, such as chairing meetings and delivering difficult information* (health practitioner cited in Brandon et al, 2006, p.419).

Moran et al (2007) established that some practitioners felt professionally undermined by staff with general roles who carried out aspects of their work. For some practitioners *'multidisciplinary working produced a blurring of professional boundaries and threats to professional identity'* (p.149). Contrasting research undertaken by Workman et al (2008) in an established interprofessional health and social care team, questioned the threat integrated working posed to professional identity. Reflection on the experience of practitioners in the pathfinder integrated team at Sedgefield revealed '*anxieties about dilution of professional identity have not been realized in practice, partly because they were over-stated in the first place'* (p.29). Indeed, a conclusion of the research was that *'existing roles have been strengthened rather than undermined' (p.35).* Workman et al, attribute the positive experience of the practitioners within the Sedgefield team to effective design, planning and project management coupled with administrative support for practitioners which enabled nurses and social workers to focus on their specialisms.

In a similar vein, Frost and Lloyd (2006) acknowledged that although change creates challenges for professional identity, effective joined up working does not mean that practitioners need lose clarity about their roles

> *Just as an effective football team will contain players of different attributes and skills that form a successful whole, so should a good multi-disciplinary team. Each worker should have a clear role and a clear sense of how they contribute to a wider purpose* (p.14).

In their study of IPP in a stroke care unit, Baxter et al (2008) draw attention to the complexity of professional role and identity and the interrelationships between knowledge and skills and power and status. Their findings suggest that although some blurring of roles and role substitution occurred *'depth of knowledge and skills was perceived as the central element preserving professional differences'* (p.248).

Practitioner roles allied to education, health and social care have proliferated with the formation of Children's Services and associated initiative funding, yet they lack the status and training associated with the traditional professions. Peckham and Exworthy's (2003) research in a health context notes that with the introduction of new roles the boundaries between lay people and professionals become blurred, there is a *'changing balance of power between professionals, tensions between professional groups and the organisational structure within which professionals work'* (p.159).

Brandon et al's findings echo the existing literature on change and multi-agency working in that facilitators and barriers to CAF working were identified. However, in addition the centrality of good relationships across practitioner groups and with service users was highlighted as integral to improving outcomes.

1.9.2 Changing Roles, Changing Relationships?

The creation of Children's Trusts represented an attempt by New Labour to break down the barriers cited as obstacles to good practice in successive inquiries into child deaths. A criticism of the Government's response to the recommendations from the Laming Inquiry is that the majority of changes initiated have been structural, and that little attempt has been made to address cultural issues which impede practice (Reder and Duncan, 2004). Co-location, multidisciplinary teams, common assessment processes and information sharing may no longer be hindered by organisational boundaries; however, although the physical barriers have been removed diverse cultures, beliefs and values remain which during times of uncertainty can hinder collaboration across professional boundaries.

In seeking to improve IPW the government may have inadvertently created new tensions. Legal and financial pitfalls have emerged which have serious implications for Children's Trusts, *'joint funding is not mandatory, merely based on the voluntary partnerships encouraged by s.31 of the Health Act 1999'* (Goldthorpe, 2004, p.121). Children's Trusts are an amalgamation of education and social services however, neither the LA Director for Children's Services nor the Minister for Children has any responsibility for children's health services. As the Royal College of Pediatrics and Child Health points out there are *'serious dangers that children's health services will be less well integrated than at present'* (2003 in Goldthorpe, 2004, p.128). Nevertheless,

at a strategic level, Primary Care Trusts along with education have a lead role on LSCBs.

Whilst organisational reconfiguration may, according to proponents, bring benefits related to co-terminosity, antagonists claim that physical reorganisation is not the answer as it fails to address the psychology of communication. Reder and Duncan (2003) posit that professional groups will create their own boundaries based on beliefs, attitudes, and personal circumstances, irrespective of organisation structure. Similarly, White and Featherstone (2005) found in their study of interprofessional talk and social relations, that co-location did not straightforwardly lead to better communication and that more attention needed to be paid to professional narratives which maintain ritualised ways of working and reinforce professional boundaries. Hudson (2007) however, contends that co-location is crucial to discourse across professional boundaries and the development of common aims within a multi-agency team

> *co-location is a crucial - even a necessary - factor in integrated working. Weaker alternative such as 'virtual teams' would not permit the rich networking that underpins a shared approach to problem solving* (p.12).

Team working is integral to government policy across the health and welfare workforce, however the traditional idea of 'teamwork' to be found in the literature is inappropriate within this particular practice context, suggesting as it does a tightly-knit small group sharing a common purpose and engaged in similar activity. A recognised strength of IPW is the diversity of approaches and skills captured within a group of professionals. Also featuring strongly in the current policy climate is the personalisation agenda where in seeking to meet individual clients' needs, practitioners' innovate and transgress traditional service and team boundaries. Engeström (2001) referred to this new and responsive form of practice as 'knotworking.' In seeking to work interprofessionally and improve outcomes for service users, practitioners' activity prioritises the network over the traditional notion of team.

The Government's commitment to the provision of specialist skills within a multidisciplinary team is clearly expressed within the Every Child Matters documentation (DfES, 2004) where *'making the best use of specialist skills'* and *'being authoritative and confident in our individual and collective practice'* are promoted (p.5). However, concerns over a lack of congruence between government rhetoric, policy and practice are evident within the welfare sector's literature (Calder, 2004). Multi-agency working has been characterised to date by a reliance on short term initiative funding which has made staff recruitment and retention problematic (Freeth, 2001). Research findings indicate that effective IPW is based on co-operation and trust which must be developed and sustained over time (Hudson, 2007). Chronic staff shortages have

necessitated practitioner 'flexibility' to operate outside of their specialisms and cover other roles. IPW has been hampered by *'staff shortages, financial imperatives and government directives'* (Miller et al, 2001, p.9).

The empirical literature however, is not entirely pessimistic. Recent studies on early interventions and collaboration in multi-agency contexts (Moran et al, 2007, Workman et al, 2008) have identified significant benefits for practitioners including a greater understanding of partner agencies' roles, improved inter-agency communication and an increased ability to respond to clients' needs. Although the relationship between poor IPW and child tragedies has been made apparent by numerous inquiries into child deaths, there is as yet insufficient data to support a positive correlation between IPW and improved outcomes for clients.

1.9.3 Partnership Working - the Rhetoric and the Reality

The tragic demise of Baby Peter in the north London Borough of Haringey in 2007 prompted local and national review of the government's extensive reforms of the child protection system post Climbié (BBC, 2008). The *Children Act* (2004) prioritised joint working by requiring local public bodies to integrate services for children, managed and delivered through Children's Trusts. Aligned with the new structure and styles of working was a move away from the narrow perception of child protection to the promotion of child wellbeing. The focus on children in need of additional services has been instrumental in diverting resources away from child protection (Munro, BBC Panorama, 17/11/08). This concern is supported by Ofsted's annual review of Children's Services which found 40% of serious case reviews, (investigations into child deaths or serious injury), to be unsatisfactory (BBC, 2008).

Although the government anticipated that Children's Trusts would address the well documented problems of professional communication, cooperation and collaboration, an independent report by the Audit Commission (2008), found that while the *'foundations are in place and relationships are settling down, having Children's Trust arrangements is not the same as improving outcomes for children' (Are we there yet?* p.39).The Audit Commission report identified that the evolving nature of government policy and guidance since 2004 had caused uncertainty and some confusion at local level regarding the status of Children's Trusts. Substantial local variation was apparent with many authorities failing to make a clear distinction between strategic, executive and operational issues. Receipt of the serious case review for Baby Peter coupled with the inconsistencies cited between Children's Trusts by the Audit Commission prompted Ed Balls, the then Secretary of State for Children, to instigate an independent report of the progress made by Children's Trusts nationally.

Following calls in the House of Commons for government intervention in a failing council (Prime Minister's Question Time, 12/11/2008) an immediate review of children's welfare services in the London Borough of Haringey was also initiated to determine where accountability lay for the failure to protect Baby Peter. The report, produced by Ofsted with the Healthcare Commission and HM Inspectorate of Constabulary, found Haringey to have the worst child protection systems of any borough scrutinised by a review in the last 12 months. Numerous shortcomings were identified including:

- Failure to identify children at immediate risk of harm and to act on evidence. This included a failure to talk to children believed to be at risk.
- Agencies acting in isolation from one another without effective co-ordination.
- Poor gathering, recording and sharing of information.
- Insufficient supervision by senior management.
- Failure to implement the recommendations of the Victoria Climbié inquiry, which heavily criticized it five years ago (The Guardian website, 02/12/08).

Lord Laming's report *The Protection of Children in England: A Progress Report* (March 2009) provided an update on the improvements being made across the country to implement effective arrangements for safeguarding children. The report identified the barriers which impeded good practice from becoming standard practice, and made 58 recommendations for actions to be taken to make systematic improvements in safeguarding children. Laming (2009) noted that despite substantial progress in multi-agency working

> *there remain significant problems in the day-to-day reality of working across organisational boundaries and cultures, sharing information to protect children and a lack of feedback when professionals raise concerns about a child* (p.10).

The report recommended that formal procedures are put in place for managing conflict of opinions between professionals from different services over the safety of a child. Feedback on the effectiveness of the CAF as a tool to improve outcomes for children and young people was mixed. Although not the focus of a recommendation, Laming cautioned *'All agencies need further help in using the CAF effectively and consistently'* (p.42).

1.10 Conclusion

Through consideration of inquiries into child abuse and child deaths this chapter has highlighted the issues within which IPP is historically embedded thereby contributing to improved understanding of present day tensions in interprofessional work.

Government responses to the findings of inquiries have sought to overcome the *'ingrained professional demarcations* (which have) *hindered successful collaboration'*

(Payler et al, 2007, p.157). That child deaths continue to occur which may have been preventable, provides a strong motivation for joined up practice but also attests to the challenges involved achieving it.

Health and welfare services have changed radically since the Second World War increasing the number and type of practitioners focused upon protecting and promoting the well-being of children and young people. The chapter has also highlighted the challenges posed to practice by the increased diversity and complexity of family life. Consideration has been given to legislation and its role in service modernisation and the exertion of management control over practitioners. Practitioners' roles have been shown to have become progressively more directed by government policy which has mandated a move towards a team based model of service delivery, redefining professionals' roles from that of autonomous experts to members of multi-disciplinary teams.

The chapter has identified that key drivers for modern service provision are societal recognition of the value of children and young people, development of a child centred approach to practice and the rights of the child to participate in decision making. Forthcoming chapters will explore these themes further.

Chapter 2 Literature Review

2.1 Aims of this Literature Review

This chapter examines the contribution of the academic, practitioner and grey literature on collaborative working in the field of health and welfare. The rationale for the review is to place this research within the wider context, to inform the research questions by avoiding unnecessary duplication, but also to identify potential areas which may have been overlooked. Review of the literature is also undertaken to demonstrate appreciation of the current state of knowledge within the field of IPP and the research approaches and strategies which have been utilised. Jankowicz (2005, p.161) explains the rationale for the critical review '*There is little point in reinventing the wheel...the work you do is not done in a vacuum, but builds on the ideas of other people who have studied the field before you.*'

According to Aveyard (2008, p.5), a literature review

> *is the comprehensive study and interpretation of literature that relates to a particular topic...* [and] *leads you to the development of new insights that are only possible when each piece of relevant information is seen in the context of other information.*

The previous chapter demonstrated the need for knowledge and understanding of practice within former structures and governance arrangements. Through analysis of practitioner, academic and grey literature this chapter develops further awareness of the history and evolution of practice. It begins by outlining the limits of the literature review before moving on to consider the rationale for working together, definitions and structures and the contribution of theory.

2.2 Literature Search Profile

Literature reviews may be approached in several ways the most detailed and rigorous type being the systematic review, where researchers adhere to strict protocols in seeking to address a pre-defined question. Hart (2003) defines varieties of research and describes their different purpose and features. This research adopts an interpretive paradigm and the aims of the study correspond most closely with what Hart terms 'illuminative evaluation' which purports

> *To make key behaviours or attitudes in a given context visible for contemplation. The aim is to enlighten policy makers or practitioners to the dynamics of behaviour in comparable situations in order that those behaviours can be understood and attended to in a more appropriate way. A range of evidence, often qualitative is employed* (p.46).

2.2.1 Searches

A systematic search of relevant databases (ASSIA, CINAHL, Google Scholar, British Education Index - 1975 to date, ERIC, EBSCO Host, Sociofile and Zetoc) was conducted to capture the literature pertaining to collaboration and other inter-changeable or related terms as well as professional and practitioner cultures and identity. Key search terms utilising Boolean logic were:

- 'inter-professional' OR 'partnership' AND 'health and social care'
- 'collaborative' AND 'health and social care'
- Multi? AND 'health and social care'
- ?professional AND 'health and social care'
- ?disciplinary AND 'health and social care'
- 'professional cultures' OR 'practitioner cultures'
- 'professional identity' OR 'practitioner identity'
- 'integrated children's services'

Pertinent authors were identified from reference lists in relevant papers and names were used to expand the search. Journals in the field of practitioner working and learning were searched either electronically or by hand, including:

- *British Journal of Sociology of Education*
- *Child Abuse Review*
- *Child and Family Social Work*
- *Children and Society*
- *Educational and Child Psychology*
- *Health and Social Care in the Community*
- *International Journal of Public Sector Management*
- *Journal of Children's Services*
- *Journal of Education Policy*
- *Journal of Integrated Care*
- *Journal of Interprofessional Care*
- *Journal of Workplace Learning*
- *Learning in Health and Social Care*
- *Oxford Review of Education*
- *Qualitative Health Research*
- *Qualitative Research in Psychology*
- *Sociology of Health and Illness*

In addition, government department and professional websites were searched for official publications and guidance and research and evaluation reports e.g. Every Child Matters, DCSF, DH, CWDC and SCIE.

2.2.2 Grey Literature

Grey literature includes unpublished studies and studies published outside widely available journals. As grey literature is a source of information that does not necessarily employ peer review, critics have questioned the data's validity. Alternatively, the inclusion of grey literature is considered by some (e.g. Hopewell et al, 2007) to help overcome a number of the problems of publication bias, which can arise due to the selective availability of data. Hart (2002, p.94) commends the grey literature to the scholar and provides the following summary of the types of material included in this category

- theses undertaken for higher degrees
- papers and speeches given at conferences
- notices of research in progress
- newspaper articles and editorials
- personal diaries and letters

Grey literature was included in this study and searched using SIGLE (System for Information on Grey Literature) and Index to Theses.

2.2.3 Inclusion and Exclusion Criteria

The abstracts from identified articles were examined to ensure that they met at least one of the following criteria

- The article focused on IPW and made reference to the relationships between different practitioner groups and/or the experience of the individual practitioner.
- The article considered the impact of collaborative working on professional cultures/identity.
- The context of the research was applicable to the research question e.g. based in education, health and social care and/or working with children and young people.

This meant that articles which focused on outcomes for clients were excluded.

2.2.4 Language and Date Restrictions

The search was restricted to papers published in English from 1997 onwards which coincides with when New Labour came to power and is seen by many as a key turning point in the modernisation of public service provision.

2.2.5 The Role of Theory

Critical analysis and evaluation of the literature pertaining to practitioners' experiences of working in multi-agency contexts is undertaken utilising Cultural Historical Activity Theory (CHAT). CHAT, a conceptual framework with sociological origins, is used to support explanation and further understanding of social and professional practices, learning and organisational change.

2.3 The Collaborative Imperative

Historically people and organisations have been brought together to improve health. Experts have been advising the government of the day on the need for interprofessional teams to work in partnership with patients and their carers for more than eighty years (Leathard, 2003).

Interprofessional developments have been based on the premise that the benefits of working in partnership with other professionals, clients and their families; sharing knowledge, skills and resources to find innovative solutions to the complex and often interrelated social and health problems of modern society outweigh the difficulties (Freeman et al, 2002). Service users' needs have become increasingly complex and rather than falling within the domain of one agency, require a coordinated response from a range of services. New Labour advocated early interventions and joined up services as part of a strategy for tackling the endemic problems of disadvantage which characterise some communities. Partnership working has been presented as a way of improving services and in turn outcomes (Dickinson and Glasby, 2008). Irvine et al (2002, p.208) cite the realisation that one's profession or agency alone is unable to provide for all of the client's health and welfare needs, has placed professionals '*under a moral obligation to co-operate with others who may share a professional responsibility to alleviate hardship and suffering in individuals, families, groups and communities.*'

Pacanowsky (1995) termed the complex problems experienced in modern society *'wicked.'* Wicked problems are multifaceted, characterised by their doggedness, their unpredictable outcomes and adverse knock on effects into other areas. Wicked problems present a compelling argument for collaboration as they cannot be resolved using a linear process and require the application of many specialisms such as those found within a multi-agency team. An additional benefit of multi-agency working cited in *ECM: Next Steps* (DfES, 2004) is that where teams are based around universal services such as schools and early years settings they enable better access to specialist support in a non stigmatising way.

The Laming Report (2003) alluded to the need to share the burden of responsibility for child protection which had traditionally fallen upon social workers amongst professional

groups and agencies, *'it should not be possible for multi-agency plans to safeguard children to be drawn up and then left solely for social services to implement'* (p.361).

In addition to the moral imperative promoted by New Labour, Huxham and Vangen (2005) outline several further bases for collaboration with other organisations (efficiency, learning, shared risk etc). However, they warn practitioners and policy makers alike that joined up working is *'inherently difficult and resource consuming'* and counsel against doing it *'unless you have to!'* (p.37). Williams and Sullivan (2010) point out that while the private sector undertakes robust assessment of the value of entering into collaboration, the public sector displays an unquestioning belief in the advantages of working together. Sengupta et al (2003) refer to the phenomenon of *'collaborative inertia'* where the performance of a group can actually fall short of what an individual working alone can achieve. The ramifications of insufficient investment in joined up working are highlighted by the National Audit Office (2001, p.49)

> *If organisations do not establish good working relationships based on mutual support and trust and open sharing of information then joint working will fail and improvement to public services will not be achieved.*

King and Ross (2003) have voiced scepticism as to the rationale behind the impetus for IPW noting that the concern with cost effectiveness in health and social services has *'coincided with a growing emphasis amongst service providers and policy makers on the inherent value of inter-professional working'* (p.52).Their unease with IPW is that the transformation in the organisational structure and delivery of services has been brought about primarily to contain expenditure. Barrett et al (2005) comment that by preventing duplication of provision *'it was assumed that integrated services would require fewer resources'* (p.16).

During the last three decades rationalisation, agglomeration, and economies of scale have been applied to public services in the UK as well as to business and industry, resulting in unprecedented organisational change. The new public management and modernisation agenda gained momentum under New Labour and re-shaped service provision around patient needs, e.g. The NHS Plan (DoH, 2000). Public-private partnerships were encouraged in pursuit of more efficient service provision. 'Working together' and 'joined up working' became policy drivers and guidance was addressed to all practitioners and front-line managers (National Occupational Standards MH81, Skills for Health). In 1998 Tony Blair announced the following four key principles of public sector reform which have shaped subsequent policy

- high standards of provision and full accountability
- devolution of decision-making about service delivery to the front line, to encourage diversity and local creativity

- flexibility of employment so that staff are better able to deliver modern public services
- promotion of alternative providers (from the private and voluntary sectors) and greater choice for users (Taken from Anning et al, 2006, p.3).

The government crusade for IPP in the context of working with young people has emphasised an outcome led approach e.g. be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being (DfES, 2003). Anning et al (2006) note that despite New Labour's *'enthusiasm for joined-up services, we have little robust evidence of the impact of reshaping services on either outcomes or processes'* (p.8). Although the benefits of multi-agency working are cited frequently in government documents and on the Every Child Matters website, Hughes (2006) observes that research evidence is scarce and considers the implication *'that multi-agency working is beneficial ...to be at odds with the current desire for evidence-based practice'* (p.64). Robinson and Cottrell (2005, p.548) observe that '*despite the rhetoric of "evidence-based policy and practice" this major shift in public policy has been subject to very little theorizing or research.*' Similarly, a review of the literature underpinning interprofessional education (IPE) by Barr et al (2005), revealed much of it to be descriptive, anecdotal and lacking in theory. The absence of theory driven guidance has impacted on how models of collaborative working are implemented and operationalised at local level.

Bertram and Pascal (1999), report the common dilemmas experienced by practitioners involved in multi-agency teamwork which include reconciling different professional beliefs and practices; managing employees on different pay scales and terms and conditions; utilising complex funding streams and insufficient opportunities for professional development. The unprecedented level of change has challenged professional autonomy and the boundaries which exist between practitioner roles. Moreover, the boundaries between public, private and voluntary sector provision have also been blurred to enable a mixed economy of care (Stead et al, 2004). Internal changes are evident in the

> *cultures and identities of public services as traditional administrative and professional bureaucracies are being transformed into managerial bureaucracies based upon business principles and practices imported from the private sector* (Horton, 2006, p.533).

Fournier (2000) cites the paradoxes and contradictions inherent in the multiple debates on the fate of the professions

> *For some the logic of the market will lead to a corruption of professional practice as the professionals are required to reconstitute themselves along*

commercial rather than public interest criteria. For others the spreading logic of the market serves to intensify the bureaucratic trend towards the commodification of professional knowledge (p.68).

Although some theoretical developments have been made in the field of IPE, providing a rationale for collaborative teaching and learning, the identification of an encompassing theory to articulate IPP, either newly emerging or applied from another field, has not been forthcoming. Whilst education and practice are inextricably connected, Eraut (2004) acknowledges the difficulty in conducting research in and applying theory to the workplace (IPP) as opposed to the more bounded and formal educational context (IPE). Greater complexity is caused by the co-existence of *'professional, managerial and technical performance* [which] *...involve the simultaneous use of several different types of knowledge and skills'* (p.248). Clark (2006) advocates the need for and role of theory in advancing both IPP and IPE, *'it is now clear that the field is ready for more sustained theorizing to move it forward in both practice and research domains'* (p.578).

2.4 Philosophies of Partnership

'Imprecise, incoherent, and competing conceptions of collaboration plague practice, training, research, evaluation, and policy' (Lawson, 2004, p.225).

Collaborative relationships manifest themselves in a multitude of ways and many terms have been used to describe professionals working together including; multiprofessional, multidisciplinary, multi-agency, interprofessional, interagency, collaboration, and partnership working. Anning et al (2006) warn of the *'epistemological confusion* [which] *arose as the terms to describe joined-up thinking proliferated'* (p.6). Leathard (2003) has portrayed the escalation of terms associated with collaborative working as a *'terminological quagmire'* (p.8). However, she attempted to introduce a structure to differentiate between definitions of collaboration, based on concept, process or agency. A conceptual elusiveness is evident in the literature, as many studies focus on the benefits of, or barriers to working together, without providing a clear definition.

The concept of collaboration, integral to the formulation and delivery of a wide range of services, is widely recognised as being complex and challenging (Leathard, 2003). McCray (2007, p.132) defines collaborative working in terms of the reciprocated professional values exhibited by practitioners

A respect for other professionals and service users and their skills and from this starting point, an agreed sharing of authority, responsibility and resources

aimed at specific outcomes or actions, and gained through cooperation and consensus.

Barr (2005) defines collaboration as *'an active and ongoing partnership, often between people from diverse backgrounds, who work together to solve problems or provide services'* (p.xxii). Kanter (1994) cites the ability of collaboration to accomplish objectives which organisations are unable to bring about alone. Shaw (1994) demonstrates the diverse interpretations of collaboration in that it can be taken as conspiring with the enemy or, working in combination with others. Meanings and terminological variations are numerous, and so called collaborative practices were found to vary both between and within organisations (Smith and Wilson, 2008). In an attempt to provide further clarity and aid understanding of terms, Carnwell and Carson (2005) distinguish between structures and processes declaring *'what something is, that is a partnership, and what one does, that is collaborate or work together'* (p.3).

Within the literature the terms multiprofessional and interprofessional are often used interchangeably, appearing in both hyphenated and non hyphenated forms. Various interpretations exist which prioritise different factors and make differentiation between the two terms problematic. Payne (2000) asserts that their meanings are distinct 'multi' referring to professional groups who work together but retain their specialisation by not adapting their skills, knowledge, or roles to fit in with other professionals, whereas the prefix 'inter' describes practice where skills, knowledge and roles are implemented more flexibly to integrate with other professions. Thus multiprofessional practice does not involve collaboration whereas IPP may (McCray, 2007). Straker and Foster's (2009) interpretation following their review of the literature appears to contradict Payne's definition as *'in broad terms "multi" was seen as implying a greater blurring of professional boundaries, whilst "inter" suggested a more federal partnership that retained their distinctive identities'* (p.122).

Malin and Morrow's research (2007) revealed different models of IPW operating alongside each other within a Sure Start programme. They defined multidisciplinary teamwork as being *'where two or more professionals from different disciplines work together or co-exist alongside each other but separately from each other'* (p.449). This is distinct from interdisciplinary work which Malin and Morrow (2007) considered to be instances where *'professionals share information and decide on education/health/social care programmes together, but where these are implemented separately by individual disciplines'* (p.450). Lloyd et al (2001) discriminate between *inter* and *multi* in terms of planned coordination being evident at either operational or strategic level in terms of inter-agency working, whereas multi-agency working whilst also involving more than

one agency working with a client either jointly or sequentially, may involve replication resulting from a lack of proper interagency co-ordination.

Although Leathard's analysis of collaborative terminology was undertaken back in 1994, its value and relevance are evident today from the numerous references made to it. Leathard suggests that for some the use of 'inter' as a prefix to professional is insufficient as it applies to only two professional groups working together, whereas 'multi' denotes *'a wider team of professionals'* (p.6). In academic contexts Leathard notes that the term 'multidisciplinary team' is favoured to designate *'the coming together and contribution of different academic disciplines'* (p.6).

Partnership, while a popular concept in the literature, is subject to debate around it being an ideal, an aspiration or a reality (Taylor et al, 2006). The array of terms used to characterise partnership working is put down to *'the range of underpinning theorisations of professional practice and role'* (p.19). In some contexts partnership has been used specifically to denote active participation (Noaks et al, 2004). The popularity of the term has been attributed to its lack of definitional clarity, for by being broad and encompassing, partnership can be applied to many scenarios (Dickinson and Glasby, 2008). Whilst partnership and multi-agency working are often employed interchangeably, Edwards (2004b, p.4) asserts that in struggling to define multi-agency working it is important to be clear about what it is not

> *multi-agency working is NOT the same as partnership working, where partnerships are loosely coupled groupings with little integration of infrastructure, goals or ways of working.*

Use of the term *'professional'* is also controversial due to the disparate qualifications and periods of training required for entry to medical, social and education roles. The number and type of entrants to the medical profession has traditionally been restricted through high entry grade requirements and a prolonged period of training necessitating private financial support. Members of this long established profession have been drawn predominantly from the well-educated, upper-middle class. Whilst admittance to teaching has required graduate status since the 1970s it was only in September 2004 that a three-year, degree level qualification in the relatively recent profession of social work replaced the two-year social work diploma (DipSW). Moving to an all-degree workforce at the point of registration has also been recommended as a key strategy in modernising nursing (DoH, 2008). The government vision for universal graduate leadership of practice as part of their commitment to develop a world class children's workforce is exemplified by the following extract from *Building Brighter Futures: Next Steps for the Children's Workforce* (DCSF, 2008, p.31)

> *Quality and professionalism is currently understood in very different ways by different people and occupational groups within the workforce. Teaching and social work are already graduate level professions, youth is developing a post-graduate recruitment programme to attract high calibre and motivated graduates to the profession, greater graduate leadership in early years is underway and play is planning to establish a core of qualified new graduate leaders.*

Conversely, expansion of the children's workforce and the creation of new roles within Children's Services have led to an increase in vocationally qualified staff supporting professionally qualified practitioners in collaborative contexts. This has raised concern as to the appropriateness of the term 'multiprofessional' to describe joined up working (Frost, 2001). However, Anning et al (2006, p.7) utilise multiprofessionalism

> *as the most fitting construct to describe the coming together of workers from the traditional services for children of health, education, social services, crime reduction and family support into new configurations for delivering variations of joined-up services.*

Taylor et al (2008, p.186) query use of the term 'professional' for entirely different reasons as it '*excludes significant groups such as children, young people and families.*'

Varied understandings of ways of working together can affect the degree to which collaboration can be achieved. This is demonstrated by research reported by Freeman et al (2000, p.245) which identified three philosophies of teamwork amongst practitioners which impacted on their willingness to engage in IPW. The meanings practitioners ascribed to teamwork appeared

> *to determine the level of role understanding deemed important, the value assigned to others' contributions, and whether this valuing relates simply to role tasks or sharing professional knowledge and ideas.*

While not advocating that all practitioners within a team should hold the same philosophy of teamwork, Freeman et al found that individual philosophies could *'compromise communication, the development of role understanding, and, as a result, the level of team learning'* (p.238).

Identification of the key components of IPP supports clarification of the terms underpinning collaborative processes. Although Leathard (2003) notes that *'to consider the advantages and disadvantages of inter-professional working may appear somewhat simplistic'* (p.9), she has identified the following positive aspects

- *The recognition that what people have in common is more important than the difference, as professionals acknowledge the value of sharing knowledge and expertise.*
- *The response to the growth in the complexity of health and social care provision, with the potential for comprehensive integrated services.*
- *The recognition of a more satisfying work environment within an arena where professionals can share and support each other.*

In a similar vein Barr (1997) outlined the following actions as being of assistance in developing effective interdisciplinary teamwork processes

- *The development of team aims and priorities*
- *Clear lines of accountability*
- *Recognition of the importance of operational procedures and culture*
- *Evaluation of the meeting of team targets*
- *Investment in team training and the provision of time for development*
- *Personal commitment to developing new skills*
- *Openness to learn from colleagues and reflect on one's own practice*
- *Establishing and monitoring agreed understandings for vague concepts*
- *Be prepared to accept the difficulties as well as the advantages of team work.*

The factors listed below were identified by Barr as obstacles to interdisciplinary working

- *Differences in priorities, aims, and objectives*
- *Confusion over accountability*
- *Lack of understanding of the team process and the team members' role and responsibility within it, as well as interpersonal skills.*

Collaboration occurs in many forms, however the rationale is fairly consistent - to enhance or improve outcomes for service users. Despite the moral and statutory duty placed on practitioners to work together across professional boundaries Suddick and De Souza (2007, p.670) note that

> *research has so far been unsuccessful in determining whether the causal relationship between teamwork and improvements in effectiveness and quality of care that have been hypothesized in the literature, can be substantiated.*

Competing definitions, constructs, and operational models of collaborative working continue to impede effective practice. Finch (2000) asserts that a clear definition of IPW is needed within the health care service as when the NHS requests students who are capable of IPW this could be interpreted in any of the following ways

- to know about the roles of other professional groups

- to be able to work with other professionals in the context of a team where each member has a clearly defined role
- to be able to substitute for roles traditionally played by other professionals, when circumstances suggest that this would be more effective; to provide flexibility in career routes: moving across (p.1139).

Following analysis of questionnaire responses from health, education and social care providers in the Bristol area, Oliver (2008, p.212) reported *'a high level of confusion among practitioners and their employers about the emerging* [government] *strategy.'* The definitions, models and expectations of collaborative work presented in government guidance and the literature, are shaped by political agendas, context, class and professional cultures (Hall, 2005). The terminology, processes and structures which characterise practitioners and agencies working together are evolving quickly. Recent government legislation (DCSF, 2007) can be seen to favour usage of the term 'integrated services.' This has added to the definitional confusion for as Taylor et al (2008, p.186) note, the term, *'although already commonly used in policy, had not been defined in the theoretical or research literature.'*

A multitude of terms have been used within the literature to define structures, approaches and rationales for collaborative practice. Placing emphasis on different components, Percy-Smith (2006) observes that some relate more to strategic level activities, while others have greater resonance for service delivery. As the focus of this study is very much at operational level, from this point onwards the term multi-agency working is utilised, the exception being where research is cited which favours alternative terminology.

2.5 Multi-agency Working in the Context of ECM

'Policy has created the demand for interagency working in the absence of a clear account of what it entails' (Daniels and Warmington, 2007, p.385).

The reform or modernisation of services for children and young people has led to the creation of new services and working practices which lack congruence with the skills and qualifications of many practitioners within the current children's workforce. Oliver (2008, p.210) expresses concern that the ECM agenda *'appears to want to overhaul the organisational and professional structures affecting all those working with children and young people.'* ECM guidance requires practitioners to address the needs of the whole child instead of thinking of children's needs in discipline specific ways (e.g. physical health, educational attainment).The change in approach necessitates that practitioners cross traditional professional boundaries and learn to work in new ways (Leadbetter, 2008). Taylor et al (2008, p.194) note the plethora of policy and guidance issued commenting

> *It is unclear whether the government agenda for 'integrated children's services' is about changing cultures, changing practitioner roles, introducing new kinds of practitioners or new qualifications or some combination of these.*

CAF working represents one of the initiatives within the *ECM: Change for Children* agenda (DfES, 2003). Training materials for local authorities on the role of the LP and CAF were produced and made available to practitioners via the ECM website. An evaluation of the guidance and its implementation was undertaken in pilot local authorities by Brandon et al (DfES, 2006, Research Report 740, p.62). Making the cultural change required proved more difficult than had been envisaged

> *A key aim of CAF/LP working is to promote effective multi-agency working. In areas where this is new, the change in professional relationships and trust may be costly in terms of time, training and support.*

The report recommended more government prescription about broad processes, while still enabling scope for local interpretation. It found that

> *confusion about processes had a tendency to breed individual professional anxiety and produced a climate where bickering and professional mistrust could be rife. Firmer, clearer, national guidance about the CAF and LP roles and processes could help to keep these tendencies in check* (p.62).

Leadbetter et al (2007, p.86) cite the ambiguity which practitioners faced, as ECM

> *Exhorts professionals to form teams around the child and family, but how they should work together and what is to be taken from old practices, and what will need to be constructed as new practice, is unclear.*

The government's vision for multi-agency working was encapsulated in the following statement taken from *Working Together to Safeguard Children* (HM Government, 2006, p.10) which provided statutory guidance to organisations and individuals

> *A shared responsibility and the need for effective joint working between agencies and professionals that have different roles and expertise are required if children are to be protected from harm and their welfare promoted. In order to achieve this joint working, there must be constructive relationships between individual practitioners.*

The radical changes initiated by the *Children Act* (2004) call for new ways of thinking about professional practice and hold major implications for workforce reform (Leadbetter et al, 2007). The Children's Workforce Development Council (CWDC) established in 2005 developed a common core of skills and knowledge to underpin multi-agency and integrated working (DfES publications, 2005) The non-statutory

guidance set out the knowledge and skill requirements, needed by all people working with children and young people (including volunteers), to practise at a basic level in the following six areas of expertise

- effective communication and engagement
- child and young person development
- safeguarding and promoting the welfare of the child
- supporting transitions
- multi-agency working
- sharing information.

The Common Core was used to inform and support workforce development and training, and is central to the design and growth of qualifications for the sector and the advance of the Integrated Qualification Framework (IQF), due to be completed in 2010. The latest update of the Children's Workforce Strategy, *Building Brighter Futures: Next Steps for the Children's Workforce* (DCSF, 2008) aims '*to further improve the skills and capacity of people who work with children to deliver the high quality, personalised and integrated services described in The Children's Plan'* (p.5). Although the coalition government has decided to cease funding the CWDC, commitment to the principles of raising standards through integrated services remains and many of the programmes formerly offered by the CWDC are being transferred to run through the Department for Education.

While it is acknowledged that *'there is no precise formula for multi-agency working. It is complex, challenging and significantly influenced by the local context and personalities involved'* (CWDC, 2010), contributing factors are identified as enabling effective practice

> *To work successfully on a multi-agency basis you need to be clear about your own role and aware of the roles of other professionals, you need to be confident about your own standards and targets and respectful of those that apply to other services, actively seeking and respecting the knowledge and input others can make to delivering best outcomes for children and young people* (DfES, 2005, p18).

Professional boundaries and practices have been overtly challenged through the implementation of structural and systemic change originating from ECM (Edwards, 2004b). Within recent guidance (*Building Brighter Futures: Next Steps for the Children's Workforce*, DCFS, 2008, p.44) there has been acknowledgement of the need to define what integrated working is, and to provide clarity about where responsibility for services lies and what that means in practice

Only by being clear about accountabilities, and bringing everybody on board behind a single vision for integrated working, will we be able to achieve the momentum needed to effect the step change we now need if we are to realise the vision in The Children's Plan.

Professional accountability was enforced under New Labour with the imposition of quality standards and the publication of league tables. Comprehensive Area Assessment (CAA) introduced in April 2009 to determine how effectively local public services were performing and working together to meet the needs of the people they served, was abolished by the coalition government in May 2010 as part of its strategy to reduce bureaucracy.

2.6 Between Policy and Practice

The dynamic policy context has had considerable impact on the realignment of services and collaborative arrangements at local level, however, the reconceptualisation of professional roles and practice remains in progress. Leadbetter (2006, p.49) expresses caution regarding the capacity of structural change to influence practice *'it is not clear yet whether the new structures and reorganisations are simply rearranging the same working practices or whether something new and better is being created.'*

It is apparent that legislation and policy directives in themselves are inadequate to ensure effective IPW (Irvine et al, 2002). Evaluation of the success of policy implementation has unsurprisingly shown that the translation of guidance into practice is not a straightforward process (Brandon et al, 2006). Practitioners have been urged to provide joined up solutions to the complex problems presented by service users, however, there has been a lack of clarity concerning what form these services should take.

Reacting to the shortfall between policy and practice, New Labour prioritised funding for pre-qualifying IPE courses to develop practitioner competencies for collaborative working and support the development of partnership work between professional groups (*Partnership in Action*, DoH, 1998). However, the sustainability of changes in attitude, instigated during IPE programmes and their transferability to the workplace has been questioned. Barr and Ross (2006, p.98), query whether '*outcomes from short periods of IPE, however positively reported on immediate completion, have lasting benefit by the end of the professional programmes and subsequently in practice.'* Likewise, Schon (1987) is sceptical of the ability of education to resolve the problems of practice questioning if *'the prevailing concepts of professional education will ever*

yield a curriculum adequate to the complex, unstable, uncertain, and conflictual worlds of practice' (p.12).

However, more recent research supports a positive correlation between IPE and the ability to work collaboratively. The World Health Organization's *Framework for Action on Interprofessional Education and Collaborative Practice* (2010) presents a strong case for IPE's role in developing collaborative skills within the workforce. The framework advocates that

> *After almost 50 years of enquiry, the World Health Organization and its partners acknowledge that there is sufficient evidence to indicate that effective interprofessional education enables effective collaborative practice* (p.7).

Furthermore the framework reports better outcomes for service users following attention from a collaborative team.

2.7 Competing Agendas

In addition to the drive for integrated services and partnership working the government have fore grounded the personalisation agenda, where services are tailored to the needs and preferences of service users. Booker (2005) describes the change in emphasis as being from 'delivery' to 'co-creation' requiring practitioners to work in partnership with service users as well as professionals from other agencies. Dickinson and Glasby (2008) warn that personalisation may be perceived as competing with partnership, rather than complementing it, leading to a negating of the need for agencies to work in partnership. However, they also note the potential of the personalisation agenda to freshen up and reframe what has become a somewhat tarnished term - partnership, and are agreed that partnership is integral to personalisation.

The partnership agenda has been driven by the requirement for social, health and education professions to work together to improve services around the needs of individuals. Personalisation, however, adopts a bottom up approach where services are user, rather than team or professional led. Personalisation prioritises different relationships to those of the partnership agenda and represents a *'shift from an inter-agency meaning to one between citizen and state'* (Dickinson and Glasby, 2008, p.4). Hudson (2007b) cites the Cabinet Office publication *Policy Review: Public Services* (Cabinet Office: Prime Minister's Strategy Unit, 2007) which refers to a new phase of public service reform which seeks

> *to combine top down approaches of inspection, regulation and targets with horizontal pressure from competition and contestability and bottom up*

> *incentives of choice and voice supported by improvements in capability and capacity ...to create a 'self-improving system'* (p.29).

The conflation of multiple agendas and the focus on hierarchy and market has the potential to detract from and dilute the impetus for partnership working. Hudson compared English and Scottish policy contexts noting that the partnership imperative was far more pronounced in Scotland. Hudson's findings led him to question whether New Labour's faith in partnership working was declining.

2.8 Models of Service Delivery

The *Children Act* (DfES, 2004) required every LA to appoint an officer responsible for coordinating all children's services and instigating collaborative working between a wide range of stakeholders from public, private and voluntary organisations concerned with meeting the education, health and social care needs of children and young people. Cooperation in pursuit of this aim was made a statutory duty (section 10).

Guidance to practitioners from professional bodies can be seen to mirror government policy. *'Working Together in Children's Services: A Statement of Shared Values for Interprofessional Working'* urged professionals to work together more effectively to improve services for children and young people and to

> *value the contribution that a range of colleagues make to children and young people's lives, and form effective relationships across the children's workforce. Their integrated practice is based on a willingness to bring their own expertise to bear on the pursuit of shared goals, and a respect for the expertise of others* (General Social Care Council, General Teaching Council for England, and the Nursing and Midwifery Council, 2008).

Taylor et al (2008) cite this joint statement as a positive step towards much needed collaboration amongst regulatory bodies which had previously responded separately to the ECM agenda. However, enormous variation exists in initiatives and practices operating under the banner of multi-agency working. Models of teamwork have been developed to describe and classify ways of working together along a continuum from non-integrative to fully integrative care (Boon et al, 2004). Nevertheless, terms such as *cooperation* and *coordination* are used frequently within the literature to refer to different levels of multi-agency working. Horwath and Morrison (2007) consider *co-ordination,* a semi-formalised process where outcomes are variable as they depend upon individuals' commitment. This contrasts with Frost's (2005) utilisation where coordination is towards the top end of a hierarchy of terms to characterise partnership working

- Level 1: cooperation – services work together toward consistent goals and complementary services, while maintaining their independence
- Level 2: collaboration – services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes
- Level 3: coordination – services work together in a planned and systematic manner towards shared and agreed goals
- Level 4: merger/integration – different services become one organization in order to enhance service delivery (p.6).

Hughes (2006, p63) devised the ladder of multi-agency involvement to illustrate different levels of multi-agency work and enable the practice of an individual or agency to be assessed.

Increasingly joined up→	Integration	Full multi-agency joint work (e.g. joint training, review meetings in a school, joint casework, supporting the development of an emotionally healthy school, projects, research)
	Collaboration	Full discussion between professionals from different agencies - exploration, hypothesis sharing
	Co-ordination	Multi-agency review meetings over individuals
	Co-operation	Liaison - information exchange by phone
		Single agency involvement e.g. EP assessment of a child, art therapy

Table 2.1: The Ladder of Multi-Agency Involvement

Due to variation in interpretations of what constitutes joined up working, local authorities implemented models of partnership which were influenced by their cultural and historical contexts. In response to the abundance of local variations surfacing, three broad models were recommended (DfES, 2004) via which multi-agency services could be delivered

1. Multi-agency panels
   - Panel members remain based in and employed by their home agencies. They continue to 'identify' as members of these agencies, rather than as workers in a multi-agency initiative.
   - Panel members meet as a panel on a regular basis (e.g. monthly or termly) to discuss children and young people with additional needs who would benefit from multi-agency input.

- In some panels, the panel members refer, discuss and plan the support on offer, while the key workers carry out the case work, sometimes supported by panel members and other services.

Utilising Leathard's definitions outlined earlier, a multi-agency panel equates with multiprofessional working.

2. Multi-agency team
    - Practitioners are seconded or recruited into the team, making it a more formal arrangement than a multi-agency panel.
    - Practitioners share a sense of team identity and often a working context or base. They are generally line-managed by the team leader, though they may maintain links with their home agencies through supervision and training.
    - The team engages in work with universal services and at a range of levels - not just with individual children and young people, but also small-group, family and whole-school work.

