

Social work practitioners' perceptions of interprofessional collaboration influences in safeguarding children and young people

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Abstract

Research, child death enquiries and serious case reviews (SCR) routinely identify the recurring failures of interprofessional collaboration in the safeguarding of children and young people. The key consideration, notwithstanding the existing knowledge and understanding and the progress made in safeguarding children, is that it is not always clear what influences the success or failure of a collaborative approach. Whilst the need for systemic understanding of collaboration is acknowledged, there is still a lack of conceptual clarity about what constitutes successful collaboration and why it appears so difficult to achieve. Because of the diverse composition of those involved in the collaboration; ranging from children and young people, their parents or carers to different professionals, it is important to explore the diverse perspectives regarding what influences contribute to the success or failure of this approach. Given the social workers' lead role, in particular, their perceptions and insights into this process are critical to contributing, not only to practitioner knowledge, but also to effective collaboration as whole.

Key words: service user, collaboration, safeguarding, children and young people,

Introduction

One of the most enduring debates in the UK over the last few decades concerns how and why vulnerable children have continued to suffer neglect and abuse, in some cases with fatal consequences, despite the perceived big strides that have been made to safeguard them (McLaughlin, 2013; Munro and Hubbard, 2011). From the deaths of Dennis O'Neill in 1945, and Maria Colwell in 1973 all cases of child death or serious neglect or abuse, have attracted more or less similar criticism, concerning the failure of professionals to work together. Serious case reviews and child death

inquiries identify the key elements which may have contributed to the failures in an individual case. Arguing for a less vindictive but more supportive child protection approach, Featherstone, Morris and White (2013, p.14) advocated for a new paradigm shift and the need to, “emphasise families’ capabilities rather than their deficits and workers’ abilities to cheer on change and encourage hope”. However, relying only on the traditional systematic, step by step, identification and isolation of reasons for failure in individual cases without exploring their wider impact on collaboration and systemic relationships could be missing an important piece of the jigsaw about this approach. Citing the ubiquitous political ideological influences on current social welfare provision, Featherstone, Broadhurst and Holt (2012, p.629) questioned how professionals can think systematically as recommended by Munro (2011) without considering the impact of economic austerity cuts on the ability to keep children safe.

Research has investigated how professionals and service users work collaboratively when safeguarding vulnerable children, including system wide collaborative influences (Smith and Mogro-Wilson, 2007; Frost and Robinson, 2007); specific individual collaborative influences or subsystems such as information sharing (Theakstone-Owen, 2010); working with complexity, conflict and uncertainty (Darlington, Feeney and Rixon, 2004); relationships with involuntary service users, violence, emotions, emotional intelligence and other psycho-social issues (Littechild, 2005) and the place for professional values and interprofessional dialogue (Wilmot, 1995). Atkinson, Jones and Lamont, (2007) found evidence of agreement between most studies that key influences on multiagency collaboration are the working relationships, multi-agency processes, availability of resources and effective management and governance. However the systemic nature and interrelationship between these influences is not clear.

The study reported on here explored what social workers consider to be key influences to successful interprofessional collaboration when professionals and service users work together to safeguard children and young people, as well as the nature of the relationships between these influences. Practitioners’ perceptions are key to practitioner knowledge, which is the knowledge acquired from social workers’ practice, education and training, supervision, attending team meetings and case conferences and comparing notes (Pawson et al, 2003). Practice wisdom by lead

professionals is an integral part of social work knowledge and is therefore key to interprofessional collaboration in safeguarding children and young people (Mathews and Crawford, 2011). This is the knowledge that Trevithick, (2008) called practice knowledge while O'Sullivan, (2010) described it as experiential knowledge. The need to investigate such knowledge in order to contribute to improving collaborative working from the perceptions and insights of experienced practitioners was one of the key drivers to this study.

Methodology and Samples

The study drew from a systemic conceptual proposition that there is systemic relationship between the various influences that social workers consider to be key successful interprofessional collaboration in safeguarding children and young people (see Figure 1). A constructivist interpretive research design was adopted using semi-structured interviews with 16 social workers, who had case holding responsibilities for child protection, while 20 safeguarding meetings were directly observed using qualitative non-participant observation. The observation guide, adopted for the qualitative observations, was a hybrid combination of the multiagency health check survey toolkit (Huxham and Vangen, 2005) and Wilder Foundation collaboration influences inventory (Mattessich, Murray-Close and Monsey, 2001). The choice of the methodology was determined in order to see what the collaborative influences in safeguarding children are, and also to try and understand the nature of the relationships between these collaborative influences. The main objective for combining two qualitative methods was for the observation findings to complement and enrich the findings from the interview findings.