Multi-agency teams represent an example of IPW.

3. Integrated services
    - Made up of a range of services that share a common location and a common philosophy, vision and agreed principles for working with children and families.
    - Possessing a management structure which facilitates integrated working and there is a commitment by partner providers to fund and facilitate integrated services.
    - Staff work in a coordinated way to address the needs of children, young people and families using the service. This is likely to include some degree of joint training and joint working, perhaps in smaller multi-agency teams.

McCray (2009) observes that the integrated service model is *'the most radical in terms of working across professional boundaries and is closer to the transdisciplinary team working model ...with an emphasis on formal collaboration'* (p.9).

Trans-disciplinary working, where professionals move beyond their professional boundaries and discipline specific knowledge bases to develop shared skills, is according to Orelove and Sobsey (1991) an unsuitable teamwork approach for contexts where skills requiring long periods of training are deployed. Specific forms of multi-agency service delivery may favour particular teamwork approaches as it may be the case that practitioners work best with other professional groups in multiprofessional ways in one context, and interprofessionally in another.

Leadbetter (2008) reports variations in the implementation of multi-agency working and

implications for practice in two local authorities. The Learning in and for Interagency Working project (LIW) commenced in 2004, its overarching aim being *'to contribute to understandings of the inter-professional learning necessary to provide joined-up responses to complex problems'* (p.201). In the LA of *Seaside,* multi-agency teams were created covering defined geographical areas. Practitioners from different backgrounds were required to work together more closely and *'focus upon the needs of the whole child, rather than concentrating particularly on their area of expertise'* (p.205). The LIW research team found that the structure adopted contributed to the crossing of professional boundaries and positive outcomes for the children involved.

In contrast, restructuring of professional groupings was not undertaken in the LA known as *Wildside*, where a model more akin to that of a multi-agency panel was utilised. Practitioners retained responsibility for specific areas of work and although relations were generally considered good, tensions were evident as competing priorities (from their home agencies) prevented some practitioners' attendance at key meetings.

Interpretation as to what constitutes joined up working influences the model of service delivery adopted by a LA which in turn affects the groupings within which practitioners' are located and their ability to cross service and professional boundaries. Figure 2.1 illustrates the CAF pathway within the LA studied summarised in three stages, and the associated multi-agency structures.

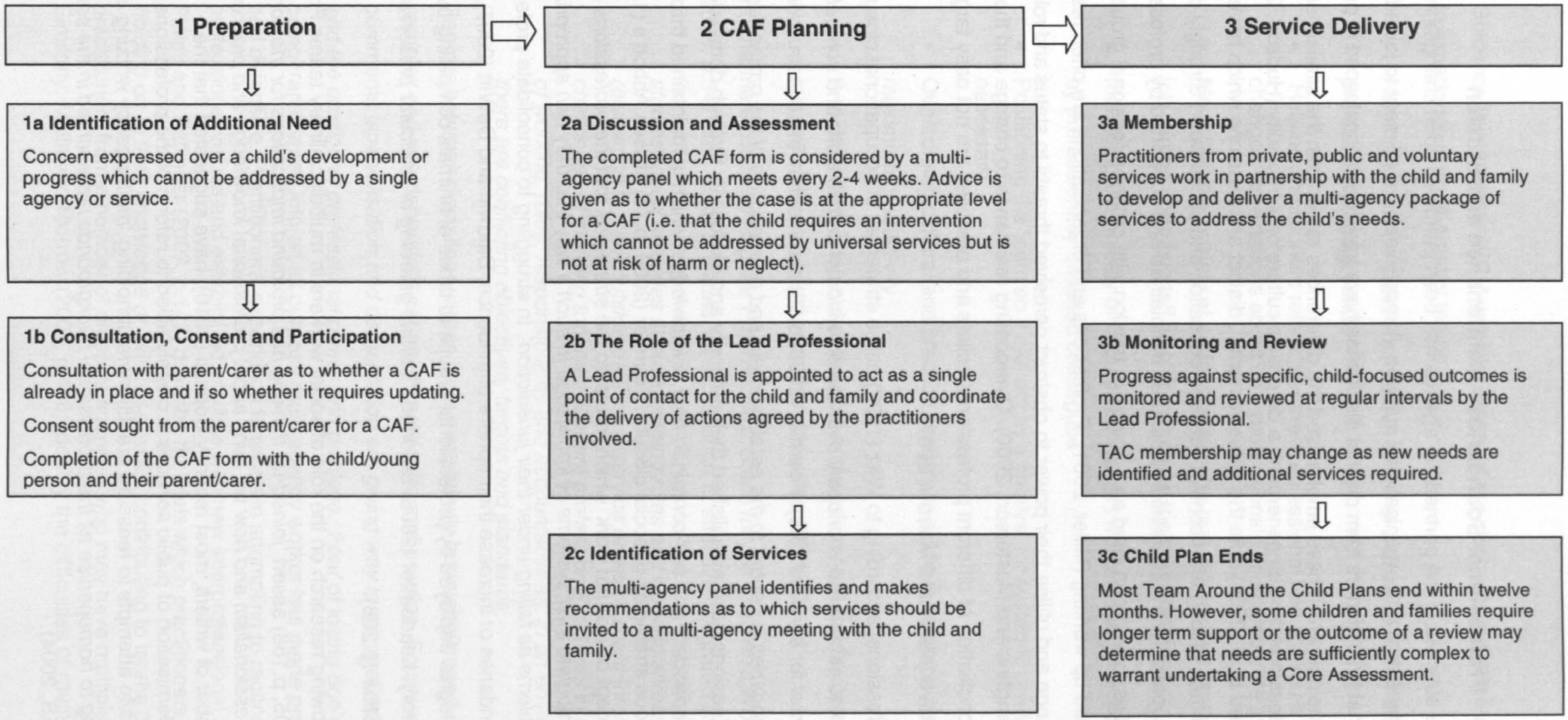

Figure 2.1 The CAF Pathway

2.9 Professional Boundaries - Maintenance and Erosion

The success of the partnership agenda has been premised upon changes in professional and organisational cultures. A recognised impediment to joined up working is that practitioners from distinct disciplines have traditionally coalesced in professional groupings which have emphasised the differences rather than the similarities with other professional bodies generating a defensive culture or territoriality (Hudson, 2007). Stead et al (2004) note the different norms, dialect and missions which have served as a source of long term conflict between education and social work. Strongly demarcated occupational and professional cultures maintained and supported by professional bodies, have been cited as a source of tension with other professional groups hindering joined up working (Miller, 2001). Professions and organisations are often resistant to change and utilise their power to obstruct perceived threats to status and roles (Humphris and Masterson, 2000). Overcoming resistance to change and the reconciliation of different professional beliefs and practices are not easy targets to achieve (Malin and Morrow, 2007).

Professions, according to Witz (1992) utilise strategies of occupational closure which seek to establish a *'monopoly over the provision of certain skills and competencies in a market for services'* (p.5). Fournier (2000, p.69) asserts that *'the construction of boundaries is central to the establishment and reproduction of the professions.'* The professions have established their authority and exclusivity through domination of an *'independent and self-contained field of knowledge'* which is maintained through various strategies of social closure. Fournier (2000, p.74) utilises Abbott's (1988) concept of 'cultural work' which refers *'to the strategies that the professions deploy to manipulate their systems of knowledge in such a way that they can appropriate various problems as falling under their jurisdiction'.* In struggling to consolidate professional boundaries or increase their sphere of influence, Baldwin and DeWitt (2007), liken the strategies deployed by professional groups to those of animals competing over territory. Leadbetter (2008) reported, *'jealous guarding of particular preserves of practice'* (p.206).

Following research on the role of social workers in multidisciplinary teams Frost et al (2005, p.188) assert *'joined-up thinking has profound implications for the concept of professionalism and how we think about professional knowledge and practice.'* A number of writers, most recently Copnell (2010), have suggested that the modernisation of public services is closely allied to reform of the professions. The ECM website attempts to reassure practitioners upholding *'multi-agency working is not about trying to homogenise all the professional backgrounds represented in the service'* (DfES, 2004).

Guidance to managers (ECM website) warns of the common challenges they are likely to experience in multi-agency teams

- Helping people perceive their role in terms of outcomes rather than their professional backgrounds
- Helping practitioners reinterpret their professional role against a backdrop of changed expectations about how professionals should operate in a group
- Managing the anxiety of professionals who may be anxious that parts of their job can be done by staff who do not share their qualifications
- Managing the anxiety of unqualified support workers that their skills are ignored by professionally qualified colleagues
- Positioning the team so it can act as a catalyst for systemic change where necessary
- Overcoming cultural and practice barriers to achieve common goals and maximum productivity
- A reluctance to 'step out of the box' and work in new and flexible ways to support children, young people and families (DfES, 2004).

Furthermore, *Building Brighter Futures: Next Steps for the Children's Workforce* (DCSF, 2008, p.54) cited 'cultural issues' as a challenge to effective integrated working

> *studies report anxieties about changing roles and working across professions, reluctance to work outside traditional service areas or share information and the challenges of bringing together different professional cultures in relation to ways of working, roles, responsibilities and accountabilities, in an environment where there are conflicting objectives, targets and standards.*

Barriers between disciplinary areas have increasingly been challenged due to the complex and interdependent nature of knowledge and practice. Fournier (2000, p.79) comments *'specialisation and demarcation are giving way to generalisation, flexibility and the erosion of professional power and privilege.'* Fear of losing one's expertise and being transformed into an all purpose multi-agency worker has made practitioners wary and defensive. Practitioners' experience tensions in attempting to reconcile their professional values and established practice with new interprofessional requirements. Finlay and Ballinger (2007, p.149) describe the trials which practitioners face '*of holding on to their knowledge or skill base*' whilst contributing to teams comprised of practitioners from a number of different agencies who may have multiple alliances. Similarly, Malin and Morrow (2007, p.446) identify the difficulties of multi-agency

teamwork in that '*professional knowledge boundaries can become blurred and professional identity can be challenged as roles and responsibilities change.*'

Rushmer and Pallis (2002) cite the establishment of clear boundaries as essential to IPW. They assert that *'integrated working and blurring the boundaries are diametrically opposed processes and the terms should not be used interchangeably'* (p.62). A visual metaphor is used to clarify relationships in the work environment. Figure 2.1 depicts successful IPW where X denotes the context of the activity and the overlap area Y represents what person A and person B have in common (shared tasks and skills). Beyond area Y person A and person B retain their unique skills and competencies causing neither to feel undermined or overwhelmed by the other.

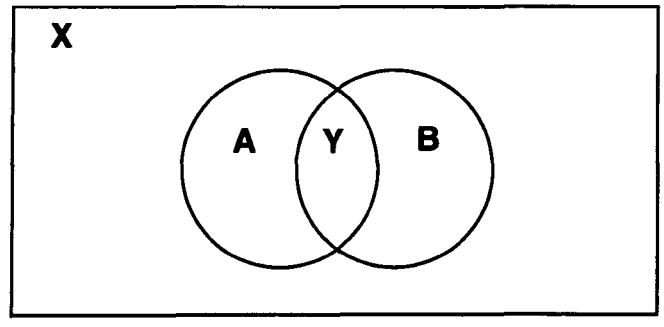

Figure 2.2 Successful Interprofessional Working

In addition to representing what person A and person B have in common area Y could symbolise what person A and person B are unable to achieve in isolation but have the potential to achieve through a combination of their skills.

Within figure 2.2 however there is no containment over the area of overlap due to ambiguity over roles and skills. The result is that practitioners lose their distinctive specialisms, their professional identity, and tensions occur between individuals and groups.

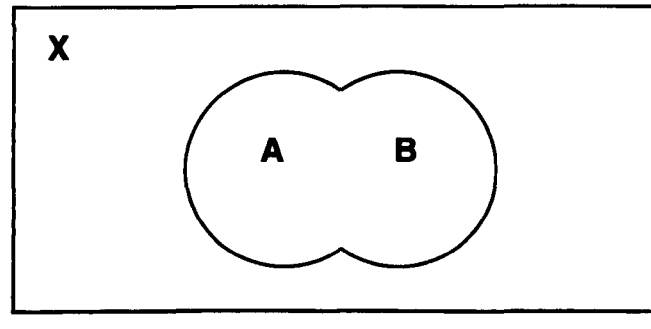

Figure 2.3 Loss of Specialisms Resulting in Ambiguity

Edwards (2006), advocates that rather than blurring boundaries government reform of the welfare professions has inadvertently served to strengthen professional boundaries between practitioners. The focus on performance and accountability of individual

professionals within their employing organisations has made areas of overlap where successful integrated working could occur, difficult to identify and negotiate.

Describing the traditional context where practitioners' roles were perceived as specialised and clearly defined, D'amour and Oandasan (2005) employ the term 'interdisciplinarity' which refers to the division of knowledge into subject specific disciplines. This led to the development of numerous professions based on fragmented, specialised knowledge causing the *'silo like division of professional responsibilities* [which] *is rarely naturally nor cohesively integrated in a manner which meets the needs of both the clients and the professionals'* (p.9).

Cohesive practice between professionals from different disciplines, where practitioners work together rather than alongside one another, has been termed 'interprofessionality' which D'amour and Oandasan (2005, p.9) observe commences from the ability of professionals

> *to reconcile their differences and their sometimes opposing views and it involves continuous interaction and knowledge sharing between professionals organised, to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation.*

D'amour and Oandasan acknowledge that interprofessionality requires a paradigm shift, for it necessitates that in the interest of the service user, practitioners overcome the barriers which have traditionally divided professional groups.

Hall (2005, p.193) asserts that the fatigue and stress experienced by practitioners in collaborative contexts *'can cause team members to retreat into their individual professional silos, where there is safety, clear limits, recognition of professional value and license to work autonomously.'* Whilst some research has reported the resounding success of collaborative working (Hudson, 2007), within teams as within families, relationships vary and experiences can be mixed (Finlay, 2000). Cott's (2000) study of structure and meaning in multidisciplinary teamwork found that staff in lower positions within the hierarchy did not share the same understanding of teamwork as those higher up. Cott concluded *'the structure of the team is essentially alienating for staff in lower structural positions'* (p.163) and that there were considerable implications for the functioning of the team as those team members were *'key to the implementation of the decisions made by the higher status professionals'* (p.170).

Although disciplinary boundaries between areas of practice have never been completely static, they have been subjected to increasing pressure in recent years due to government endorsement of flexible service delivery, service user empowerment, and new technologies. Research by Nancarrow and Borthwick (2005), considered the

impact of competitive market forces on health service provision, when during times of prosperity professionals delegate *'dirty work'* to other disciplinary groups, however, during times of hardship a *'desire to reclaim these roles, or at least control certain tasks when circumstances change'* becomes apparent (p.899).

In developing partnerships to offer personalised, integrated services, practitioners are required to demonstrate greater flexibility, to work in joined up ways which present significant challenges to professional power. The debate is as to whether specialist roles have been reinforced or are in decline as a result of this ongoing process. Any decline in specialist roles denotes for some, a process of deprofessionalisation which Haug (1973, cited in Nancarrow and Borthwick, 2005, p.901) describes as

> *a loss of professional occupations of their unique qualities, particularly their monopoly over knowledge, public belief in their service ethos and expectations of work autonomy and authority over clients.*

Baxter and Brumfitt's (2008) study of the impact of professional differences in staff perspectives on working practices, observed that

> *traditionally, definitions of professional practice have emphasised the key aspects as being:*
>
> - *a high degree of expertise*
> - *the freedom to control the management of the task*
> - *a system of ethics*
> - *professional standards*
> - *and autonomy and dominance over other groups.*

However, due to changes in working practices there is now a *'need for new understandings of professional relationships'* (p.240). Nancarrow (2004) reported nurses' concerns over perceived deprofessionalisation which led to defensive behaviour and role protection, forming barriers to IPW.

Professional status and identity continue to be challenged and a 'culture of uncertainty' prevails, creating tensions between different professional groups which holds implications for practice (Williams and Sibald, 1999). On a more positive note Nancarrow and Borthwick (2005, p.897) observe that professional isolationism is not attainable due to *'the dynamic boundaries of each discipline which means that there is an interrelationship between the components of the workforce that cannot be ignored.'*

Fournier (2000, p.67) further remarks that not only are the boundaries between different professional groups being realigned but

the long-established division between managers and professionals also seems to be blurred as professionals are under increasing pressure from managerialism, partly by being required to take on some managerial responsibilities themselves, or to construe themselves as entrepreneurs.

2.10 Contested Territories and Roles

Despite the plethora of recommendations from public inquiries and subsequent policy directives, the transition to 'joined up working' and 'seamless provision' has not yet been fully realised. Public sector provision has become substantially more complex and differentiated and the implications for practice should not be under stated (Baldwin and DeWitt, 2007). Relationships between service providers remain variable and complicated as the difficult adjustment from autonomous practice to co-operative, interdependent working occurs. Practitioners working in multi-agency teams have to adjust to changes in work practices and acquire new knowledge, skills, beliefs and identities (Cottrell and Bollom, 2007). Irvine et al, (2002, p.199) observe

Inter-professional relationships continue to be characterised by conflict rather than co-operation and are frequently distorted by mutual suspicion, hostility and disparities between the way that a particular profession views itself and how it is viewed by other occupations.

Government guidance (*Building Brighter Futures: Next Steps for the Children's Workforce*, DCSF, 2008, p.56) emphasises the need for practitioners to develop effective relationships not only with other practitioners but also with service users

As well as being skilled in their professional area, practitioners across children's services need to be able to work more effectively in partnership with children, parents or young people and with practitioners from other services and professional groups.

Interprofessional rivalry, tribalism and stereotypes are known to exist within healthcare professions and detract from effective liaison and service delivery (Mandy et al, 2004). The public inquiry into the death of Victoria Climbié (Laming, 2003) highlighted ineffective control and dissemination of information, poor communication and the lack of a collaborative culture between practitioners from different professions. Serious failings in child protection occurred as a result of blurred roles, poor communication and inadequate supervision.

Barr (2004) is prominent amongst those outlining the advantages of IPP for practitioners with reference to the sharing of knowledge, and opportunities to experience areas of work outside one's own remit. Likewise, it has been suggested that professionals may develop increased confidence in dealing with difficult situations

enabling career development opportunities (Liedtka and Whitten, 1998). Dieleman et al (2004) reported a positive relationship between collaborative working and job satisfaction amongst members of a primary health care team. Conversely, Whittington's research (2003), suggests that the growing expectations of IPP present real challenges to the development and maintenance of professional identities. Finlay and Ballinger (2007, p.149) acknowledge the difficulty of working in multi-agency teams for practitioners in that

> *Alongside calls for multi-professional working comes the breaking down not only of traditional professional boundaries, but also of the boundaries and identities of discrete teams.*

To collaborate effectively, public sector professionals require an understanding, both of their own discipline, and of how other disciplines function (Clark et al, 2007). Irvine et al (2002, p.206) point out that *'many professions are ignorant of other professions' procedures and purposes.'* Lack of clarity concerning the roles of other professionals and agencies is a major factor limiting interprofessional collaboration and has been attributed to the period of transition which evokes considerable uncertainty as traditional roles and identities are transformed and new or extended roles are developed (Atkinson et al, 2007). Recognition of the value of other professionals' contribution to client outcomes is an important prerequisite for collaboration to occur. From interviews with health professionals Suter et al (2009, p.50) determined that

> *While the attributes of a competent collaborator are multifaceted, two core competencies for collaborative practice, communication and role understanding were clearly confirmed.*

Hall (2005, p.191) proposes that in addition to improved role understanding and communication *'professional values must be made apparent to all professionals involved'* in order to overcome the invisible obstacles to collaborative practice.

Barrett et al (2005) identify the relative power of different professional groups as of importance to IPW. Until the late twentieth century predominantly male occupations were identified as professions requiring a recognised course of education whereas occupational groups populated largely by women *'were considered to be semi-professions, with training rather than education'* (p.13). Barrett et al (2005) cite Henneman et al (1995) who argue that *'power sharing and non-hierarchical structures'* (p.13) are among the principles of effective interprofessional collaboration. If collaborative working does indeed necessitate the relinquishing of traditional status and power by some occupational groups in favour of others, it is not difficult to understand why resistance and conflicts of interest occur between professional groups.

2.11 Professional Frameworks and Identities

Interpretations of partnership working vary amongst the professionals themselves who '*speak different languages that influence both their mode of thought and identity*' (Pietroni 1992, p.9). According to Opie (2000) the development of shared linguistic practice is indicative of an effective interprofessional team. Alternatively, Haines and Livesley (2008) consider that while practitioners may use the same words to make sense of their practice with children and young people, they sometimes '*mean different things*' (p.227). Hall and Slembrouck (2007) draw attention to information exchange between practitioners as a neglected area of the literature and warn against the tendency to assume *'information is something neutral and means the same for all parties concerned'* (p.2).

The increased emphasis on partnership and the pace of associated organisational change has required practitioners to redefine their roles and professional relationships. Ross et al (2005, p.1) observe that changing practices and priorities have brought to the fore *'the importance of issues surrounding professional identity and relationships between practitioners.'* Professional roles and identity which traditionally were stable *'are no longer prescribed but are actively worked out and negotiated between those who are involved in the care of a client'* (p.1). King and Ross (2005) utilise a phenomenological constructivist perspective to define professional or occupational identity; as opposed to being a fixed label professional identity is negotiated with each social encounter. However, the freedom to construct one's own professional identity is constrained by *'historically and culturally embedded values and expectations...which are adopted through professional socialization'* (p.54).

The extract below taken from *Building Brighter Futures: Next Steps for the Children's Workforce* (DCSF, 2008, p.34) appears to acknowledge the importance of professional identity to practitioners and the part it plays in underpinning quality practice

> *Strong professional identities exist in many parts of the children's workforce. Teachers, social workers and health professionals, for example, are well established professions, with registration and regulation requirements to meet. The perception that strong professional identities such as these equate to high quality provision is a recognised one and explains the drive to professionalise sectors within the children's workforce.*

Whilst the government '*recognise the need to consider further this notion of professional identity and its impact on outcomes'* they also believe it *'is reasonable to think that professionals might become less defined by their professions' boundaries'* (p.35). Professional identity therefore, should not be seen to take precedence over responding to the needs of service users.

Kvarnstrom (2008) iterates the myriad of challenges which practitioners face juggling team processes against individual professional identities. Research undertaken by Anning et al (2006) on changing roles and identities in multiprofessional teams found practitioners experienced a lack of clarity concerning their professional identity and status due to changing responsibilities and the assignment of generic rather than specific role titles. This led less confident members of the team to question 'who I am.' Likewise, King and Ross (2005) concluded that shifting boundaries and changing roles left practitioners with a sense of ambiguity about what was expected of them.

Professional identities, initiated and developed during academic and vocational educational programmes, are consolidated in practice. Clark, (2006, p.580) describes the social construction of professional identity

> *The process of becoming a professional, of being socialised into the patterns of thinking and behaving that the profession requires, is ultimately a social one in which facts, realities, types of knowledge, patterns of thought and ultimately, self-identities are constructed from a shared sense of reality assumed by that group.*

Barrett et at (2005) perceive the transition from professional to interprofessional identities to have been hindered by National Occupational Standards, Codes of Practice and Subject Benchmark Statements which have been developed and applied in profession specific ways. Although referring to collaborative processes they serve to *'make the distinctions between professions more acute'* (p.194).

Hall (2005, p.190) refers to the process of 'professionalization' which ensures that *'At the completion of their professional education, each student will have mastered not only the skills and values of his/her profession, but also be able to assume the occupational identity.'* The tensions and conflicts experienced by practitioners working in collaborative settings result from clashes in practitioner frames of reference, the theories prioritised by different subject specific disciplines during training and practice. Adams (2005, p.33) asserts that the

> *legitimacy of professional status rests on the presumption that professionals, in their everyday practice of reaching judgements, making decisions and taking action, will demonstrate the application of theory.*

Theory applied to legitimise practice is dependent upon professional cultures which define and/or explain a situation in qualitatively different ways (Reder and Duncan, 2004). Petrie (1976) suggests *'that each profession has a different 'cognitive map' and that quite literally, two opposing 'disciplinarians' can look at the same thing and not see the same thing'* (p.35). Clark (2006) concurs that practitioner groups hold different

worldviews and cites Anais Nin to illustrate his point, *'We don't see things as they are; we see things as we are'* (p.577). Clark (2006) also comments that *'Physicians, nurses...and other health care providers have all been socialised to adopt the healthcare worldview characteristic of their profession'* and that the challenge *'is for them to be able to see the world through the eyes of other professions'* (p.578). Profession specific models, ideas and assumptions inform practitioners' interpretations of a context or case, however, they may be embedded so deeply in practice that the individual practitioner is unable to distinguish or articulate them sufficiently (Cottrell and Bollom, 2007). Barrett et al (2005) support a flexible approach to practice and refer to Schon who described how in instances where practitioners are faced with difficulties which cannot be addressed by one theory or approach, they draw on a range of theories to make sense of the situation.

Robinson and Cottrell (2005) observed how practitioners from different disciplines prioritised discrete conceptual approaches instigating potential and actual conflict. Data collected as part of the MATCh project by Anning et al (2006) revealed that practitioners' employed across five teams utilised both competing and complementary professional models of understanding, however it was observed that within the teams there was *'a tendency to hold a dominant model of explanation'* (p.52). Flexible application of differing modes of explanation and emphasis enabled

> *teams and professionals to work together, utilizing different modes of explanation. Indeed it may well be the case that service outcomes are improved with flexible and responsive modes of explanation* (p.59).

In their study of partnership in social work education, Taylor et al (2006) acknowledged that discrepancies existed between what practitioners said, and what they did. The research team remained *'alert to the inevitable differences between espoused theory and theory in use'* (p.5).

Effective IPW, which is widely accepted as being essential to the provision of high-quality care, is influenced by the attitudes of practitioners towards their own and other professional groups (Hind et al, 2003). Tensions arising from negative stereotypes contribute to work dissatisfaction and poor communication between groups (Mandy et al, 2004). It is reasoned that collaborative team working would be enhanced by the nurturing of positive stereotypes, including autostereotypes (stereotypes of one's own profession) and the reduction of negative stereotypes between the professions (Carpenter, 1995).

2.12 Activity Theory

In 2005 Barr et al acknowledged a dearth of theory supporting the design and evaluation of IPE initiatives. Until recently an absence of theory was also apparent within the field of IPP, however, during the last five years an increasing number of papers have been published which have theoretical underpinnings.

Cultural Historical Activity Theory (CHAT) has been applied within multi-agency contexts to offer explanation for conflict within and between organisations (NECF, DfES, 2006). *'Collaboration is not about getting on with people; it's about arguing'* (Bleakley, 2004, cited in Warmington et al 2004, p.43 of 56). It advocates the centrality of debate and rule bending to learning and change. Conflict, questioning and dissatisfaction are central to development and serve to reveal new opportunities. By reframing barriers as potential catalysts for change and new ways of working CHAT offers a different perspective to that presented within much of the extant literature. Moreover, unlike many traditional models used to explain inter-organisational interaction, CHAT conceptualises the dynamism of practice, the ongoing change and ambiguity that surrounds it.

Prenkert (2006) observes that activity theory is applicable to consideration of human activity in a wide range of situations. Within this research, activity theory is utilised as a reference point to aid sense making of the complex and often contradictory processes experienced by practitioners in multi-agency contexts. Attention will be focused on 'third generation activity theory' which is characterised by Engeström's (2001) principles and their contribution to an understanding of dialogue, multiple perspectives and practice in collaborative work settings. CHAT provides a framework for exploring how two or more activity systems, in this case children's services and healthcare, construct interpretations of a common object, which in the context of this research is children/young people in need of additional services.

The origins of CHAT are in Russian psychology and Marxism. Instigated in the writings of L.S. Vygotsky (1920s, translated 1978) the early work proposed that in order to understand the mental processes of an individual it was necessary to take into account the social experiences (cultural, historical and contextual) that the individual had encountered. The theory was subsequently developed by A.N. Leont'ev to consider collective rather than individual activity, although this was not realised in a model at the time. The emergence of the third generation of CHAT coincided with the recontextualisation of the theory into western society and its application to new domains of activity e.g. work. Much is owed to the influential research of Yrjo Engeström, who extended the model to include a minimum of two interacting activity

systems. Leadbetter et al (2007, p.90) propose the following simplified model to characterise multi-agency working as an activity system.

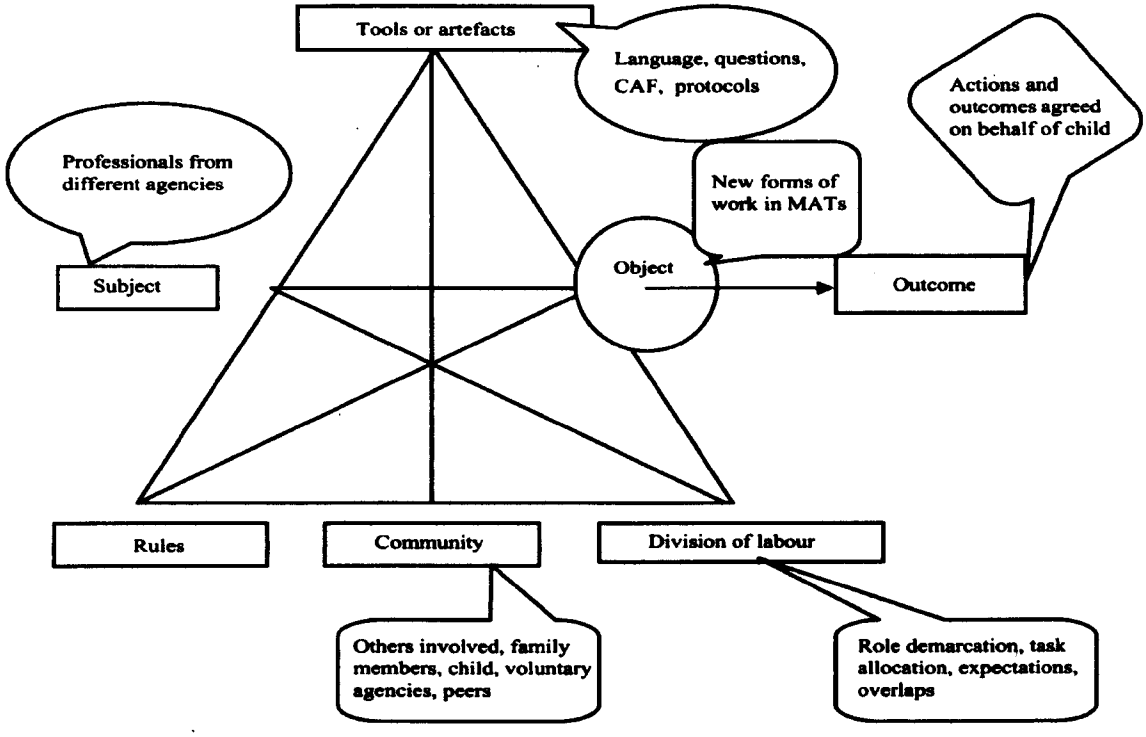

Figure 2.3 Multi-Agency Working Viewed as an Activity System

Engeström (2001) summarises the focus of the theory as being the development of *'conceptual tools to understand dialogue, multiple perspectives, and networks of interacting activity systems'* (p.135). Of concern to activity theorists is the relationship between material action, mind and society. The approach explores links between thought, behaviour, individual actions and collective practices (Blackler et al, 2000). Prenkert (2006, p.473) states that

> *the foundation that activity theory is based upon is the idea that human collective activity and individual mental processes are inescapably dependent on the social context of the individual.*

In recent years CHAT has been utilised to enable insight into the challenges faced by organisations, stakeholders and individual professionals, as new practices are developed in multi-agency work settings (Robinson and Cottrell, 2005, Anning et al, 2006, Leadbetter et al, 2007). Engeström's model maintains that conflict is inevitable within changing organisations due to multiple, partially conflicting values, tasks and goals. As teams and tasks are redefined new roles emerge which involve working responsively across professional boundaries. Blackler et al (2000) note the suitability of the model to analysis of the challenges posed by activity in multi-agency contexts *'the activity theory approach emphasizes that incoherencies, inconsistencies and tensions*

are integral elements of activity systems' (p.7). Moreover, the tensions, conflict, internal contradictions and their subsequent resolution are instrumental to the development of new forms of hybrid practice (Il'enkov, 1977 and 1982 in Engeström, 2001). In addition to theorising the transformations occurring in private and public sector organisations, CHAT investigates the dynamics of learning which shape practice and ultimately outcomes for service users (Daniels et al, 2007). CHAT adopts a social constructivist approach to learning which prioritises processes rather than outcomes, learning is mediated by the environment and understandings are affected by social encounters (Hean et al, 2009).

Hartley (2007) applies the conceptual framework of CHAT to a multi-agency context to illustrate the dimensions and interactions of the theory

> *the 'subject' could comprise a group of professionals who are providing services for children; and the 'object' in this case could be to learn how to accomplish inter-agency and inter-professional working. The 'community' consists of other 'multiple individuals and/or subgroups who share the same general object.' Within this community there exists a 'division of labour', differentiated by task, power and status. The activity system also has 'rules', both formal and implicit, which support or constrain actions and interactions within the system* (p.199).

The object is broadly defined as what the subject is trying to achieve which in the case of children's services is multi-agency working; whereas outcomes refer to actions taken on behalf of the child. Developing an agreed understanding of a common object and outcomes of activity has proven problematic in multi-agency contexts due to individual agencies competing agendas. Furthermore, different professional beliefs and practices amongst stakeholder groups can be seen to affect interpretation of the required outcome. Research undertaken by Dyson et al (2000) explored how marked differences between the ways in which various professional groups conceptualised their roles, purposes and practices impacted on working together. During interviews practitioners were found to offer disparate perspectives of the service user's needs and therefore *'conceptualise their purposes differently'* (p.357) which led to conflict between individuals and practitioner groups.

Engeström's CHAT, in contrast to earlier versions of the theory, highlights the importance of the context of the activity in determining meaning within networks. Engeström (2001) identifies several principles which aid summary of activity theory, one being 'historicity' or the history of the activity and objects which *'take shape and get transformed over lengthy periods of time'* (p.136). In the context of multi-agency working with young people the practice occurring currently in children's services will

explicitly and/or implicitly be affected by the models, frameworks, practice and procedures which prevailed formerly in unitary services (social services and the local education authority). Problems experienced due to the implementation of new ways of working can according to Engeström (2001) *'only be understood against their own history'* (p.136). Arguably this could be seen to lend credence to the government's approach to local implementation of the ECM agenda. Although national outcomes and objectives have been specified and inspection criteria agreed, decision making on how multi-agency services are to be delivered has been left to local authorities.

Current day relationships between professional groups are also affected by their history. Hall (2005) tracks the emergence and evolution of the professions noting their intense rivalry, and the ability of *'conflict and strain between professions to still rise to the surface today'* (p.190).

2.12.1 Contradictions

In keeping with the Marxist underpinnings of activity theory Engeström (2001) has continued to employ the key categories of 'contradictions', 'commodities', 'use-value' and 'exchange-value' in his analyses of activity 'in capitalism' (Daniels and Warmington, 2007). Marxism explains interprofessional conflict as being due to competition for resources and increased status in the labour market. While government policy may utilise the language of collaboration, individuals and agencies are motivated by economic interests (Stepney and Callwood, 2006). As education, health and social care professions have become more specialised, status and power differentials have increased between professional groups resulting in a professional hierarchy (Dingwall and King, 2005). Illich, a critic of health care professionals, claimed that professionals monopolise knowledge and mystify their expertise for purposes of power and control (1970). Having secured ownership over a sphere of practice, particular groups are deemed to be of more value to society than others, and can therefore demand greater rewards. Inequalities in power, status and return generate tensions and conflict, which serve as barriers to successful interprofessional collaboration.

Contradictions are evident in the prevailing ethos which underpins activity in the public services today (Barrett et al, 2005). Incongruence exists between parallel initiatives which on the one hand increase private sector responsibility for public services e.g. the Private Finance Initiative (DoH, 1992) while on the other hand aim to increase public control and choice over the services they receive. The NHS Improvement Plan (DoH, 2004, p.7) states that *'local communities will have greater influence and say over how their local services are run, with local services meeting local priorities.'* Barrett et al (2005, p.9) note the inherent contradiction in *'managerial and economic changes...* [and]*...the growing recognition that service users have rights to information and to*

involvement in the planning and prioritization of services.' Similarly Anning et al observe contradictory and competing agendas within New Labour's reform and modernisation of public services (The NHS Plan, DoH, 2000) which claimed to *'empower those who delivered and used services'* whilst also instigating *'tighter accountability and performance management against set targets'* (p.3). Lack of clarity from the government concerning the implementation and operation of multi-agency working has subjected practitioners to contradictory messages. On the one hand practitioners are encouraged to blur the distinctions between roles to promote increased flexibility to respond to client needs. However, at the same time professional boundaries are required to remain distinct to enable accountability (Payne, 2006).

Paradoxes or contradictions play a central role as sources of change and development within activity systems. Engeström (2001) separates contradictions from conflicts, defining them as *'historically accumulating tensions'* (p.137), which energise or *'generate disturbances and conflicts, but also innovative attempts to change the activity'* (p.137). The presence of local as opposed to national contradictions is demonstrated by Robinson and Cottrell's study (2005) of changing professional practice in multi-agency teams which highlighted *'the dilemma of the mismatch service, the agency's procedures with those of the team'* (p.556).

Daniels et al (2007, p.533) suggest

> *Contradictions emerge in multi-agency activities because of contrasting professional values and also because different professionals may work to divergent targets, statutory guidelines and thresholds of concern.*

They also note that contradictions *'may remain hidden in practice and the importance of enabling practitioners to identify such contradictions and providing them with tools that facilitate their resolution'* (p.536).

2.12.2 Multi-Voicedness

Activity systems are characterised by multiple points of view, traditions and interests, which Engeström (2001), terms 'multi-voicedness'. Although both *'a source of trouble and a source of innovation'* (Engeström 2001, p.136) multi-voicedness can be instrumental to the creation of new forms of practice which are better suited to the object of the activity. Engeström (2001) offers a Marxist explanation for its origins

> *The division of labor in an activity creates different positions for the participants, the participants carry their own diverse histories, and the activity system itself carries multiple layers and strands of history engraved in its artifacts, rules and conventions* (p.136).

Irvine et al (2002) are sceptical of the supposed egalitarian and collaborative nature of the multiprofessional team. They observe '*teams tend to reflect, reproduce and perpetuate the traditional divisions of labour, status systems and systems of authority*' (p.204). Research has shown that real or perceived inequalities in status and/or pay within multi-agency teams set practitioners apart from one another (Borrill et al, 2000).

In addition to the voices of practitioners, 21st century multi-agency activity systems contain the voices of service users. New Labour social policy has focused on reducing social exclusion through promoting service user participation in the planning and prioritisation of service delivery. Legislative and policy requirements necessitate that health, education and social care agencies work in partnership with service users (*NHS and Community Care Act, 1990*, Pupil Participation Guidance, DfES, 2004). *The Children's Plan* (DCSF, 2007) emphasises the importance of *'listening to parents, teachers, professionals, and children and young people themselves'* (p.3) and is committed to *'strengthening the voice of the child'* (p.25) and *'putting the voice of parents at the heart of this process'* (p.26). The government ratified the United Nations Convention on the Rights of the Child in 1991, article 12 of which asserts the child's right to express their views and have them taken seriously by relevant parties.

2.12.3 New Forms of Practice

Victor and Boynton (1998) provide a historical chronology of the types and characteristics of work/practice which have gained ascendency only to be superseded as new forms of practice and knowledge emerge. Change is brought about by contradictions and learning which results in new practices. Daniels and Warmington (2007) assert that organisations as well as professional groups change, *'it is not only the subject, but the environment, that is modified through mediated activity'* (p.377). Contextual change can be instigated by forces within the activity system or external forces e.g. government policy which legislated the restructuring of traditional services into children's services (*Children Act,* 2004).

The Children's Plan (2007) emphasised the government's commitment to continually improving practice

> *The single most important factor in delivering our aspirations for children is a world class workforce able to provide highly personalised support, so we will continue to drive up quality and capacity of those working in the children's workforce* (p.10).

Victor and Boynton (1998) use the term 'co-configuration' to describe new professional practices which have transpired and continue to evolve within multi-agency settings. Leadbetter (2008, p.200) observes that in current government guidance

> *The requirement for children's services professionals to work more closely together, form teams around the child and engage in genuine consultation with children, young people and their families mirrors the notion of 'co-configuration' described by Victor and Boynton.*

Daniels et al (2007, p.522) advocate that more effective multi-agency working is facilitated by *'the creation of new knowledge'* and define co-configuration in the context of professional collaboration as involving '*a capacity to recognise and access expertise distributed across local systems and negotiate the boundaries of responsible professional action with other professionals and with clients.'*

Extending Victor and Boynton's (1998) concept of co-configuration Engeström (1999), introduced the idea of 'knotworking,' observing that the practice of co-configuration necessitated going beyond conventional team work or networking. Knotworking describes expanded patterns of activity, where practitioners work fluidly across professional boundaries to respond to the changing needs of service users. According to Edwards (2004b, p.5) the term represents *'a tying and untying of threads of support from different agencies around a child or family in response to interpretations of their needs and strengths.'* Hartley (2007, p.200) points out that knotworking is less reliant on the traditional vertical hierarchies within organisations and constitutes a *'horizontally arranged association...between otherwise loosely connected actors and activity systems.'* It is innovative and characterised by improvisation. Taylor et al (2008) express optimism concerning the contribution of new forms of practice to enabling improved integrated working

> *This shifts from the conventional focus on barriers between people with different professional roles and values to identifying space to renegotiate professional practices* (p.189).

Edwards' (2004) consideration of learning processes occurring at the boundaries between agencies identified that a *'good understanding of the knowledge or expertise of other practitioners and confidence that their strengths will complement yours'* (p.7) was required to undertake knotworking. Puonti (2004) further distinguished between sequential and parallel forms of agency collaboration which can restrain or enable knotworking and holds implications for the effectiveness of practice and client outcomes.

Sequential Collaboration	Parallel Collaboration
Isolated individual efforts to collaborate	Common social ideology as a basis for collaboration
Restricted information exchange only when necessary	Legislation modified to enable functional information exchange
Interaction between agencies only when needed	Liaisons with other agencies to increase personal contacts, shared projects
Separate training for each agency provided by the respective administrative sectors	Shared training courses for agencies
Executive assistance as the standard form of collaboration	Collaborative operations and multi-organizational projects as standard

Table 2.2 Sequential and Parallel Forms of Agency Collaboration

Parallel collaboration, promoted by the government push for joined up working whilst enabling new forms of practice such as knotworking, presents a series of demands for the home agency which range from increasing personal contacts across agencies to changing legislation to facilitate information exchange (Edwards, 2004).

Knotworking also reflects change in the practitioner/service user relationship, which has progressed from being that of customer and provider, to a relationship where the 'customer' is influential in informing the type and delivery of service provision. 'Co-customization' (Victor and Boynton, 1998) is characterised by a deeper and ongoing relationship between the customer and provider. The value of long term relationships with service users has been demonstrated by previous research which has shown the importance of sustained practitioner interventions to the achievement of longer term positive outcomes (France and Crow, 2005).

Working in partnership with service users, as opposed to providing them with a service, presents challenges to traditional professional models of thinking and operating in which the practitioner was considered 'to know best.' New Labour guidance and policy has emphasised the role of service users as 'experts' in their own lives and advocated their increased participation in decision making to improve services (*Our Health, Our Care, Our Say*, DoH, 2006).

In addition to increased public consultation, government policy has served to empower the service user through the personalisation agenda. Direct payments (DoH, 2000)

which provide individuals with money in lieu of social care services, is one example of service users being given greater choice and control over their lives in deciding which services they require and how they are to be delivered.

Whilst increased dialogue and respect for individual wishes can improve relationships between practitioners and service users, conflicting priorities may also result. Limited funds and service remits can restrain the degree to which service users may be able to influence changes in services or receive the services they desire. Interestingly this could be regarded as a potential contradiction within the system.

2.12.4 Expansive Learning

Expansive learning differs from standard theories of learning as knowledge and practice are *'literally learned as they are created'* as opposed to being acquired from a more knowledgeable teacher. Expansive learning is where

> *practitioners from diverse cultures...are working in shared activities; their professional learning is expanded as they negotiate working practices that cross traditional professional boundaries* (Engeström, 2001, p.6).

The concept or process of expansive learning enables the collaborative construction of new forms of activity. Practitioners' motivation for expansive learning is derived from contradictions within the activity system which generate disturbances and conflict but also *'innovative attempts to change the activity'* (Engeström, 2000, p.8). Within the relatively new activity system of children's services, contradictions are experienced by practitioners moving from traditional, to interprofessional, working practices. In questioning and adapting activity to make it fit for purpose, practitioners create new hybrid forms of practice. Engeström (2000) distinguishes expansive learning actions as different from productive work outcomes in the following three respects

> *First, they are typically not carried out individually but collectively, in interaction and discussion. Second, the objective of the action is often not quite clear at the outset - it is constructed in the process of acting discursively. Third, there is interplay between learning actions and work actions - they interact and become intermingled* (p.13).

Daniels et al, (2007) highlight the importance of different perspectives or approaches to facilitating expansive learning *'the capacity of participants in an activity to interpret and expand the definition of the object of activity and respond to it in increasingly enriched ways'* (p.523). Gray's relatively early definition of collaboration can be seen to incorporate the process of expansive learning

a process through which parties who see different aspects of a problem can explore constructively their differences and search for solutions that go beyond their own limited vision of what is possible (1989, p.235).

There is growing recognition that commonality amongst practitioners as opposed to diversity hinders expansive learning (Oliver, 2008). This coincides with increased emphasis in government legislation on practitioners providing 'specialist support' tailored to individual needs as opposed to fulfilling more generic roles (*The Children's Plan*, DCSF, 2007).

Edwards (2006, p.172) concept of relational agency has much in common with expansive learning as activity is reconceptualised by the subject following interaction and negotiation with others

> *Relational agency is a capacity to work with others to expand the object that one is working on and trying to transform by recognising and accessing the resources that others bring to bear as they interpret and respond to the object.*

Edwards advocates that the application of differing subjectivities (or practitioner frameworks) to the object enables expanded interpretations of the problem

> *when the object is expanded through bringing to bear these different mindsets, the expanded object, i.e. an enriched understanding of the problem space, works back on the mindsets of the practitioners and these may in turn be enriched by the interpretations of the others* (p.174-5).

Thus different ideas and approaches, if accessed and utilised, can further develop professional learning and practice in addition to improving outcomes for service users.

Those practitioners unwilling to take risks, who adhered strictly to procedures and remained within their comfort zone were observed by Edwards (2006) to *'have weak forms of professional agency'* (p.179) which served to limit collaborative practice development. Leadbetter (2006) accounts for practitioners' reluctance to stray from standard practice in that perceived threats to status, position and expertise resulting from change left practitioners vulnerable and therefore less likely to be creative or adopt a flexible approach to problem solving. In order to take risks and bend rules individual practitioners need to develop resilience and establish trust between members of the team - all of which takes time.

2.12.5 Expansive Transformations

From analysis of the LIW data Leadbetter (2008) reports that in response to contradictions arising within the work based activity systems, practitioners *'chose to bend some of the existing rules in order to achieve a better outcome'* (p.207). Similarly,

in the context of teacher training, Edwards (2006) noted that where student teachers adhered rigidly to the lesson plans, instead of pursuing informal learning opportunities which arose, they '*became increasingly less responsive to children*' (p.176). Where practitioners deviate from conventional practice to engage in new ways of working which are more receptive to service users' needs, they challenge the legitimacy of the existing structure. Engeström (2001) considers the possibility of 'expansive transformations in activity systems' which occur when the contradictions of an activity system are aggravated and individual participants question the accepted ways of doing things, '*a crucial triggering action in the expansive learning process, is the conflictual questioning of the existing standard practice*' (p.151). Engeström (2001) observes that an

> *expansive transformation is accomplished when the object and motive of the activity are reconceptualized to embrace a radically wider horizon of possibilities than in the previous mode of the activity* (p.137).

Expansive transformations can be triggered by 'double binds' which Bateson (2000) explained as the presence of contradictory demands imposed on participants involved in the activity. Engeström (2001) utilised an interventionist method he termed the 'Boundary Crossing Laboratory', to enable participants to explore and *'articulate the contradictory demands inherent in their work'* (p.139). Instead of invoking stereotypical responses for inadequacies in patient cases, the practitioners came to realise the double binds which prevented them from achieving their aims.

2.12.6 Evaluation of the Contribution of Activity Theory

CHAT provides a macro level analysis of conflict resolution, change and learning. Jarvis et al (2003) observe that integral to CHAT is the social reality within which learning and change occur and the role of individuals is portrayed as contributing to the collective solving of problems. In their opinion, the role of the individual and their psychological processes has to a large extent been overlooked. In common with Wenger's (1998) *Communities of practice: learning, meaning and identity,* social interaction and identity are entwined with the context within which the individual participates. Fuller et al (2005) observe that '*the relationship between the two frameworks is surprisingly underdeveloped and deserves attention*' (p.53). Engeström et al (1995) acknowledge the similarity between the two approaches whilst also highlighting the contribution of the individual within CHAT

> *An activity system is a complex and relatively enduring 'community of practice' that often takes the shape of an institution. Activity systems are enacted in the form of individual goal-directed actions. But an activity system is not reducible*

to the sum total of those actions. An action is discrete, it has a beginning and an end. Activity systems have cyclic rhythms and long historical half-lives (p.320).

Learning is considered by Engeström (2001) to be a tool enabling organisational transformation. On the contrary, Contu et al (2003) are sceptical of the prevalence of the term 'learning' in the workplace, contending it has acquired the status of common sense due to over use. They advocate that learning serves to legitimise and sustain '*antagonistic and contradictory organisational and social practices*' (p.931). New Labour's promotion of the concept of 'lifelong learning' has, according to Boag-Munro (2004), produced a false consciousness amongst the workforce, who are misled into feeling valued as opposed to comprehending the reality of their role as *'resources which could be refashioned to meet business demand'* (p.166). Hartley (2007), however, observes that proponents of expansive learning uphold *'that contradiction (not compliance) is central to their method'* (p.204).

Although no one theory can offer complete explanation for the complex phenomenon of multi-agency working, activity theory provides a theoretical approach which encompasses the multiplicity of variables and complex processes experienced by practitioners. As a theory of activity, issues of process are highlighted rather than just outcomes. Unlike some theories with Marxist origins, CHAT presents possibilities and opportunities instead of concentrating on the difficulties of collaboration.

Incorporating consideration of both agency and structure in determining activity, CHAT enhances understanding of the interface between national policy and day to day practice. Within the literature considerable attention has been paid to conflict between practitioner groups as opposed to the conflict which exists between the government vision of integrated services and the skills, values and identities of the welfare workforce. Policy initiatives, resources and the needs of service users continue to determine the way forward and practitioners' experiences of working in multi-agency contexts are characterised by change and uncertainty. Activity theory lends credence to the agency of individual practitioners, acknowledging their ability to challenge and transform practice through expansive learning, thus providing a useful framework to support local and national understanding of collaboration in multi-agency contexts.

2.13 The Literature Review and its Influence on the Research

This chapter has examined the extant literature on multi-agency working against the backdrop of government policy and legislation which directs practitioners' activity. A strong theme within the extant literature, impediments and facilitators to collaborative working, has been discussed along with contemporary issues and debates with the aim of identifying the factors and policies which shape practice today. Consideration has also been given to the massive changes within the organisational and social

environment of practitioners which have necessitated the creation of new networks and forms of practice.

At the start of this chapter I outlined my reasons for undertaking this review. Chief among these were the placing of the forthcoming research within the wider context and the identification of potential areas to which I could make a new or significant contribution and/or advance understanding. Conducting the review has increased my knowledge and understanding of the literature, clarifying the scope of the research and the ways in which it differs from previous work.

Definitions, models and the associated competencies/capabilities required to undertake practice in multi-agency contexts have been outlined and practitioner philosophies and the meanings ascribed to team work investigated. Discussion within the chapter also revealed the tensions apparent between the government's behaviourist approach, focused on implementing change to ensure measurable outcomes, and the constructivist approach concerned with the processes of learning and practice. A lack of clarity was identified amongst practitioners and organisations concerning the relationship between the simultaneous agendas of partnership and personalisation.

Despite emerging case studies of successful integrated teams, the review has shown that discrepancy exists between the rhetoric and the reality of practice. The research highlighted within this chapter has demonstrated that complex problems continue to hinder the effective collaboration of individual practitioners and professional groups, potentially affecting outcomes for service users. Indeed, Kvarnstrom (2008) reported that relational difficulties led to a *'weakening of the team's inter-professional function and results'* (p.201). Some authors have cited a tendency in the literature to overstate the difficulties in collaborative working in an attempt to undermine the political agenda (Hudson, 2002). Alternatively, Hughes (2006) suggests that there is a need to question some of the assumptions related to the agenda and to *'problematize multi-agency work'* (p.60).

During the last decade theory has increasingly been applied to IPW contexts and has made a significant contribution to furthering understanding of the challenges faced by organisations and individual practitioners. The review of the theoretical literature undertaken within this chapter has identified and prioritised some of the ideas and concepts associated with CHAT (Engeström, 2001). Recent work from Warmington et al (2004), Leadbetter (2006), and Daniels et al (2007) has been pivotal to the conceptualisation of practitioners' activity in collaborative contexts and influential in clarification of the research objectives and recognition of what is distinct about this research context. It is important to emphasise at this stage that CHAT is not deployed

as a methodological approach but rather a theoretical framework or reference point against which to compare emerging themes and ideas.

Key areas of interest informing the research objectives which are taken forward from the literature review for further exploration, development and discussion are; practitioners' aims and objectives, the negotiation of roles and relationships, new ways of working, personal and professional identity and practitioner learning.

Chapter 3 Methodology

3.1 Aims of the Chapter

This chapter focuses on the research objectives and the methodological approach selected to achieve them. It attempts to justify the 'ontological' and 'epistemological' choices made, the ethical and practical decisions taken, in what I believe to be, the best interests of the investigation. The first part of the chapter explores different paradigms and their influence on interpretation and understanding of meaning. It offers a rationale for the selection of approach and the subsequent application of research methods.

The latter section outlines the focus and limits of the research and recounts how the methods chosen were operationalised - the procedures and processes utilised in data collection. Reflections on the pilot interview are used to inform the research process. The chapter concludes with evaluation of the qualitative data software package chosen to support data organisation and management.

3.2 Ontology and Epistemology

The questions framed by a researcher indicate their view on what qualifies as valuable knowledge and their perspective on the nature of reality or ontology (Saunders, 2007). Contemplation of ontology and epistemology and their implications for research practice is a prerequisite of the research process (Bryman, 2008). In seeking to inform and justify choice of methodology and research methods the researcher is guided by their personal view of the world. Cohen et al (2008) draw upon the work of Hitchcock and Hughes (1995) to aid explanation of the relationship between understanding of the world and research methods utilised

> *ontological assumptions give rise to epistemological assumptions; these, in turn, give rise to methodological considerations; and these, in turn, give rise to issues of instrumentation and data collection* (p.5).

Ontology originates from philosophy and is concerned with the nature and form of social reality. It poses questions as to the state of being or existence. The debate is focused around whether objects and meanings exist independently of any consciousness (objectivism) or, whether meaning(s) are created and revised from the perceptions and interactions of individuals with objects (constructivism). Ontology according to Corbetta (2003)

> *asks if the world of social phenomena is a real and objective world endowed with an autonomous existence outside the human mind and independent from the interpretation given to it by the subject* (p.12).

Epistemology deals with the types and limits of human knowledge and how it is acquired and possessed. Epistemology *'concerns what constitutes acceptable knowledge in a field of study'* (Saunders et al, 2007, p.102). A central issue is the question of whether the social world can and should be studied employing the principles and methods of the natural sciences.

Social scientists have been divided into two broad categories (positivist and constructivist paradigms) characterised by different visions of social reality, the nature and quality of knowledge and the methods utilised to attain it.

3.2.1 Paradigms

Guba (1990, p.18) asserts that paradigms (sets of belief that guide action), could be characterised by proponents' responses to the following three questions

(1) Ontological: What is the nature of the 'knowable'? Or, what is the nature of 'reality'?

(2) Epistemological: What is the nature of the relationship between the knower (the inquirer) and the known (or knowable)?

(3) Methodological: How should the inquirer go about finding out knowledge?

3.2.2 Paradigms Guiding this Research

Approaching the research I reflected upon my world view which I considered to have been influenced by the constructivist paradigm, a belief that meaning is socially constructed through interaction and that individuals' constructions are affected by social, cultural and historical factors. However, counterbalancing the social construction of multiple realities (relativism) I also acknowledged the existence of some form of external reality, which although accepting could never be truly attained, I aimed to represent as accurately as possible within the research (critical realism). In seeking to further understanding of practitioners' perspectives and experiences in multi-agency contexts without imposing my own subjective values and preconceptions on the research; I broadly framed an area of exploration rather than posing objective research questions to be tested and either proved or disproved.

3.3 The Research Objectives

Multi-agency enterprises have the potential to change working practices. This research examines the impact of working in a multi-agency service on education, health and social care practitioners. As Hughes (2006, p.61) observed *'it is important to investigate the meaning of multi-agency work as it cannot be assumed to be shared across different agencies.'*

Research objectives:

1. To explore practitioner understandings of their role in a newly emerging context, in education, health and social care and the potential effect on professional identity and practice.
2. To capture interprofessional perspectives. How do education/health/social care practitioners perceive the roles, practice and responsibilities of other professional groups? Do tensions/alliances exist between practitioner groups and if so what influence do these have on IPP?
3. Building upon objectives 1 and 2, to investigate individual (practitioner), collective (professional group), and interprofessional (interdependent) cultures in the context of multi-agency practice to improve outcomes for young people.

3.4 A Critical Realist Paradigm

Critical realism shares a similar ontology with positivism in holding a belief that an external reality exists independent of our descriptions of it (Bryman, 2008). However, the positivist paradigm placed importance on emulating the methods of the natural sciences in order to secure the generation of objective, value free, legitimate knowledge. The testing of theories provided material for the development of laws.

The philosopher Karl Popper (1959) was one of the first to provide a critique of positivism in asserting that our knowledge of the world is provisional rather than certain and that conjectures (theories) must therefore be testable and able to be refuted. In making a distinction between *verification* and *falsification* Popper challenged empiricism which generated laws based on observations. He advocated that greater rigour was required in scientific method as the fact of having seen 1,000 white swans did not mean that the next swan would be white. However, seeing one black swan demonstrated that all swans are *not* white.

Science increasingly looked to probability as a means of expressing knowledge rather than theories articulated in the form of deterministic laws. Throughout the twentieth century positivist methodology was continually refined in response to changing conceptions of the nature of science. Sustained critique of the positivist approach led to a burgeoning realisation of its naivety and the emergence of a modified approach to scientific enquiry. Recognition of the social and natural worlds as open systems as opposed to the artificially enclosed environment of the experiment led to a realisation that causal laws were inadequate in explaining reality and could only be analysed as tendencies (Bhaskar, 1989).

Whilst realism remained central, post-positivist paradigms developed which adopted a critical realist ontology, which although acknowledging the existence of a real world driven by natural causes also recognised that it was impossible for humans *'to truly*

perceive it' (Guba, 1990, p.20) Following the breakdown of positivism, relativism also flourished, promoting the view that any belief could be valid depending on one's perspective (Groff, 2004).

Constructivist paradigms prioritise individual interactions and view knowledge as created, personal and subjective, a relativist ontology. Constructivist protagonists Denzin and Lincoln (2008) assert that *'objective reality can never be captured. We know a thing only through its representations'* (p.7). Taken to its extreme (postmodernism) relativism advocates that social discourses constitute reality rather than reflect it (Fleetwood, 2005). In contrast to the objective stance of positivism, constructivist paradigms advocate that inquiry cannot be value free as *'the results of an inquiry are always shaped by the interaction of inquirer and inquired into'* (Guba, 1990, p.26). Guba notes that the co-construction of meaning by the researcher and participant effectively renders the distinction between ontology and epistemology obsolete as *'what can be known and the individual who comes to know it are fused into a coherent whole'* (p.26).

Although critical realists share a similar epistemology with constructivism in that they accept there is no unmediated access to the world, ontologically they differ, critical realists believing that an entity can exist independently of our knowledge of it *'it can exist without someone observing, knowing and constructing it'* (Fleetwood, 2005, p.199). Although phenomena such as social class are a product of human interaction critical realism asserts that there is no requirement for the human actors involved to be conscious of their role in reproducing these relations (Ackroyd and Fleetwood, 2000).

Methodologically, constructivism provides two approaches to the collection and refinement of knowledge. Guba (1990) refers to a hermeneutic element requiring participants' constructions to be recorded as accurately as possible, and a dialectic aspect which serves to compare and contrast individual constructions so that each participant must confront the constructions of others, generating a single or small number of construction(s) on which there is considerable agreement. Rather than revealing an absolute reality, constructivism re-constructs a collective reality from individual realities.

In contrast to positivist and constructivist paradigms which favour quantitative and qualitative approaches respectively, critical realists advocate the application of methodological pluralism, in effect bridging the gap between traditional methodological stances. The advantage of combining different research methods is that the weaknesses of a single approach are avoided. This study utilised semi-structured interviews to generate experiential accounts in conjunction with analysis of government policy.

Critical realism does not address the difficulties presented by relativism in offering an absolute truth or reality but enables rational assessment of competing knowledge claims. Centred upon the nature of knowing, critical realism makes a distinction between reality and our knowledge of reality, questioning the nature of ontology. Bhaskar (2008) promoted ontological realism which is the view that processes in the natural world occur independently of human intervention and that the social world is not produced by *'nor reducible to, the thoughts or actions of individuals'* (Groff, 2004, p.10). In conjunction with the recognition of an external reality critical realists give credence to the events and discourses of the social world which may themselves not be directly observable, but the effects of which can be examined e.g. social entities such as class lack physical substance however they affect people's actions.

For critical realists, an entity is said to be real if it has 'causal efficacy' that is, an effect on behaviour. Practitioners' perceptions of their own and other practitioner groups' roles, status and practice may not be immediately apparent; however they have causal efficacy as they potentially impact upon working relationships and outcomes for clients.

Unlike positivist paradigms which prioritise structural theory and constructivist paradigms which have agency as a prime concern, critical realists acknowledge the interplay between structure and agency arguing for a methodological realism as according to Archer (1998) *'analytical dualism is a matter of theoretical necessity'* (p.376). Although similar to Giddens' structuration theory (1984) an important distinction can be drawn in the weighting given to the two elements. Porter (1993) observes that while structuration theory *'emphasises the autonomy of social actors, critical realism underlines the pre-existence of social forms, thus giving structure a stronger ontological grounding'* (p.595). Archer (1998) refers to 'structural conditioning' which predicates that reality is based on what has gone before, to historical and other influences *'to past actions of humans interacting with past social structures'* (Fleetwood, 2005, p.204). A basic theoretical assumption of critical realism is that human action is both enabled and constrained by social structures, but this action in turn, reproduces or transforms those structures (Porter, 1993).

3.4.1 Critical Realism and this Study

The context of this study is the multi-agency team, a structure which, according to critical realism, can be reproduced or changed by the agency of members. Multi-agency teams are also shaped by the formations which preceded them - in this case service provision prior to ECM (2004). Critical realism resonates strongly with elements of Engeström's (2001) CHAT, (multi-voicedness, historicity, contradictions and expansive transformations) in that there is recognition of individuals' work/practice

being determined by structure, but also of the power of individual agency to change those structures.

A critical realist paradigm is employed in this thesis to explore the underlying meanings practitioners hold of multi-agency working. As discussed in the literature review considerable and ongoing change has been experienced by practitioners working in collaborative contexts. Varied philosophies of teamwork exist within and between agencies affecting how professionals from a range of backgrounds perceive their and others' roles (Freeman et al, 2000). Within distinct settings and groups, terms may be construed and applied differently over time influencing interpretation of the job in hand and impacting upon interprofessional relationships.

Government guidance, policy and funding has served to realign services to better meet the needs and expectations of service users. The reconfiguration of services (post Laming, 2003) initiated new multi-agency partnerships and new ways of working. McCray (2009) utilises the terms *'traditional'* and *'contemporary'* (p.13) to refer to former and current models of teamwork experienced by practitioners.

Critical realism enables understanding of how past events and structures shape current practice and reality. Ackroyd (2004) comments on the value of realist analysis, in the context of organisations, as it consider *'how they actually work, rather than how they are supposed to function'* (p.148). Critical realism supports looking beneath the surface to seek the concealed reality; the face beneath the makeup.

Work and the inter-relations between practitioners are conceived as discourses by constructivist ontologies. Alternatively, critical realism claims that an entity can exist independently of our knowledge of it; structures are socially real and not reducible to discourse. Fleetwood (2004) clarifies this stance using tacit knowledge in the workplace as an example. The rules of behaviour in the workplace may exist independently of practitioners' *'articulable knowledge, but not of tacit knowledge'* (p.30). This study is underpinned by critical realism in that it seeks access to the meanings practitioners' consciously and unconsciously attribute to multi-agency working and how they make sense of them. Interpretative Phenomenological Analysis (hereafter IPA) will be used as the methodological approach to support researcher identification of the individual and shared themes which represent practitioners' reality and impact upon their behaviour/practice (have causal efficacy).

3.5 Rationale

Within the current social policy environment service users' rights, empowerment and participation in the decision making process have been prioritised (DoH, 2001, DoH, 2006). This research seeks to capture practitioners' voices, to explore the complexities

of intergroup relations with a view to understanding how individuals make sense of their lived experience.

The motivation for this inquiry came from 15 years experience of working in education, principally as a secondary school teacher. It was only on leaving teaching and taking up a post in a different field that I became conscious of the distinctive ethos and attributes of my former profession and developed an interest in the nature of professional identity, its components and possible variations within and across practitioner roles.

As a former practitioner, I was aware of being typical of a growing number of mature students who in recent years have utilised their early career experiences to illuminate contexts and promote improved understanding of professional practice. Having once been an insider I recognised that my former experiences could both consciously and tacitly influence my approach to, and interpretation of, the data. Although the research intended to generate new knowledge about practice in collaborative contexts, and I had undertaken a detailed literature review, I set off struggling to articulate what exactly it was I was hoping to find. In Lincoln and Guba's (1985) words *'not knowing what is not known'* (p.235).

Kvale (1996) cautions the researcher against *'over identification with his subjects, thereby losing critical perspective on the knowledge obtained'* (p.120). Cohen et al (2008) forewarn of the risks to the methodological process of admitting personal experience in the form of common sense knowing and distinguish research from experience in that it is *'systematic and controlled'* (p.7). From a critical theoretical stance common sense knowledge is viewed as distorted by ideology, as being generated for the purpose of concealing inequalities and injustices. Participants' accounts of their professional experiences therefore may well be misconceived, necessitating interpretation by the researcher.

Deciding upon an approach to adopt took me some time. Breakwell (2004) remarks on the difficulty in *'choosing from the vast arsenal of research methods...the one best suited to address the question posed'* (p.1). Having completed a first degree in Sociology and Human Geography I had previous experience of utilising both qualitative and quantitative methods at undergraduate level. More recently (2004-5) research undertaken for my MA had employed semi-structured interviews to gather qualitative data from participants trialling assessment for learning strategies.

Focused upon understanding individual practitioners' experiences and perceptions of collaborative working as opposed to discovering associations between variables or numerical generalisations, the research objectives justified a qualitative method. As Barbour (2008) points out *'Qualitative research answers very different questions from*

those addressed by quantitative research' (p.11). Qualitative research methods aim to *'describe a specific group in detail and to explain the patterns that exist, certainly not to discover general laws of human behaviour'* (Schofield, 2007, p.182). Qualitative research attempts to understand the world from the respondents' viewpoint, to unfold the meaning of people's experiences and to uncover their lived world. Gilbert (2008) describes qualitative methods as *'richer, but less precise'* (p.35) than quantitative methods.

3.5.1 Values Underpinning the Research

Braun and Clarke's research on analysing qualitative data (2006) recommends acknowledgment of theoretical positions and values underpinning qualitative research. IPA is a relatively recent qualitative approach developed initially within psychology. It is attached to a phenomenological epistemology and informed by the theoretical perspective of symbolic interactionism (Shinebourne and Smith, 2008) which places emphasis on the construction of meaning in the personal and social world of individuals. IPA is concerned with the study of people's everyday experience of reality, in great detail, in order to gain an understanding of the phenomenon in question (McLeod, 2001). It is about the subjective conscious experience of individuals and has been used by researchers in health and clinical contexts to investigate physical and mental conditions from the perspective of the person experiencing them (Howes et al, 2005, women's experience of brain injury, Bramley et al, 2005, living with Parkinson's disease). IPA has also been employed in the social sciences to consider amongst other areas, identity and change (Smith, 1999a, changes in perception of self and others during pregnancy, Clare, 2003, managing threats to self posed by the onset of dementia, Timotijevic and Breakwell, 2000, the impact of migration on identity). IPA was identified as the stance best suited to the nature of this inquiry due to its potential to *'explore, understand and communicate the experiences and viewpoints offered by its participants'* (Larkin et al, 2006, p.103).

IPA is a flexible approach which enables application of different phenomenological epistemological positions. It is not prescriptive but *'provides a set of flexible guidelines that can be adapted by individual researchers in light of their research aims'* (Eatough et al, 2008, p.1773). Although not a social constructivist method it can be considered relativist in that it addresses sense making of experiences rather than the experiences themselves (Larkin et al, 2006). A relativist stance is demonstrated in the following extract from Brocki and Wearden, (2006)

> *Human beings are not passive perceivers of an objective reality, but rather that they come to interpret and understand their world by formulating their own biographical stories into a form that makes sense to them* (p.88).

IPA is also considered to be broadly realist in that phenomenology assumes existence of a real world but the meaning and the nature of that reality is dependent upon our view of it. King et al (2008) considered how different phenomenological approaches resulted in varied interpretations situated along the relativist - realist continuum by undertaking three sets of individual analyses of one interview transcript. One interpretation emphasised the interviewer's role in the construction of the interviewee's dialogue whereas another construed the interviewee's account as an expression of her own reality. Where divergence in interpretations occurred the team concluded that, if particular epistemological positions were articulated clearly, there was no conflict with reliability. As Eatough et al (2008) observe the researcher's interpretation is valid if it is *'possible for someone else to track the analytic journey from the raw data through to the end table'* (p.1173). By acknowledging that different lens of interpretation can be applied by the researcher there is acceptance within IPA that epistemology is not set in stone. The concern is not as to whether the participant *'is right or wrong, in tune with the actual evidence of reality or not'* (King et al, 2008, p.81) but with describing the experience of a particular phenomenon.

IPA is *'committed to the detailed exploration of personal experience'* (Smith, 2004, p.50) and seeks to represent participants' meanings through intensive analysis and interpretation of narrative and the identification of themes. Having already formulated the research objectives prior to researching IPA as a potential approach, the fit was striking. This research aims to capture practitioners' voices, the thoughts and feelings related to their experience of work in multi-agency contexts. Smith et al (1999) advocate that *'The aim of IPA is to explore in detail the participant's view of the topic under investigation'* (p.218). Applicable to a range of contexts where the primary focus is on experience, Smith and Osborn (2008) describe IPA as *'especially useful when one is concerned with complexity, process or novelty'* (p.53).

Employing in-depth qualitative analysis, IPA generates first person reflexive narratives of life experiences. According to Smith (1996), IPA can be used to enrich the literature of an area formerly studied quantitatively. Both quantitative and qualitative approaches have been utilised in research on IPP however, whilst Fagerberg (2004), adopts a phenomenological hermeneutic approach based on the ideas of Ricoeur, within the extant interprofessional literature I have been unable to find a study employing IPA. Furthermore, while considerable research has been undertaken in the field of IPP, the majority of studies have been confined to health care contexts. To date there has been a paucity of research exploring the perspective of the practitioner working within a multi-agency team, their subjective understandings and experiences of practice. Beech and Huxham (2003) concur that surprisingly little research has been reported that investigates issues of identity in multi-agency or inter-organisational settings.

Government departments and policy remain focused on the Every Child Matters outcomes however this research seeks to illuminate the views and experiences of those 'on the front line.'

Smith and Eatough (Breakwell et al, 2006) maintain that IPA studies explore *'big issues, issues of significant consequence for the participant either on an ongoing basis or at a critical juncture in her or his life'* (p.327) and are also concerned with *'unravelling the relationship between what people think (cognition), say (account) and do (behaviour)'* (p.325). Within this thesis IPA is used to ascertain the factors which hold causal efficacy for practitioners working in collaborative contexts.

Larkin et al (2006) acknowledge the appeal IPA poses to qualitative researchers due to its *'accessibility, flexibility and applicability'* but warn of the dangers of *'insufficient engagement with phenomenological theory'* (p.103) resulting in simply descriptive outcomes. Brocki and Wearden's (2006) review of studies utilising IPA identified some common failings in application of the methodology. Studies were criticised for not including a copy of interview schedules or detailing prompts used with participants in the course of the discussion. Another common failing which made it difficult for the reader to ascertain the quality of the data was the omission of detail concerning the process of analysis and the researcher's interpretative role. As discussed earlier in the context of the King et al (2008) article, analysis of data is a highly individual and creative process which can lead to diverse interpretations by researchers adopting different ontological and epistemological stances. Nevertheless, for interpretation to be valid and hold meaning to readers, clarity is required concerning how theoretical and methodological concepts are applied. Within this thesis I have endeavoured to avoid such criticisms through ongoing reflection on the aims and outcomes of the methodological process.

3.6 The Philosophical Roots of IPA

'Phenomenology and hermeneutic inquiry form the dual epistemological underpinnings of IPA' (Smith and Eatough, 2006, p.323).

IPA is an epistemological stance which synthesises phenomenology and hermeneutics. The qualitative philosophy of phenomenology provided an early critique of the dominant positivist approach in psychology, meaning and interpretations being paramount as opposed to observed phenomena.

Edmund Husserl (1859-1938) the founder of phenomenology regarded the scientific disciplines as flawed due to their tendency to move too quickly from concrete experiences to technical terms and the development of concepts. As the concepts were not grounded in the original experience they were therefore inappropriate to the subject

matter they sought to reflect. Husserl (1927) urged researchers to forget the assumptions of science and to '*go back to the things themselves*' (cited in Smith et al 2009, p.12) which enables the essential qualities of the phenomena to be identified as they appear to us as individuals. Husserl's ambition (which was not pursued by subsequent phenomenologists) was to develop a science of phenomena that would clarify how objects are experienced and present themselves to our consciousness (Spinelli, 2005). Although not achieving his aim, Husserl established that human experience is a system of interrelated meanings rather than responses to causal variables as proponents of the scientific method advocated (Ashworth, 1996).

Langdridge (2008) notes that *'phenomenology is not...a consistent body of thought'* (p.4). Finlay (2009) concurs observing *'many different research methods and techniques are practised under the banner of phenomenological research'* and she advocates that '*researchers should be clear about which philosophical and/or research traditions they are following'* (p.7).

While all phenomenology is descriptive in terms of aiming to describe rather than offer explanation, distinct branches have emerged; transcendental phenomenology and existentialism. Transcendental, also referred to as descriptive phenomenology, precedes existentialism and adheres to the ideas of Husserl, seeking to reveal the meaning of a phenomenon. Husserl adapted the principle of *intentionality,* first used by Franz Bretano, to reason that as humans we never have direct access to, or knowledge of the real world as it is, due to the unavoidable act of interpretation which leads us to respond to stimuli as if they were objects.

Although Smith (2004) regards IPA as phenomenological in its concern for individuals' perceptions it does not adhere to the original method inspired by Husserl which was concerned with clarification of the nature of the phenomenon being studied. Instead, IPA with its focus on narratives seeks out idiographic meanings in an attempt to understand the individual through the experience (Finlay, 2009).

Existentialism also known as interpretative or hermeneutic phenomenology is indebted to the work of twentieth century philosophers including Heidegger, Gadamer and Ricoeur. Heidegger defined phenomenology as being concerned with studying the thing itself as it appears or is brought into the light (Langdridge, 2008). He considered interpretation to be central to the understanding of experience and that rather than being an additional procedure, interpretation was an unavoidable consequence of our being in the world, a result of our human consciousness which experiences a thing as something and has therefore already interpreted it. At odds with Husserlian phenomenology on the ability of the philosopher to investigate things in their appearing in a neutral and detached way, existential philosophers argued for a more practical

philosophy *'for our embeddedness in the world of language and social relationships, and the inescapable historicity of all understanding'* (Finlay, 2009, p.11). Existentialism is therefore concerned less with universals and *'more with interpreting the meaning of the things in their appearing from a position that is grounded in the things themselves'* (Langdridge, 2008, p.29).

3.6.1 The Hermeneutic Circle and IPA

In seeking to address central philosophical issues Heidegger's (1962) consideration of the meaning of phenomenology served to link it with hermeneutics in that it is through the interpretation of texts that hidden meanings are revealed (Moran, 2000). Langdridge (2008) distinguishes IPA from other forms of phenomenological psychology in that there is a *'greater concern with hermeneutics and interpretation'* (p.55).

Hermeneutics originated as a theory to aid interpretation of biblical and then legal texts but has since been extended to consider interpretation of a broader range of texts and language. The term *hermeneutics* is derived from the name of the Greek god Hermes who was the messenger of the gods. It is defined as *'to translate, interpret, make intelligible'* (Mautner, 2005) and refers to the interplay between a reader and the text. Palmer (1969) regarded hermeneutics as the method by which something which was strange or foreign was made familiar and understandable.

Smith (2007) distinguishes between the work of early hermeneutic theorists, who were concerned mainly with the interpretation of historical texts, and contemporary qualitative research which analyses text concerning a person's personal experiences. The nature of the text and the researcher's relationship to it differ, in that in qualitative research, the text is initiated at the researcher's invitation as opposed to being a public document, and there *'is a lack of historical or other distance between author and reader'* (p.4).

The search for meaning in words and sentences is considered by many hermeneutic theorists to represent a partial interpretation as the text or dialogue is one piece of the bigger picture. The phrase *hermeneutic circle* has been attributed to the German philosopher Dilthey (1833-1911) who used the term to illustrate *'the problem of getting beyond the letter to the spirit, although we cannot interpret the letter unless we understand the spirit'* (Mautner, 2005, p.274). Schleiermacher (1768-1834) advocated that in order to interpret a text correctly it was necessary to go past the text and put oneself in the shoes of the author. In offering a holistic analysis of the interpretive process, Schleiermacher provides an example of one type of hermeneutic circle in that the text can only be understood as a part of the author's life and the author's life can only be understood through understanding its components, including the text. Smith (2007) identifies with Schleiermacher's approach in relation to his present day IPA

practice where in making sense of the words he is also *'trying to make sense of the person who has said those words'* (p.5).

Smith (2007) describes the relationship between the interpreter and the object of interpretation as a form of hermeneutic circle. At the outset of the project the researcher is preoccupied with their own life experiences, and attempts to either bracket off or acknowledge their interests before meeting research participants. In listening to the participant's account the focus shifts from the researcher to the interviewee. Following the interview the researcher attempts to analyse the material from their starting point, however, as a result of the interview experience they have moved on and have a different perception to the one they began with. In attempting to make sense of the participant's story the researcher re-engages with the interview text seeking meaning between its parts and the whole. Smith (2007) acknowledges the appeal of the hermeneutic circle in that the process is dynamic and it *'speaks to a non-linear style of analysis, and to the possibility of constantly digging deeper with one's interpretation'* (p.5).

3.6.2 The Process of Interpretation

IPA merges *'an empathetic hermeneutics with a questioning hermeneutics'* (Smith and Osborn, 2008, p.53). It accepts that it is not possible to access an individual's life world directly and that investigation of how events are experienced and given meaning *'requires interpretative activity on the part of the participant and researcher'* (Eatough et al, 2008, p.1771). Merleau-Ponty (1962, p.414 - 415) demonstrates the limitations of empathy in that we can never absolutely share another's experience due to our individual embodied position in the world *'The grief and anger of another have never quite the same significance for him as they have for me. For him these situations are lived through, for me they are displayed.'*

The one to one semi-structured interviews deployed in IPA provide the interviewee with the opportunity to reflect, work through in dialogue, and be listened too (Hogg et al, 2007). IPA, therefore, involves a dual interpretation process, a double hermeneutic as while *'the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world'* (Smith and Osborn, 2008, p.53).

The general belief in qualitative research that themes 'emerge from the data' is questioned by Ely et al (1997) who highlight the importance of the researcher's interpretative role in that themes, *'reside in our heads from our thinking about our data and creating links as we understand them'* (p.206).

Gadamer ([1975] 1996) distinguished between

interpretation as pointing to something (interpretation suited to phenomenological description) and interpretation as pointing out the meaning of something by imposing an external framework (such as when offering a psychoanalytic interpretation) (Finlay, 2009, p.10).

Ricoeur (1970) observed a similar disparity between interpretation which was focused on the text in pursuit of grasping the understanding of a research participant, a process he called the 'hermeneutics of empathy', and the 'hermeneutics of suspicion', where the interpreter goes beyond what is provided by the respondent. Smith (2004) discriminates between a grounded IPA interpretation, which offers an account based on close reading and analysis of the passage, and an imported psychoanalytical one in which interpretation invokes extant theory which is *'read into'* the passage *'The direction looked to for authority for the reading is different - outside in the case of the psychoanalytic position, inside in the case of IPA'* (p.45). Smith et al (2008) emphasise that *'What is important is that the interpretation was inspired by, and arose from, attending to the participant's words, rather than being imported from outside'* (p.90).

The interpretive role of the researcher/analyst and the extent to which pre-existing assumptions/theories are applied to data analysis was observed by Smith (1999) to affect the degree to which the process could be considered as inductive. Eatough et al (2008) consider the process of interpretation iterative, moving between inductive and deductive positions and requiring the researcher to be *'thorough and painstaking'* (p.1173) in order to maintain the connection between the participant's world and the researcher's interpretation.

This study utilises recent developments within the process of interpretation (Smith, 2004) and explores submerged or implicit meanings whilst ensuring that themes remain grounded within the practitioners' accounts and that the integrity of what the participant said is preserved (a hermeneutics of empathy). The research goes beyond Husserlian techniques of description to an interpretive analysis (existential), which according to Morse (2009) enables understanding of *'the meaning in what we all see, making the trivial profound, and the obvious significant'* (p.579).

3.7 Comparisons with other Qualitative Approaches

The purpose of this section is to establish IPA as a distinct approach by setting it apart from other qualitative methodologies with which it has elements in common. Discourse analysis (DA) (Potter and Wetherell, 1987) emerged in the 1960s within the disciplines of arts, humanities and the social sciences as an approach centred predominantly on textual analysis. Whilst recognising that both approaches share *'a commitment to the importance of language and qualitative analysis'* Smith et al (1997, p.219) differentiate IPA from DA in that it is concerned with cognitions, as opposed to regarding verbal

accounts as behaviours in their own right. Data analysis in DA is focused on linguistic repertoire whereas IPA embraces the individuals' experience, agency and emotions. DA proposes that respondents' accounts are shaped by context and that in answering questions participants enact a role and make use of pre-existing discourses

> *discourse analysis and conversation analysis are concerned with describing the linguistic resources participants draw on during conversations, the patterns those conversations take, and the social interactional work being performed during them* (Smith, 2008, p.3).

Potter and Wetherell in turn question IPA's central assumption that *interpretation* of verbal reports can enable an understanding of what the respondent thinks or believes about the topic under discussion. They advocate that *'it is not necessary to go beyond the verbal statement to seek relationships to other behaviours'* (Smith, 1996, p.263).

As an approach IPA could be considered as a form of grounded theory (Smith, 1996), both having emerged from the interpretivist tradition and endorsing the role of the researcher in interpretation of data and identification of themes. Smith and Osborn (2008) acknowledge that IPA is *'both similar and different from phenomenology and grounded theory'* (p.67). The key differences between grounded theory and IPA are in their theoretical backgrounds, the level of analysis, and the end product.

IPA is generally pitched at the idiographic level, denoting a detailed examination of a particular case, although the term is also used to differentiate the study of specifics from the study of things in general (Larkin et al, 2006). The intention is to make claims about the meanings of an individual's account, what it is like to live with a particular condition or have a particular experience, to come as near as possible to an empathetic understanding. Smith and Eatough (in Breakwell et al, 2006) liken the IPA researcher to a social anthropologist in that a detailed commentary is provided about a particular culture, however, no attempt is made to say something about all cultures. Analysis may be extended to include other individuals' experiences but the outcome is not a generalisable theory.

Grounded theory originates in sociology and analysis occurs at the nomothetic or general level, requiring representative samples in order to make generalisations to the wider population. Concepts and the relationships between them are identified for the purpose of

> *Formulating theoretical interpretations of data grounded in reality providing a powerful means both for understanding the world 'out there' and for developing action strategies that will allow for some measure of control over it* (Strauss and Corbin, 1990, p.9).

Subtle differences are evident in the inductive/deductive stances of grounded theory and IPA. Both make no attempt to verify or negate specific hypotheses but grounded theory strives to be purely inductive and free from researcher bias in the form of interpretations. In contrast, IPA is primarily inductive but acknowledges deductive processes at work in the presuppositions which researchers bring to the study. A similar point is made by Larkin et al (2006) who note that unlike grounded theory, aspects of the interpretative work in IPA may be informed by direct engagement with existing theoretical constructs.

Strauss and Corbin's (1990) adaptation of Glaser and Strauss' (1967) original work, was considered by many to have substantially repositioned grounded theory within qualitative research. As a new and developing approach IPA affords the researcher greater creativity as it is free from the debates and dilemmas which surround various versions of grounded theory (Willig, 2001).

IPA differs from grounded theory in its suitability for understanding *personal experiences* (idiographic) as opposed to *social processes* (nomothetic). While both approaches explore and to some extent seek to theorise shared experiences, IPA's primary concern is with individual perceptions and understandings of phenomena whereas grounded theory prioritises emerging theory.

In summary, grounded theory and discourse analysis both seek to make assumptions about groups of people and present their results across cohorts. Conversely, analysis within IPA occurs at the individual level with themes generated on a person by person basis. Although IPA provides an analytical structure to enable researchers to gain a detailed understanding of participants' accounts which holds validity as it is grounded in their experiences, it is not a prescriptive methodology (Smith et al, 1997).

3.8 Methodological Principles

Despite a resurgence of qualitative methodologies, particularly in the fields of education, nursing and social work, the government commitment to evidence based policy continues to favour the funding of deductive, quantitative research. In recent years there has been a growth in evidence based practice in social work and health care in Britain due to the all pervading ideology that good practice is delivered through the application of lessons from research (Webb, 2001). Lincoln (2008) expresses concern for the future of qualitative research in that it *'may be compromised or even threatened by the new methodological conservatism being propagated in the name of evidence-based research'* (p.222). Proponents of evidence-based policy and practice contend that not all research is of an acceptable quality to inform policy making. Dilemmas on the quality of research focus on issues of objectivity, reliability and internal and external validity.