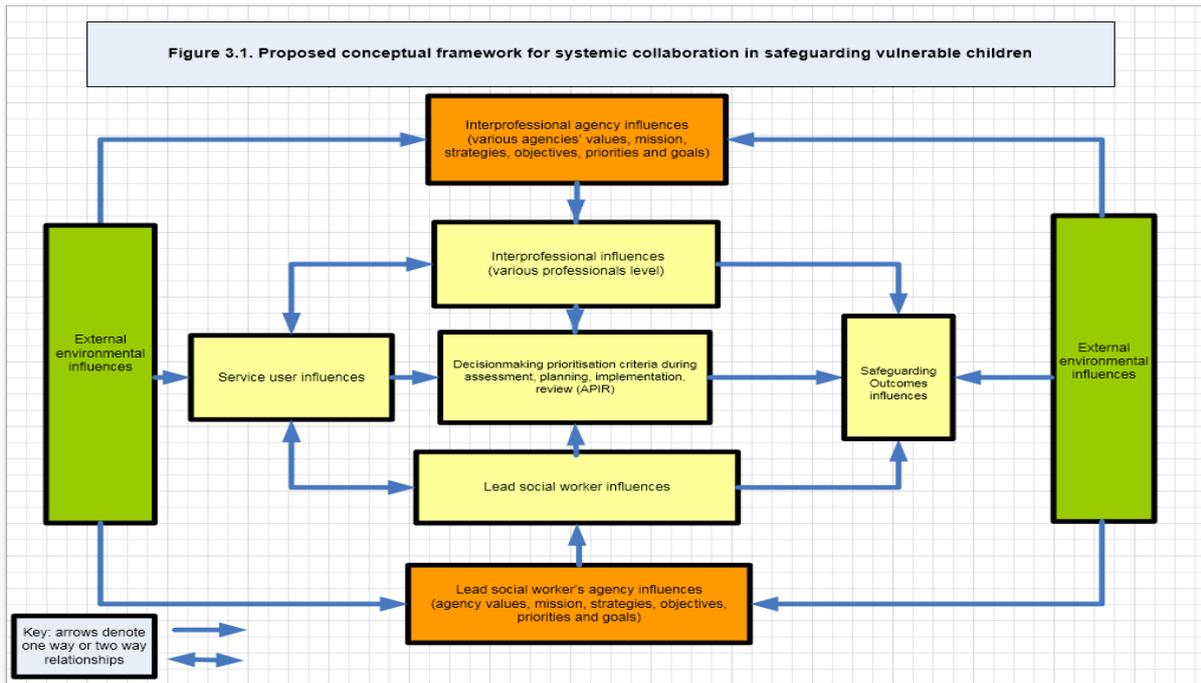


Figure 1: Proposed conceptual framework for systemic collaboration in safeguarding children and young people

Throughout the study, from conception to completion, I was constantly aware of the subjectivity that I could bring with me as an experienced practitioner, social work academic and passionate former child protection chairperson. Being mindful of how these various attributes could shape the study and its outcomes formed the basis of my reflections and reflexivity throughout the study. As Peshkin (1988, p.17) admonished in his seminal work, “subjectivity is inevitable... researchers should systematically seek out their subjectivity, not retrospectively when the data have been collected and the analysis is complete, but while their research is actively in progress”. Likewise, Savage (2007, p.193) described paying particular attention to your subjectivity as being “meaningfully attentive” while Bradbury-Jones (2007, p.1) underscored the need to explore your subjectivity in order to enhance “rigour” and “trustworthiness” about your study. In order to explore, pay attention to, and systematically seek out, my subjectivity in this study I therefore reflected on myself mainly, from three angles as the *Experienced practitioner I*, the *Social work*

academic I, as well as the *Passionate former child protection chairperson I*, in line with Peshkin's model of reflection (Peshkin, 1988).

Findings

From a descriptive interpretive thematic analysis (Bazeley, 2013, p.195) of the *qualitative* interviews four key themes emerged:

- relationships influences;
- organisational influences;
- external influences;
- decision-making prioritisation influences.