3.8.1 Objectivity - Value Freedom

Researchers over time have sought to minimise the impact of their personal beliefs and values on the data for a number of reasons. Based on observation and measurement, the scientific method favoured by positivists was upheld as objective by proponents. John Stuart Mill, a follower of Comte, advocated researcher neutrality '*out of concern for the autonomy of the individuals or groups*' social science seeks to serve (Christians, 2008, p.189). Durkheim (1938) idealistically sought to eradicate all preconceptions, while Weber (1947, cited in Christians, 2008, p.189) aware that *'personal, cultural, moral, or political values cannot be eliminated'* distinguished between value freedom and value relevance. Weber advocated that although social scientists' choice of what to investigate was influenced by their values, they had no place in the presentation of findings which he stated should not convey any judgements of a moral or political nature. Weber's motive for the separation of facts from values was practical in that political figures controlled university appointments in Prussia and greater academic freedom was reliant on refraining from criticism.

Although the notion of neutrality was prized amongst positivists, Heisenberg (1927) illustrated with his '*uncertainty principle'* that the scientist or researcher will to some extent influence the object observed as they are not isolated but part of the same system. To obtain valid and reliable data there is a need to recognise and avoid bias; Mason (2006) advises that while the qualitative researcher *'cannot be neutral, or objective, or detached, from the knowledge and evidence they are generating...they should seek to understand their role in that process'* (p.7). Denzin and Lincoln (2008) are explicit concerning the researcher's subjective relationship with the data

> *The interpretive bricoleur understands that research is an interactive process shaped by his or her personal history, biography, gender, social class, race and ethnicity and by those of the people in the setting* (p.7).

Dunne et al (2008), question the objectivity of current research conducted in the public services as research aimed at seeking some form of development or aspect of change is *'infused with a value position'*. They cite Hammersley (1999) in reckoning that *'the pursuit of the good will not necessarily aid the discovery of truth'* (p.18).

3.8.2 Objectivity, IPA and this Research

The research objectives are focused upon improving understanding of practitioners' subjective experiences of multi-agency working. IPA is concerned with sense making on the part of the researcher and the participant. The co-construction of meaning through the process of analysis and interpretation of participants' accounts is summarised by Turner and Coyle (2000) who note that IPA

> *emphasizes both the individual's personal perception and account of their experiences, whilst recognizing the interactive and dynamic nature of the researcher's involvement with the data* (p.2043).

Based on the premise of a shared value system the researcher is able to access and interpret meaning. The interviewer '*is understood to work with the respondent in flexible collaboration, to identify and interpret the relevant meanings that are used to make sense of the topic*' (Hogg et al, 2007, p.22). IPA interviews therefore are not 'neutral' means of data collection.

The researcher seeks an *'insider's perspective'* (Conrad, 1987) to understand the experience from the participant's viewpoint, whilst realising that this is not completely attainable. Larkin et al (2006) emphasise that taking 'the insider's perspective' is an oversimplification of the process and that IPA research goes far beyond subjective description *'balancing representation against interpretation and contextualization'* (p.113). Glasscoe and Smith (2008) observe that the approach is *'both empathetic and interrogative'* (p.612).

Through intimacy with the data the researcher seeks proximity to participants' personal world; however, the degree to which this can be achieved is dependent upon the researcher's own experiences and values which affect their interpretation (Smith et al, 1997). Golsworthy and Coyle (2001) note that

> *IPA involves the explicit use of the researcher's frame of reference to arrive at interpretations and conclusions. Different researchers may have foregrounded different aspects of the data set. The interpretative frameworks are therefore relevant to the research enterprise* (p.186).

Hermeneutic theorists Heidegger (1962) and Gadamer (1990) both expressed reservations concerning the role of presupposition in interpretation. The interpretative framework of the researcher potentially influences analysis of the data leading to the identification or prioritisation of themes which hold a personal resonance.

The sway of my own interpretative framework became apparent during analysis of the data from the pilot interview. A preponderance of themes related to conflict emerged with which I felt a strong association. Following a period of reflection, I realised that the themes had possibly been given undue prominence owing to their resonance with my former experience as a practitioner.

Collins and Nicholson (2002) note that although interpretive qualitative analysis of data by the researcher can be problematic

> *in that it brings the researcher's subjective interpretation to the fore... the importance of researcher-reflexivity and subjectivity in the interpretation of the data is that it provides important insights into the meaning* (p.623).

Awareness of the subjective nature of interpretation has led some researchers to declare or '*attempt to bracket...preconceived expectations*' they may have about the things they are investigating (Golsworthy and Coyle, 2001, p.187). The method of bracketing refers to the suspension of the attitude we would normally take for granted in our daily life, it is the equivalent of taking on the role of a stranger in our own culture in order to *'make visible the methods members use to accomplish sense of their activities'* (Hart, 1998, p.64). Husserl ([1931] 1967) used the term *epoché* to denote the process by which researchers endeavour to abstain from presuppositions. Heidegger ([1927] 1962) disputed Husserl's belief that it was possible to approach research in a detached and value free manner. He believed that researchers are inseparable from the world they inhabit and that our way of seeing must be seen in its historical and cultural context and interpreted rather than described.

Smith (2007) also questions the likelihood of being able to state one's preconceptions in advance of the research for *'one may only get to know what the preconceptions (or at least some of them) are once the interpretation is underway'* (p.6). Similarly Finlay (2009) considers researchers who claim to have bracketed and therefore ascended their assumptions while using a hermeneutic approach to be both naïve and confused.

My previous experience as a teacher has the potential to influence my interpretation of interviewees' accounts. However, I consider it both impossible and undesirable to attempt to identify and subsequently bracket off the insights and shared understandings which this experience yielded. Rather than viewing this as problematic in that objectivity is compromised, I regard my former role as a practitioner as being integral to the research. Smith (2007) observed that the researcher *'brings their fore-conception to the encounter and cannot help but look at the new stimulus in the light of their own prior experience'* (p.6).

While Smith (2004) does not support the Husserlian technique of bracketing, he advocates that IPA researchers should not succumb to the prior development of theoretical positions but be prepared to interrogate existing research and theorise following close textual analysis. Finlay (2009) concurs and considers research to be phenomenological when it involves

> *both rich description of the lifeworld / lived experience and where the researcher has adopted a special open phenomenological attitude refraining, at least initially, from importing external frameworks* (p.8).

Within this thesis CHAT has been utilised as a reference point to aid sense making of the complex and often contradictory processes experienced by practitioners in multi-agency contexts. As a theory of activity it resonates with my personal understanding of work within organisations. I am aware that the ideas and concepts articulated by Engeström (2001) have been influential in the planning and operationalisation of this study. However, this research is primarily inductive, focused upon practitioners' accounts of collaborative practice and the allocation of meaning to experiences in multi-agency contexts. Emergent themes are grounded in the practitioners' own words and illustrated through the presentation of raw interview data (verbatim quotes). Close proximity to the original transcript was maintained to check *'sense making against what the person actually said'* (Smith, 2008, p.72). As data analysis progressed greater interplay was permitted between inductive and deductive stances which enabled the theoretical framework to be either *'endorsed, modified and/or challenged'* (Eatough et al, 2008, p.1173).

3.8.3 Ethical Issues

Ethical matters pertinent to the social sciences have been addressed since the 1980s by codes of ethics for professional and academic institutions. Codes of practice endorsed by professional groups guide and inform practitioners' action and decision making. Correspondingly governing bodies and Research Ethics Committees detail principles which researchers should adhere to when designing and carrying out a project. Dingwell (2006) suggests that ethical review bodies once established take on a life of their own and that the system of ethical regulation has become a threat to freedom of inquiry. Likewise Gilbert (2008) asserts that *'ethical considerations impinge upon all scientific research, but they impinge particularly sharply upon research in the social sciences, where people are studying other people'* (p.146).

The ethical debate is often centred upon the principle of informed consent, where persons who are invited to participate in research are provided with comprehensive information concerning the nature, purpose, duration and any potential risks, and are given sufficient time to consider whether or not they wish to take part and actively give their consent without being subjected to any duress. The principle of informed consent *'arises from the subject's right to freedom and self-determination'* (Cohen et al, 2008 p.52).

Dunne et al (2008) question the apparent simplicity of the concept in that *'when a researcher says what the research is about, what they are focusing on, they may be only telling half the story'* (p.63). Pryor recollects how in a project about gender issues in group work he told participants the *'subject of my research but not the theoretical issues I was bringing forward to make sense of the data'* (p.63). Punch (1994) goes

further than acknowledging the grey areas surrounding informed consent and encourages the withholding of information from participants on the true objectives of the research which he claims is sometimes necessary because in much fieldwork *'there seems to be no way around the predicament that informed consent - divulging one's identity and research purpose to all and sundry - will kill a project stone dead'* (p.90). The researcher is advised by Breakwell (2006) to develop a generic explanation to frame the research, thus enabling the participant to give informed consent without revealing the hypotheses which could compromise the validity of the participant's answers.

Ethical concerns extend beyond informed consent to safeguarding and ensuring the confidentiality of data. Cohen et al (2008) differentiate between anonymity, which guarantees that information provided by participants will in no way reveal their identity (even to the researcher), and confidentiality which denotes that although the researcher is aware of who has provided the information, the link between the two will not be made public.

3.8.4 Validity and Reliability

Qualitative approaches are presented as producing data of greater validity, whereas quantitative methodologies are portrayed as more reliable. The reliability of a research procedure is assessed in terms of the consistency and repeatability of response achieved over time and over groups of respondents (Bryman, 2008). Definitions of validity emphasise the importance of research instruments measuring what they profess to measure; if concepts utilised in the research process e.g. 'working class' hold different meanings for respondents the validity of the data would be low. Cohen et al, (2008) espouse validity as a requirement of both quantitative and qualitative research *'If a piece of research is invalid then it is worthless'* (p.133).

Although reliability and validity are core concepts in the research process, they are operationalised in different ways depending upon epistemological stance. It would be incongruent to apply the concepts of validity and reliability utilised in quantitative research to qualitative forms of inquiry. Guba and Lincoln's (1989) proposal that the notion of authenticity be used in place of validity in qualitative research, as it is detached from the positivist connotations associated with the term, demonstrates that the application of concepts differs according to epistemology.

The reliability of data originating from semi-structured interviews, described by Smith and Osborn (2008, p.57) as the *'exemplary method'* for IPA, is questionable due to the considerable variation which occurs in order and content within the interview schedule. However, the flexibility of a semi-structured interview schedule enables the participant to tell their story, raising the validity of the data collected. Smith and Osborn (2008) can

be seen to prioritise validity in advocating that to enable the opening up of areas previously not considered by the researcher *'quite a lot of latitude should be allowed'* (p.64). Where the same interview guide is utilised by several researchers, differential levels of sensitivity towards the interview topic may produce different data on common themes, thus calling both reliability and validity into question (Kvale, 2007).

Sharing interpretations with participants is acknowledged as a means of increasing the validity of a qualitative study. Interestingly, while IPA gives voice to participants (Larkin et al, 2006) and utilises verbatim excerpts from interviews, member validation of analysed data is rarely sought. This is due to the interpretative nature of IPA which implies that the researcher may see/view things that the participants are not explicitly aware of themselves. Following the semi-structured interviews with health/education and social care practitioners I did not seek interviewees' comment on the analysed transcripts as my interpretations of their manifest and underlying meaning would not necessarily accord with their perceptions of their experience. Independent audits by other researchers can be used to provide triangulation of themes and findings.

3.8.5 External Validity or Generalisability

External validity or generalisability, a core feature of positivist paradigms, is actively rejected as a goal by many qualitative researchers. The focus of qualitative research was considered incompatible with the requirements of statistical sampling procedures necessary to generalise from the data to a larger population. However, as Schofield (2007) notes, funding agencies providing resources for qualitative studies '*are presumably interested in shedding light on these issues generally, not just as they are experienced at one site*' (p.184). Practitioners' desire for their work to be broadly useful has also contributed to an increased interest in generalisability amongst researchers adopting a qualitative approach.

IPA is *idiographic* in its approach to analysis; it focuses on the particular rather than the universal, the aim being to make claims about a small group of people and their shared experiences. Although cautious in moving to generalisation, emerging commonalities in the experience of participants often permit the identification of overarching themes. Smith (2004, p.42) refers to Warnock (1987) in providing a rationale for using IPA in that '*delving into the particular also takes us closer to the universal.*'

Mason (2006) advocates that qualitative research should demonstrate wider resonance and identifies a capacity for generalisability in

> *the qualitative habit of intimately connecting context with explanation means that qualitative research is capable of producing very well-founded cross-contextual generalities* (p.1).

Carradice et al (2002) believe that generalisability of findings in qualitative research is important and go as far to argue that *'when considering a qualitative study, the research should be evaluated by applicability of the concepts to other situations and to others involved in the phenomenon'* (p.25). Smith and Osborn (2008) advocate that theoretical rather than empirical generalisability can be achieved through readers making *'links between the findings of an IPA study, their own personal and professional experience, and the claims in the extant literature'* (p.56).

The potential for generalisability of the findings from this research has been increased by conducting analysis at three levels; the single case study, across practitioner groups (education, health, and social care), and across all practitioners. It is possible that emerging themes will hold meaning for, and be extrapolated to, specific groups of practitioners or practitioners in general working in multi-agency contexts.

3.9 Ethical Approval

In accordance with the Department of Health *Research Governance Framework* (2001) ethical approval for the research was required to ensure the respect, dignity, rights, safety and well-being of participants. As prospective participants could be employed by a number of private, public and voluntary organisations including the NHS and Children's Services, ethical approval was sought from three bodies prior to commencing data collection; the University of Chichester Research Ethics Committee, County Council Research Governance and the NHS Local Research Ethics Committee (LREC).

LRECs are part of a national framework established by the government. Their role is to consider the ethics of proposed research projects within their local area, whether they are of a clinical or social nature, which involve human subjects and take place broadly within the NHS. It is the role of the LREC to make a recommendation to the PCT as to whether the research should be permitted to proceed.

Having been warned of the difficulty securing LREC approval and in some instances the long timescales involved, I approached this stage of the research with some trepidation. However, completion of the application process had recently been simplified by online documentation via the Integrated Research Application System (IRAS) website. Filters automatically selected the questions pertinent to the nature of the study eliminating the need to consider lengthy sections aimed at clinical trials. A study protocol providing the rationale for the research, a participant information sheet (Appendix 1), consent form (Appendix 2) and interview schedule (Appendix 3) were amongst a raft of supporting papers required for submission to the LREC.

The NHS approval process presented unforeseen challenges to my planned data collection as in addition to LREC approval, research and development approval was also required. This necessitated identification of research participants and 'service management authorisation', a signed disclaimer from the practitioner's line manager stating that the research would not have a negative impact on the service provided. As I had planned to recruit participants using snowball sampling I was unsure of which PCT health practitioners would be employed by and therefore which research and development office I should apply to. I decided to assume that the health practitioners would be employed by the local PCT and pursued an application with the relevant NHS Research Consortium. The approval process posed significant delays to the interviews with health practitioners, however, following research governance approval from the county council I was able to get on with interviewing the education and social care practitioners while identifying and following up approval to interview health based participants.

Having recently drafted the literature review and been immersed in the research of other's, the IRAS process was useful in that it re-focused attention on my research, its objectives and methods. What had previously only been outlined now had to be addressed in detail, necessitating the taking of final decisions on the specifics of methodology and the content of the interview schedule. Sykes (2006) advises the researcher to be clear about why they want to research a particular topic, what use the findings will be and to consider the potential moral or ethical issues associated with the process.

In finalising the IRAS application I needed to be clear about any potential risks posed by the research, and what assurances I could realistically give participants concerning confidentiality and anonymity. As participants were to take part in a face to face interview with myself anonymity was not attainable as physical identities would be revealed. Participants would be recruited via snowball sampling where the sample is developed through personal contact and recommendation as the research proceeds. As the sample size was relatively small totalling 20, it was possible that participants who had recommended colleagues would be able to recognise another's contribution. To protect against identification of any interviewee by other participants or readers in general, quotes reproduced from the interviews in this thesis or in related academic papers have had any information which could potentially lead to the recognition of participants removed. Kvale (1996) states that research confidentiality implies that '*private data identifying the sources will not be reported*' (p.114). Participants' identities were disguised through the use of pseudonyms for names and locations. Prior to agreeing to take part in the research interviewees were informed that findings would be reported anonymously and the interview would be confidential, the exception being that

in the unlikely event of information being disclosed which may or could be viewed as compromising the safety of service users it would be reported to the appropriate authority.

3.10 Semi-Structured Interviews

Kvale (2007) outlines two contrasting metaphors of the interviewer's conceptions of knowledge - the miner and the traveller. Of the two, the miner metaphor is closest to the epistemological stance of this research. Knowledge is equated with buried metal and the interviewer is portrayed as a miner uncovering the facts, subjective understandings and hidden meanings. My personal interpretation of the research process can be likened to cleaning a dusty mirror; the dirt and grime are removed allowing a clearer image or better understanding to be obtained.

Favoured by IPA protagonists, semi-structured or in-depth interviews are considered the method best suited to elicit qualitative information on participants' experiences. Kvale (2007) cites the 'semi-structured life-world interview' as one form of research interview, the purpose of which is to obtain *'descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena'* (p.8). Semi structured interviews generate data about attitudes and opinions, perspectives and meanings. Interviews are 'intersubjective', in that they are neither exclusively subjective nor objective, but enable a shared construction of knowledge (Laing, 1967). Semi-structured interviews are flexible and permit the use of probes to direct and capture the views of practitioners working in multi-agency contexts and illuminate their personal experiences of practice. The researcher is able to engage with participants' understandings, and following interpretation, provide insight into the subjective meanings, motives and intentions which the experience holds (Smith, 2004).

Single (one off) one to one, semi-structured interviews were used to aid the generation of rich accounts about practitioners' (health, education, social care) understandings and approaches to multi-agency working. One off interviews require rapport to be established quickly to facilitate the sharing of experience, however they have the advantage that minimal commitment is required from participants in terms of their time (Flowers, 2008). Although aware of the benefits of follow up interviews and supporting data sources I was mindful of practitioners' workload and did not want the study to appear burdensome and as a consequence limit participation.

Lofland (1995, p78) recommends that during design of the interview schedule the researcher should regularly ask *'Just what about this thing is puzzling me?'* Achieving a balance in the interview schedule, between sufficient focus on the research objectives and enough flexibility to enable participants to prioritise and pursue relevant areas which hold a particular resonance for them, is a difficult task. Rather than a fixed list of

questions I initially drafted a series of prompts for discussion which would enable the interviewee to speak about their experience of multi-agency working with as little intervention from me as possible. Gilbert (2008) notes the value of non-standardised interviews as *'strategies for discovery'* (p.247). However, aware of the risks posed in making the schedule too generalised, resulting in random and disparate data which would fail to address the research objectives, I decided to pursue a semi-structured interview schedule. Open ended questions were designed to allow the practitioners to tell their story in their own way.

Questions were drafted under sub-headings which were then refined and re-phrased to ensure they were accessible and relevant to participants but avoided leading them. In seeking responses grounded in the experiences of the practitioners, participants were asked to relate instances in which they had been involved and prompts were prepared to encourage the bringing forth of examples to further illustrate the points they were making.

Sinding and Aronson's research (2003) reviewed understandings of the ethical complexities of qualitative research methods. They noted on the one hand claims that interviews served to empower participants by increasing self-awareness or enabling *'a kind of therapeutic release'* (p.95). However, while Reid et al (2005) advocate that the development of rapport between participant and interviewer enables the researcher to get close to the participant's reality, feminist writers have been critical of researchers for taking the empathetic role too far and exploiting participants by *'feigning intimacy...and then abandoning them'* (p.95). Feminist and social justice researchers alike have voiced concern about the potential of interviews to personally damage or exploit participants (Dunne et al, 2005).

The focus of Sinding and Aronson's (2003) research was relatives' and friends' experience of providing end of life care. They acknowledged the important role of interviews in telling stories which challenge collective beliefs that would otherwise go unheard. The interview process however, also has the potential to cause disruption to individuals' lives as *'words have effects on people. Words matter'* (Denzin, 2001, p.24).

Participants in this research were prompted to share personal information about their professional lives and identities to support understanding of behaviours and practice in multi-agency contexts. The interview process therefore held the potential to affect participants' self-image and efficacy (Kvale, 1996). Sensitive research is defined by Sieber and Stanley (1988, p.49) as *'studies in which there are potential consequences or implications, either directly for the participants in the research or for the class of individuals represented by the research.'* Kvale (2007) refers to the *'delicate balance'*

(p.8) between the researcher's pursuit of interesting information and ethical respect for the interviewee.

During the planning and operationalisation of this study I reflected upon the possible consequences for participants of being involved in the interviews and sought to minimise the risk of any harm posed. Although I did not envisage that the subject matter of the interview would cause distress for interviewees, I was surprised by the strength of feeling some practitioners exhibited. Some of the discussions were very animated, the interview providing an opportunity for the practitioner to express their opinions which to some extent had been bottled up due to a lack of consultation within the county. I checked with each participant at the end of their interview as to whether further discussion was required to resolve any issues or emotions which had been provoked by our conversation. As a precaution I had set up the option of a support meeting with an experienced practitioner colleague who lectured at the university and would be able to listen to their concerns and if appropriate recommend referral to a support group. None of the interviewees felt this was necessary.

All participants were informed verbally and in writing of their right to withdraw at any time and to request that their interviews be destroyed. Before commencing an interview full informed consent was obtained from the participant.

3.11 The Pilot Interview

Undertaking a pilot study provides an opportunity for testing questions and reviewing procedures (Kvale, 1996). The purpose of the pilot study was to ascertain the clarity of the questions to potential respondents, to assess their effectiveness in prompting the sharing of information on personal experience of working in a multi-agency context. The interview schedule was piloted with a fellow part-time student whom I had not met previously and who held a social care role within Children's Services. With agreement from the participant the interview was recorded and later transcribed.

3.11.1 Reflections on the Pilot Interview

The research process has the potential to be influenced by interview dynamics, the participant's and the researcher's interactions and their expectations of the liaison. On meeting the interviewee I tried to establish an empathetic informal relationship, to put him at ease, to enable him to feel comfortable enough to describe his practice in detail. The interviewee had been informed by email of the study's objectives and these were reiterated before the consent form was signed and the interview commenced. The pilot interview was conducted in my office and although scheduled for 1 hour lasted for an hour and 15 minutes. I was initially encouraged by the fact that the interviewee had responded positively to the questions, appearing to understand their meaning and affirming their relevance to his experience in the length of his answers. Following

transcription of the interview and re-reading of the text, I became aware of certain limitations within the interview. Although the interview was conversational in style, appeared relaxed and informal the data itself was disappointing in that it presented descriptions of events as opposed to examples of personal experiences. The account was generic and lacked personal detail. In places it was apparent that the interviewee was describing what he thought he should be doing in terms of policies and procedures rather than what he actually did, he was speaking on behalf of the team as opposed to himself. This may have been due to the fact that the interviewee had been promoted within the last year and was now a manager rather than a practitioner requiring him to recall events from another role, another perspective. Alternatively the lack of experiential data could be attributed to insufficient clarity at the start of the interview concerning its focus, coupled with a lack of effective prompts to elicit personal examples. I decided to review the interview schedule against the research objectives to clarify the purpose of each question and then considered the interviewee's responses to check their effectiveness in the generation of valid data. Throughout this process I was mindful of Smith and Osborn's (2008) advice concerning questions not being too explicit, they should enable respondents to be clear on the area of interest but support an inductive epistemology by allowing participants to determine priorities from their experience rather than imposing restraints due to the imposition of parameters.

Post interview feedback from the interviewee resulted in the re-phrasing and re-ordering of some questions. Although questions within semi-structured interviews are not rigid or fixed they need to be ordered appropriately to facilitate rhythm and aid sense making on the part of the interviewee (Breakwell, 2006). The first question on my schedule was too specific asking participants for their opinion on the current drivers around service provision for children and young people. Rather than putting the interviewee at ease, this had made him feel that he had been *'dropped straight in at the deep end'* and raised anxiety about the nature of subsequent questions.

My lack of experience in conducting interviews impacted upon the quality of the pilot data. Kvale (2007) observes that at the start of a project the resources and expertise required can easily be overlooked or under estimated. Conducting an interview appears on first impressions to be relatively straightforward, similar to the conversation which is familiar and undertaken daily. However, the reality is that training, experience and reflexivity are required to become a proficient interviewer (Kvale, 2007). Having attended IPA courses and seminars where experienced practitioners shared insightful extracts from their data, my expectations of the pilot interview were unrealistically high. However, following a period of reflection I was able to identify both weaknesses and strengths within the pilot interview and make amendments based on my learning.

Mason (2006) comments on the value of researcher reflexivity to the research process describing it as

> *thinking critically about what you are doing and why, confronting and often challenging your own assumptions, and recognizing the extent to which your thoughts, actions and decisions shape how you research and what you see* (p.5).

3.11.2 Participants

Participants were recruited not on the basis of being representative of education, health or social care practitioners in general but on account of their experience of working in multi-agency teams. I sought a purposive sample *'a closely defined group for whom the research question would be significant'* (Smith and Osborn, 2008, p.56). Initially I considered the sample to be homogenous in that participants were practitioners for whom a significant element of their professional role involved collaboration with practitioners from other agencies. Yet during data collection I realised that certain localities within the county were hotspots for collaborative working as they had participated in a pilot study and the experience of these practitioners was different to those based in the north of the county where working around the CAF was still very much in its infancy.

The criteria outlined for inclusion in the study were as follows:

- To have qualified and/or practised for a period exceeding two years (or part time equivalent)
- To have an ongoing role within a multi-agency team focused on improving outcomes for children and young people.

A total of 20 practitioners were interviewed, individually, face to face, on one occasion, for a period of approximately 60-90 minutes duration. The participants were all aged over 25 the oldest interviewee being 61 years. The sample was overwhelmingly female with only 1 male participant. All interviewees were of white British origin.

Professional Group	Role	Number of interviewees
Education	Education Welfare Officer (EWO)	3
	Advisory Teacher (AT)	1
	Educational Psychologist (EP)	1
	Special Educational Needs Coordinator (SENCO)	1
	Operational Manager Education (OME)	1
Social Care	Pilot Interview	1
	Social Worker (SW)	3
	Assistant Care Manager (ACM)	1
	Family Link Worker (FLW)	1
	Operational Manager Social Care (OMSC)	1
Health	School Nurse (SN)	2
	Health Visitor (HV)	2
	Primary Mental Health Worker (PMHW)	1
	Operational Manager Health (OMH)	1

Table 3.1 Type and Number of Practitioners Interviewed

3.11.3 Geographical Context

The county within which the research was conducted was in the south of England. Considerable socio-economic variations exist within the county which incorporates affluent rural communities, areas of urban deprivation, a cathedral city and declining seaside towns.

The county was at the forefront of integrated working, delivering services for children and young people through Integrated Service Delivery Areas (ISDAs) as early as autumn 2007. Having undertaken interviews with practitioners from locations across the county it was evident that while integrated working flourished within some areas, others lagged behind. The ISDAs coordinated responses to child protection and children in need alongside preventative work. Initially there were 8 localities designated as ISDAs, however these were realigned into four paired ISDAs, each consisting of a virtual multi-agency team (Integrated Services Delivery Team - ISDT). The ISDT is a multi-disciplinary team under a single management structure made up of named individuals from education welfare, educational psychology, social care, inclusion

support and family support. Children's Trust partner agencies, e.g. community health practitioners and primary mental health workers, work in partnership with the ISDT. The CAF is utilised within the ISDT to provide a holistic assessment of need which forms the basis of an agreed plan of required interventions.

After a promising start integrated working within the county fell into difficulty and at the time of writing the county is in special measures. An Annual Performance Assessment (APA) of services for children and young people was conducted and published by Ofsted in December 2008. The following table sets out the grades awarded for performance.

Assessment judgement area	APA grade
Overall effectiveness of children's services	2
Being healthy	3
Staying safe	1
Enjoying and achieving	3
Making a positive contribution	3
Achieving economic well-being	3
Capacity to improve, including the management of services for children and young people	2

Table 3.2 Ofsted Evaluation of Children's Services within the County 2008
Inspectors make judgements based on the following scale 4: outstanding/excellent 3: good 2: adequate 1: inadequate.

An important weakness and area for development cited within the objective of staying safe was the insufficient capacity of the Integrated Services Delivery Areas (ISDAs) to support and assess families with high levels of need and child protection concerns (Ofsted, 2008).

An Ofsted progress review undertaken in July 2009 resulted in a dramatic restructuring of service delivery within the county with the abolition of the ISDAs in favour of service provision based and delivered from 3 urban centres. There was widespread acceptance amongst practitioners and senior managers that preventative measures had been over emphasised at the expense of child protection, a senior manager declaring to practitioners at a meeting to announce the new structure that *'we took our eye off our core business.'*

3.11.4 Issues of Access

Gaining access to practitioners proved more difficult than I had anticipated. I had somewhat naively expected that once ethical approval had been granted practitioners would be easily identified and interviews would be organised and underway fairly quickly. However, a significant delay resulted while I attempted to persuade managers as to the value of the research and enlist their support and assistance in gaining access to the practitioners within their team. I had no personal contacts upon whom to draw and access was further complicated as the practitioner groups I sought to interview (education psychology, education welfare, social care and health) had different line management structures requiring contact to be made via several managers.

Initially I relied heavily on emailing named heads of teams. Responses I received from managers did indicate some resistance to my research, for instance suggesting that I '*may wish to consider looking at a less turbulent environment.*' This reaction was not unexpected and was understandable considering the imminent Ofsted visit following the failed inspection, staff shortages (particularly in respect to social workers) and the managers' role to act as a gatekeeper and protect staff during a difficult period for the county.

Securing the initial interviews was hard work; however at the end of each interview during a few minutes of informal chat, I asked the interviewee if they could provide contact information for a colleague who may be interested in participating (snowball sampling). This method did yield success, however the period between the first and last interview was longer than I had initially envisaged as the communication between practitioners and subsequent referrals took time and was a factor over which I had very little control. Although frustrating, this turned out to be an unexpected advantage as the intervals between interviews provided an opportunity for ongoing data analysis and reflection enabling refinement of the interview schedule to probe emerging areas of interest.

Interviews were conducted over a period of five months, starting with practitioners in education and social care contexts as ethical approval from the county council was gained first. The semi-structured interviews took place predominantly at interviewees' place of work, the exception being one interview held at the university. The interviews were recorded on a digital recorder and transcribed verbatim. IPA requires a semantic record of the interview (Smith et al, 2009) where all words spoken by those present are recorded in the transcript. Non verbal utterances were noted in the transcript within brackets e.g. sighs, pauses and laughter. Immediately after the interview I noted my impressions of the interviewee's demeanour, how animated they were, observations of

their emotional state at various points in the interview triggered by exploration of and reflection on their collaborative experiences (irritation, frustration, pride, ambivalence, anger, upset, etc).

Following the interview all participants were emailed a transcript of our discussion for their reference and as a possible aid to reflection on their practice. They were offered the option of making amendments to the transcript and asked to confirm that they were happy with the record. A small number of participants made minor changes to their transcript.

3.12 Focus and Limits of the Research

Children's Trusts throughout England have elected to implement the ECM agenda in a variety of ways. Ofsted have been tasked with making judgements as to the effectiveness of the integrated services offered at local level, however, there has been no correlation made between particular models utilised and successful outcomes.

Qualitative research is underpinned by a belief that knowledge and the processes which generate it are context specific (Lyons et al, 2007). The context of the research is an important factor affecting practitioners' experiences of working in multi-agency services. However, during the early stages of data collection contextual issues assumed a disproportionate dominance. Having sought and obtained research governance and REC approval at county level my attention was focused upon the local authority causing me to over emphasise the location of the research. This was exacerbated by some interviewees' belief that I was undertaking some sort of county-wide evaluation or audit which led them to recount the history and politics of provision within the county. My analysis of initial interview transcripts revealed that much of the data was descriptive and orientated towards the context, referring excessively to the ISDAs. Distinguishing and separating themes from their context is neither possible nor desirable as themes represent the totality of the participants' experience. Critical review of the early transcripts made me realise that if I persisted with the same approach the main research outcome would be that of a case study of multi-agency practice within the county instead of a phenomenological exploration of practitioners' accounts of their experiences of practice in multi-agency contexts. Smith et al (2009) identify the primary concern of IPA as being with quality and not quantity. To avoid further distraction from the aims and objectives of the research I made certain that subsequent interviews were centred on interviewees' lived experience of practice by being far more explicit in my face to face introduction as to the purpose of the research emphasising the spotlight as being on the individual's experience, their understanding, perception and views.

A further issue highlighted during interviews with practitioners which caused me to question the focus and limits of the research, was the emphasis they placed on

consideration of the whole system. Describing their experiences in multi-agency teams, principally around the CAF, some practitioners identified particular groups/institutions as referrers in the process whilst considering themselves as service providers. In interpreting their practice as a contribution to the whole they recommended additional agencies and roles I should contact to gain the bigger picture. Although sometimes tempted by their proposals I reminded myself that subjective, detailed and experiential data was integral to the research as opposed to evaluation of a multi-agency tool.

3.13 Data Collection, Management and Presentation

The interview schedule (Appendix 3) set out a series of exploratory questions/prompts which were designed to elicit interviewees' understanding(s) of their experience. Although the schedule was used with all participants it was applied flexibly to permit the follow up of unanticipated areas of interest which materialised during the interview. The following areas were covered with all participants

- Understanding of role
- Perception of self as a practitioner
- Experiences of practice within a multi-agency context
- Relationships with other groups of professionals
- Changes in ways of working
- Recognition of the key drivers around service provision
- Future plans/objectives

The primary aim of the interviews was to build up a rich picture of what it means, at a subjective and group level, to practice in a multi-agency context. Discussion and analysis of the interviews was framed by consideration of the research objectives (section 3.3).

Analysis of data from a small sample of participants is a key characteristic of IPA. The sample size of this research is relatively large by IPA standards and this influenced my approach to the presentation of the data. The IPA methodology applied within this thesis is consonant with that utilised by Flowers et al (2006) to investigate the meaning of HIV diagnosis to Black African people living in the UK. Rather than being presented on a case by case basis where the participant is prioritised (exemplified by Glasscoe and Smith, 2008) themes are highlighted, presented and illustrated through the application of extracts from a number of interviewees' accounts. The analytic process remained idiographic as it occurred at case level, retaining a commitment to a detailed understanding of each participant's experiences. All participants' voices are represented within the extracts selected to evidence the three super-ordinate themes.

Although IPA does not advocate use of computer assisted qualitative data analysis software (CAQDAS), Smith emphasises that the approach can be adapted by researchers in accordance with their research aims and that *'there is no definitive way to do qualitative analysis'* (Smith et al 1999, p.220). Critics of the use of software packages within IPA studies argue that engagement with the data is reduced. Yet acknowledged benefits include the efficient organisation of large quantities of information aiding researcher retrieval of the data. Importantly CAQDAS programmes whilst supporting increased rigour during analysis, maintain researcher ownership of the interpretative process. Following transcription of the interviews the data was imported into MAXQDA and stored as rich text files.

Analysis was carried out on each transcript as though it were the first, attributing value to each practitioner's account. Following an interview the transcript was read and re-read to engage closely with the narrative. Interviews were played back in conjunction with reading the transcript to help convey a clear impression of the interviewee's meaning. Areas of interest and revelatory phrases were highlighted and initial thoughts and questions were noted as memos. Words and sentences were allocated codes and sub-codes which were refined and evolved over time. Smith et al (2009) advocate detailed consideration of each line of transcript to enable the researcher to see beyond what they are anticipating and explore different avenues of meaning which results in a more interpretative rather than descriptive level of analysis.

Themes (codes) were identified and assembled within each transcript as opposed to being imported from the analysis of preceding interviews. It was during later stages of analysis that the focus moved from the individual practitioner to the practitioner group, from the *'particular to the shared'* (Smith et al, 2009, p.80). Comparisons were made between transcripts to identify recurrent themes that exemplified shared and divergent views, understandings and meanings attributed to practice within a multi-agency context. Although initial coding of transcripts took place within MAXQDA the review of codes occurred using more traditional qualitative techniques. Codes were printed onto pieces of paper and arranged into groups composed of similar elements. Various clusters were experimented with to visualise and test possible relationships and support the development of overarching themes. Themes were then reviewed, during which process some were cast aside as they lacked salience. Others were subsumed within similar or related themes. Super-ordinate codes or themes were then identified which captured the totality of the themes residing within them. The super-ordinate themes arose either from the elevation of an existing theme which encapsulated the relationship between groups of themes (abstraction) or was conceived to serve as an umbrella to bring together a series of related themes (subsumption) (Smith et al, 2009, p.97).Throughout this process constant reference was made to the research objectives.

3.14 Summary

This chapter has summarised the research journey in terms of the selection and justification of an approach and the practical steps taken to operationalise it. In describing the process of ethical approval and the subsequent difficulties experienced gaining access to potential participants the chapter has also clarified the research context, the priorities, structures and teams which existed within the county in which the interviews were conducted.

Discussion of the nature and form of social reality assisted decision making in terms of how IPA was applied, which was along the lines of a critical realist rather than relativist stance. IPA was chosen to ascertain the factors which held 'causal efficacy' for practitioners – an effect on behaviour.

The challenges of the interview process were highlighted through reflection on the pilot interview, the recognition of shortcomings in the initial questionnaire and discussion of the subsequent revisions made.

Chapter 4 Findings

4.1 Aims of the Chapter

This chapter presents the themes which emerged from qualitative analysis of the semi-structured interviews – a process described in the preceding methodology chapter. It gives voice to the individual and collective (professional group) experiential accounts of practitioners working in multi-agency contexts (primarily CAF planning and TAC meetings but also child protection case conferences, LAC reviews and core group meetings).

The chapter begins by defining the three super-ordinate themes to support understanding of their origins, the relationships which exist between them and the lower level themes. Roles, identities and relationships explores practitioners understanding of their and others roles and the relationships among individual practitioners, across teams and agencies. Change and adaptation considers the different structures and groupings initiated by the Children Act (DfES, 2004) and their effect on practitioners and practice. Conflict and contradictions examines the challenges of multi-agency working including high expectations, targets and resource constraints.

4.2 Super-Ordinate Themes

The first super-ordinate themes identified were

- Understanding of own role and practice
- External influences on self and practice
- Relationships with other practitioners

Attempts at discussion and analysis of the data around these themes proved descriptive and to some extent felt artificial. I came to realise that rather than being the super-ordinate themes, they represented the different levels at which themes could be exemplified. As a result of having spent considerable time trying to fit the data to the initial themes I was more aware of the similarities and differences within and across transcripts. The following themes were subsequently revealed which I felt were more representative of the data

- Roles, Identities and Relationships
- Change and Adaptation
- Conflict and Contradictions

The themes are now presented and illustrated using extracts from participants' accounts. Pseudonyms have been assigned throughout.

4.3 Roles, Identities and Relationships

This section focuses upon practitioners' understandings of their and others' roles in multi-agency contexts. Perceptions of professional identity and different approaches and cultures are investigated along with relationships between individuals within and across groups.

Participants' responses occurred on a number of levels; as individual practitioners in relation to their role (job oriented characteristics), as a member of a practitioner group (team oriented characteristics), or in the sense of themselves as a person (incorporating personal characteristics). Responses brought to light the interplay between elements of practitioners' identity, their sense of self.

4.3.1 Descriptors of Working in a Multi-Agency Team

Participants were asked to provide three words to best describe their experience of working within a multi-agency team and to then give examples to illustrate what the words meant to them. By far the most commonly used word was *'frustrating.'*

> *well when other agencies undermine you and go and tell your managers that things aren't being done when they are, and when they don't understand the concerns or when they are against you all the way, you know they can be saying why are you removing these children or why aren't you removing these children? And also just being unable to communicate with other professionals which I feel sure they feel equally frustrated by, not being able to get through to someone, that's really frustrating and um to go back to that thing that I said earlier about people not sharing things* (Leah, SW).

Although negative descriptors were often given first, more positive words and experiences invariably followed. Other frequently occurring words used by practitioners to describe their experience in multi-agency contexts were, *'supported', 'empowering', 'creative'* and *'beneficial.'*

> *I think a lot of it is positive, supportive...Well an example of positive would be where I had a family ringing with concerns about another family member where a child was involved. I rang up the social workers to speak to them, they had had a referral the day before from a hospital about a person involved with the family and it was like putting together the pieces of a jigsaw so that very quickly they could respond to the urgency of the situation and support the family* (Sara, HV).

Alison's (EWO) use of 'supported' reveals the weight of responsibility she felt working to resolve complex problems in isolation

I would feel supported because I'm taking a problem with multi faceted issues and I'm being able to ask for the help and support of other agencies in order to move it forward, so I'm being supported in that, rather than being on my own and trying to change the problem on my own, so in calling a TAC you feel supported professionally and emotionally...

4.3.2 Understanding of Role within the Wider Policy Context

Multi-agency working was considered by all participants to constitute an element of their role. Reference was made to the legislative context of ECM, however, in describing their roles practitioners mainly referred to their own agency's targets and indicators of performance instead of the more general ECM outcomes. Most practitioners confirmed their understanding of their service's contribution to the ECM agenda in terms of making reference to early interventions and the safeguarding of children *'Safeguarding that would be the top of the list, safeguarding'* (Alison, EWO).

'...because we are about early intervention and prevention' (Jenny, OME).

In addition to improving outcomes for service users via early interventions there was recognition that the ECM agenda sought to increase efficiency within and across public sector organisations

> *So there is a big emphasis on early intervention and getting the things right the first time so that you don't have to undo the things that have gone wrong because you didn't put something in place correctly in the first place... but it is also around reducing costs and when I read these policy documents they don't make any bones about that, it is about being more cost effective, driving up quality and driving down costs* (Sandra, OMH).

Other practitioners made little reference to the bigger picture appearing more task orientated in their roles and citing the need to stay focused when faced with competing pressures on time and resources

> *I think we do do quite a bit of preventative work really in that sense, but I mean my role is school attendance and I think that this is the sort of job where you can get involved with so many things and then people say you haven't got time to do this haven't got time to do that and you need to stand back and think well, what is my job? My job is school attendance that is what I am employed to do. I am not a social worker I am not an assistant social worker, I'm not an EP...* (Gwen, EWO).

Although not resistant to the rationale for change some practitioners struggled to come to terms with more outcome focused, targeted practice and longer serving practitioners particularly, expressed some nostalgia for practice in days gone by

...much more the old fashioned health visiting and it was very hard to let that go and think I've got to be very disciplined. What they want is a service, the nursing background I brought into health visiting about giving a lot of care to people and supporting them emotionally that has been sidelined and it has become more of a business plan (Faith, HV).

Longer serving practitioners were also perceived to experience greater difficulty adapting to the culture change and realigning their practice to meet the values underpinning ECM

...the ones who have been in a long time very much like the welfare side of the educational welfare bit and some I think do get too bogged down and because a lot of what we do is about empowering parents and families to do things for themselves and I think we can be sometimes a little bit in danger of nannying them (Jenny, OME).

While recognising that ECM had affected other agencies and practitioners, Jacqui (ACM) felt her role had not changed significantly due to the prior existence of aligned assessments and associated working practices within the service

The ECM has a huge impact but it hasn't made many changes as we were already working that way. Because again it is looking at the child holistically isn't it and taking account of all aspects of their life. They make a specific point on the CAF about the ECM outcomes we don't make a specific point of that in our work but our basic assessment the core assessment covers all aspects of a child - health, education, identities....so it is a holistic approach.

4.3.3 Roles and Engagement

Analysis of practitioners' accounts revealed a complex interplay between individual and collective behaviours, structural and process orientated factors. The interaction between these elements affected practitioners' willingness and ability to participate in multi-agency working. The factors are discussed in this and subsequent sections and their interrelationships represented in Figure 4.1.

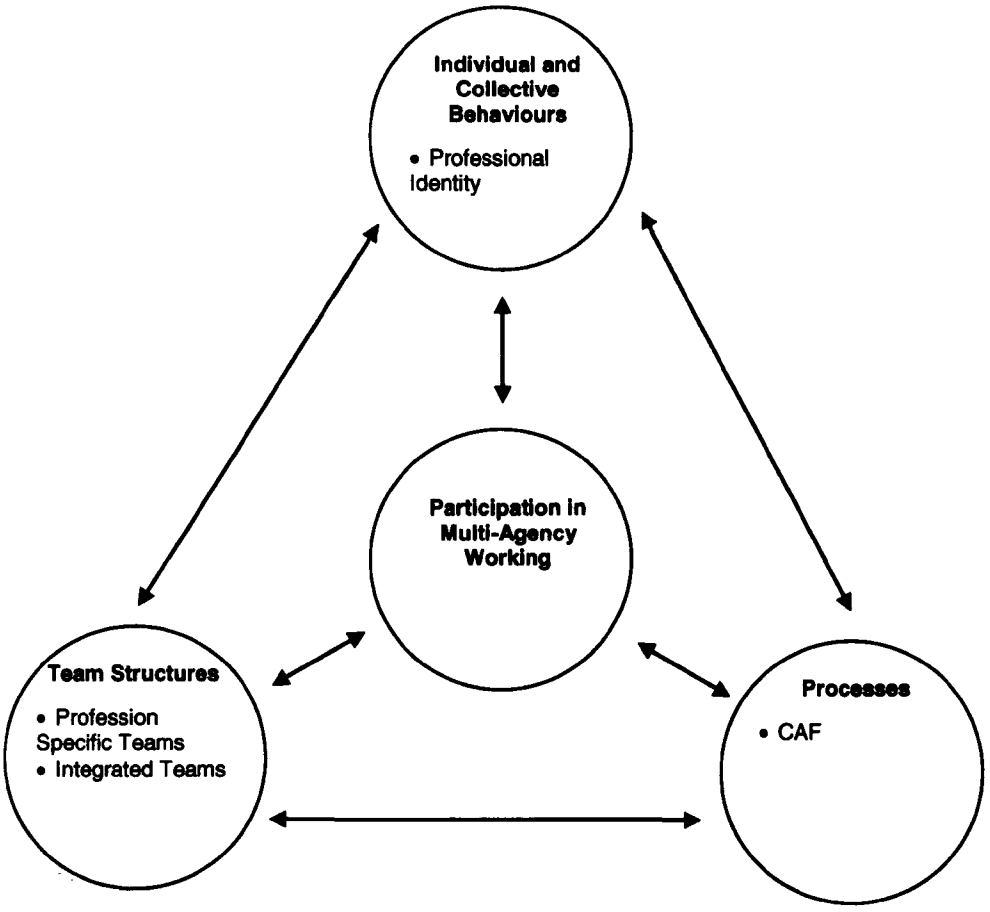

Figure 4.1 Factors Affecting Participation in Multi-Agency Working

Engagement with the CAF was found to vary across organisational structures, locations, individuals and professional groups. While the rationale for change in the culture of service provision was broadly accepted and some practitioners had embedded CAF into their practice, others were less experienced or more cautious in their participation. As a chair for CAF planning (a multi-agency panel which considered resource allocation for several CAFs during fortnightly meetings) Jenny (OME) comments on what she sees as the main reason for poor commitment *'I think a lot of difficulties around multi-agency working is people feeling that they are going to get dumped on, you know it's going to be more work for them.'*

Levels of engagement varied with geographical location. An integrated services pilot had been established as early as 2004 in one area of high social deprivation and this was a noticeable hotspot for CAF initiations. Referrals between agencies at this location were high and CAF was used routinely to support joint working. Elsewhere in the county the reorganisation of profession specific groups into integrated teams had only recently occurred, resistance from practitioners coupled with resource issues having delayed roll out of the pilot.

> *I mean here in (named place) because we were the (named) pilot and we went very quickly into integrated services we react very differently to cases than my colleagues in the north of the county who have only just really embraced the*

integrated services way of working. We are well advanced they have only just got the idea. We meet regularly and some of the things that will automatically happen here through the schools being linked with us and integrated are not happening at all up there yet...it will happen but it takes time (Janet, SN).

In areas where there was a history of multi-agency working many practitioners were positive about the CAF and had used it to empower their practice and redefine their roles

Previously I used to be frustrated because you had parents and children coming to you with needs and no one seemed to listen if they weren't child protection and dire end and I got very frustrated because I could see that with a little bit of intervention things could move on and change. There just didn't seem to be anybody or you had to go through hoops to get anybody to come in. Then the CAF came along... (Kate, SENCO).

In areas where multi-agency working was less established CAF was seen more as a referral document than an assessment process. Gwen (EWO) considers the CAF to be a formalisation of existing practice rather than a tool to develop new ways of working. She feels it has made little difference to her role *'I think the CAF is a name that has been given to something that has always happened.'*

Janet (SN) recalls how in her locality, during the early days of multi-agency practice around the CAF, commitment was sketchy and a number of practitioners remained on the margins and clung to their profession specific assessments and referral processes

But some of the professionals, the agencies, stayed back a bit, they maybe would attend but still come out with 'that is not my role, I would have to have a proper referral meeting the criteria of their referring system (for them) to actually get involved'... I had a particular issue with one of the agencies who would always sit back and not be as supportive.

Practitioners' perceptions of the effectiveness of the CAF could be seen to affect levels of engagement. A range of different views, some positive and some negative, were expressed by practitioners concerning their belief in the efficacy of CAF to make a difference to children and families *'I find it very beneficial to the child, it does have an impact it does make a difference'* (Debbie, AT). *'I don't say we got great results for her, I wouldn't be that naïve... you just have to make it so that it's acceptable, doesn't make it good though does it'* (Gwen, EWO).

As a consequence of her lead role in the pilot project Emma (OMSC) had been immersed in multi-agency working and was committed to county wide dissemination.

Passionate about CAF as a catalyst for change Emma believed in its ability to bring about a better way of working

> *... because actually the culture change that we need to make in order to do the better practice to work better together is a political change process and CAF really unclothes or reveals that because it says you will talk to each other you will meet with the children and family you will plan, you will know what you want to achieve and people would rather not have to do that with that level of detail. A lot of them say we do it anyway... but you do it vaguely you do it unaccountably you do it without recording it do it without evaluating it and a lot of times without the voice of the child or parent being actually involved.*

Insufficient time and capacity issues were believed to inhibit practitioners from initiating CAFs and maintained reliance on traditional referral routes

> *...and if the school staff are honest ... they know that a CAF takes up a lot of time so they avoid doing one so they try and get support from agencies as they would have done in the old way. If I'm called for a health problem that is fine but I am going in because I think it is purely a health problem but then you quickly realise that actually it is not just a health problem there is an attendance problem...a behavioural problem and that need could have generated a CAF* (Janet, SN).

Significant differences in levels of participation were apparent between professional sectors. As a professional group health practitioners were perceived by other interviewees as unwilling to engage in CAF. Sandra (OMH) explains the practical reasons for reticence amongst her team

> *...well I already do that and I do it quite effectively, I involve other practitioners in my work, yes I agree with this but it is just taking me too long and there is no support there to help me to do that so...why would I want to do it? Is the outcome going to be better for that family, is it going to be any different? If the professional can look at that and say yes it will be beneficial to that child and that family then they will take that route if they look at that and say I don't think it will make any difference to how I am already doing it so actually I will just carry on with what I am doing because this is too difficult for me, I think that will prevent people from initiating CAF.*

Levels of engagement in the CAF varied between individuals undertaking the same role. There was some evidence for the existence of a relationship between low levels of participation in the CAF and non attendance at the county CAF training events. Some professional groups had less experience of CAF and TAC than others. Social workers

engagement with the CAF was limited due to its early intervention focus. Apart from practitioners based within the assessment team, social workers would be unlikely to attend CAF meetings. For practitioners within specialist social work teams, CAF was seen to denote the lower boundary of their practice

> *I haven't that huge an experience around the CAF, I haven't worked on many cases because if the case was on a CAF and I got involved it was because it was coming higher level. Or I was passing it over, passing it down* (Jacqui, ACM).

Pauline (SW) is unconvinced by the emphasis placed on working together '*and actually I feel it's tokenistic in terms of me sitting in that room to pretend we're doing this together when actually...we're doing this anyway.*'

The services of particular professional groups were perceived to be in high demand at both CAF and TAC meetings '*EPs everyone wants an EP at their meeting. They are perceived as experts*' (Jenny, OME). High demand coupled with limited resource provided one explanation for observed low levels of engagement amongst particular professional groups. However, poor participation from groups such as EPs led to some resentment, other practitioners perceiving them as superior and unwilling to work in a collaborative way, '*but people like EPs rarely do you see them at a TAC meeting, they are a bit of a nightmare*' (Abigail, FLW).

CAF planning was viewed by some practitioners as a filtering mechanism, a means of allocating their services. Ann (PMHW) is clear concerning the boundaries of her involvement and utilises the process to establish thresholds for access to her services

> *I tend not to set up CAFs myself because it was seen really as a waste of precious resource, if they've only got me a day a week they want me as much as possible to be available to go to TACs and get involved with children... But in terms of direct work I do tend to try and direct people to using the CAF process and now for instance if a school phoned me and said we want you to come along to a TAC I'd say you have got to bring it to CAF planning for me to get involved. I'm not just openly available...*

Ann's utilisation of CAF planning indicates that she is still operating within the culture of her own service where individual referrals are required to undertake direct work.

Ambiguity around the remit of the lead professional coupled with concerns about additional responsibility and workload deterred many practitioners from undertaking the role. Debbie (AT) observed how *'Nobody ever volunteers, everybody avoids eye contact and looks down, that's the general thing.'* While Gwen (EWO) remarked '*people don't queue up to be lead professional basically.*'

In general there appeared to be an expectation that the practitioner who had initiated the CAF would become lead professional. Consequently many school staff undertook the role. Kate (SENCO) describes how she learnt to be a lead professional through trial and error

> *I know what to say now when I go to the CAF planning. I probably didn't have a clear understanding of the role of the lead professional at that time and should have spoken up more and made sure that that team was in place for that child, I sort of assumed that by doing the CAF that would happen and other people or the new school or the (named pilot) would make that happen. There needs to be an understanding that the lead professional is wider than the school, it is a multi-agency role and I didn't have that understanding then, I'm much more aware of my role now.*

Practitioners in less specialised roles had greater commitment to the initiation of CAFs and the role of lead professional. Emma (OMSC) offers a reason for this being the case

> *...some of the people who value it most are the unqualified workers because they were the ones who could take it and run with it and engage with children and families whereas before they didn't have a basis to do that.*

Abigail who regularly initiates CAFs in the course of her role as a FLW describes how in addition to being lead professional

> *I have been chairing the meeting and taking the notes...I do struggle with that...I have managed to do it. But people still tend to put on you and let you do it. They don't want to know, it is too much like hard work, they haven't got the time.*

Within this thesis the term *Professionally Qualified Practitioners* (PQPs hereafter) is used to refer to interviewees possessing qualifications resulting from an extended period of formal training for example at a minimum a degree and/or Diploma in Social Work, Certificate of Education or Registered Nurse. These practitioners may have statutory duties within their roles. *Vocationally Qualified Practitioners* (VQPs) is used to denote practitioners who do not possess professional qualifications but may have undertaken training designed to advance their general proficiency, especially in relation to their present or future occupations.

VQPs were more positive in terms of the benefits CAF brought to their roles

> *...from my perspective I felt previously that I was very much on my own...I had cases that I just couldn't move forward, the school would say well you know this is attendance, over to you, and it was like it's not just about attendance. So from my perspective it's much more fulfilling in the fact that you can call a team*

around the child now, you can get the relevant professionals involved, you can get commitment from them to ensure that with their help we can move this case forward and it's reviewable...you've got some accountability there and it's much more tight knit from my perspective, it has forced us to all co-operate more and all communicate more in a really positive way, so yes it has made, definitely for me, made my job much more fulfilling (Alison, EWO).

The reluctance of some practitioners to engage with the CAF, particularly the administrative and organisational aspects, echoes the findings of Nancarrow and Borthwick (2005) where those with more status were, during times of relative prosperity, inclined to delegate 'dirty work' but during times of perceived hardship or uncertainty attempt to reclaim it. Such a situation had been experienced at a TAC meeting

> *...there was a point where the EP would say try this try that and I would think well actually that is not my remit it's yours. And then later on when we tried something one of them had a go at us saying you shouldn't be doing that!* (Abigail, FLW).

In addition to professional status, a significant difference was discernible between the length of time practitioners had been in their roles and engagement with the CAF. Jenny (OME) describes the difficulties she experienced while running training sessions for health care practitioners

J *I do the CAF training for all the health staff, I do midwives, health visitors school nurses, over 40 of them, that is a very negative experience they say the CAF's a waste of time, it doesn't work and it was really heavy going to try and get them to see the benefits.*

F *Why do you think they feel like that?*

J *I think part of it is, and this is going to sound bad but health visitors tend to be older ladies who have been doing the job a long time and I think change of any kind is difficult for them.*

Frances (SN) offers an alternative explanation for the low initiation of CAFs within her particular service

> *we are not au fait with what is really happening in the family home ... Also we don't see the children that often so we rarely initiate a CAF but we always contribute to CAFs around the health needs of a child. We are part of the process but not often the instigators of the process.*

New ways of working perceived as more time consuming than traditional referral routes were found to hinder practitioner participation in the CAF by Brandon et al (2006). Reluctance to make the cultural change was recognised by Emma (OMSC) to be a key factor affecting individual and agency engagement

> *I read this great article about developing integrated working, it talked about the cultural change that you need to make in order to develop a different way of working. One of the things that has to be there if somebody is going to do something different is belief that this thing that they do will actually benefit them and make a difference. If they don't believe that or don't have some dissatisfaction with where they are at and they will never make the change.*

4.3.4 Role Clarity

The research literature and government policy alike maintain that clear roles and specialist skills are required for effective multi-agency working. In seeking to alleviate practitioner anxieties around the blurring of roles the ECM website upholds that *'multi-agency working is not about trying to homogenise all the professional backgrounds represented in the service'* (DfES, 2004). Nevertheless, the *Every Child Matters* Green Paper (DfES, 2003) also refers to the need to begin *'integrating professionals through multi-disciplinary teams responsible for identifying children at risk, and working with the child and family to ensure services are tailored to their needs'* (p.51).

County managers had given assurances to front line practitioners that distinct roles would be maintained during the transition into co-located Multi-Professional Teams (MPTs). However, Tim (EP), felt patronised rather than reassured by the metaphor used to convey the message

> *...the best they could come up with was we're a salad not a soup, that's a really low quality metaphor for integrated working so it's not like we're going to chuck workers in and blend them up, we are a salad, a bit of tomato and a bit of lettuce and cucumber and we all meet again, I mean it's such an unappetising metaphor anyway, but that was the quality of thinking and I think they could have come up with something much more powerful.*

It was widely acknowledged by interviewees that a degree of overlap existed between individuals' roles and those of other professionals. However, PQPs were generally clearer as to where the limits of their involvement terminated as exemplified in the following extract from Ann (PMHW)

> *There is some overlap as school nurses run drop in clinics so sometimes what I might do is see somebody with the school nurse and then the school nurse might carry on seeing them for a bit and then they'll come back to me for*

consultation or we might do a follow up together. So there is an overlap from that point of view. I think a lot of them [other practitioners involved in CAF process] *do have mental health components to their jobs even the EWOs, if we are working with a child who refuses to go to school we will work very closely together but we will be quite clear about who is doing what bit.*

Although Ann's use of the term consultation could imply a professional superiority attained through possession of specialist knowledge, my interpretation is that in the context of this extract, it was used as defined by Conoley and Conoley (1990) to characterise a problem solving relationship between professionals from different fields.

Overlap or the appropriation of 'bread and butter' elements of traditional professional roles by VQPs occurred commonly. Although not interpreted as a threat to health practitioners' professional status, Sandra's (OMH) response reveals a degree of uncertainty and caution

S *There is an overlap sometimes with the roles of the children and family centre staff and the health visiting teams. We have community nursery nurses within our visiting teams and children and family centres often employ outreach staff who will go and visit people in their homes and tell them about the services going on in the community and that is a role for the health visitor and the health visiting team and the nursery nurses to be doing that sort of work as well so there is an overlap and they may have staff that will go out to do specific pieces of work to support a family with a behavioural issue which again overlaps with some of the work that we do.*

F *Does that cause problems?*

S *In one way it does and in another way it doesn't. There is plenty of work out there for everybody, in fact there is too much work for us so if you look at it in that way then it is very positive but the problem comes around things such as communication and information sharing, we know something about a particular family should we share that with them do we entrust that information with the other practitioner? What is their level of training, their background, are they competent to be doing that sort of work? So that is often where the difficulties lie for our staff and the health visitors in terms of not being quite sure whether or not they should be passing this over to somebody else to do, whether they can trust them to do that.*

Despite relative clarity in relation to the boundaries of their own roles, some ambiguity remained around the roles, responsibilities and status of practitioners from other agencies

I think there is often misunderstanding of people's roles, we don't quite know...for example I thought somebody was a social worker and then I found out they are a social worker's assistant and they are not actually trained. Sometimes how people describe themselves doesn't actually reflect their status...we don't really understand the hierarchy of other people's organisations (Frances, SN).

However, good communication and the development of personal relationships at CAF planning and TAC meetings were felt to have contributed to an improved understanding of others' roles enabling more effective targeted practice

The thing about the CAF planning meetings was getting all the agencies around the table and I think that as a result of that we all have a better idea of what each other's roles are. It has stopped what we call the scattergun referrals where it will be referred to every agency under the sun (Ann, PMHW).

During the interview practitioners were asked if they had undertaken tasks at CAF planning or a TAC which they considered beyond their remit. This did not appear to be an issue, where tasks had been taken on which exceeded participants' formal roles this had been at the individual's discretion *'I've done a couple of things where it clearly wasn't my role...I wasn't asked to do it but I did it because I felt it was in the interests of the child'* (Tim, EP).

Where multi-agency practice had been established for some time, in this particular instance within the pilot project, practitioners had developed greater awareness of the limits of their and other practitioners' and agencies' boundaries. As personal relationships became established boundaries were negotiated to tailor support on a case by case basis

...and everybody links into us and we link into them because you know what other professionals do so well we know their boundaries now, where we would take over and they would take over. Some of that actually is quite blurred in that sometimes we think well who is the best person to do that piece of work and that was never discussed years ago it was everyone in little boxes...(Janet, SN).

Nevertheless, health practitioners in particular reported being subjected to subtle pressure to extend their remit either following failed referrals to social services, or from social work colleagues within their integrated team struggling with their workload. Practitioners found themselves *'having to hold onto families for longer'* (Sandra, OMH) and were inadvertently broadening their roles to respond to the needs of the family.

Health care management were resistant to role blurring and urged practitioners to focus on their health remit and not exceed the boundaries of their practice

> *Yes I think sometimes the area can become a bit blurred in terms of for example our referral to social services because the criteria has gone up before they will take a family, that means we are doing more social work than we would have done in the past and so recently one of our child protection supervisors has said that we have got to look at the family in terms of what their health needs are and not accept the fact that we are carrying all these social problems as well and we have to keep passing them back to social services to get them to take them on* (Sara, HV).

> *I know social and caring services are struggling because we live with them now we know what they are up against and the amount of safeguarding that has come in since Baby P and we know there is a backlog of conferences waiting to be arranged and we've actually experienced them trying to get us to do some, we are very strict on no that isn't our remit because that is very squarely in a social worker's area* (Janet, SN).

Sandra (OMH) described how, due to insufficient resources, health visitors were increasingly being diverted away from the traditional tasks and activities they were trained for to assist with crisis management

> *Health visitors aren't being able to do the work they feel they were trained to do which is to focus on prevention, early identification because there is the analogy of the river, the idea is that health visitors go upstream and they stop people from getting in too deep whereas social services are at the end hooking people out who are drowning because they have got into too deep water and that is currently where our health visitors are they are helping social services hook out rather than prevent children getting into deep water in the first place.*

VQPs were, during the course of their work, more likely to routinely exceed the boundaries of their roles

> *Strictly speaking the protocol is that if you are an assistant care manager you shouldn't hold child protection cases and you shouldn't be doing complex work but in practice I have always done fairly complex work and have held child protection cases even if they have been put in other people's names* (Jacqui, ACM).

Abigail (FLW) recounts an occasion when her practice exceeded the boundaries of her early intervention remit

I was thinking oh god this is over my remit, am I doing the right thing? I have no doubt that certain cases I have had should be social services...It's changing, the goalposts are changing, it was always early intervention, it still is, but if it's a social services issue we shouldn't be dealing with it but in between they pretty much let us do what we feel we need to do. Whereas before you couldn't go over now we are going over.

Multi-agency working around the ECM agenda was perceived by some participants to have broadened their roles, made them less specialised. Frances (SN) is unhappy about what she perceives as a reduction in the focus on health

F *Do you consider your role has broadened then?*

Fr *Absolutely. I feel sometimes as though I flounder, I don't feel as though I have training, well I haven't got any training in the sort of emotional side of things. I don't sometimes know how to manage these children, children that have witnessed horrific things sometimes at home, all I can do really is give them a listening ear. But I can signpost there are all sorts of agencies out there so I think often the role of the school nurse is the initial contact but then signposting. The trouble is you signpost and it often comes back to you! ...we need, school nurses to be focused on health as opposed to being broadened into other aspects. I have known school nurses go to case conferences talking about attendance in school, how they are doing in school, our role has to be very much focused on the health needs of that child, and I say to my team to be clear about the limits of the role and when to signpost.*

Janet (SN) also a health practitioner provides a contrasting perspective on the impact of multi-agency working upon her role. Instead of being located within a GP surgery like Frances, Janet is based within what was the pilot integrated team. She believes that increased clarity around roles, brought about by integrated working has led to greater specialisation

J *We also noticed that there were less inappropriate referrals to us from schools because often the staff were desperate for help for some of these children, there wasn't a diagnosis there was disruptive behaviour or home was impacting upon their emotional health, often we would get a phone call as they would say we were the last resort. So we would dip in...*

F *Were you doing things at that time which maybe were not quite your remit?*

J *Absolutely, we were told we were jack of all trades because no one else would often pick it up. That still happens a little bit today but we are very clear in that we pass it down or through to the right person now.*

F *So what effect has the CAF had upon your role?*

J *It has made it more specialised and it has made our role easier to define in that sometimes now if I am invited to a TAC I ask is there a health issue and if they say no it is all behaviour or all attendance and there is actually no health issue I'll say I won't come to the TAC...*

Awareness of new vocational roles and the growing contribution of voluntary agencies was demonstrated by many participants. Leah (SW) observed how *'work that we used to do...has been farmed out to Sure Start and that kind of thing.'* Frances (SN) described how a peripheral aspect of her role has been taken on by a relatively new practitioner group working with young people '*Our role in the past would have been to give these children 15 minutes, a bit of time out in school but now there is a network of what they call learning support people.'*

Sara (HV) perceived *'cost cutting measures'* as the driver for increased nursery nurses at the expense of health visitor roles

> *We have nursery nurses...they are beginning to take on what used to be the bread and butter of health visiting so they might be taking on behavioural problems where there aren't more complex social needs.*

Although practitioners generally believed that voluntary agencies had a valuable role to play in providing services to meet the needs of children and young people, there was some ambiguity concerning which local services constituted voluntary agencies. Concerns were expressed around confidentiality in several interviews

> *I'm going to get confused about what is a voluntary agency really? ...It tends to be statutory agencies really at CAF planning I don't know where voluntary agencies stand in terms of confidentiality because we are discussing family's personal details. I think they are probably invited on a case by case basis* (Ann, PMHW).

Emma (OMSC) outlines the benefits of and barriers to voluntary agency involvement in the CAF

> *The voluntary services want a big piece of CAF, they want to be involved but there are a lot of issues around trust. They think they are in the best position to help children and families be heard and they are they don't have a statutory responsibility they are just interested in supporting children and families. They want in and to be honest we want them in but some of the issues there are really around status, some of them are seen as not having professional qualifications, not having the right kind of security, are they properly checked? Obviously the vetting and barring thing will affect that, but just a general*

suspicion from statutory workers towards voluntary agencies they tend to get seen as unqualified, fairly uneducated, unreliable that's fairly blanket but they can be almost written off and not trusted - how do we know that you are not going to talk to someone in your neighbourhood about what you heard in this meeting? There are even some fears like that which I don't condone but I have to acknowledge that they are there.

4.3.5 Role Identity

Role identity encapsulates the relationship with a body of knowledge, the distinctive attributes, values and objectives which underpin practice. Much of the literature on role identity is concerned with identity formation during academic and vocational training programmes where students are socialised into the values and characteristics of their chosen profession (Hall, 2005, Clark, 2006). PQPs working in multi-agency contexts have established identities, however, the extent to which these are influenced by organisational and team structures, new forms of practice and relationships with other professional groups is difficult to determine. Due to shorter periods of formal training the role identities of VQPs are likely to be more fluid.

The interview schedule questions (Appendix 3) were constructed to elicit first person responses yet it was interesting to note that some practitioners referred throughout to 'we' as opposed to 'I.' This could be interpreted as indicating a greater sense of collective role identity. Alternatively it could be viewed as a strategy to distance themselves as an individual from their responses, to enable them to articulate their understandings and experiences without making it too personal.

The statutory duty to co-operate (*Children Act*, 2004) to improve children's well-being through integrated services was implemented within the county through creation of co-located MPTs. Practitioners were required to move out of profession specific teams into new integrated teams aimed at improving service delivery through greater cross service collaboration. For many this had been a traumatic experience and had served to heighten awareness of their role identity

> *...we've kind of been forced together with other professions that really aren't so closely related as the ones that we naturally fell amongst before the reorganisation, ...when we were based there we were more of a team, they have split us up and we're alienated we are further away in distance and in working practice...* (Sally, EWO).

Recounting her experience from the early days of the pilot project, Emma (OMSC) describes how PQPs were initially resistant to the CAF as they associated it with integrated working and feared their specialist skills would be undermined

The ones who were more negative about the CAF were ones who saw it as almost a threat to their professional identity, the fear being that they would lose, they had specific qualifications and skills and they had tasks that were related to their role and then there was this other thing that seemed to be more like a homogenous goo they were afraid that if they engaged in integrated working and using this common assessment it would pull them out of their specialist assessments and specialist skills into a less qualified more homogenous sort of worker that would lose their professional identity.

Negativity around integrated working had the potential to adversely affect practitioners' attitudes to and engagement with the CAF and multi-agency working in general

... there was much reticence there were huge amounts as to oh this bloody (named MPT) thing and oh we're not doing that and no I'm not doing CAFs oh it's been very very slow, and I think that is the same for quite a lot of agencies... (Alison, EWO)

Where practitioners had recently moved from profession specific into integrated teams, anxiety was evident. Change is often contentious but the negative experiences of co-location upon professional identity were felt most strongly by longer serving practitioners. Multi-professional 'teams' were considered a poor substitute to the specialised professional groupings which had been broken up. The huge sense of loss is evident in the following extract from Sally (EWO)

I feel less supported now as a worker than I have done in the last 9 years, I don't have the opportunity sit amongst colleagues and bounce ideas off other people. I get less supervision than I have ever done...we don't work as a team we are all doing our own jobs but just in the same building, that doesn't really feel very team like to me, I think what we had before with a dozen or so EWOs all doing the same job um was much more of a team and had a much stronger identity, but sorry...

Sally's lack of belonging, her feelings of professional isolation have occurred due to the recent fragmentation of her former working relationships.

Harriet, (SW) considers herself fortunate in being located within a specialist social work team who were not required to move into the co-located MPTs

...oh, just everything which has been stripped from the others we have managed to retain, so we actually have identity, we have security, we have shared goals we have people who are working in our team because they want to be, they haven't had to be redeployed.

Although in favour of multi-agency working, Pauline (SW) is opposed to integrated teams. She considers co-location a threat to the specialist skills and identities of practitioners. In defence of specialist teams Pauline emphasises the importance of maintaining distinct areas of expertise in meeting the complex needs of children and young people

> *...we've got our own identity...We've all been trained differently, you know in terms we're not a health professional, not a teacher. I'm a social worker, my training is very very different as is a teacher's, they can't do my job, I can't do their job. Let's not try to do each other's jobs, let's bring our expertise to the table and work in the best way we can to move forward, plan for children, support children and families...you know it might be good on paper, there's that team, EWO primary mental health worker, look at us all joined up but you need to be sat with managers and other colleagues who are doing the same job as you, because that's how we all learn, that's how we all share our experiences. ...when we* [practitioners from different agencies] *come together our focus is the child and we are bringing our different areas of expertise to concentrate on that child and move that plan forwards ...and that's where it works in my view, but not sit together...*

In conjunction with the move to integrated teams line management structures had been realigned which resulted in many practitioners having non specialist line managers. This situation caused some practitioners to feel less secure in their practice. Sally (EWO) describes how relatively new practitioners *'don't know what they don't know'* and outlines the dangers posed by non specialist line management

S *... having a generic manager who doesn't know some of the intricacies of our work, isn't helpful when we get very complex situations and we have to revert to going back to people that we used to work closely with to get some answers about how we should perhaps proceed, because the manager wouldn't know and if I didn't have the knowledge already from 9 years of experience I would be really floundering. I would be floundering if I was new to the service...*

F *I suppose there are more junior staff sort of going through the DCSF documentation trying to find it out rather than being able to go to a line manager?*

S *I don't know if they realise that there's a difficulty until it's pointed out...they don't know what they don't know. I think there is a danger really for children that things are not being picked up so quickly, things can be let slip and not so many regular checks in our work and if we weren't conscientious ourselves I think you*

know there is room for someone in the future to get away with what they shouldn't be doing perhaps.

In addition to a lack of role specific knowledge, line management by non specialists was also resented due to perceived status differentials. Tim (EP) recounts the bad feeling resulting from a non EP line manager querying an EP's expense claim

> *...but actually that is very demeaning for someone who is used to being given quite a lot of independence and trust and you know, we've got a code of ethics we don't rip the authority off, so suddenly you have situations like that which cause a lot of bad feeling.*

Besides referring to a code of ethics, Tim's belief in the superiority of his professional group is further demonstrated by his conviction that other practitioners are *'intimidated'* by having to line manage EPs

> *...so you had this difficulty and then you had added to that social workers understandably feeling very uncomfortable about line managing non social workers and probably, and I think, no I know being a bit intimated by having to suddenly line manage psychologists.*

Continued agitation and resistance to non specialist line management resulted in the EPs moving out of the co-located MPTs and becoming a separate service once again

> *Up until 2 weeks ago I also line managed the educational psychologists ...they have gone back to their own line management arrangement, partly because they were never really in and they were not really happy about being line managed outside of their professions and they have been agitating for some time it hadn't really gelled in that sense...* (Jenny, OME).

Vocationally qualified and practitioners who were relatively new to their posts, were on the whole more positive about working within integrated teams. Abigail (FLW) describes the benefits of integrated working in terms of her practice, relationships and confidence within her role

> *When I first started as a FLW we didn't have CAFs and it was very hard to get hold of people by phone to see if they had been involved, just to get in contact with people in general. But since the CAF and [named co-located MPT] it has made such a difference, you almost become friends as you get to know people through sharing an office... I felt when I first did this job that everybody else was up there on a pedestal and I was really down here but that is a confidence thing for me and once we went to the [co-located MPTs] I don't have that problem now.*

Redistribution of resources from discrete professional groups to integrated teams had adversely affected relationships between practitioners and agencies

> *...but what then happened as we became aligned with social services and there was a lot of bad feeling about the fact that we had a fairly good budget whatever and then suddenly in integrated services we had to take up a deficit in I think social services was a couple of a million pounds in the red, and suddenly that was... and we felt kind of pretty unhappy about that our training budget our CPD budget which had been you know ours until this...*(Tim, EP).

Although many practitioners were critical of co-location, multi-agency practice was viewed more favourably and could be seen to reinforce professional identity

> *When you receive information from other agencies on families you feel more confident more secure in your role, the knowledge helps inform your practice and enables you to fulfil your role better* (Faith, HV).

Sara (HV) described a recent experience where an interaction with a VQP served to make explicit or reinforce her role identity

> *I have a lot of families that use portage but that was the first time I have met one of the workers. I found that an interesting experience, it highlighted to me how she really didn't understand the work I had been doing with the family. She had been working for a short time with the family and she had become very um...involved and she felt more should have been done and actually it had been done it just wasn't my role to be telling her.*

Data from the interviews conducted at locations across the county revealed a trajectory of experience in terms of role identity. Where practitioners were based within specialist teams professional identity was strong, although almost implicit. Relocation to integrated teams raised practitioners' awareness of the specific skills they possessed and reinforced boundaries. Role identity was brought to the fore as the differences between themselves and other groups of practitioners were made apparent through proximity. In response to the perceived threat to their role many practitioners initially resisted becoming part of an integrated team and sought to maintain links with former colleagues and line managers. However, in areas where integrated teams had been established for some time new relationships had been forged and new ways of working developed. The utilisation of practitioners' specialist skills within multi-professional teams served to consolidate individual and collective role identity. This trajectory of experience pertaining to role identity, from resistance through acceptance to being the preference, is exemplified by Janet's account

...but then when I went back to my team who weren't based here to begin with they weren't enthusiastic and they sabotaged twice the move in here that's how much they didn't want to change. Now we have moved on into our 3rd year if you talk to them now they don't want to go back to a health centre they don't want to move out of here so I have seen both sides of it.

4.3.6 Distinct Professional Cultures

The following extract from Sandra (OMH) indicates a strong and positive sense of collective identity amongst health practitioners

I think a lot of health professionals and if I'm talking about myself yes we clearly label ourselves as from health, we have it round our necks and on our badges. We are very proud of being health professionals as well and our background, our experience, our training our knowledge and what we have to bring really, so there is a strong professional identity.

The move from stand alone professional services to integrated teams had raised education and social care practitioners' awareness of both their individual and group identity. In addition to the restructuring of teams, participation in multi-agency contexts exposed practitioners to disparate collective approaches and cultures. While this process had in some instances served to increase understanding of their own and others' practice, cultural differences could still be seen to pose a barrier to multi-agency working.

Jacqui (ACM) describes her experience as a practitioner in an unfamiliar culture. Unlike the other multi-agency meetings she is involved in, CAF and TAC are not social services led

J *Well it is different to the usual meetings because when children are on other plans social services are the lead, they are leading the whole process and are at the core of it so what you are doing is stepping out of your own stomping ground let's say and you are going on to somebody else's environment. Usually it is in a school and you are acting more as...maybe an adviser rather than somebody who is running a plan and setting out all the actions and making all the referrals, so you are not in control of the plan somebody else is running it.*

F *And how does that feel?*

J *Sometimes it can be quite liberating. Sometimes it can be perhaps a bit worrying when you feel the case isn't quite being managed in the right way. And sometimes you can be just put on the defensive because many times other professionals seem to feel that if they cannot sort something out for a family then the last resort is social services and somehow they have some other*

power that isn't within the hands of another agency and so they'll hand something over like you have got to do this you have got to sort something out as though there is something more that social services have. That can be quite frustrating.

Faith (HV) considers her experience at CAF planning to be *'invigorating'* owing to the application of different perspectives by practitioners which has given her new insights enabling her to critically reflect upon her own approach

when you sit with other people who are working with families and children you learn a lot yourself, you pick up and think that's a really interesting comment or how fascinating I hadn't perceived the mum or the dad in that way at all, so you learn from colleagues by sharing information. You are sometimes very surprised by how someone else is responding, you might be very fond of a family and someone else will say actually they are not helping themselves they could be much more proactive, they are not actually pulling their weight and you could look at that and consider have I got too involved with the supportive role but actually am not looking clearly at how I can make this person become more independent more able to make their own choices in life so you are all the time having your own views challenged.

Certain professional cultures were recognised as being more assertive in multi-agency contexts, having the potential to influence or determine approaches to and relationships with service users

...I think they [social services] *still maintain they are used to being dominant people in a meeting, they have the legal power to say to families this is what I want from you and there is almost an air of authority whereas in a way probably in health we don't have to do that so much we're not quite...we don't have to struggle with the court end of it or very rarely so we have a slightly different role and slightly different approach with families* (Faith, HV).

This view of social services as authoritative, adopting a leadership role with practitioners and service users in multi-agency contexts, is at odds with the traditional perception of the profession's value base which emphasises client self determination.

Kate's (SENCO) experience of CAF working has made her aware of the importance of different approaches and cultures to improving outcomes for young people

They are coming from a different angle, I have been in education all my life, I went to school then became a teacher and you just get blinkered into that's the way it is and obviously other people...it took me a while to realise that not everybody thinks the same...that to me is what is so brilliant about the CAF,

you are getting people from completely different walks of life sitting round a table to support a child.

The culture of teaching staff, from predominantly secondary schools, was cited as a barrier to multi-agency working by several practitioners. Schools were perceived as both seeking to control the work of other agencies or as referrers of cases who then failed to contribute to the process

> *There are some schools who really want to make it work but they want to make it work in their own world the way their world works. So they want us to come in and do something in their...I think that's because it is their safe world where they have control where they can be sure it makes a difference it may be because they have been disappointed by other services and felt left out so they want to control it in a way* (Emma, OMSC).

> *Now there is a little bit of me that says we are still working on their culture...they expect just to refer things over to other people to sort out but head teachers they don't deal with that and I am still working a lot on getting them to have ownership of the CAF and not just see it as something they can give to other people...* (Jenny, OME).

Kate (SENCO) perceives the professional culture within education to be positive and distinct from that of other agencies

K *... there are very different cultures I think, different ways of working in different agencies which can be a barrier.*

F *What do you mean by that, what sort of cultures?*

K *I suppose with teaching if you need to attend a meeting you attend a meeting even if it is in your holiday you still do it, there is obviously not that culture in other jobs, you work your hours and that's it. I do a lot of the paperwork at home because there is not time during the day, again as a teacher you are used to doing that, planning at home. There doesn't seem to be that culture in some agencies... I think in education the pace is really really fast, you need to see the parent the next day if there has been a problem with the child, other agencies seem to work, well a lot of them, on different timescales. They are only seeing people once a week or once a month and it is appointments so that is a frustration I had to get past that things weren't done just like that. It is different, slower.*

The data suggested that a shared professional culture or group identity was developing among agency representatives who were regular attendees at multi-agency forums.

Faith (HV), an occasional attendee at CAF planning, describes feeling an outsider and struggling to contribute

> *...one of my last experiences was going to a CAF where I'd actually worked with the family longer than anybody else in the room and knew a lot about the mum's history, her previous partners, her mental health and had been responsible for making a lot of referrals. And yet actually in the meeting I felt a little bit dismissed, everyone else was busy sort of exchanging and I had to almost say 'excuse me I would like to speak on behalf of mum'. So there are times when you just perhaps slightly get marginalised, or all that long work you have done as a health visitor can get swept under the carpet.*

4.3.7 Professional Relationships and Relationships with Service Users

In the course of the interview each participant was asked to describe themselves as a practitioner, to outline personal and professional attributes and values which they regarded as important to their roles. Subsequent but closely related questions investigated their relationships with practitioners from other agencies, the perceived tensions, positive collaborations and understandings of difference in ways of working. Analysis of the resultant data revealed a number of factors which can broadly be interpreted as facilitators and barriers to effective interprofessional relationships. These factors are now considered under the following three headings

- Skills/qualities/factors influencing interprofessional relationships
- The effect of role specific knowledge and skills on interprofessional relationships
- Skills/qualities/factors affecting collaborative working relationships with service users

4.3.7.1 Skills/Qualities/Factors Influencing Interprofessional Relationships

Analysis of the data indicated that the local political context had unfavourably affected relationships between practitioner groups. The move to integrated teams and the corresponding restructuring of management resulted in social work dominating the key operational management positions within the county. Resentment was evident amongst practitioners who perceived their career progression to have been thwarted. Relationships with social care had been damaged by their elevation above other professional groups

> *...and then it was the social work takeover really that is how a lot of professionals feel because you have to be a social worker to make MPT manager there is no progression for me now I can't because you have to be a*

social worker by background to get to [named person] level...there was a feeling that we are to a degree...the poor relations (Jenny, OME).

In addition to the bad feeling instigated by the new line management arrangements, tension was also apparent between social care and other practitioners due to their absence from multi-agency forums, '*...social workers were so busy and pressured that they rarely turned up to these meetings anyway*' (Tim, EP).

> *...the other people that don't do CAFs unofficially are social workers, they won't touch them with a barge pole, and I've had that said to me first hand we will not and do not do CAFs* (Alison, EWO).

Staff shortages and high workloads resulted in a blurring of the boundaries between social care and other agencies leaving some practitioners feeling bitter about their extra workload. It emerged that many practitioners perceived the CAF as a means to reduce the pressure on social services by getting practitioners from other agencies to take on responsibility for assessment

> *... a knock on of the mess that we have been in with the social care is that people you know have been dumped on to do the work of social workers because we haven't had the social workers to go out and they are right you know last year there were cases that were quite clearly appropriate for social care that they just didn't have the time to deal with so you know a CAF is better than nothing, so I am fighting that a little bit with people feeling that they are doing social workers jobs for them* (Jenny, OME).

Although practitioner responses to social care as a distinct professional group were sometimes critical, on a one to one basis social care practitioners were viewed positively. As Jacqui (ACM) points out *'It is not so much about groups it is more individuals. It is whether you get a good response from an individual or not.'* The majority of participants spoke of how inter-personal dynamics had been improved by face to face contact with practitioners who represented their agency at CAF planning and TAC meetings. Visual recognition and familiarity served to break down perceived barriers between individuals and agencies and improve communication.

> *We've found that if you know a worker by face you are much more likely to ring them and say I wonder if I could discuss this with you. If it's just a name it is so much harder to relate to them* (Faith, HV).

> *I know the specific people in the agencies better than I used to and I just think that that makes for better working relationships because we sit around a table once a fortnight...I have got to know them all really well and you are more likely to pick up*

the phone and speak to that person and we always end up after the meeting breaking into little groups and catching up (Ann, PMHW).

In contrast communication between practitioners from different agencies did not seem to have been improved by co-location within the MPTs. Sally (EWO) gives an account of a recent occasion when professional knowledge of a family was not shared despite co-location with the other practitioner

...for example I went to a home and the mum showed me a letter that said that a social worker was coming to visit the next day. Well that social worker knows that I'm the EWO for that school and I'm only down on the first floor two flights down, she could have said oh, I'm going to see this child tomorrow what do you know about them, or can you share with me you know, is there anything I should know? I would be very willing to give that information, we've always worked in a multiagency way, it's just a bit more formalised now, but the worker concerned didn't share that she was going to visit, so I didn't pass on quite important information that she could have known...

Practitioners' confidence in new multi-agency contexts (CAF planning and TACs) developed over time enabling greater transparency in their interactions with other professionals

When we first started there were a couple, these were the ones that didn't go on to TACs that were initiated by perhaps other agencies, school nurses and that in itself is difficult, I found that difficult because I didn't want to tread on toes yet I felt something should be happening and it wasn't happening and I didn't quite know...who was I to say that something should be happening. I've just learnt I have to lay my cards on the table and say this is what I am worried about and this is what I want from you (Kate, SENCO).

Most interviewees reported good interprofessional relationships with practitioners from other agencies although some questioned whether they were actually valued for their professional contribution or for reasons of procedure

I think school nurses have quite a positive relationship with other professionals. We feel valued at meetings although there is a little question mark around are we valued because we can make the whole process of child protection quorate (Frances, SN).

The need to maintain good relationships with practitioners from other agencies sometimes led to tensions in practice

I was thinking about this the other day as I'm working with a family who had quite a conflict with the school at the moment, and there's a risk when you work

with another professional a lot you will always kind of collude with that professional and not challenge because you have got to maintain a professional relationship and if they are really upset with the family that is so difficult... to try and remain really objective (Leah, SW).

4.3.7.2 Skills/Qualities/Factors Affecting Collaborative Working Relationships with Service Users

Practitioners' understanding of families and their needs was perceived to have been enhanced through participation in multi-agency forums

I think sometimes some of these parents and I'm not taking sides or defending some of their actions but I am beginning to realise that sometimes they behave the way they do because they don't understand how their behaviour is impacting on their children's health (Frances, SN).

Most interviewees spoke of the importance of respect and empathy in their interactions with service users. In contrast to statutory services where families are required to co-operate, Abigail (FLW) considers that the optional nature of her work necessitates the development of a close relationship

I think you have to be empathetic, listen and not judge and to a certain extent befriend them so you are open to them because people like EWOs, anything that is statutory parents tend to put a barrier up. So our aim is not to have a barrier there so they feel comfortable.

The importance of a personalised response, enabling service users to establish trust in practitioners, was cited as key to the unravelling of complex social problems

...you may sense they are very distressed about aspects of their life but it will maybe take a long time before they'll tell you about it and actually having the patience to build that relationship of trust until they feel they can tell you about something from years ago. So I think quite a range of skills involving working with people and having the feel for when to act and sometimes when not to act and to wait for that person to feel ready to have help in some way (Faith, HV).

The building of a good relationship between a practitioner and family contributed to the family's willingness to engage in CAF. Relationships between practitioners and parents were observed by interviewees to have evolved as a result of this collaboration

I'm working more with parents now and that is very different because as a teacher traditionally at parents evening you are just telling them how it has gone whereas now they are coming in with difficulties and you are facilitating finding a way to solve the problems...(Kate, SENCO).

The availability of additional funding via the CAF (BHLP) assisted practitioners in responding effectively to a young person's needs. Many of the cases brought to CAF planning involved socio-economic hardship and BHLP funding was used to purchase goods and services to improve family life

> *The other thing I often think is really good in the CAF is...I think it is helping out in a practical way. I can remember a girl who wasn't going to school as she had been to the hairdressers and the family had no money and had a very dodgy haircut you know it looked awful, low self esteem didn't want to go anywhere, and the CAF team paid for her to go to the hairdressers to have her hair redone. And it meant that child would then go out of the family home and she would go back to school. So we mustn't overlook the very simple things, we shouldn't underestimate the value of helping a family out financially* (Frances, SN).

Education practitioners while appreciating the need for detailed exploration of circumstances were sometimes uncomfortable with raising personal issues with families due to a lack of training

> *...the difficult position they* [schools] *are put in with raising some very difficult issues with the family. It is quite personal, the needs stuff you go through and I said that I really felt that there needed to be support and training for schools because effectively they are doing social services question and answer type thing but social services have had lots of training in that* (Debbie, AT).

> *...because some of the questions are quite personal, I find them personal, asking them. I don't think families often know what it is that they want or what their problem is. See yet to me if you are going to try and fill it in you have got to kind of I don't mean tell them what to think, but give them examples of why you think that they should need some help with something because that isn't working and explain to them. I have never had a problem doing that but I do think you need a reasonable relationship with somebody to start a CAF with them because it is quite intrusive it's got to be quite intrusive to be any good* (Gwen, EWO).

Greater involvement of children and families in multi-agency assessments and forums was considered to facilitate service users' reflection on their circumstances and support more appropriate outcomes

> *...sometimes we don't recognise that even the process of assessment is giving parents and children the space to think and talk about what has gone on and that can be more important that plugging in loads of services* (Emma, OMSC).

Poor engagement with CAF and TAC was observed by practitioners to occur in instances where families

- had given up on the ability of services to make a difference, *'I tend to find the parents of secondary school kids don't engage. I think they have sort of washed their hands of them by the time kids get to secondary school'* (Abigail, FLW).
- were made to feel deficient through professional scrutiny, '*I think parents feel intimidated I think they feel they are being talked at rather than with...I know what's best for your child. Maybe that is why it often doesn't work'* (Frances, SN).
- failed to recognise or acknowledge that they had a problem which required an intervention, *'...some families they don't want any help, they don't mind it as it is you know if you lot have got a problem with it that's a middle class attitude and that's your problem not our problem'* (Gwen, EWO).

Lack of honesty in face to face situations with service users strained multi-agency relationships

> *I think the difficulties come when and this has happened to me quite a few times, where someone will say 'I've got massive concerns about this family you know the children are filthy' and then they'll come into the core group meeting or a case conference and they won't share any of those concerns because they don't want to damage their relationship with the family* (Leah, SW).

Kate (SENO) highlights the importance of maintaining relationships with families for the longer term good of the children. Poor communication between practitioners and agencies was identified as having the potential to damage relationships with families possibly curtailing their engagement with services

> *...to cut a long story short it was decided the social worker would say look we are worried about you, lots of agencies are worried about you. Long way down the line I had the mum come storming in 'what's this, what've you said about us?' The letter said 'school have expressed lots of concern' fortunately I was able to turn it around. It's little things like that where the way things are worded but when you've actually said look please work very carefully to maintain the relationship with us, I'm going to be open and honest with my concerns to you and what's been said and what's happened but in return please respect how it is reported. Because if the relationship breaks down with the parent or carer then you are not there to protect the child as the child shuts down. However if you maintain that relationship you can keep open that negotiation and you are there safeguarding and supporting* (Kate, SENCO).

4.3.7.3 The Effect of Role Specific Knowledge and Skills on Interprofessional Relationships

PQPs made reference to their professional backgrounds and the importance of subject specific knowledge in their practice *'Well I think you need a good background knowledge of the subject you are working in'* (Ann, PMHW). VQPs were more likely to cite personal or generic people and administration skills as of influence in their practice *'you have to have some empathy, and we have to be I think very organised'* (Alison, EWO).

Whilst nearly all practitioners made reference to child protection as an element of their role, specialist child protection knowledge was widely understood to reside with social workers. To some extent the responsibility of child protection could be seen to differentiate social workers from other practitioners working in collaborative contexts with children and young people

> *...we are child protection social workers, we safeguard children ...we have that duty our responsibility to children, we work under the 1989 Children Act which governs our practice, how we work, so don't say we're all going to sit in this nice little team together...*(Pauline, SW).

Despite contributing to child protection case conferences and plans, insufficient clarity around risk thresholds caused practitioners anxiety. In a climate of media persecution personal and professional vulnerability were evident. Sara (HV) reflects on the private and potentially public pressures of practice and the implications it poses for her future

> *In terms of missing a child who may be very vulnerable or could be harmed, you know it is always in the press now and I think it is horrific the way that the social worker, health visitor all the people who were involved in the Baby P case were put all over the Sun...nobody can imagine what it is like trying to keep these children safe and as a practitioner I couldn't bear the thought of a child getting harmed and you are doing everything you possibly can to keep those children safe but some people are very difficult to work with...if I really thought I couldn't manage the workload that may make me seriously consider leaving ...*

Lack of a common understanding of risk affected relationships between practitioners from referring agencies and social care. Social workers reported that many referring practitioners held unrealistic expectations due to insufficient knowledge of child protection thresholds. Consequently social workers were often subjected to a barrage of criticism due to their perceived inaction causing feelings of frustration and powerlessness

...on duty a couple of weeks ago, I took a phone call from a youth offending worker for this boy he's 13, 14, and he was getting into all sorts of trouble... basically this YOP Worker was saying, you need to place him in a children's home now and you have got that duty, and her anxieties were sky high that this kid is vulnerable, I agree, vulnerable, he's going out getting himself into a lot of trouble, and things are escalating. I felt she was saying he needs to be locked up, he needs to be kept safe...at that stage she was so so worried about him, and I said ...we can't physically stop a child going out. I think that social workers can feel frustrated because when ...they [other practitioners] *get on the phone to us and we'll say we are not going to take that child into foster care, and I'm saying to this worker, I can't approve it, my manager would need to...*

Insufficient clarity around the thresholds pertaining to child protection, children in need and early intervention led to inappropriate referrals and subsequent delays in service delivery. The potential for children and families to fall between services was apparent

So a school teacher can ring social care and say I'm really worried about this so they'll say it's not serious enough for us, go to the children and family centre and the family centre will say no that's social care please go back to them, and they get ping ponged, families get ping ponged (Emma, OMSC).

Increased awareness of the interdependence of agencies working to improve outcomes for children has led social workers to adopt new strategies to facilitate their relationships with other practitioners and alleviate anxiety around child protection

...we have a child protection plan and we are so reliant on other agencies to be part actually part of those plans, to work for that child, and if they don't then the plan is not going to be progressed (Pauline, SW).

Social workers are much more aware of their role in helping agencies manage that anxiety, they have to talk to them more, support them and explain their reasons and not get into that dug in position of saying no (Emma, OMSC).

... without input of the other professionals you wouldn't know what is going on and there wouldn't be any change really...I think that's the most important thing really is for other agencies to understand our roles, if they don't that's where the relationships break down, you know, because they either don't share stuff or they share something and then they feel that nothing is being done with it (Leah, SW).

Leah (SW) describes her role in lessening the anxiety of other practitioners encountering child protection issues

...sometimes we work with agencies who aren't experienced in child protection so for them it's such a challenge, you know to see really awful stuff going on, and kind of feel like nothing is being done about it so then you try and alleviate their anxiety but also take their concerns seriously. They see something, it's really shocking and for us we kind of see it all the time so you forget how shocking that is when you first come across it.

Janet (SN) explains that although some ambiguity remains, her anxieties around child protection have been lessened as a result of working alongside social workers and being able to call upon their specialist knowledge. Janet's increased confidence attained from practice within an integrated team has enabled her to develop new ways of working

F *What about the boundaries and thresholds around that - are they clear in terms of what should be CAFed and what should go to social services?*

J *I would say they are not clear for the professionals who are not in social and caring services because often we think surely that is child protection? But they* [social workers] *are doing those assessments all the time, and there are always social workers at CAF planning, they'll say it is not, maybe that needs an initial assessment by a social worker but it isn't straight forward as child protection. With their hats on they are able to take it apart a bit more whereas some of us would like to...because that is the old way of thinking still if you are worried send it to social work and sometimes that isn't the case now. I have learnt to think maybe it isn't so, maybe a CAF assessment would be better you know because actually then you don't alienate the parents to start with. It is a slower process...if by someone starting a CAF the information that is put on that is then alarming then obviously then it would go child protection so...*

F *In some ways then is a CAF a way of almost assessing whether it is child protection?*

J *Yes*

4.4 Change and Adaptation

The *Children Act* (2004) redefined services for children in terms of the values around service delivery (personalisation agenda), assessing and responding to need (early intervention via the CAF) and changes in the way different services are structured and integrated into a partnership approach (Children's Trusts). Allied policy drivers have impacted upon traditional professional roles and groupings, challenging alliances and the boundaries between practitioners. Front line practitioners in education, health and social care have been subjected to a multitude of change with no end in sight

.. .in my short career, you know five years, I have seen so many changes so many differing initiatives about how we are going to change, how we're going to make things better, and that's only in 5 years, and things are forever changing, you have to be very adaptable (Pauline, SW).

A significant proportion of the practitioners interviewed had accumulated many years of service which enabled them to comment on perceived changes to their practice post 2004.

4.4.1 A Cultural Shift?

Owing to differences in the ethos and working practices of agencies, structural and workforce reforms had little impact on some practitioners, while others felt overwhelmed by the ongoing transformation of services *'so the changes yeah, they have been huge and it is still changing now you know and I just wish we could sit still and consolidate for a while'* (Jenny, OME).

The ethos of how I used to work has been turned upside down. It has taken a lot of sorting in my head, personally and professionally to find something that I have felt comfortable with (Frances, SN).

Harriet (SW) acknowledges that whilst change brought about by ECM has been substantial she has to some extent been protected due to the specialised work undertaken within her team. She uses an analogy of a river and its tributaries to express her personal experience of change

...but because for the last 3 years I have been in a, it's definitely not a backwater where I am, but I'm in a tributary...so the main, I would say the mainstream has been having this contra flow coming up it like a tidal... yeah like a river coming down and the tide coming in, but because we are in the tributary although we get some of what's coming up, it doesn't have that level of impact.

Harriet's description conjures up a collision of opposing forces or cultures (the ECM agenda and existing practice) causing turbulence. The tributary however, is to some extent protected from the force of the surge reducing the impact of the tidal flow (changes associated with ECM).

While there was broad recognition that changes in practice had been instigated by the *Children Act* (2004) practitioners' behaviour could also be seen to have been affected by public inquiries into child tragedies, media coverage and the associated blame culture. The case of Baby Peter was raised many times by interviewees, feelings of insecurity and vulnerability being apparent

...the pressures on staff because there are so many cases that practitioners no longer feel safe, because we can't keep children, you know we feel that we are not keeping children safe, and if we can't keep children *safe are we going to be like the social workers in Baby P?* (Pauline, SW).

Heightened awareness of former shortfalls in practice and increased emphasis on professional accountability could be seen to have impacted on individuals' ways of working

...people are trying really hard to work together because everyone's awareness has been raised by the child deaths and we have learnt from those situations that agencies must work together. It is very much on your mind when you come out of visiting a family, who do I need to inform, who else might this affect? (Faith, HV).

I ensure that there is a paper trail, a firm paper trail on anything like that, so I will email whoever's necessary, copy in whoever is required and I make sure that I express anything that I've done or any notes that I have taken with concerns and I ensure that there is a firm paper trail there purely for that reason, accountability (Alison, EWO).

There was recognition, chiefly amongst education practitioners, that CAF required a different approach to the one they routinely utilised within their own service – a cultural shift

...as a teacher you are used to standing up and teaching you tend as a person to be this is where we are going and this is how we will get there. A child comes to you with a problem and you solve it. It is a very different way of working to solution focused where you are not coming up with the answers but being more of a facilitator and helping people (Kate, SENCO).

Organisational cultures were perceived to have changed and become more business orientated and concerned with cost effectiveness. Tensions were discernible, particularly amongst health care professionals, between outcome focused objectives and the culture of care. Some important outcomes were felt to be less amenable to measurement and to have been marginalised

Also I think recently the changes in health have been overwhelming, we are moving into this business culture, the language is changing, the whole culture is changing. The classic example is we are doing the HPV vaccine and some person has worked out a formula as to how many staff we have and how much time per child. You could have one child who takes 2 minutes, in, sleeve rolled up, injection done. You could quite typically have another child who takes 15

minutes because they want to understand a bit more about the vaccine, they want to understand the side effects, they're frightened, they're scared. How do you... you just have to hope it evens out over a whole session. But according to the people who are costing this exercise we have been told 4 minutes a child. So it is difficult, very difficult to cost and it does put a lot of pressure on us. It is a total culture shift, I don't want to appear negative about it as there has always been a lot of waste in the NHS and I think to a certain degree things needed to be tightened up but how do you measure well-being...very very difficult. And the language has changed, budgeting, costing, there is a shift towards accountability. I think before it was more caring orientated... (Frances, SN).

Faith (HV) explains how management targets, against which her performance is reviewed each month, create a tension in her practice which impedes her ability to respond creatively to service users' needs

We have a recording system which we put our activity on at the end of each day. It is a day by day breakdown of our day. It doesn't have to be perfectly exact but it breaks down the time on the telephone, our mileage, how much time we have spent on admin, meetings and then they look at how many contacts we have had so there is sort of a drive that actually puts a bit of pressure on you not to be sitting here when actually your paperwork takes an awful lot of your time and making good referrals, communicating so you are pulled between the two worlds of being out there with the families... there is not the space for the individual worker to perhaps be as creative as they would like to be you are under tight restraints as to what your role is perceived to be and how you operate in that role.

The presence of workers from other agencies at CAF and TAC meetings improved practitioners' capacity to identify and appropriately prioritise a child's needs. The shift in culture to a more holistic approach increasingly enabled focused and timely interventions as opposed to the well meant but sometimes misplaced service allocation which had occurred formerly

I think it [mis-interpretation of need] *still happens sometimes because the thing is that children living in unsatisfactory situations show great distress so what people want to do is make them feel mentally better, they want to address their mental health needs. I think more and more CAMHS will say well we can't do anything until the other bit is addressed. Generally agencies are getting better at managing that together and understanding that* (Ann, PMHW).

There was however, some evidence to suggest that cultural change, in terms of a holistic approach to meeting young people's needs, had not occurred amongst some

practitioners. Tim (EP) describes his difficulty negotiating alternative approaches or paradigms to the traditional child deficit model with schools

> *...but it's very hard to go against that push to channel all the problems down into the child send child off to psychologist, psychologist tweaks with screw driver and returns child. I think the more pressure schools are under with various agendas set, foisted on them the harder it is for them to protect the child from those assumptions, so it's often shovelling it back into the child, fix the child, fix the child, and when I go in and say that maybe we should look at your systemic situation, whether it's how teachers interact or school rules or whatever, there is quite a lot of resistance to that so it's quite exhausting in that respect...*

Although many practitioners found the cultural changes they had had to embrace challenging, belief, commitment and optimism in the future of their roles was expressed

> *...I am very passionate about health visiting and school nursing the work that we do and I think that there are huge opportunities ahead so I don't think it is all negative what's going on and I'd like to be involved in that so that might keep me where I am* (Sandra, OMH).

4.4.2 Distance from Practice

Many practitioners reported that their direct work with children had diminished over the years and was at an all time low at the time of the interview. Dissatisfaction with this situation is evident in Sally's (EWO) account

> *...our work with children huh ... in 9 years that I have been working in the role we've been distanced from children who are actually who we should be working with and we see adults a lot more, like meeting the parents, talking to the parents or other agencies involved with that child, so the focus has gone away from the child as a person to them being a name on a piece of paper a lot of the time.*

She offers her understanding as to why this change has occurred

> *I think that because we have been stretched so far we don't have time for children any more, we don't have time to make as many home visits as we used to, because of the bureaucracy, the system, there is a lot more paper work, it's recording systems.*

Similarly Anna (EWO) believes the increased administration associated with the new ways of working has served to reduce contact time with children *'This is what I worry about with CAF it takes you off the field work, and doing the work that we should be*

doing the case work, and sits you in front of the desk.' However, there was recognition that addressing underlying problems rather than symptoms made for a more effective intervention

> *I very rarely get to work with kids in school now very rarely, whereas before you know, but you can do the work with a child in school which we used to do one on one, getting in there, but if... you are not changing what is going on at home you could sit for hours with a child, they'll love it because it's one on one, but ...really and truly you have got to look at doing that core work first and then introducing the work with the child* (Anna, EWO).

Debbie (AT) puts forward a resource based justification for the decline of direct work with children

> *...there is a bit of disparity within our team in that some people really like working with children but my perspective and this is supported by my manager who is trying to move our team to be more working in this way is to skill up the staff, the school staff, to be able to respond appropriately to the children rather than working with the children because it is so finite then when you are just working with the children.*

Pauline (SW) experienced personal conflict as a result of leaving direct work for case management on promotion

> *You really have to take on board and accept that you're not going to be doing direct work with children, I consider my role as very much case management, I spend more time on the computer than out supporting our families.*

She expresses unease about having to rely on the judgments of less experienced practitioners

> *It poses dangers in the fact that you have got inexperienced staff going out and seeing things and they're making judgements, they're telling you what their judgement is, but you haven't seen it.*

Similarly Sara (HV) is concerned that reduced contact time with families impedes her ability to make sound judgements. As a result her confidence in the efficacy of her own practice had been reduced

> *... it is very important to make a connection with families, you need time to build up that connection and that in itself is supportive to their parenting skills and they are less likely to get post natal depression and they were more likely to turn to the health visitor if they had problems...if we cut that down we are less likely to pick up the problems, less likely to pick up the post natal depression*

and families are less likely to turn to us, however we have been told it's not what families want it's what they need and in that respect I feel it is difficult to know what they need anymore as we don't see them as much.

Although practitioners generally lamented a reduction in the amount of contact time with children this was not always perceived as a negative because *'the difference in the quality of time now is probably better, I would say, because that is what our core job is - communicating with people'* (Harriet, SW). In contrast Emma (OMSC) feels that competing pressures related to targets have reduced the amount and quality of time practitioners spend with service users

...the pressure is just get it on the system and the amount of time they spend with the child and with the family having the conversations has reduced right down as that is not the priority, the priority is turning that red tile green within the right timescale. So the quality of work has reduced.

4.4.3 Compliance

Most practitioners believed in the value of a multi-agency approach to addressing the causes of problems rather than just the symptoms

I think you have to recognise that whilst health visitors are employed by health focusing on health issues, health is multi factorial so health is affected by your family circumstances, by finances, environment, parenting, housing...all those things influence health. So by virtue of that health visitors will spend a lot of their time dealing with families with social issues so that the boundaries between health and social care become very very blurred and if you are going to have any chance of improving the lives of those children and families you have to work with colleagues outside of health (Sandra, OMH).

...we won't get the child back to school unless we solve what the core problem is and it's usually not anything to do with school, it's usually their mother is an alcoholic, Dad's taking drugs, they have been assaulted, something that is not connected directly with school but is affecting that child's life (Sally, EWO).

Tim (EP) however, expresses unease about the underlying rationale for change. In a culture of blame he believes the ECM agenda forms part of a strategy to ensure that the responsibility for child protection is distributed across practitioner groups

...there is something going on about how can we get other people to carry this burden with us because we can't do it alone...I think the reality and maybe the sort of unconscious aim was, well my hunch is again thinking about trying to lessen the responsibility and anxiety for case work because the pain of failing

children like Victoria Climbié was so unfairly but definitely left at the feet of social workers.

Amongst interviewees there was increasing recognition that multi-agency processes and procedures around ECM, no matter how burdensome, were here to stay and had to be taken on board

> *...well whereas I used to have to work quite hard to create a multi-agency meeting...some schools were resistant to doing that they didn't want the hassle of having to coordinate it, I do think since ECM has come in schools now realise that it is part and parcel of the work that they are doing so multi-agency meetings are actually really beneficial so they are happy, well not happy but they will go ahead and arrange those meetings and liaise with those professionals* (Debbie, AT).

Change was more pronounced within some contexts than others. Social workers in particular had experienced a sharp decline in the amount of direct work they were able to undertake with clients due to their role increasingly becoming that of case manager. While some of her more experienced colleagues had left the profession, Pauline although dissatisfied with the situation has reluctantly complied with the changes

> *I haven't resisted the changes I have kind of gone with them, you know, I didn't want to be one of those people who say 'I'm not doing this work anymore, this isn't what I trained to do', which lots of people have, and that's why we have got such a shortage of social workers because the people aren't willing to work in this way, because it is admin, form filling...*

At the time of the interviews health visitors were on the brink of considerable change in the organisation and delivery of their services, however, awareness of the forthcoming changes was low. PCT implementation of the Healthy Child Programme: *Pregnancy and the first five years of life* (DoH, 2009) would require health visitors to be based in Children and Family Centres as opposed to traditional health contexts. Health visitors' roles were also on the verge of being elevated from members of primary health care teams to *'an agreed and defined lead role...'* (DoH, 2009, annex B) within a multi-skilled team. Sandra (OMH) explains why consciousness of the imminent changes was poor

F *So their role really is changing isn't it? I hadn't actually picked that up from the two health visitors I interviewed, they didn't mention this...*

S *No they won't have caught onto it properly yet because...which maybe a fault of ours in terms of not sharing that vision but you probably did glean from them that the health visiting service is very stretched and huge amounts of vacancies*

which we are unable to fill due to a national shortage of qualified health visitors. So because they are so busy they almost haven't got time to look up and see what is happening around the bigger picture so it is not being able to see the wood for the trees. They are literally so engrossed in the work that they have to do that they are not so aware of what is going on...

This excerpt shows how the pressures of day to day practice resulted in low awareness and passive or peripheral acceptance of change, due to practitioners' insufficient capacity to do otherwise.

4.4.4 Implementation of Multi-Agency Tools

The building of a shared understanding amongst practitioners and their respective agencies about the purpose and aims of CAF was ongoing within the county at the time of data collection. Participants spoke positively of professional development which had raised awareness of other practitioners' roles; however, variations in relationships and working practices were evident across the county.

Following the introduction of CAF, services were bombarded with inappropriate requests to attend TACs, something practitioners referred to as 'scattergun referrals', where the opportunity to obtain any resource for children and families was prioritised over matching resource to specific need

> *In the beginning schools thought oh there are all these services on our list I'll just get everybody to come to the TAC and see what resources I can get for this child which is very laudable but not workable really* (Ann, PMHW).

As a consequence CAF planning, a multi-agency decision making panel was introduced to support identification of services and resource required at the TAC. Ann's account (PMHW) illustrates the working of the panel

> *There was a bit of a scramble at the beginning so that was why it became important if they wanted to get other services involved that they brought it to CAF planning and I think they are clearer now and the other services understand that. Often we will sit in CAF planning and think well actually you don't need a mental health worker you need a Connexions worker or it's not a child mental health problem it's a parenting support problem they need parenting advice. I think it's not as fuzzy as it was.*

Jenny (OME) chairs a CAF planning panel, she describes how relationships have become more established and participation in decision making has increased

> *...it has evolved and they* [panel members] *are now I feel comfortable to say to me... for example a couple of weeks ago I had one and they said hold on a*

minute this is getting a bit like a Chinese menu, we'll have a bit of this and a bit of that you know with this family maybe we ought to do one thing at a time and see how that goes rather than throw everything at them.

While some practitioners routinely referred all their CAFs to the CAF planning panel, others by-passed the meeting appearing confident in their own knowledge and practice

I don't take mine to CAF planning. You don't have to. CAF planning is a group of professional people so you get somebody from CAMHS hopefully, an EP, EWOs and a school nurse and you can take your CAF ...and they will say if it is a good idea or not. But because we signpost quite a lot anyway I feel that I don't need to do that (Abigail, FLW).

However, by cutting out CAF planning Abigail had inadvertently affected representation at subsequent TACs as some specialist practitioners openly declared that due to resource issues they could not undertake direct work with a child or family unless it had come through CAF planning. Abigail's utilisation of the CAF suggests her understanding of the process to be that of matching resources to symptoms as opposed to a joined up multi-agency response.

In areas where CAF was well developed practice had been modified so that anonymous cases were increasingly brought to CAF planning for consultation prior to the formal completion of a CAF

...the 3 cases we discussed the CAF hadn't been started but the teacher and the head gave an overview of the ongoing problems and it was decided by the team that a CAF needed starting. One of them we weren't sure whether it was dipping into child protection or whether it needed a CAF. The school were going to go ahead. That is quite a specialist thing now in that the school sometimes start without that and sort of chat but because we do CAF planning regularly once a month they bring it to the table to discuss. And sometimes people will come with ongoing worries they have talked to the parent and sown the seed of CAF and then they come and discuss it here and it is either deemed yes a CAF is needed but who would be the best person placed to do that or... (Janet, SN).

The reasons cited by practitioners for this adaptation of practice were to

- Gain support in assessing levels of risk e.g. should this be referred to social services or not?
- Reduce unnecessary delays for the child and family following completion of the CAF.
- Ensure buy in from the family and relevant practitioners and services before proceeding so as not to raise hopes unnecessarily.

Some practitioners expressed concern that the voice of the child and family were not heard at CAF planning. As families weren't involved in contributing to decision making there was potential for misinterpretation of the issues

> *I think sometimes at CAF planning the professionals all sit round and think what the parent might want...obviously the parent has consented. I was sitting there yesterday at one and basically the bottom line was nobody actually quite knew what the child wanted...often little snippets are kind of lost, I mean they will come out at the TAC meeting but you could still possibly have the wrong people at the TAC* (Frances, SN).

Many interviewees commented positively on their experience of TACs which were considered to overcome many of the traditional impediments to effective service delivery

E *I also value TACs because the child and the family are there, you can get a sense of what they feel is working and not working in the TAC and you don't get any splitting.*

F *Splitting?*

E *well families sometimes give one thing to one professional and one to another and you can end up with warring professionals whereas I think the TAC helps keep it a bit more cohesive. I think the professionals that are involved don't feel so isolated, schools particularly feel supported by that process and I do to a certain extent and I can be clear about what's my role. Sometimes I can be clear about what I'm not going to do* (Emma, OMSC).

4.4.5 New Ways of Working

Although understated, it is acknowledged in policy that the ECM *Change for Children* agenda presents a significant cultural change to established ways of working in that *'to work effectively on an inter-agency basis professional and support staff need a strong commitment to flexible working'* (DfES, 2004, p.17).

Practitioners interviewed were in the main optimistic that the early intervention focus of multi-agency practice and the associated new ways of working could bring about improved outcomes for young people. Janet, (SN), reflects on her experience of practice prior to the CAF

J *...I sat there looking back at what my colleagues or even I had written and obviously some of these young people who are now 15, 16 we had actually commented in 1997/1998 seen by doctor, behaviour disruptive referred to psychology referred to...there was a history there and my thoughts were this*

child was completely failed and now he has got to 15 and it has got to crisis really.

F *Do you still think that will occur within the CAF system?*

J *It is still early days but I would hope it would be different. A lot of the children who are referred to CAF now get... highlighted very quickly.*

Many participants cited the adoption of a more holistic approach as instrumental to the creation of new ways of working. The CAF was seen to challenge traditional attitudes around service delivery and support practitioners in applying a more inclusive, flexible method which went beyond matching services to needs

> *...we had a case yesterday and everyone was thinking a Connexions worker would be brilliant for this child, have they had this, have they had that? And then somebody just sat back and said 'has anybody asked the child? What does the child want?' What we need to do is actually talk to the parent, to support the parent, this was a parent with a drug and alcohol problem and until that parent is able to get their own life on track how do we manage the needs of this child? We need to look at the causes otherwise the interventions put in will not make a difference* (Frances, SN).

The development of more collaborative less judgemental relationships with families was believed to have increased engagement with services

> *I have definitely seen a lot more multi-agency working, we've really developed the role of helping parents and children with everything it's not just learning, it is the whole growth of children their social and emotional behaviour because parents will come in with concerns about homelessness or money worries. They'll come in about everything now ...I think that has developed the whole idea we are a partnership working together...* (Kate, SENCO).

Despite the promotion of more equitable relationships there was still evidence of families being reluctant to engage with practitioners, particularly social services, due to perceived stigma or shame at 'having done something wrong'

> *There are people, and I have contributed to CAFs, who specify they don't want social services involved. I try to say to families look social services are here to help you to support you. We have to try and get away from this big bad wolf image of them* (Frances, SN).

Overcoming the negative stereotypes associated with service interventions in family's circumstances was recognised as requiring sensitivity, reassurance and negotiation skills from practitioners

...for any parent who has a child on any kind of plan there is a level of being singled out that's why going back to the communication you have to be really really persuasive that it is not interference, it's not to be ticked off about, it's not that they are being called to account or being judged but they are being offered a process and certain types of support service that will help them through whatever it is (Jacqui, ACM).

Practitioners reported change in ways of working in that cases were less likely to be exported to remote 'specialists' and greater collective responsibility was taken to respond to young people's needs on an individual basis within their own contexts

...they were just referred and you saw people they tend not to do that so much now. Let's have a conversation about this client and think about what services they actually do need and where we might go with that whereas GPs have 10 minute slots they see a patient they write a letter and it's off their books and onto someone else's...Most of us working directly with children see the value of sharing information and consultation, you know supporting people who are already working with those children directly (Ann, PMHW).

Abigail (FLW) was unique amongst the interviewees in referring to her role as a BHLP as an example of a new way of working. The availability of funding had facilitated Abigail's practice by enabling access to a wider range of goods and services which could be tailored to meet the specific needs of the young person

...he will get his diagnosis then I can apply for some BHLP funding for 10 sessions with the Autistic Society. I do the referral, I email a colleague and say I am the lead professional and what I would like and they can do it within a week. And then I'll close the case and pass lead professional over to the school. I applied for £160 last week for a girl to go on a school trip that Dad couldn't pay for.

Consistency in the application of assessment tools and ways of working was a major issue raised by the recent Ofsted inspection and was foremost in the minds of practitioners

...practice is so variable across the County, we are not joined up we are not doing the same things, it's a mess, it's a mess basically, and Ofsted are right, (named MPTs) are not working (Pauline, SW).

...we have to embed CAF into service delivery rather than keep it as something out here that people will come out of their main job to do so ...it stops being an extra assessment something they do on top of their work but becomes a tool that they use as part of their work (Emma, OMSC).

Practitioners accepted that changes in ways of working required them to take on new learning and most responded to this positively acknowledging other practitioners' expertise

> *Just working with social workers, particularly them and the staff from the family centre and the different ways they communicate with parents I have learnt loads and really moved on when it comes to working in this field. It has been fascinating. It's learning the terminology as well because social workers are very good at saying things in a positive way* (Kate, SENCO).

> *Whether I retire in 10 years or whatever I want to stay open to new ideas and would not like to be seen as an old dinosaur or stuck in the mud. I take pride in applying a learning perspective to the professional role* (Faith, HV).

As a result of new experiences and learning practitioners could be seen to have had adjusted their practice to better meet the needs of children and young people

> *Now I don't leave CAFs until the last minute I look really closely at years 4 & 5 and make sure we are catching them then because we then have 2 years to get things in place ...I am much more vociferous and tenacious about who should be there and what is going to happen for that child in a new setting* (Kate, SENCO).

4.5 Conflict and Contradictions

Notwithstanding the many benefits ascribed to multi-agency working, the research identified numerous challenges, conflicts and contradictions in practice. While most of the interviewees within this study endorsed the rationale behind the CAF some practitioners resisted the process '*...because it's such an eating up of your time really. It is an add on to existing roles for a lot of people'* (Ann, PMHW).

There was recognition amongst interviewees that the level of CAF initiations did not reflect local need. Gaps in service provision for vulnerable children and young people existed due to the additional workload involved in a CAF and the challenged resources of practitioners and agencies. Concern was expressed that practice was inconsistent with the original policy intention

> *... the whole point of the CAF and ECM was to ensure that certain children didn't slip through the net, the ones that everybody kind of thinks there is a problem there but ok we haven't got time to look at that. Well unfortunately in introducing the CAF and leaving the responsibility mainly with the schools there are some of my schools who are saying I know I should do a CAF but I am not going to. So then you are back in that exact same situation again where*

children who have needs are perhaps not having those needs met they're slipping through the net again (Debbie, AT).

Sally (EWO) stresses a similar point

> *...in theory it seems a positive thing to do for children and I agree with that I agree with the theory but in practice it's not tuned enough, the practicalities are weighing it down because of lack of funding, lack of time, lack of staff, what looks ideal in theory is not working out in practice.*

That the CAF had not become the universal assessment and referral tool envisaged in policy, superseding individual agency assessments, remained a contentious issue for practitioners

> *...what has been a disappointment is that the CAF has set up its own system and I still have to do all my own paperwork as well. The idea was we would all share information and there would be this common assessment and I had a vision in my head that maybe I would just take that paperwork and put it in my file and that would be me done. But the reality is not like that at all, the reality is I still have to fill out my own forms* (Ann, PMHW).

4.5.1 Expectations and Resources

High expectations of professionals' ability to resolve children and young people's issues resulted in huge demand for some services '*CAMHS are inundated with people who think you know bad behaviour means CAMHS and CAMHS can wave their magic wand and stop all these kids'* (Jenny, OME).

Lack of 'magic' or use of 'magic wands' was an analogy used by a number of practitioners to deflect feelings of inadequacy in instances where other practitioners and/or service users were perceived to have unrealistic expectations of their professional abilities *'We don't have magic powers here we can only come up with the best that we can and I do think we need to be realistic with people'* (Gwen, EWO).

It was also utilised to express frustration and powerlessness at being unable to bring about change due to the complex or the entrenched nature of the problem *'You've got no magic wand and you're not going to solve it, it's just history, history, history of families with lots and lots of problems'* (Pauline, SW).

Outcomes for children and families from the CAF and TAC were recognised by practitioners to be variable. Although CAF supported identification of need, resources were not always available to meet those needs and permit tangible outcomes. Faith (HV) describes her experience of powerlessness and inadequacy in being unable to make a difference to a family's circumstances

...I felt really bad because in the end we hadn't actually helped them. They are still in the same house and the mum when you phone her you could hear the flatness in her voice oh hello as if to say oh no it's the health visitor what does she want? I feel quite lacking in power what can I do to help the family? I felt I couldn't take it anywhere else, we've had a lot of TACs for this family, we've met at the school and they had been fantastic but it didn't actually move them on, it didn't feel that we've been able to achieve anything for them.

Participants emphasised that certain services were progressively more difficult to access because of the high thresholds adopted by agencies. One practitioner highlighted how a service provider had recently restricted access to a self esteem group to children subject to a child protection plan. Obtaining appropriate personalised resources was seen as key to a successful outcome

There have been some CAFs and TACs where we have gone through the process and I've felt really happy that we have made a difference, that that child's life has changed for the better or that the child and the parent know more where to go and are more equipped with the right tools to cope with whatever challenges they are facing...but there are those where I have been frustrated because they are not accepted by a certain agency because they don't meet the criteria or they aren't worked with for long enough and nothing changes (Kate, SENCO).

Practitioners' ability to offer a service was increasingly constrained by resource issues within their own and other agencies. This had adversely affected the pace of service delivery for children and families

...so at these meetings (CAF planning and TACs) you, you don't get firm answers all the time, it's always, we'll see, or if sometimes you do and it's a bonus when you can see something solid that is going to happen for a child that somebody will volunteer and say right now I will do this and I've got the money for that and we can do this straight away. But it's becoming quite rare that somebody can offer a service like that straight away, it's always, well we have got to find out more...(Sally, EWO).

Practitioners referred to 'money' as a key driver determining service allocation. Practitioners perceived that they were being asked to do more with less resource and a certain amount of anger was expressed in response to mixed messages from management

I think funding is hugely a part of this and I think it's a real conflict that what we would like to do and what we are able to do in terms of the economic climate... I

get very upset about it you know on the one hand they are saying we want ...customer focus and you see all these wizzy campaigns and things and actually the bottom line is anything to save money... (Jenny, OME).

Faith (HV) recounts an occasion when gridlock occurred at a TAC due to insufficient resource available for practitioners and agencies to progress issues

...but housing just had nothing to offer poor things, they came to the meetings, they knew about her housing problems the police had been involved it had all been logged but there was still nothing any of those agencies could really do practically to help her. So we got a bit of a deadlock and the whole situation was rolling on it seemed quite endlessly with irresolvable problems. Some things aren't as easy to fix as they appear even working all together.

Tim (EP) recalls an occasion at a multi-agency meeting when relationships between practitioners were seen to break down as a result of inadequate resources

...in front of parents with professionals arguing around who had failed and who is responsible which I kind of felt was not about the case as about how agencies here are under immense pressure to manage feelings of shame or guilt or responsibility when there is not enough to go around.

Despite funding being available for the recruitment of additional practitioners some roles, most noticeably health visitors and social workers, were in short supply as a result of national deficits. Sara (HV) outlines the tensions created by insufficient capacity and her own experience of withstanding pressure to extend her role in adverse circumstances

...there will be conflicts because at times when there are shortages of staff people have to become quite protective of what they can and cannot achieve and then of course there will be gaps in the service and sometimes I feel under pressure to do more when I know I can't do it because if I do it I am crossing over my role so it is trying to keep what I am supposed to be doing in my mind.

Sandra (OMH) recognises that practitioners' professional allegiances are to their own agencies and that *'different expectations within organisations results in trying to protect your own resources...'*

4.5.2 Early Intervention?

The ECM *Change for Children* agenda emphasises the importance of early interventions to improving outcomes for young people. *The Common Assessment Framework for Children and Young People: Practitioners' Guide* (DfES, 2006) promotes the CAF as a tool to identify unmet needs *'...before things reach crisis point'*

(p.3). Practitioners' experiences of CAF revealed that most cases exceeded the early intervention remit and many were in fact families whose problems were just below the threshold for child protection. Ann (PMHW) expresses her frustration that the process has been 'gate crashed'

> *I think when it works it is brilliant and it works with the children it was set up for which is early intervention. The problem with it for me is that a lot of the kids that are referred I would say are not end of the road but they are a long way down the road from early intervention. They have already got multiple agencies who know them, social services usually know them, CAMHS know them, the police know them...Well that's not early intervention and I find that quite frustrating that side of it.*

Frances (SN) highlights that far from being early interventions some CAFs are undertaken to address the recurring needs of 'known families'

> *The actual families in real need are a very small percentage. Those families however are on a bit of a conveyer belt they just go round and round and round. Families that we discussed at the JAT now come up at the CAF and you think there is something not quite right with the system here...*

Families who had already been recipients of services posed a dilemma for practitioners as possible options were exhausted

> *You can do the CAF and have a TAC meeting and I can be sitting there and thinking what are we going to do with this family as they have had this and that before and it hasn't worked, what do we do now?* (Abigail, FLW)

Many of the practitioners interviewed referred to the importance of early intervention and preventative work, however, some disparity was evident in terms of what was understood to comprise an early intervention. Early intervention for some equated to the meeting of additional needs at the first opportunity, whereas for others it encompassed everything below the child protection threshold. Owing to an increase in the number of cases the threshold for referring young people to early intervention services was perceived to be rising

A *I haven't had an early intervention referral for about 2 years. When we say early intervention it will be things like little Billy is coming in and there is nothing in his lunch box or his uniform or shoes don't fit or this person always has Fridays off. That to us is early intervention. We don't get those referrals anymore.*

F *So what sort of things are you getting now?*

A *Persistent absence and behaviour are the biggest ones but then when you do the home visit or once you are involved you actually realise that mum is not well...there is always something major behind the behaviour and the non attendance* (Abigail, FLW).

4.5.3 Paradoxical Messages and Practice

Government rhetoric around joined up working was considered by a number of interviewees to conflict with the targets imposed upon agencies. The following extract from Emma (OMSC) illustrates her perception of different agency targets as divisive, a source of fragmentation and isolation

> *The government has said to us as all agencies you will work together you will communicate you will find ways to work in an educated way around children's needs but with the other hand it had said you will hit these targets you will meet these performance criteria you will answer to us on these issues. But the targets that they have given are not integrated targets those very targets separate us.*

Pauline's account (SW) reveals that although there is acceptance of varying perspectives and agendas, tensions result between practitioners and agencies due to competing priorities

> *I suppose it's about us recognising that that is their focus and them recognising that we've got our focus which is all our targets, to have these meetings on time to progress plans. I suppose the frustrations then come in when they say oh we've got SATs all next week, we couldn't possibly come to a meeting and we say well we have to have this meeting because we have got to meet the timescale.*

The declared policy aim of engaging with service users, being child, parent and family focused was felt to have been overtaken by the drive to meet outcome based performance targets. Emma (OMSC) is frustrated that practitioners have had to contend with tensions between policy and practice which have had a detrimental effect on the service they are able to offer

> *I think that the government has produced a lot of measures that do not measure the quality of the service provided, they measure the quantity of the service which means if we are to be good boys and girls and hit those tiles we have to reduce the quality and I think that is the duplicitous thing.*

In addition, obtaining funding as opposed to meeting the specific needs of service users was considered to be a key driver for service delivery

We could just say ok so things are really bad so we'll get you into after school club we'll get you into an activity we'll get you into that but why? There is very little emphasis put on saying to services here is the space where you will think here is the space where you will assess, gather information, talk to children and families that is not provided for. There is a real drive to deliver these services and you'll get this money (Emma, OMSC).

Social workers expressed some resentment that the CAF which had been expected to reduce caseloads had in fact increased them

The other thing it [CAF] *can do is reveal that actually this level of support is not enough and that there is enough going on here and if the concern is such it needs to go to social care. The whole thing about this kind of work lowering the workload for everything else actually it's not true sometimes it increases it and it's naive to think anything else* (Harriet, SW).

Despite the roll out of county wide CAF training there was scepticism amongst practitioners concerning management's commitment to the process, a suspicion of underlying agendas

...they nod and say yes and CAF is really important and how the government are keen on it and the e-CAF and all the rest of it but actually they will say that, what they are actually doing doesn't back up the fact that they are supporting it...they've got other fish to fry (Jenny, OME).

Lack of consultation and poor communication from management had affected practitioners' morale *'well you know us down on the front line at the bottom of the pile, we don't ask questions we just do the job'* (Pauline, SW). Several changes of direction had caused practitioners to lose faith in the leadership's ability to deliver the vision for multi-agency working in a climate of uncertainty

...it's been very muddled and there has been a lot of debate about what went wrong because you know we are acknowledging now that it has gone wrong to a degree. There was also very much a culture up to I would say about 2 years ago where you couldn't question or discuss anything that was being proposed, you were seen to be negative it was this word negative, anybody who said 'yes but are you sure that will work?' ...that was very much frowned upon and seen as being negative and yet it now turns out that a lot of the things we were saying you know have come back to bite us (Jenny, OME).

National policy and impending timescales for implementation exerted pressures on management which were displaced through attributing blame to practitioners. In

response to being scapegoated practitioners became increasingly defensive in their practice, exhibiting a lack of transparency and an unwillingness to engage in risk taking

> *...plus there was accusatory, there were these ghastly meetings and I went to some of them where effectively social workers were lambasted as being resistant to change so putting the onus on it's your fault for not coping* (Harriet, SW).
>
> *We'd get a lot more out of what we are doing if everybody was honest and said ok hands up this hasn't worked so far, we've been a bit rubbish at that, let's try and work together to sort that out but unfortunately everyone says no we're fine everything is fine and it all gets brushed under the carpet* (Debbie, AT).

Having been a pilot authority for the national evaluation of the establishment of budget-holding lead professionals (Institute of Health and Society, Newcastle University, 2009) the county had been at the forefront of multi-agency working to improve outcomes for young people. Considerable resource had been allocated to establish preventative tools and practice during which time child protection was inadvertently overlooked *'so many resources were put into doing the preventative stuff... we took our eye off the core business and that's safeguarding children'* (Pauline, SW). The failing of the Ofsted inspection in Dec 2008 resulted in a dramatic realignment of resource behind safeguarding. Tim's experience (EP) of early intervention multi-agency working within the county was that after an initial period of impetus *'child protection issues swamped everything.'*

Discrepancies between the child centred rhetoric and management practice at CAF planning generated unease

> *(named person) was very keen that each case only took 10 minutes whereas previously we had allowed 30 minutes and he handed out this sheet that said that the people who were bringing the cases had 3 minutes to share what their concerns were and then they had to share what the other agency involvement would be and then we had 1 minute to do a conclusion. Well in my mind and everybody else's actually that's not in the best interests of the child and not practical* (Debbie, AT).

Doubts were also expressed concerning the motivation underpinning some agencies' engagement with the CAF. Jenny (OME) believed that in a number of cases schools had been simply going through the motions to comply with DCSF guidance

> *...some schools are keen, some for the wrong reason because the DCSF guidance last November said that if the child was in danger of permanent exclusion they should be CAFed that has meant that certain schools are doing it*

to tick the box you know, so they are not doing it properly they are doing it because they have to do it before they can kick this kid out.

Harriet (SW) was critical of what she perceived as bullying by community support officers at a TAC meeting. Instead of seeking to support the young person and address their needs Harriet recognised a clear intention to intimidate

H *They are seeing this young person as a social problem in the community and they're also not behaving appropriately with the child ... and an instance of not behaving appropriately with a child is threatening the child, not with physical violence but with accommodation, with being accommodated. It's outrageous I did speak to the person directly after the incident, however, it is not helpful that the child has heard, it's not true, that person has... I can't take a child away and accommodate it, as a social worker, how these other people have the audacity to say that is just...*

F *So it's almost like the CAF is being manipulated for other purposes?*

H *Yes, well they are trying to use it for behaviour modification, frightening him into good behaviour.*

Analysis of practitioners' accounts revealed personal drivers and motivations which influenced their approach to practice. Frustrated by her lack of power as a practitioner in a non statutory service Abigail (FLW) attempted to exert subtle pressure on families in an attempt to make them comply

It sounds awful, it is not like a threat but I almost felt if we were sat round a table with professional people she might understand the seriousness of attendance and what would happen, what potentially could happen to her. I don't want then to feel intimidated or anything like that I do think that has an air of this is serious and I need to work with these people to do something. Because if I go into a home and say you may benefit from some parenting strategies or something like that they will say yeah, yeah ...and that does frustrate me with the cases that we have which are clearly social services and social services are not getting involved and they don't have to do what we say and then nothing changes. That is what frustrates me a bit.

4.5.4 Gaps in the System

Some self doubt and vulnerability were expressed by VQPs as to the adequacy of their knowledge and skills for practice in multi-agency contexts *'I was questioning my ability and whether I had appropriate training'* (Abigail, FLW). PQPs exhibited greater self-belief *'I can use my own judgement and my skills and my training to decide what I feel would be the most useful bit of work at a given time'* (Tim, EP).

Nevertheless, many practitioners felt that while their professional training had prepared them to undertake the role of a health, education or social care practitioner it had not sufficiently primed them to meet the challenges of practice in multi-agency contexts *'that is not something I have ever learned in my job, there is a real skill mix needed'* (Kate, SENCO).

Sandra (OMH) cites the community orientated training of health visitors and school nurses, as key to facilitating their joined up practice in multi-agency contexts

> *The health visiting and school nursing training is about understanding the community and who else is out there working with children and families because that is our focus children and families and improving health and wellbeing. So I think from an early time in their training health visitors and school nurses will understand that you can't do it alone.*

Gaps in knowledge, skills and training around the CAF, primarily the role of lead professional, could be seen to affect practitioners' involvement. Caution was evident about operating in unfamiliar territory, out of their comfort zone

> *...the impression I get is that people are reluctant to call meetings because they are so huge and there are so many people and it requires such a lot of...it is probably a subtle thing that people are looking for other ways to manage the family's needs, I think that is how it is working because I would have expected to have gone to more meetings but then somebody has got to call them haven't they?* (Sara, HV)

Emma (OMSC) recognised and raised at county level the need to improve understanding and role clarity around the CAF, to develop *'a quality framework for CAF and really put together a support structure and training strategy as well because up to now it's been a bit naf.'* In addition to gaps in knowledge and skills, gaps in local service provision were evident. Practitioners cited difficulties accessing appropriate resource as, particularly in the case of mental health referrals, needs increasingly failed to meet the threshold criteria

> *There have also been changes for example with CAMHS where at one time they would take children without a very clear diagnosis now they insist upon making a proper diagnosis and will only take a child that they do diagnose with a mental health issue. So they are sifting out a lot of the children that are emotionally or behaviourally disturbed and there is no resource for us for those children* (Jacqui, ACM).

Gaps in service provision were considered to be exacerbated by the lack of a universal understanding around thresholds of need. Agencies prioritised fulfilling their statutory

obligations and resource shortfalls meant that access thresholds to services had been raised leaving some young people without support

> *One of the biggest problems I think in delivering support services is not the children at risk... once a child is at risk of harm there is a whole procedure that kicks in around social care with conferencing, child protection and all of that. While social services have some responsibility to deliver support to children in need there is no real clarity around what a child in need is. Also the resources in social care have been reduced so much that they tend to do the bit that covers their ass which is the at risk stuff they have to deliver. That means staff who used to provide support for children in need have been pulled up the high end so the tide has gone out on the most needy group, one of the most vulnerable groups* (Emma, OMSC).

Leah's experience (SW) on the front line corroborates that access to services for children in need had become more difficult

> *...and it's not just typical to this area it's all over the place you know. Where I was working before hardly any child in need would be picked up really which isn't a good thing because obviously some of those cases are quite risky...right on the borderline.*

An example of a gap in service provision which emerged due to insufficient consensus around thresholds of need was provided by Abigail (FLW)

A *I have only ever taken one to CAF planning and that was a young girl who has been on the child protection register for emotional abuse, social services have pulled out but the issues haven't stopped...so I did a CAF took it to CAF planning and said is this CAF material or is it social services? Social services were saying no they're not interested anymore because they have offered all the services but then my boss was saying it is out of your remit so I took it along to get an answer somebody has got to do something for this child who is it going to be?*

F *What did it turn out as?*

A *Nothing, social services did a risk assessment and said no. I still have this CAF for this girl but my boss is still saying it is out of your remit.*

F *So it is falling between early intervention and child protection?*

A *Yes, there is a big gap that nobody covers because we are not supposed to. I do what I can.*

Frustration was expressed at the lack of compatibility between the administrative systems and databases operated by different services. Practitioners experienced what they considered to be unnecessary delays accessing information

> *I have to go to somebody else and ask for that as I don't have that access to the system and likewise the social workers who may be working with the same child or family don't have access to our education database to check out you know where the child might have gone to school before, the history of exclusion. So there's a lot of information exchange that goes on that takes up our time but if the workers have the correct systems in place, access to them, they would be able to answer those questions for themselves* (Sally, EWO).

Although education and social care practitioners shared common catchment areas in terms of the localities delineated by the MPTs, health practitioners were organised within locality teams which operated according to the geographical boundaries of the PCT. The anomaly between working areas was cited as a factor affecting health care practitioners' representation at multi-agency meetings. Sandra (OMH) outlines the successive and ongoing restructuring of the PCT and the potential for future coterminosity of practice boundaries (Exworthy and Peckham, 1998)

S *I can't tell you how many different names our service has had...I came in 5 years ago and we were [name], people who have been here longer can probably trot off about 10 different names. 3 years ago we changed to [named county] PCT which was a merger of 5 PCTs and then more recently we are going through this commissioner and provider split - all community health services are providers and the PCT will buy services. We are still one organisation but we are splitting. Meanwhile just to add a new dimension [name] health who have been awarded the management contract for [named county] health provider services so we are all terribly confused about this because we don't really understand what it means...we are currently seconded from the PCT to [named] health and have new contracts and the idea is that [named county] health and [named] health which are provider services are integrating next April.*

F *What implications does that have for your role?*

S *Huge implications because we will have a different chief executive, a different management structure who may change the whole structure of provider services and [named] children services are not managed by [named] health they are seconded into the children's trust so their health visitors and school nurses are seconded from health into the county council and work within*

children and family centre settings which is a much more integrated way of working so alongside education and welfare services.

Where practitioners were explicitly aware of barriers or inadequacies in the system they were tenacious in seeking alternative ways and means to overcome difficulties

> *...you know I do feel quite strongly about it and I didn't feel that it was ok to sit there and say oh yes there are confidentiality issues so that's our brick wall if you like. My feeling always is that if there is a need there you have to find ways to get through the brick wall* (Debbie, AT).

However, it was apparent that due to the intensity of day to day practice, awareness of gaps in the system was often only partial or implicit. Participating in the interview process enabled practitioners to articulate and reflect upon their experiences which in some cases resulted in greater personal clarity, *'I think talking to you actually has highlighted something that I sort of knew was there which is that we are not always passing down the chain what is going on'* (Sandra, OMH).

4.5.5 Values around the Child and Family

A statutory requirement of the *Children Act* (1989) was that practitioners should take account of the views of children when providing services. One of the five ECM outcomes is that young people *'make a positive contribution'* that they are able to engage in and contribute to decision making affecting their environment, local community and personal circumstances.

Greater awareness of the young person as the collective focus of practitioners' efforts was recognised as key to overcoming status differentials in multi-agency contexts which have traditionally impeded collaborative practice

> *So there are huge issues of power that are ongoing but I think that the more that the emphasis and focus is put on the child and family the more that should put a level playing field in the TAC. It is not about who they are it is about sitting down together as a group of people with skills and resources to meet the needs of the child. That is it in theory but in reality in every meeting you get that...* (Emma, OMSC).

Practitioners' experiences of CAF and TAC indicated that a truly child centred approach had not yet been achieved. Some cynicism was articulated as to whether young people's needs were really the focus of attention at multi-agency meetings *'I'm not sure that the child always is the centre of things in some of these meetings'* (Sally, EWO).

Are we really talking about how to help this child or is it one professional or one agency speaking loudly to ensure that they have a place at the table and status and aren't going to be overwhelmed or controlled by a dominant agency? There have been some very interesting conflicts between social services and CAMHS (Tim, EP).

For these and other practitioners multi-agency working around the ECM agenda had not yet delivered in terms of empowering young people and families. However, practitioners' interaction with service users in multi-agency forums (TAC) could be seen as instrumental to the development of their increased understanding of the needs of young people. While the majority of practitioners endorsed the commitment to partnership working with families in theory, their experience was that it was difficult to implement in practice *'There seems to be a bit of a conflict there in terms of getting people to take ownership when they are not really capable of doing that'* (Frances, SN).

Professional norms and values were felt to pervade the CAF and the TAC and despite good intentions these were distinct from the experiences and values of service users and had the potential to marginalise and alienate them

You get the parent who has experienced it all themselves as a child they were isolated or bullied and the family as a whole feel disaffected by society...all this bureaucracy all this formality all this professionalism is a whole different world to them it is not their experience. Their experience is to be disaffected to be disadvantaged to not be able to get work to maybe have poor health to live in a poor area to always have less than...So they come to these meetings with all that baggage which is their world and they look at the professionals all doing their bit with their neat bits of paper and plans and trying to put her family into a little box, tidy them all up, and it is no wonder they feel put down and diminished by the process (Jacqui, ACM).

In some instances practitioners were perceived to be judgemental of young people *'because there is already an agenda this kind of very narrow blinkered view ...not even about the child but about an aspect of the child'* (Harriet, SW).

Interviewees referred to the CAF as being empowering in terms of their own practice as opposed to empowering service users. By working in conjunction with practitioners from other agencies they were able to achieve more on behalf of service users rather than empowering service users to achieve more for themselves. This was particularly apparent amongst VQPs whose occupational status had been enhanced through CAF working, extending the parameters of their role. CAF working provided a mandate for VQPs, increasing their power, status and role satisfaction.

Although there was recognition of the importance of encouraging a child centred approach and developing young people's active participation in the CAF, few examples were cited of this occurring in practice. Emma (OMSC) visualises the potential of CAF to bring about cultural change and outlines some of the current barriers impeding it from occurring

> *...when they are run right you actually hear the voice of the child, they are meant to be conversations around a kitchen table which is interesting when it comes to professional identity because a lot of professionals find it hard to let go enough of the language and all the things that they wrap around themselves to establish their professional identity to actually have a conversation around a kitchen table with a parent and the child. It does get people together to really think about what do you want to see changed and how can we help you do that, it creates a forum where that conversation can be had. It creates a forum of accountability where people agree to provide services and then come back to answer for it. It has the potential and sometimes it doesn't unfortunately that is very connected with how it is led which we have to address, it gives the parent and child the potential to say what they think and what they want... There is a real training need in the workforce about how do you lead meetings in such a way that they are engaging, allow parents and children to participate, allow their voice to be heard and then that you actually produce plans that really respond to the right need at the right time.*

While child and family centred intentions were voiced repeatedly by practitioners, accounts of the successful actualisation of these intentions into practice were few *'I think the child is at the heart of everything and their voice is really important and I want to make sure it is heard'* (Kate, SENCO). *'...a major part of our role in my opinion is actually empowering parents to take responsibility for their own actions and decisions'* (Frances, SN). Abigail (FLW) provides the only example cited in the interviews of a parent who had been empowered through their involvement in the CAF

> *When I first went into mum she was beside herself, didn't know what to do with his behaviour, felt like a bad mum, felt like the school was against her. She is just a completely different person now, she has grown in confidence, she has come to the TAC meetings, she is friendly with the teachers and the SENCO so if there are any problems she doesn't think twice about approaching them it has made a big big difference to her.*

Some practitioners expressed the view that the involvement of children and families in the TAC subjected them to professional scrutiny which led to them feeling deficient in some way *'I think parents feel intimidated I think they feel they are being talked at*

rather than with...I know what's best for your child. Maybe that is why it often doesn't work' (Frances, SN).

Jacqui (ACM) identified the high occurrence of learning difficulties and mental health issues amongst parents of children in need of additional services, as barriers to their effective participation in multi-agency working. Furthermore, the lack of guidance for practitioners on working with and supporting parents with additional needs was felt to hinder inclusive practice

> *Government guidance is that there should be a full protocol for multi-agency working for parents with learning difficulties but we don't have that at all in this county anyway. We don't even have a protocol. We don't have anything from the county to say how we should work with parents with learning disabilities...*

Interviewees cited administrative procedures and time restrictions as the main inhibitors of child centred practice. Pauline (SW) feels embittered that the quality of her practice is measured by scheduled meetings and targets which necessitate recording, leaving her less time to engage with the child

> *You have to make sure that review meetings are on time, they have to held within time scales because if you don't you lose money because it's a performance indicator so you have to get your PEPs done it doesn't matter if you haven't seen that child, if you have the paperwork done on the computer system that's ok, although that has not been said, that's how social workers on the front line feel, if I've got all my paperwork done, and all my meetings are happening within time scale and they're written up well, I'm doing a great job.*

4.6 Summary

The multiple perspectives presented within this chapter have served to highlight the complexity of multi-agency working and the impact of the associated structural and cultural changes upon practitioner roles, identities and relationships. Relocation from specialist to integrated teams contributed to practitioners' increased awareness of role identity and affected their willingness to participate in multi-agency contexts. A trajectory of experience was identified in response to the new formations and ways of working from resistance through acceptance, to being the preference.

Although in agreement with the rationale for change, extracts from practitioners' accounts used to exemplify the super-ordinate theme of Change and Adaptation, revealed tensions between established approaches and practices and multi-agency working. However, as a new multi-agency tool the CAF was identified as influential in supporting practitioners to break down traditional barriers and challenge attitudes

around service delivery. Learning from new experiences enabled practitioners to modify or adapt their practice to improve outcomes for service users.

Inconsistencies between the rhetoric and reality of multi-agency working caused practitioners to experience tensions in practice. Manipulation of the CAF process by individuals and services to achieve targets or particular outcomes was shown to detract from the holistic approach envisaged in policy. Difficulties accessing services and or resources constrained practitioners' individual and collective ability to make a difference.

The significance of these research findings and their implications for policy and practice will be considered in detail in the next two chapters.

Chapter 5 Discussion and Analysis

5.1 Aims of the Chapter

This chapter takes forward the themes of roles, identities and relationships, change and adaptation and conflict and contradictions which emerged from the findings chapter. Utilising CHAT and the social identity approach (SIA) the themes are discussed in the broader theoretical and legislative context. Consideration is given to the issues posed by partnership working at the level of the individual practitioner, practitioner group and practitioners in general.

Discussion of the impact of distributed rather than integrated targets is supported by Figure 5.2 which illustrates practitioners and services approaches to partnership in the context of the CAF. The role of diversity (that is the differences which exist between agencies and practitioners) in multi-agency working is considered and a distinction is made in terms of the contributions to multi-agency working from professionally qualified and vocationally qualified practitioners.

Also examined within this chapter is how increased understanding of other approaches and disciplines leads to practitioner learning and improved forms of practice.

5.2 The Multi-Agency Context

Much of the existing research on multi-agency working is set within traditional organisational structures and examines established relationships, primarily for the purpose of identifying and disseminating good practice (e.g. Frost, 2005). However, structural and cultural change initiated by the *Children Act* (2004) and developed through the ECM: *Change for Children* agenda has brought new networks and relationships to the fore which call for an innovative approach to dialogue and multiple perspectives; one which supplants conventional models of working together.

Greater understanding of the political and ideological context and its impact upon collaborative working strategy is needed (Kippin, 2010). Adaptive and responsive practice characterised by on-going partnership between practitioners and service users has been termed 'co-configuration work' by Victor and Boynton (1998). Co-configuration, unlike preceding forms of work, is not focused upon economic production but the co-development of products and services and the creation of networks of identity, experience and relationship (Hartley, 2007). Current policy discourses emphasising prevention, partnership and participation (Children's Plan, 2007, DCSF) seek to promote networks of activity which epitomise co-configuration work in the development of flexible and responsive services for children.

Located at the interface between the expectations of policy and the experiences of practitioners multi-agency forums are dynamic contexts. The first part of the chapter focuses upon the macro or national issues associated with the policy context while the latter section explores the micro issues around individuals' day to day experiences of practice. Theoretical connections with the literature on identity are explored to provide insight into relationships and learning.

5.3 Macro Issues - the Policy Context

5.3.1 Competing Aims and Objectives

A dominant theme within practitioners' accounts was the complexity of frontline practice. Bombarded by a myriad of government imposed targets and timescales, practitioners' perceived practice priorities as fluid and conflated. Furthermore, performance targets and thresholds conflicted with the language of partnership and practitioners' experience was of policy drivers being fragmented and/or paradoxical at practice level.

Practitioners' experience in the context of the CAF did not accord with the policy priority of early intervention. The intended shift in focus '*from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place'* (Brandon et al, 2006, p.14), was not realised in practice; the CAF being utilised to address cases well beyond its early intervention remit. Furthermore, lack of clarity around thresholds of risk impacted upon individuals' professional confidence and caused tensions between practitioners and services.

Figure 5.1 depicts the activity systems of education, health and social care working collaboratively in the context of ECM. The three activity systems are distinguished by their different communities and rules, and their alignment against discipline related outcomes. A shared object of activity - joined up working to secure early interventions - is made apparent through utility of the CAF as a common tool.

The activity diagram provokes consideration of the ways in which practitioners (subject) address needs (object - child in need) with the aid of tools (CAF) (Daniels et al, 2007).

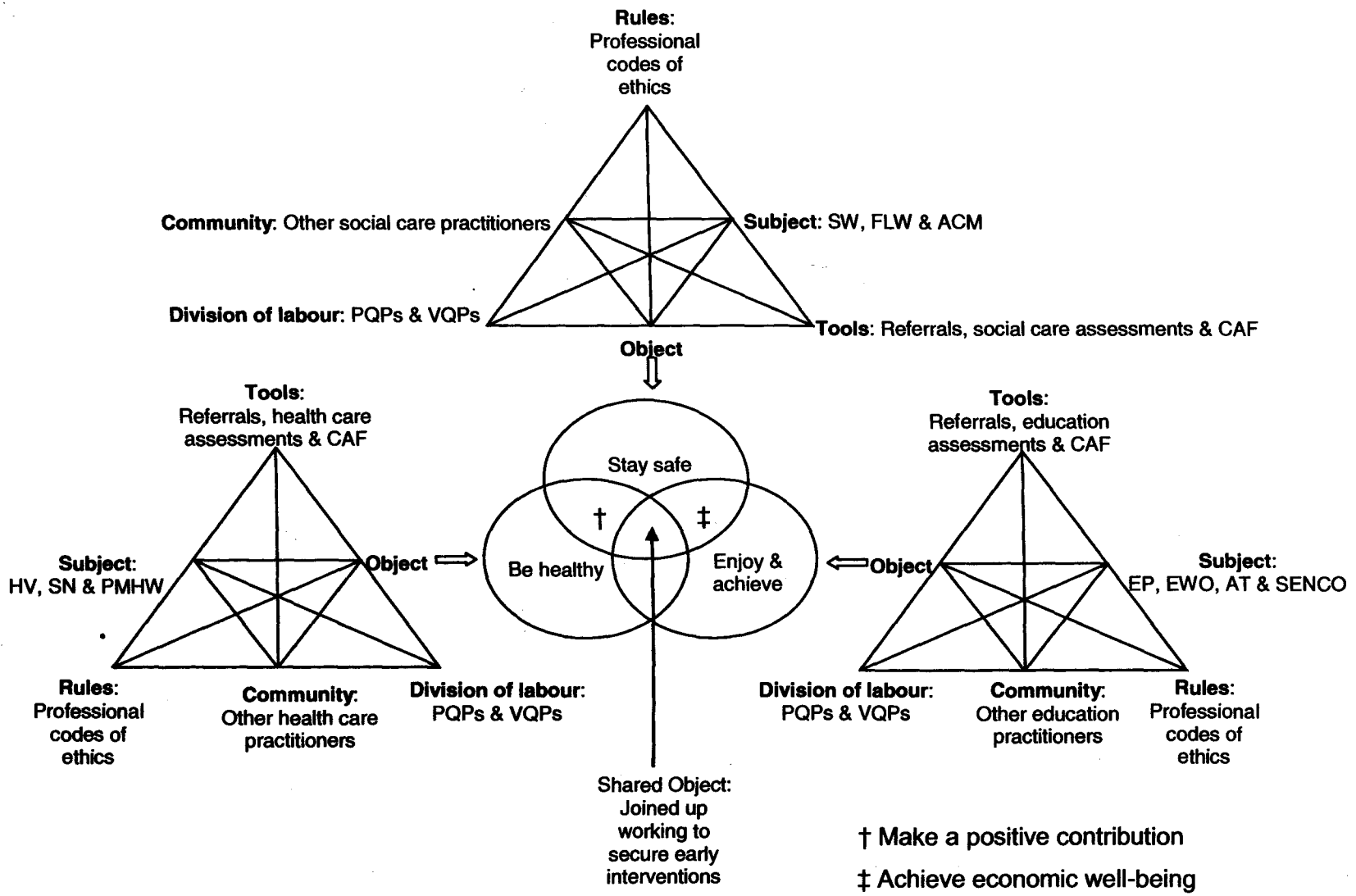

Figure 5.1 Education, Health and Social Care Activity Systems in the Context of ECM (based upon Engeström, 1987)

The activity of education, health and social care practitioners was directed by different rules, professional codes and service targets. Promoted in policy as the means to achieve the ECM outcomes, joint working was beset by issues in practice. Interviewees' experience was of alignment against discipline related outcomes (e.g. enjoy and achieve against education). Service specific objectives detracted from a holistic approach and exerted timescale pressures on practitioners which caused the quality of practice to be sacrificed for quantity.

The prioritisation of different aims and objectives within roles and services led to difficult collaborative working experiences which impacted negatively upon practitioners' understandings of different disciplinary and agency models, skills and resources. While interviewees cited the child or service user as the focus of their activity, responses to questions about the aims and objectives of their work indicated that 'working together' was the priority in practice. Hudson's assertion that while the *'rhetoric on partnering remains strong, the real policy thrust is now about choice and contestability'* (2006, p.13) exemplifies the dynamic policy context and the ascendency of personalised services. The cumulative effect of unanticipated interaction between multiple policy drivers has led to a degree of abstraction at practice level concerning aims and objectives (*The Munro Review of Child Protection*, 2010).

Practitioners' perceptions of practice priorities were influenced by their location in respect to other practitioners. Relocation from a profession specific to an integrated team initially heightened individuals' sense of role identity through proximity to practitioners who possessed different historical and disciplinary backgrounds and organisational cultures. Defensive mechanisms were triggered. Structural re-organisation and particularly relocation caused practitioners to experience a sense of loss and to struggle for a period without their established support network. As a result of the complex policy context, integrated teams and multi-agency working became synonymous in the minds of many practitioners. During a period of transition practitioners' attitudes towards collaborative ventures were adversely affected, potentially impacting upon the range and quality of services available.

Difficulties in multi-agency working have been attributed to lack of shared goals and common vision (Hall, 2005). The research concurs that multiple stakeholders with diverse agendas and motivations are often difficult to reconcile; but it also highlights how problems have been aggravated by the imposition of a framework and distributed rather than integrated targets. Consensus on aims and objectives in the context of the CAF was achieved through an expanded approach to need. Multi-agency panels served to ameliorate the differences between stakeholders by encompassing statutory obligations and targets, thereby securing agreement on action. Purporting to focus on

the child, multi-agency panels in fact prioritised the attainment of practitioner and agency targets via joined up working. The intended recipients of services (the child and their family) were excluded from the multi-agency meeting (CAF planning) preventing their participation in decision making on the range and types of services subsequently offered. Figure 5.2 which follows illustrates joined up working in the context of the CAF, found in this research to be focused upon practitioner and agency targets as opposed to service users' needs.

The research highlights how professional models of thinking and operating continue to dominate service design and delivery and hinder the creation of personalised services through co-configuration. The new structures and processes introduced post 2004 have promoted an instrumental approach to partnership, which although claiming to be child focused, is driven by targets and thresholds. Partnerships with service users remain underdeveloped and their needs and wishes secondary to practitioners' and services' targets.

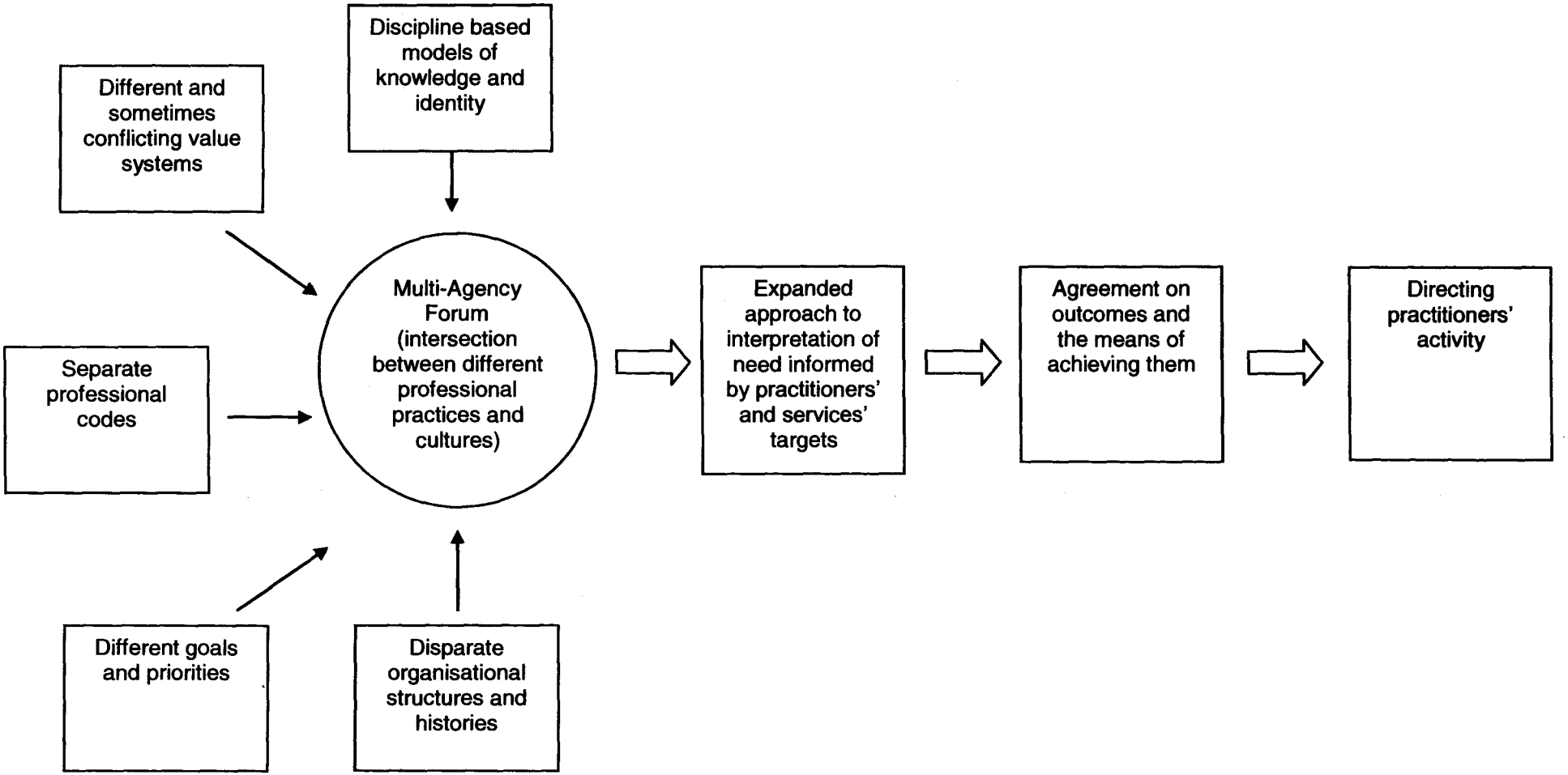

Figure 5.2 Multi-Agency Forums: An Instrumental Approach to Partnership

5.3.2 *Double Binds*

Participants cited instances where competing pulls within their own roles, organisation or across agencies impeded their ability to practice in a responsive way. Practitioners' experience of rival policy drivers and multiple aims and objectives typifies what Bateson (2000) called the *double bind* where *'contradictory and paradoxical interaction between a subject* [practitioner] *and its social context is present'* (Prenkert, 2006, p.476).

Tension between the cooperative values required for joined up working and the competitive values encouraged by quasi market structures and professionalisation (King and Ross, 2003) initiated conflict at the level of the individual and across practitioner groups. Pronounced change in the culture and ethos of services caused practitioners to experience uncertainty and anxiety. Management targets, against which individual and group performance were reviewed each month, generated tensions in practice by constricting capacity to respond creatively to service users' needs. Many PQPs reported a discrepancy between their expectation, and the reality of being a practitioner within the caring professions. Personal and professional conflict occurred due to the experience of predominantly administrative and recording activity in practice as opposed to the anticipated contact with service users which had been imbued during training. Although subjected to tensions practitioners were unconscious of their origins in new managerialism which challenges established principles and practice within the public sector and restricts practitioners' autonomy through over-bureaucratic governance arrangements.

Interviewees identified the voluntary sector as a valuable source of services and expertise which were often limited or unavailable in the public sector. However, take up of these services was hindered by practitioners' reluctance to involve voluntary agencies in multi-agency forums due to the complexities of dealing with what was perceived as large numbers of organisations with different policies, procedures and practices. Distrust was expressed by practitioners from statutory and public services alike, regarding voluntary agencies motivations and their adherence to professional codes around confidentiality and information sharing. The research found resistance amongst practitioners to the extension of traditional relationships and new ways of working. Working together, is not as yet the inclusive, co-operative process envisaged in policy (*Children Act*, 2004, section 10) and this calls into question practitioners' and services' capacity to improve outcomes for children and young people.

The demands on services to improve quality while reducing costs generated oppositional pulls in practice. Despite sustained promotion of joined up practice, local gaps in service provision existed due to resource issues and inconsistent application of

assessments. A gap was evident between the high expectations of service users and practitioners alike and the limited resources available to achieve them. Feelings of powerlessness and inadequacy were evidenced by practitioners' use of metaphors referring to 'lack of magic' or 'magic wands'.

Research has shown that limited resources in themselves have the potential to trigger conflict amongst professionals (Loxley, 1997). Within the existing literature there is a tendency to portray tensions as detrimental to collaborative work; however, activity theory acknowledges the role of perceived and real contradictions in generating new forms of practice. The findings of this research concur with those of Percy Smith (2006) in that effective partnerships and the building of personal relationships served to ameliorate the detrimental effects of contradictions and/or tensions. Instead of demotivating practitioners, resource shortages inspired collaborative 'shortcuts' and innovative variations on traditional ways of doing things which enabled improved outcomes despite economic constraints.

5.3.3 Approaches to Service Users

The traditional roles of service users and practitioners and the relationships between them are in transition. Through promotion of the principle of democracy public service reform has attempted to shift the focus from service providers to service users (*Communities in control: real people, real power*, White Paper, 2008). An objective of policy is to create more responsive services through partnership with individual citizens and their families, relinquishing practitioner control over decision making and budget allocation. Partnership with service users has transformative potential but for this to be realised the individual rather than service providers need to be at the heart of the process (Kippin, 2010). Co-configuration, a closely aligned concept, is the dynamic relationship between service users and service providers which enables the creation of services which adapt to the needs of the user (Engeström, 2004).

Partnership is a declared priority for all the major political parties yet it poses issues for practitioners and service users alike. Through engagement with practitioners in decision making, service users consciously or unconsciously take on a level of responsibility in their education/health/social care trajectory. The ethos of partnership was experienced as paradoxical by practitioners as service users were constrained from full participation and ownership due to their legal status as children. Practitioners' professional and personal duty to safeguard and protect children (*Children Act*, 2004) dominated their relationships with service users overriding participatory ideals. In a climate of heightened individual accountability there was reluctance to relinquish any power over decision making or to discharge responsibility, either to service users or to less qualified practitioners. Developing partnerships with resistant families who feared

that their child could be taken away proved particularly problematic. The dual responsibilities of working in partnership with families and assessing risk produced conflicts of interest and rights. In addition to families who sought to conceal issues and mislead practitioners there were those who failed to recognise or acknowledge that they had a problem which required an intervention.

The inclusion of children and their families in multi-agency partnerships at strategic and local level is an expectation arising from the *Children Act* (2004); Children and Young People's Strategic Partnerships (CYPSPs) being established to promote the participation, voice and influence of children and young people in decision making about the design and delivery of services. This participatory ideal however, was not widely reflected in practice at operational level. Whilst interviewees spoke of the child being the focus of practitioners' collective activity, few instances were given which demonstrated that the child had contributed to decision making about their circumstances and future.

Approaches to service users reveal much about individual practitioners' and professional groups' underlying values (Clark, 2009). Although findings point to communication and information sharing between practitioners being improved through multi-agency working, there was acknowledgement, chiefly amongst operational managers, that the voice of the child remained under-represented. Practitioners' accounts highlighted how service providers' voices were prioritised and service users' participation marginalised. Multi-agency structures perpetuated this situation, decision making panels comprising entirely of practitioners, most if not all of whom, had not even met the child. Moreover, services on offer at the TAC were often insufficiently tailored to respond to the individual needs of the young person as assessment and information gathering had not been given precedence. Interpretation of need at CAF planning was based upon a form, completed by a practitioner to which it was rare that the child had contributed. Thus practitioner, rather than service users' voices dominated the decision making process.

While interviewees declared themselves in favour of empowering service users in principle some *inner resistance* existed (Vasilyuk, 1991). This resistance, attributed here as a defensive response to paradoxical messages from government, most frequently manifested itself as scepticism regarding the rationale behind the government agenda, or questioning of the appropriateness of subjecting often emotionally vulnerable young people to further pressure with demands to participate. While the majority of practitioners endorsed the commitment to partnership working with families in theory, their experience was that it was difficult to implement in practice. However, through their accounts of meeting with parents (primarily mothers to obtain

consent for a CAF and subsequently at TAC meetings) and consultations with other practitioners, many interviewees, particularly those with longer service histories, revealed their value base to be aligned with the traditional model of practitioners as experts. In defence of practitioners' motivations, lack of child participation in decision making was exacerbated by practitioners' distance from practice. Many interviewees cited reduced contact time as an obstacle to empowering service users. Less face to face contact with clients affected practitioners' ability to make judgements and to determine their personalised needs.

Where interviewees were in direct contact with service users the picture was different. CAF working improved practitioners' understanding of service users' situations and needs, increasing empathy and breaking down communication barriers. Questioning of the established ways of working and approaches enabled practitioners to see service users in a new light. Experienced practitioners spoke of beginning to realise why people in need behaved the way they did. As a result of greater understanding, relationships between service users and practitioners were considered to be more collaborative and less judgemental. Less resistance was encountered getting families to engage with the CAF as opposed to other forms of assessment, as in addition to services it offered the possibility of financial support via BHLP funding.

Directed by policy to develop and sustain more democratic relationships with service users (*Our health, our care, our say: a new direction for community services*, DoH, 2006), tensions were experienced in practice. When working jointly with service users who had complex needs many interviewees' reported feeling pressured to collude with, rather than challenge practitioners from other agencies. The need to maintain ongoing professional relationships conducive to the majority of service users in the local context influenced decision making and practice in cases where there were differences in professional perceptions. The research suggests that practitioners gave priority to relationships with other practitioners over relationships with service users. In contexts where relationships were established negotiation occurred between practitioners around the re-phrasing of concerns. This allowed assessment of risk without damage to existing relationships with the family. However, the couching of concerns in positive language rather than their omission does not detract from the lack of transparency which this research found to be present within many practitioners' relationships with service users. Building and maintaining appropriate relationships with service users was at best challenging for practitioners.

The potential of diversity is recognised in policy in that a declared aim is *'to maintain a diverse workforce, but one that can work more effectively together'* (*Building Brighter Futures: Next Steps for the Children's Workforce*, DCSF, 2008, p.57). The effects of

diversity are mixed and unpredictable; it can serve to increase perspectives and skills applied to solving complex problems facilitating team innovation, but it can also cause task and inter-group conflict (Mannix and Neale, 2005). For interviewees diversity represented the differences which existed between agencies and practitioners (disciplinary background, type of service – statutory/voluntary, qualifications, pay and conditions, skills, aims). Interviewees were in agreement that the success of multi-agency working was based upon maintaining difference through enabling practitioners from a range of agencies to bring their specialism into a group around a child and family. In addition to profession specific knowledge, Sheehan et al (2007) found that practitioners' different styles of working contributed to effective collaborative behaviour. Interviewees based within specialist teams warned that co-location in MPTs would adversely affect multi-agency working through reducing the diversity integral to its success.

Practitioners' perceived *'the object of their work from divergent perspectives, and their conceptions of priorities and urgency differ(ed)'* (Puonti, 2004, p.135). Past experience, culture and professional and organisational backgrounds affected practitioners' interpretation and understanding of a child's needs. Whilst health and social care practitioners have been bound together by common experiences and backgrounds, relationships have to some extent been disrupted by the entry of another professional culture (education). Different cultures and poor communication have been cited in the literature as responsible for tensions between practitioners (Atwal et al, 2005). Unlike health and social care interviewees who were based within the community, education practitioners spent most of their time in school, limiting opportunity for direct contact with practitioners from other agencies and hindering the development of 'affective ties' (Pettigrew, 1998). Education practitioners complained about what they saw as the slow pace of work in health and social care. Willingness to work with others and share knowledge is dependent upon mutual benefit (Freeman et al, 2002). Relationships between practitioners from education and the health and social care sectors currently lack reciprocity, as schools are primarily referrers in the CAF process.

In addition to differences in philosophies of practice between agencies, the research revealed subtle distinctions at the level of the individual practitioner. Introduction of new vocationally qualified roles has increased diversity within children's services and partner agencies. Intended to respond to early signs of difficulty in children and to address problems before they required specialist intervention, many new roles have come into conflict with established professional domains. Lack of clarity pertaining to responsibilities and thresholds led VQPs to exceed their practice limits, crossing vertical boundaries demarcated by professional expertise. Unease manifested itself amongst PQPs who were defensive of their traditional territories, however, power

relations based upon the ideology of professionalism asserted their supremacy over the newcomers (Eraut, 1985).

At the level of the individual the nature/nurture debate has been applied to discussion of the existence versus the development of competencies for collaborative working. Suter et al (2009) assert that some practitioners are in possession of individual characteristics or antecedents which enable them to *'embrace change and ready them for collaborative practice'* (p.48). In considering how individual practitioners' attitudes and approaches to change both shaped and were shaped by the perceived objectives of their activity the work of Dweck (1988) from the goal orientation literature is applied. Dweck identified two types of cognitive approach which were determined by individuals' interpretation of the world (ontology) and influenced their behaviours; she referred to these as learning and performance orientations. Individuals whose disposition supports a performance orientation are concerned with gaining favourable judgements of their competence through adhering to rules and meeting targets. Individuals with a learning orientation focus on increasing their competence through exercising their professional judgement (autonomy) and where necessary bending rules (risk taking) to expand the limits of their practice.

Dweck advocated that the goals which individuals pursue, affect how they interpret and react to events. Variations in practice orientation were observed between PQPs and VQPs, made apparent through their differential utilisation of the CAF. PQPs' activity was predominantly driven by a learning orientation, a holistic approach to the child, whereas VQPs' activity was performance directed and focused upon task achievement. Different disciplinary perspectives have been shown to make a positive contribution to multi-agency working (Anning et al, 2006). This research however, highlights how variations in practice orientation can distort a standardised approach to assessment of need and lead to a mismatch between actual need and the services offered to address it. Shaping understandings of objectives, practice orientations impacted upon approaches to service users thus affecting the type and suitability of services made available.

Findings from public inquiries into child abuse and child deaths impinged upon practitioners' conceptualisations of their roles, purposes and practice. Heightened awareness of former deficiencies and shortfalls and their part in child tragedies had instigated improved communication and collaboration between practitioners and agencies. Longer serving practitioners however, remained cautious in their approach to practice as their professional confidence had been shaken by critical findings and adverse media coverage. Child protection dominated some practitioners' thinking, adversely affecting their behaviours in that the focus of their activity contracted and

became defensive practice exemplified by an over concern with evidencing and accounting for their actions.

5.3.4 The Division of Labour

Multi-agency working within the dynamic context of Children's Services and partner agencies has exceeded earlier philosophies of working together and continues to evolve and develop (Edwards, 2004). The children's workforce is in transition and the new competencies based *Integrated Qualifications Framework* although declaring to promote a common core of skills and knowledge, is adding to the diversity and complexity of practitioner groups through increasing the percentage of VQPs in relation to traditionally qualified practitioners. Recent developments in policy can also be seen to extend further the roles of PQPs by incorporating team leadership responsibility (e.g. health visitors, *Healthy Child Programme*, DH, 2009).

Co-location emerged as a dominant factor affecting relationships between individuals and professional groups. VQPs responded positively to co-location as (perceived) status differentials between themselves and PQPs were broken down through everyday interaction. They benefited from being part of a team in that they felt less isolated and their confidence in their role increased. However, PQPs in the main resisted co-location; although happy to work with practitioners from different agencies co-location necessitated renegotiation of traditional boundaries and established ways of working which threatened their professional status. Fearful of losing ownership of specialist knowledge, PQPs also became less willing to participate in multi-agency forums. The research findings therefore concur with Gao and Riley's (2010) assertion that reluctance to work collaboratively is increased the more specialised the knowledge held. Nevertheless, within established MPTs greater flexibility and creativity was demonstrated in the interpretation of roles, tasks and relationships.

Co-location aside, relationships with other professionals were considered positive by most interviewees. Improved interaction and communication enabled closer professional working and led to a greater understanding of others' remit. Through working in collaboration awareness of the roles and skills of others was heightened facilitating improved access to specialist services for the child. Practitioners' emphasised the importance of knowing *who* rather than *how* when seeking to address individual needs (Leadbetter, 2008). Accounts evidenced the formation of transient collaborative links between otherwise unconnected practitioners for the purpose of gaining access to distributed expertise to improve outcomes for a child.

PQPs were generally clear as to the limits of their practice, the boundaries of their roles. Contending with severe staff shortages social workers were protective of their time and realistic concerning what they could and could not achieve. Greater

uncertainty existed among VQPs as to where their role finished and at what point they needed to refer on. Role overlap or blurring was experienced by PQPs and VQPs within the same team or service. VQPs' scope of practice had been extended by task shifting and task sharing, resulting in their performing tasks previously undertaken by more senior practitioners. Perceived gaps in service provision posed a moral dilemma for VQPs who felt pressured to extend their roles and fill the void.

In general task attribution by VQPs was not perceived as a threat to professional status as PQPs were relieved of lower order or 'bread and butter' elements of their roles, enabling them to focus on more specialised work. Despite longer serving practitioners being more resistant to change there was widespread acceptance of the inevitability of task redefinition and redistribution within organisations and teams in response to the government's agenda for workforce reform.

5.4 Micro Issues around Individuals and Groups

5.4.1 Responses to Change – Resistance and Acceptance

Buchanan and Dawson (2007) note a prevalence in the literature of 'a need for change' and highlight how the government have sought to simplify and legitimise change through its presentation as univocal and consistent in policy documents. Practitioners' accounts revealed their change experience to be complex; multi-vocal, fragmented, and to have paradoxical effects. Adjustment times to policy and practice changes varied across individuals and groups generating tensions between established and new ways of working and extending the period of transition.

Previous research has supported a positive correlation between strong professional identities and high quality provision (King and Ross, 2003). However, change causes uncertainty which has the potential to impinge upon practice (Kotter, 1995). Heightened role identity among practitioners recently re-located into MPTs impacted upon their performance in the short term by distracting them from tasks (Mitchell et al, 2010).

Differences in attitudes towards their own and other practitioner groups caused difficulties in joint working (Hind et al, 2003). Turner (1984, p.530) proposed the existence of a psychological in-group which he defined as *'a collection of people who share the same social identification and define themselves in terms of the same social category membership.'* In seeking to develop and maintain a positive self image individuals' exercise bias within their in-group accentuating the differences with out-groups. Billig and Tajfel (1973) demonstrated however, that it is group membership rather than perceived interpersonal commonalities which invoke prejudiced behaviour. Therefore, in-groups are not necessarily either homogenous or based upon consensus.

The practice context was characterised by a plethora of groupings, some lingering on from the old structures and others emerging in response to new alliances. Consciousness of individual and collective identity was realised through efforts to make sense of new and sometimes difficult situations. Turner (1982) refers to increased awareness of group membership as the 'switching on' of personal identity. Membership of CAF planning afforded practitioners from a range of backgrounds a sense of belonging and a clear rationale in an environment of change. Although heterogeneous in their disciplinary areas and levels of education, disparate practitioners were united through their membership. Reciprocal relationships existed among members and a distinct group or team identity was apparent which reduced the perception of difference between individuals (Mitchell et al, 2010). Positive identification with the group increased personal satisfaction and status and was advantageous to individuals in that it provided a means of achieving objectives which would have been unobtainable in isolation.

A core tenet of the Social Identity Approach (SIA) is that individuals who identify strongly with their in-group are less willing to engage in collaborative activity with individuals from other groups, particularly if they are perceived as having lower status (Haslam, 2004). Strong identification with a discipline specific team was a source of resistance to working with others among PQPs recently relocated into a MPT. Separation from distinct occupational groups has been shown to fragment individuals' sense of collective identity and lead to protectionism (Cohen, 2003). However, ECM policy drivers endorse the removal of traditional demarcations based upon specific knowledge and skills advocating that in the longer term professional partnerships are strengthened and practice enhanced.

While EPs were able to assert their collective power and authority and re-establish themselves as a distinct service, resistance proved futile for less powerful practitioner groups and assimilation within the MPT occurred over time through the breaking down of inter-group boundaries and the reconstruction of identities. Taylor (2004) proposed a period of 'unlearning' as being part of the transition process into a new professional role or identity. Following a phase of grieving the individual emerges and is more receptive to new ideas and practice. This trajectory was supported by practitioners' experiences across newly created and established MPTs.

The individual and collective experiences of interviewees were strongly influenced by the mediating variable of social context (Turner, 1999) a common identity being observed amongst practitioners who had a long history of practice and sense of belonging in the area. Interactions between these locally renowned practitioners and others transcended disciplinary groups and teams; familiarity facilitating the breaking

down of barriers across groups. Inter-group relations varied between locations according to the local history. Where MPTs had become embedded and staff turnover was low, a strong in-group identity was apparent. Acceptance of new alliances contributed to the erosion of professional boundaries and the emergence of more flexible practice. While individuals remained clear as to their remit and responsibilities to employers, a shared collective identity enabled *boundary crossing* (Warmington et al, 2004), leading to negotiation of traditional practices and the creation of alternative or new hybrid forms of professional practice which were more responsive to service users' needs.

The importance of building and maintaining trust to successful professional relationships has been highlighted by Pullon (2008). Lewicki and Wiethoff's (2000) concept of identification based trust can be seen to underpin the common identity of practitioners within established MPTs, occurring where values and ideas are shared to the extent that a clear understanding of one another's aims and objectives exists. Practitioners were able to apply their skills and specialisms more flexibly, increasing their competence and role satisfaction. Interviewees' accounts evidenced increased efficacy in initiating and engaging in forms of co-configuration work. In-group identity was reinforced through comparison with other MPTs which highlighted their success. The research identified that where practitioners were confident in their individual and collective identity there was greater willingness to share knowledge and expertise across role and agency boundaries which benefitted service users. At locations within the county where MPTs were in their infancy, the co-construction of new forms of practice with other practitioners and service users remained a vision rather than a reality, due to the absence of trust, shared values and objectives.

Comparisons made by practitioners served to positively reinforce the self esteem and status of their in-group. The greatest distinction in terms of 'us' and 'them' could be seen in interviewees' references to practitioners from social services. It was apparent from interviewees' attitudes and accounts that social services' practitioners were noticeable by their absence from the multi-agency forums of the CAF. Their lack of involvement created bad feeling among other groups and a suspicion that they considered themselves too important to undertake the work. Moreover, there was concern in that many of the cases coming to multi-agency forums were construed as being beyond the early intervention remit and in the domain of social services. Perceived status inequalities were compounded as when social workers did get involved they were assertive, often assuming the lead role at multi-agency meetings and determining approaches to, and relationships with service users. Ameliorating factors to inter-group tensions included practitioners' recognition of social workers high case loads, the usefulness of social services statutory powers in progressing joint

working, and social workers' valuable experience of leading on plans for children. Conciliatory behaviour between frequently interacting groups was discernible in practitioners' accounts. Recognition of other groups' workloads and adverse circumstances led to temporary adjustments in practitioners' expectations of individuals and services.

Intergroup categorisation is based upon competitive as opposed to collaborative behaviours and could therefore be expected to prove divisive in multi-agency contexts. It is important to emphasise that practitioners are individuals and that individuals can and do respond in different ways. The SIA postulates that self categorisation occurs along a continuum ranging from personal identity to social identity, based upon an individuals' self concept. At the social identity end of the continuum, behaviour between individuals is determined by the groups to which they belong, whereas at the personal identity end, behaviour is determined by individual characteristics. Within the data both personal and group identities were visible. I had anticipated that the policy emphasis on interprofessional working advanced by the *Children Act* (2004) would have resulted in practitioners seeing themselves more in terms of group based identities as opposed to personal identities. This was substantiated to some degree by interviewees' use of 'we' to represent their occupational group, team, or multiprofessional team depicting multiple social or group identities.

Despite inter-group relations being subjected to pressures by contextual change, a recurring theme emerging from the data was the extension and improvement of relationships across practitioner groups. Multi-agency working increased opportunities for boundary crossing which cemented new alliances and developed cross agency group identities. Practitioners' membership of multiple groups within the practice context, (e.g. role, disciplinary background, MPT and CAF planning) increased their understanding of other disciplines contribution, reducing the risk of conflict and instigating creative responses to problem solving.

5.4.2 Utilisation of Multi-Agency Tools – Engagement and Empowerment

Practitioners' willingness to engage with the CAF was affected by a number of variables; their past history of multi-agency working, the social context, role identity and the aims and objectives they pursued. Participation in the CAF process could in turn be seen to influence practitioners' attitudes and behaviours, in some cases introducing new knowledge and ways of working which supported role advancement.

Feelings of professional vulnerability and management demands for accountability increased practitioners' willingness to work collaboratively. Practitioners reported feeling less isolated as a result of engagement with the CAF process. CAF referral secured specialist assessment and provided practitioners with a sense of safety in

numbers in a climate of public scrutiny and accountability. Multi-agency work was also considered 'empowering' for it enabled practitioners to escape some of the constraints of regulation and procedures which dominated their practice within their own organisation.

A common deterrent cited to CAF initiation which varied across agencies and roles was the length of the form and the constraints imposed by its structure and format. Subject specific referral processes and assessments were prioritised over the CAF by PQPs due to its incompatibility with their own agencies paperwork requirements. Although in direct contact with children and therefore most likely to detect need, practitioners from education were uncomfortable initiating CAFs due to its 'intrusive' nature. The exploration of circumstances and personal issues was considered by some of the interviewees to be beyond their remit and the responsibility of social services.

The avoidance of administrative and organisational tasks integral to the CAF by PQPs, accords with Nancarrow and Borthwick's (2005) findings in healthcare where those with more status were inclined to delegate 'dirty work'. However, the research offers an alternative interpretation in the context of organisational change. Instead of being put upon to undertake the dirty work, VQPs were innovative in assuming roles central to the CAF's operation. Organisational change presents achievement opportunities for performance orientated individuals and the CAF provided a means via which VQPs could achieve upward social mobility thereby improving their prospects and status. Acquisition of new areas of work and skills extended the boundaries of their practice and enabled them to become members of higher status groups e.g. CAF planning. VQPs' increased engagement with children and families via the CAF is interpreted here as a form of *social creativity* (Tajfel and Turner, 1979), whereby conventional values, expectations or activities are assumed by new groups for their own advancement.

Although instrumental to the advancement of some individuals, the CAF process also fostered a supportive climate for collaboration. CAF working increased practitioners' awareness of the services available to young people and developed links with other practitioners which otherwise would not have occurred. Within the TAC particularly a cohesive approach was apparent amongst practitioners which reduced opportunities for 'splitting' where misunderstandings were perpetuated by families working in isolation with practitioners from different agencies. It was evident from the interviews that where practitioners actively engaged with the CAF process cultural change was accelerated and practice became more flexible and innovative. There was realisation that by working in conjunction with practitioners from other agencies more could be achieved for service users than by working in isolation. However, while practice was increasingly focused on the perceived needs of service users, the role of the service

user remained one of beneficiary rather than an active participant in the creation and choice of services. In line with earlier assertions the CAF process, while contributing to joined up working across practitioner groups, marginalised service users inhibiting progress towards the co-configuration of services.

5.4.3 Change and Learning

From an activity theory perspective, working together was the principle object of practitioners' activity; however, learning occurred as a by product (Eraut, 2007). Change and potential conflict trigger self reflection causing individuals and groups to review their activity which can lead to learning and the development of new and innovative practices (De Dreu and Weingat, 2003).

In common with the findings of Abbot et al (2005) many of the interviewees reported their roles to be more rewarding and fulfilling as a direct consequence of working with practitioners from other agencies and services. Multi-agency working supported insight into and understanding of other practitioners' roles and working fields. As well as furthering understanding of different disciplinary approaches and perspectives, CAF working promoted greater self understanding by providing opportunities for critical reflection. Many interviewees had begun to question the accepted ways of doing things and to develop or co-develop alternative more efficient working practices.

Through multi-agency working practitioners' awareness of their own abilities and areas for development were made more apparent aiding clarity and confidence within roles. Clark (2009) refers to Mezirow et al's (1990) use of the term 'perspective transformation' which is pertinent to practitioners' learning experiences in the context of the CAF as it captures the process by which an individual becomes aware of their own frames of reference. Participation in the multi-agency forums of the CAF afforded practitioners individual and collective learning opportunities in terms of sharing and articulating understandings across disciplinary groups, and the utilisation of previous collaborative experiences to inform current cases (Schon, 1987). Re-thinking of traditional approaches through a process of on-going learning raised expectations of what could be achieved collaboratively and most participants considered that outcomes for children were gradually improving as a consequence. However, interviewees' accounts illustrated that learning about each other, realising and being able to utilise the differences within a team to best effect required a long process of development. The building of strong liaisons between practitioners from different disciplinary backgrounds and specialisms was recognised as integral to successful collaborative working.

Vygotsky's (1978) zone of proximal development (ZPD) is applied to support conceptualisation of both individual and collective practitioner learning resulting from

participation in multi-agency working. The ZPD represents the difference between what a learner can do without help and what he or she can do with help. Of particular relevance is the emphasis placed by Vygotsky on the role of social interaction in stimulating learning and the potential for improved outcomes resulting from collaborative activity, *'higher mental functions arise from collective social forms of behaviour'* (1998, p.168).

Building upon Vygotsky's work, subsequent socio-cultural theorists (Bruner, 1978) introduced the idea of scaffolding where a more able teacher or peer supports the learner until they gradually develop the ability to do certain tasks without help or assistance. Several interviewees described such scenarios in practice, for example, observing more able colleagues undertake tasks and roles, e.g. chairing a meeting or being lead professional before performing them independently. Talking through or the deliberating of cases with colleagues was also identified as a valuable collaborative experiential learning activity. Within the county certain charismatic individuals had adopted or been appointed to pioneering multi-agency operational roles, encouraging others through their own enthusiasm and example to engage with the CAF and innovate in their practice. As proponents of change these individuals (predominantly females) were effective in increasing participation in multi-agency forums, accelerating change and learning through the formation of new team identities and hotspots of multi-agency activity.

Participation in multi-agency forums and networks increased interviewees' expectations of what could be achieved for young people through working in conjunction with other practitioners and agencies. An expanded approach to practice exemplified by consideration of the whole child in the wider context, rather than concentrating on their area of expertise, was evident within many practitioners' accounts. PQPs spoke of outcomes which surpassed their expectations for service users and of being able to address the underlying causes of problems instead of matching services to symptoms. Retaining their specialist areas and expertise, more responsive practice was enabled by greater flexibility in the interpretation and negotiation of practitioner roles.

Interviewees recognised that changes in ways of working instigated by the *Children Act* (2004) presented opportunities to take on new learning and perspectives and acquire new skills. Most responded to this positively, acknowledging other practitioners' and groups' expertise and demonstrating a willingness to learn with, from and about them (Freeth et al, 2005). Schein's (1995, p.60) observation that *'All forms of learning and change start with some form of dissatisfaction'* helps explains the significant difference within the data between level of motivation for change and occupational status. PQPs expressed greater anxiety in respect to new team formations and ways of working and

were initially less motivated to make attitude and practice changes which challenged their autonomy and traditional status. However, after overcoming the uncertainty associated with change, PQPs' learning orientation supported their adaptation. In contrast, VQPs were more responsive to change as they benefitted from increased status through involvement in CAF working. Yet they demonstrated lower levels of learning as a result of their performance orientation which led them to focus on being viewed positively in relation to others, based on their current ability as opposed to their potential ability.

Figure 5.3 illustrates practitioners' learning journey from independent practice towards new, flexible and expanded forms of practice. Extrapolating from the individual practitioner to the collective, collaborative working in the context of children and young people can be seen to drive and provide support (scaffold) for the creation of innovative and adaptive services.

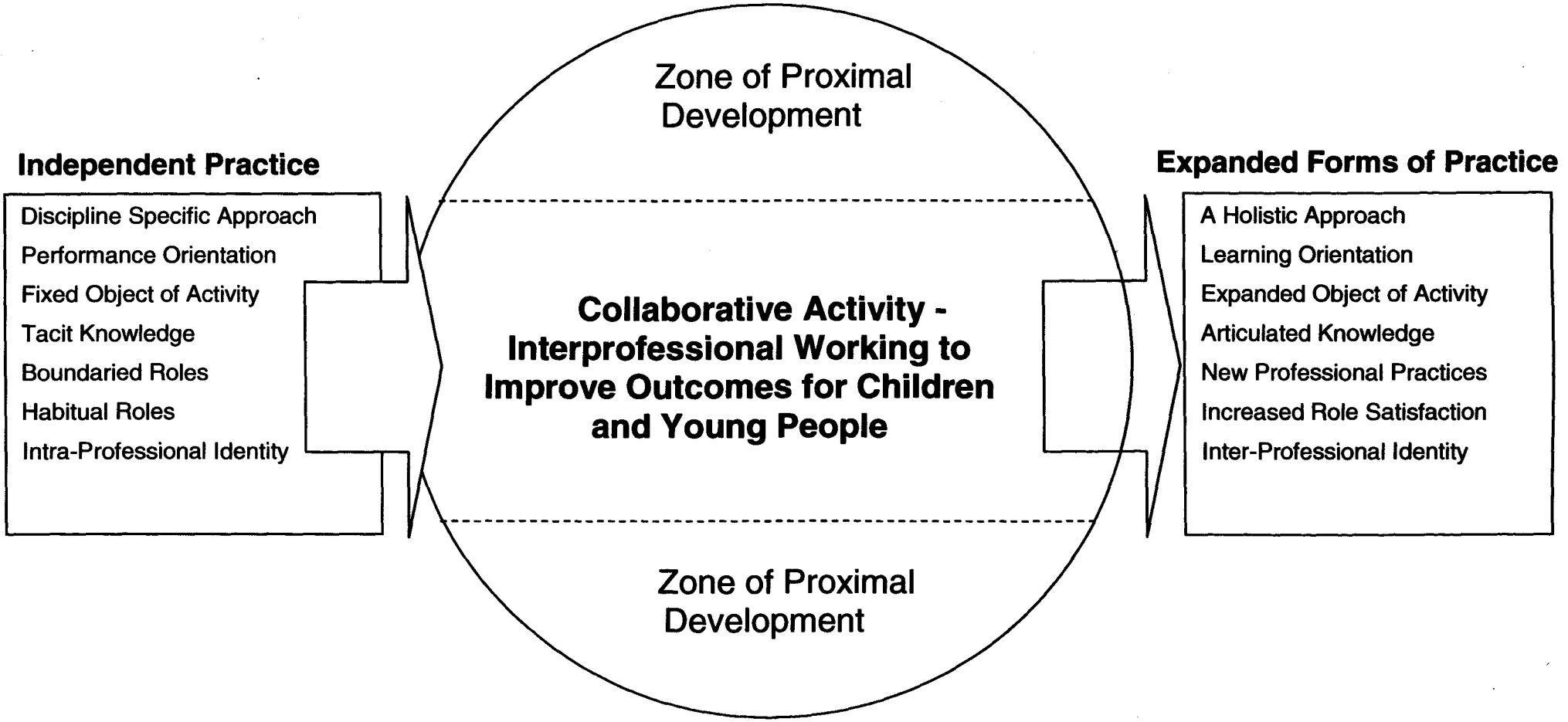

Figure 5.3 The Learning Journey from Independent to Expanded Forms of Practice

Status inequalities between individuals and practitioner groups may be expected to present an obstacle to learning across disciplinary and role boundaries. Vygotsky (1978) however, portrayed the relationship between the learner and their teacher as complex, lacking in reciprocity and characterised by dependency and interdependency. In light of this the diversity and inequality encompassed within the multi-agency context so often presented as a barrier, could be construed as providing stimulus for learning from each other.

Engagement with the multi-agency forums of the CAF initiated new relationships and types of interaction between practitioners and services which transgressed role and organisational boundaries driving change (e.g. knotworking, Engeström, 1999). Interviewees' accounts of interpreting and responding in enriched ways mirrored Engeström's (2001) concept of expansive learning and evidenced progression towards co-configuration work. Operational managers saw multi-agency working as instrumental to the enhancement and expansion of individual and collective competencies and skills.

5.5 Conclusion

The effects of different policy drivers upon practice and partnership have been examined within this chapter. The language of partnership has been shown to contrast with practitioners' experience of competition. Discussion of the research findings has highlighted the potential to for partnership to be distorted by pursuit of targets and agencies' statutory obligations. However, also highlighted was the development of innovative, flexible practice and new networks of activity to bridge perceived gaps in services and overcome resource issues.

This chapter has examined how collaborative working served to increase understanding of roles, approaches and identity facilitating improved communication across individuals and groups. Working together provided a scaffold for learning, characterised by the transition from independent to expanded forms of practice illustrated in Figure 5.3. Practitioners with a history of successful collaboration increasingly questioned the conventional or accepted ways of doing things; however, although responsive, when flexible practice was evident it was focused upon the attainment of role specific and agency targets rather than meeting the changing needs of the child.

Co-configuration demands active participation from service users and service providers alike; however, practitioners' willingness and ability to empower families is called into question by the findings of this research. While relationships between individual practitioners and practitioner groups were considered to have become more egalitarian, relationships between practitioners and service users remained

underdeveloped and based upon the traditional values of expert and patient. Co-configuration, characterised by ongoing relationships, dialogue and active involvement from service users and service providers was articulated as a desirable concept, however, an 'inner resistance' was apparent amongst practitioners.

Utilising the theoretical framework of CHAT this chapter has identified the competing pressures within practice and the need for greater transparency between service users and practitioners. These and other key areas are taken forward to inform the conclusions and recommendations drawn from the research.

Chapter 6 Conclusions and Observations

6.1 Aims of the Chapter

This section distils the key research findings and makes recommendations for future policy and practice in multi-agency contexts. It begins by reviewing the research objectives and evaluating the role of the methodological approach and theoretical framework to the unique contribution of the research. The key research findings are then presented and proposals made to inform future service provision.

6.2 Research Objectives: Summary of Findings and Conclusions

The research was guided by the following objectives:

1. To explore practitioner understandings of their role in a newly emerging context, in education, health and social care and the potential effect on professional identity and practice.

2. To capture interprofessional perspectives. How do education/health/social care practitioners perceive the roles, practice and responsibilities of other professional groups? Do tensions/alliances exist between practitioner groups and if so what influence do these have on interprofessional practice?

3. Building upon objectives 1 and 2, to investigate individual (practitioner), collective (professional group), and interprofessional (interdependent) cultures in the context of multi-agency practice to improve outcomes for young people.

The combined focus of the objectives was to advance understanding of partnership in multi-agency children's service settings through investigation of practitioners' experiences of working together. The application of an IPA methodology coupled with the theoretical framework of CHAT to explore meanings of multi-agency work at the level of the individual and group makes a unique contribution to the extant literature.

The aim of research is to obtain valid generalisations which can be applied universally. Although the objectives guiding this study were of an exploratory nature the insights gained into practice have real world applicability, holding resonance for a range of multi-agency contexts. The research addresses identified weaknesses in the published literature in that it moves beyond description of practice in multi-agency teams to conceptualisation of interdependent practice and learning. That the interviews with practitioners were not supported by practice observations may be cited as a limitation; however, the primary focus of the research was to understand the experience of working collaboratively from the perspective of those involved. Therefore a qualitative IPA methodology was applied which has enabled detailed sharing of first hand experiences of practice.

The key research findings follow:

6.3 Practitioner Ambiguity and Uncertainty

Intended to protect and promote the welfare of children through preventative measures and early intervention programmes, guidance and initiatives relating to multi-agency working have swamped the working environment. Reforms have proliferated, often in response to shortfalls identified by inquiries or SCRs following child tragedies. The research findings concur with Munro's (2010) assertion that although well intentioned, the cumulative effect of unanticipated interaction between multiple policy drivers has led to a degree of abstraction at practice level concerning aims and objectives which has served to impede rather than assure practice.

Subjected to paradoxical messages practitioners experienced confusion around aims and roles, uncertainty being apparent as to whether multi-agency working entailed greater specialisation or generalisation. Many of the challenges faced by practitioners are caused by a lack of transparency concerning the relationship between supposedly allied policy drivers.

ECM policy requires that individuals and services work together, however, the form and level of that collaboration have taken time to specify (Leadbetter et al, 2007). Considerable effort and energy had been expended within the county studied trialling various virtual and structural configurations before the drive for integrated services and collaboration at strategic level became explicit. Joined up working in children's services has been characterised by a top-down approach, insufficient communication with front line staff adding to feelings of powerlessness and uncertainty.

At operational level CAF working prioritised decision making via multi-agency panels, however, membership and participation were largely based on goodwill; there existing no sanctions for non-compliance. While CAF working was core business for some practitioners, it remained peripheral for others. Reliant on the altruistic activity of individuals; some of whom although well meaning were not best placed to access the specialist interventions required, CAF working lacked leadership and management. This semi-formalised process equates with a concept of collaboration described by Horwath and Morrison (2007) as *co-ordination*, where outcomes are variable as they depend upon individuals' commitment. If practitioners are to work together more closely the research recommends that joint working arrangements around the CAF are formalised so that it becomes embedded in service delivery. Through integration of CAF working into practitioners' role specifications higher levels of engagement will be achieved at local level.

Established and newly created cross service alliances have been destabilised by ongoing change and an emphasis on competitive values. Disbanding of networks relating to former structures undermined practitioners' identity and many felt vulnerable re-establishing themselves in multi-agency contexts. Membership of multi-agency teams lacked continuity due to the funding of roles via short term incentives and initiatives. Practitioners' experiences were of roles being replaced, relocated or redefined. High turnover in agency representatives affected morale and personal commitment; trusting, mutually beneficial relationships taking time to establish. Building upon the findings of Hall (2005); the research points to uncertainty and anxiety around roles and objectives as detrimental to partnership working. Although practitioners were in agreement with the ECM rationale, ongoing change undermined co-operative relationships affecting confidence, causing practitioners to lack authority and be reactive rather than proactive in their practice.

Structural reorganisation initiated by the *Children Act* (2004) has taken time to trickle down to specialist teams. Due to infrastructure and resource issues the move to co-located, integrated teams has only occurred recently within many local authorities. Transition to integrated teams initiates a period of uncertainty characterised by feelings of professional isolation and resistance to joint working. The research identified a trajectory of experience from independent to interdependent practice which generated greater understanding of roles and services, providing stimulus to work collaboratively and supporting the development of cross agency group identities. To support front line practitioners' understanding of the immediate and longer term implications of change, it is recommended that this trajectory of experience is acknowledged within policy and by managers at local level.

The top-down, fragmented and contradictory messages from policy have proven difficult to translate into practice, prolonging practitioner uncertainty around thresholds, roles and identity. The complexity of the change process involved in the drive towards integrated services is caused by the dichotomy in the dual motivations of policy; which aim to create co-configured services (Victor and Boynton, 1998) while also increasing control over the workforce.

6.4 Stakeholder Competition and Collaboration

This thesis acknowledges the potential of CAF as a catalyst for change but argues that competing and often contradictory messages from policy may have distorted partnership working from being an inclusive and empowering process to one driven by targets.

Based upon the premise of customer focused services, ECM policy has emphasised improved outcomes attained via integrated services. Competition has been encouraged

amongst stakeholders (Avis, 2009b) and a culture of performativity generated. The research asserts that the dominant policy discourse of outcomes has the potential to distort multi-agency practice through marginalisation of the processes which are integral to collaboration.

Lord Laming's comments on the reforms made since the *Children Act* (2004) are symptomatic of the evidence based; outcomes led approach promulgated by government

> *In children's services the focus is not about creating relationships, or having a good relationship with your client it is about producing a good outcome for the child* (Hobbs et al, 2006, p.60).

Urged to work in partnership, practitioners were divided by targets, statutory guidelines and thresholds of concern. Alignment against specific ECM outcomes has been undertaken to increase accountability, however, single service, as opposed to integrated targets were found to segregate practitioners. Management by objectives has detracted from a holistic approach to the service user. The research highlighted a competitive tension between PQPs and VQPs, instigated through uncertainty around boundaries and associated deskilling anxieties.

Utilising the language of collaboration, government policy has sought to motivate individuals and agencies through economic rewards and penalties (Stepney and Callwood, 2006). The terminology employed within the county was of integrated teams, however, the reality was of co-located practitioners pursuing distinct service related objectives - integrated services being characterised by shared targets (Frost, 2005). As Horwath and Morrison caution, *'Too often the establishment of collaborative structure and systems are mistaken for the realization of collaborative activity'* (2007, p.66).

Government guidance has incentivised partnership but also compelled services and practitioners to work together. Diverse motivations for collaboration complicated CAF working, limiting the outcomes which could be achieved for service users. That successful partnerships depend upon the potential gains from collaboration exceeding time and other costs involved is emphasised within the extant literature (Freeman et al, 2002; Huxham and Vangen, 2005). This research however, asserts that collaborative advantage has distorted partnership working in the context of the CAF; role and agency goals being prioritised over service users' needs. An instrumental approach to partnership prevailed, which accommodated practitioner and agency interests. Commitment to a common purpose was impeded by a preoccupation with targets and statutory obligations; the shared vision of a holistic approach to the child existing at too high a level of abstraction to unite stakeholders. The research recommends that the Government implement a review of the targets which drive agencies' and services'

activity with a view to increasing integrated rather than distributed goals. Promotion of shared targets would reduce the distortion of partnership highlighted by the research and support activity focused upon improving outcomes for service users. In addition pooled budgets for multi-agency working are proposed to reduce the competition for resource which was evident amongst service providers.

Inherent tensions within the CAF have been made apparent by the research. Imposed upon practitioners, ostensibly to improve multi-agency working and secure better outcomes for children and young people, the CAF is also a tool of new managerialism in that activity is orientated around achievement of management targets and efficiencies made through alliance. Commodification of professional roles has been facilitated by reconfiguring practitioners and services (integrated teams and multi-agency panels), and changing the traditional ethos of the caring professions.

6.5 Service Provider Resistance to the Extension of Traditional Partnerships

The research established that physical barriers and issues of status remain a challenge to collaborative working. Lack of coterminous boundaries of practice amongst service providers fragmented a holistic response to many cases. The local context and history of networking (Engeström, 2001; Prenkert, 2006), were significant factors determining interactions around CAF activity; health and social care working together well as a result of having an established relationship, whereas voluntary services as relatively new partners were marginalised. A unique contribution made by the research concerned practitioners' expectations for service users being constrained through their inability or reluctance to access certain types of resource. Resistance to the extension of traditional relationships, service boundaries, and new ways of working, impeded the range and quality of services offered to children and young people. Policy has emphasised the collective creation of flexible and responsive services, yet it has also subjected practitioners to double binds (Bateson, 2000), through the burgeoning of management control over practice.

A diverse body, the children's workforce incorporates professionally and VQPs from a range of disciplinary backgrounds. As a common tool the CAF was designed for use by VQPs and PQPs alike. However, the research identified that the practice orientation of the individual initiating the CAF (who invariably became the lead professional) influenced interpretation of the service user's needs. The research highlighted how many VQP lacked confidence to work in partnership with PQP or to challenge their opinions. While the findings signify support for previous literature in that inequality continues to adversely affect collaborative relationships (Fournier, 2000; Nancarrow and Borthwick, 2005); a new dimension was raised – the capacity of VQPs to

contribute effectively. Training and workforce issues pose an ongoing challenge to practice in multi-agency contexts; incongruence between the skills and qualifications of the children's workforce and the new services and practices being demonstrated by Oliver (2008). This research asserts that policy makers have under estimated the skills and expertise, behaviours and learning necessary to transcend traditional notions of the team. To tackle complex issues multi-agency partnerships need to comprise of empowered and appropriately qualified practitioners, with the skills and capacity to identify and tap into distributed expertise in the best interests of the child.

6.6 Relationships, Learning and Innovative Activity

On-going relationships across practitioner groups and with service users supported information sharing and improved outcomes. Reinforcing Payne's findings (2006) the research established that participation in multi-agency settings was impeded by issues of accountability as practitioners felt vulnerable relinquishing individual control over decision making.

The dual responsibilities of working in partnership with families and making risk assessments led to conflicts of values and rights. Detailed investigation of the contradictory imperatives inherent within some practitioners' roles was beyond the remit of this research but is identified as an area with potential for further exploration.

The research found that as a multi-agency tool the CAF was instrumental to the negotiation of roles and identities amongst practitioners. Inter-group tensions were ameliorated and more responsive practice and shared ownership enabled at certain localities (CAF hotspots) where relationships were honest and open.

In comparison to traditional referral routes practitioners articulated improved outcomes for service users when goals were shared; but also that multi-agency working was more time consuming. Greater recognition is required of the importance of good relationships in encouraging the sharing of expertise and enabling boundary crossing. Effective partnership working begins within services with good communication between managers and front line practitioners. Flexible and agile practice was found to be facilitated by the development of local relationships across practitioner groups and agencies. To respond to service users' often complex needs, practitioners require greater autonomy to work together and engage with distributed expertise. Improved interactions across stakeholders enabled better outcomes for service users. Once again the research recommends that individual and collective practitioner relationships would be furthered via joint goals, which encourage collaboration as opposed to competition and support a holistic approach to the child.

The research found that opportunities to learn with and from others were increased through participation in established multi-agency contexts; developing individual and collective skills and facilitating information sharing and joint decision making about how best to meet a child's needs. Effective multi-agency working made explicit the different knowledge bases and skills of stakeholders enabling others to tap into resource. Learning about one's own profession and others' contributed to a clearer understanding of service users and their needs.

The importance of rule bending or risk taking to learning and change is highlighted by the research, as in contrast to other studies (e.g. Hudson, 2010), innovative activity was found to occur as a result of the contradictory and complex practice environment rather than in spite of it. Innovative activity in the form of boundary crossing (Engeström, 2000; Warmington et al, 2004) and knotworking (Engeström, 1999) transpired as practitioners sought to overcome obstacles to service provision or circumvent time consuming referral routes. However, this type of activity was confined to a handful of locally renowned collaborative entrepreneurs working within CAF hotspots. These experienced practitioners were confident within their role identity, utilising their multiple networks to apply a pragmatic approach to problem solving. In contrast, collaborative practice development was limited amongst practitioners concerned with gaining favourable judgements of their competence through adherence to rules. Moving beyond issues of communication and language as barriers to collaborative working, the research established how differential interpretation and understanding of issues directed practitioners' activity.

Within policy there has been a propensity to focus on learning in the context of learning from mistakes; from the findings and recommendations of SCRs and public inquiries. In an attempt to advance understanding of learning in collaborative practice contexts the research conceptualised practitioners' journey from independent to expanded forms of practice utilising Vygotsky's ZPD. Experiential learning was found to encourage the development of new forms of practice, yet it remains largely unacknowledged by policy makers and managers as a legitimate and valuable form of learning. Re-appraisal of the top-down approach to learning and recognition of the pivotal role learning plays in expanding practice in collaborative contexts is required. Increasing practitioner access to research, opportunities for experiential learning and reflective practice is recommended to promote and support further forms of expanded practice.

The acquisition of collaborative skills in the practice context prompts consideration of the relationship between IPE and IPP. Prevalent in higher education contexts IPE prepares predominantly PQPs for the collaborative workplace (Clark, 2011). IPE like IPP has been promoted in policy to address issues of service quality by improving

interaction and decision making amongst practitioners. However, like the CAF, IPE has become established within some settings (clinical health) while receiving less attention in others (education) (SCR 'Child A' section 5.10 DfE, 2010). Within health contexts there is now *'sufficient evidence to indicate that effective interprofessional education enables effective collaborative practice'* (WHO, 2010, p7). However, the co-creation of new adaptive forms of practice continues to be hampered by the lack of comprehensive IPE provision for all practitioners working in multi-agency contexts. To support the development of *'collaborative'* competences (Barr, 2002) and bridge the gap between the education and practice worlds, it is recommended that in addition to comprising an element of all prequalification courses, IPE is officially recognised as an important component of professional development and ongoing opportunities are afforded PQPs and VQPs to engage.

The research has demonstrated that practitioner learning underpins good practice and is integral to improving outcomes for and with service users; however, practice developments were found to be confined to specific contexts and reliant upon individuals' goodwill. It is therefore proposed that at national level cross disciplinary competences and skills for multi-agency working are identified and used to inform a UK recognised programme of continuous professional development for practitioners working in multi-agency settings.

6.7 Conclusion

This chapter has summarised the key research findings and made recommendations to inform future practice and policy.

The effects of cumulative policy drivers on practice have been considered in terms of a dichotomy which exists in the dual motivations of policy which aim to create co-configured services whilst also increasing control over the workforce. The implications of increased management influence over practice are discussed and it is argued that in order to practice in a responsive, flexible way practitioners require greater autonomy. The capacity of practitioners to deliver services for children and young people within existing structures is called into question and it is suggested that policy makers have under estimated the skills required to work across role, agency and organisational boundaries. A key recommendation which is reiterated within the chapter is that practitioners and agencies ability to work in partnership would be increased through shared or integrated goals.

In contrast to much of the extant literature a research conclusion was that innovative activity occurred due to the complex practice environment rather than despite it. Although limited, evidence was cited of practitioners working in new ways to address service users' needs.

The research, its findings and the recommendations attest to the great potential of collaborative working in improving outcomes for service users in general and children and young people specifically. However the research also articulates the challenges of working together within complex and ever changing practice and policy contexts.

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Appendix 1

University of Chichester

June 2009

Participant Information Sheet

Study title: Practitioners' Accounts of Collaborative Working

I would like to invite you to take part in a research study. Before you decide to participate you need to understand why the research is being undertaken and what it would involve for you. Please take time to read the following information carefully.

What is the purpose of the study?

The study is concerned with your experiences as a practitioner working in a multi-agency context. I am trying to gain a picture of what is like to work interprofessionally, what is going well, and where the difficulties are. The study forms the basis of my PhD research which investigates practitioner cultures and identity and is due to be submitted in April 2011.

Why have I been invited?

Practitioners from education (psychology and welfare), social care and health are to be interviewed. The criteria outlined for inclusion in the study are as follows:

- To have qualified and practiced for a subsequent period exceeding two years (or part time equivalent)
- To have an ongoing role within a multi-agency team focused on improving outcomes for children and young people.

You have been invited to take part in the research as your experience and role match the requirements presented above.

Do I have to take part?

Participation in the study is entirely voluntary and incurs no more than minimal risk (i.e., the level of risk encountered in daily life). It is up to you to decide whether you wish to take part. If you do decide to participate I will ask you to sign a consent form to show you have agreed to take part. You are free to withdraw at any time, without prejudice and without giving a reason.

What will happen to me if I take part?

If you do decide to take part in the study it will involve a one off interview which I anticipate will last for approximately an hour. The interview will take place at either your place of work or at the university, at a time to suit you. The interview will be recorded and later transcribed.

Expenses and payments

Unfortunately there is no payment for participation in the research and it is not possible to reimburse any expenses incurred (travel etc).

What will I have to do?

The interview schedule is enclosed for your information; it is designed as a guide for you and myself and is not intended to be prescriptive. We won't follow the schedule exactly, the questions will serve as main themes for our discussion and I hope to explore more deeply any interesting points that come up and your experiences of these

situations. At the end of the interview there will be time for you to raise any questions or points which you feel have not been covered.

University of Chichester

What are the possible benefits of taking part?

Potential benefits to participants in the study include the opportunity to reflect upon their professional practice in a confidential environment.

What are the possible disadvantages and risks of taking part?

Participation in the study is entirely voluntary and incurs no more than minimal risk (i.e., the level of risk encountered in daily life).

Will my taking part in the study be kept confidential?

Information that comes out of the interview will be confidential. There is to be no discussion of patient case studies, however, should information be disclosed which may or could be viewed as compromising the safety of service users, this information would be reported to the appropriate authority.

Should any of the information provided in the course of the interview be used in a paper, presentation or thesis it will be reported anonymously e.g. names, places and titles etc would be changed.

This research has been given research governance framework approval by West Sussex County Council. It has also has been reviewed and given favourable opinion by Brighton West Research Ethics Committee.

If you have any questions please do not hesitate to contact me.

Best wishes

Fiona Collins
Doctoral Researcher
Centre for Inclusion and Well Being
University of Chichester
Bishop Otter Campus
Email F.Collins@chi.ac.uk
Tel 01242 816244

Appendix 2

University of Chichester

April 2009

Consent Form (version 2)

Title of Project: Practitioners' Accounts of Collaborative Working

Name of Researcher: Fiona Collins

1. I confirm that I have read and understand the Participant Information Sheet dated April 2009 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without prejudice and without giving any reason. ☐

3. I understand that my responses will be treated as confidential. However, in the highly unlikely event that during the interview information which may or could be viewed as compromising the safety of service users is disclosed, I understand that the researcher would have a duty to report that information to the appropriate authority. ☐

4. I understand that should any of the information provided in the course of the interview be used in a paper, presentation or thesis by the researcher, it will be reported anonymously e.g. names, places and titles etc would be changed. ☐

5. I understand that the information provided by me will be stored securely; the information will be retained for up to 5 years following which time it will be deleted/destroyed. I understand that I can ask for the information I provide to be deleted/destroyed at any time and I can have access to the information at any time. ☐

6. I understand that if I have further questions about this study or my rights, or if I wish to lodge a complaint or concern, I may contact the researcher, Fiona Collins (email F.Collins@chi.ac.uk or Tel 01243 816244) or Dr Janet McCray, the researcher's PhD supervisor (email J.McCray@chi.ac.uk or Tel 01243 816289). ☐

I agree to take part in the above study conducted by Fiona Collins, Centre for Inclusion and Well Being, University of Chichester with the supervision of Dr Janet McCray.

Name of person taking consent	Date	Signature

Appendix 3

University of Chichester

Interview Guide

The following questions will serve as starting points for our discussion:

1. Can you tell me about your role?

2. How would you describe yourself as a practitioner?

3. Can you tell me about the part of your role that involves working within a multi-agency team?

4. What 3 words best describe your experience of working within the team?

5. Can you tell me about your working relationships with other groups of professionals within the team?

6. Have you ever been tasked with an activity by the team which you considered beyond your remit or outside your area of specialisation?

7. Have there been any changes in your ways of working in the last 5 years?

8. What do you think are the key drivers around service provision for children and young people?

9. What sort of things might happen in your typical working week?

10. Can you tell me about your best personal experience of working collaboratively?

11. Can you tell me about your worst personal experience of working collaboratively?

12. Can you tell me about what you expect to be doing in a year's time?

13. Is there anything else you would like to tell me which I haven't asked you about?

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