Within these four themes, the relationship influences were associated with the majority of subthemes that were identified, which suggests a central role for relationships in collaborative work. There are also overlaps or recurrence of the influences within broad themes. These overlapping influences support the systemic nature of these influences. According to Ryan and Bernard (2003) following the discovery of themes and subthemes, the researchers should build hierarchies of themes and link themes with theoretical models. Relationship influences are composed of three main elements, namely, interprofessional relationships, the lead social worker relationships and service user relationships. On the other hand, organisational influences include the same elements at the organisational level: interprofessional organisational influences, lead social worker organisational influences and service user organisational influences. The remaining two superordinate themes relate to the external environmental influences and decision-making prioritisation influences. Noteworthy too, a number of sub-themes emerged from the main themes which recurred within and across the main and superordinate themes. For example, while strong working relationships between professionals, lead social worker and service users were cited as enablers to interprofessional collaboration, different perspectives to risk thresholds and eligibility criteria alongside mistrust, undermining each other and power differentials were described as a barriers to these relationships. As one particular participant (SW16) observed '*other*

professionals have their own thresholds' which can make good relationships difficult to achieve.

Further evidence from interviews also showed that communication and information sharing in interprofessional relationship can be enabled by honesty, transparency, continuous dialogue, valuing each other's perspectives, use of appropriate language, task focus and timeliness, while on the other hand, attitudes, lack of information and communication breakdown, language barriers can be barriers to communication and information sharing. In the words of the participants what is important is, *'being open and honest'* (SW15) or *'working together in an open and in a transparent manner'* (SW15).

Similarly, the importance of having a clear and shared vision in interprofessional relationships was affirmed during interviews, with research participants citing barriers such as lack of knowledge, joint training and understanding and ignorance about safeguarding as well as collusion and focus on self instead of child. One participant (SW06) described the absence of a clear and shared vision due to, *'not seeing the bigger picture'*, while another participant (SW09) attributed it to, *'professionals who don't have an understanding of child protection'*. Ultimately, participants felt that having a clear task focus, knowledge and understanding of the safeguarding as well as what constitutes risk would engender a clear and shared vision in interprofessional relationships.

Participants also observed that safeguarding children and young people, *'for other professionals it's a secondary function'* (SW11), with one participant (SW08) asserting that, *'most important thing is for professionals to understand each other's role'*. Having a shared responsibility, expertise and understanding of each other's roles were identified as critical to interprofessional relationships. However, participants also acknowledged that there were barriers to role clarity such as poor attendance, lack of reports, inaction, non-engagement by professionals, as well as competing professional and agency priorities. As already indicated above, other barriers and enablers to relationships, however, may be due to lead social worker and service user relationships influences.

The influence of lead social worker role on relationships between professionals and service users was also recognised by participants being a coordinative, facilitative

and supportive role. According to participant SW12, the lead social worker is the, *'kind of be the glue that binds everyone'* and therefore this role and that of other professionals should be clear. However, the professional rapport and a shared perspective can mitigate power differentials, lack of task focus and commitment by other professionals which can be barriers to the lead social worker role. As participants observed about other professionals, *'they feel maybe they have got a greater power'* (SW04) or they may, *'have different perspectives and see things differently'* (SW06).

As with other professionals the barriers to the lead social workers' role clarity include lack of shared responsibility, training, experience, unclear expectations, role conflict and avoidance. Participant SW02 felt that lead social workers spend, *'a lot of time doing the mundane chores'*, while Participant SW15 felt sometimes lead social workers are, *'just thrown in the deep end of the pool'*. To enable lead social worker' role clarity participants suggested joint training, closer working, and treating lead social worker as a motivator, overseer, gatekeeper and coordinative role.

Communication and information sharing for the lead social worker with other professionals, according to research participants can be inhibited by communication breakdown, lack of timely information sharing, responses, inadequate and incomplete information as well as misinformation by service users. For such communication between lead social worker with other professionals to improve participants felt there that there is a need for openness and transparency, availability of information as well as *'sharing of information in a timely manner'* as Participant SW08 put it.

Unsurprisingly perhaps was that participants also identified frequent changes to the lead social worker as a barrier to interprofessional relationships, alongside service user aversion and information gaps. Participant SW13 for example described experiences where changes to lead social workers happened so quickly even before service users *'had enough information from that worker'*.

Participants also observed that on other occasions, difficulties in interprofessional relationships are due to service user aggression, different agenda, confidentiality,

collusion and non-engagement with *'aggressive people coming to the meeting'* (SW02) or the relationships between professionals and service users, *'sometimes it can feel a bit collusive'* (SW06). Direct work, inclusive dialogue, listening to service users or as participant SW13 put it *'paying attention to what they're saying'* could improve these relationships with service users. While some participants felt that some professionals can have a fear of antagonising relationships with service users, one participant (SW10) in particular argued, *'I think there is sometimes an emotional resistance to some element of a case'*.

According to participants service user relationships with professionals can be inhibited by a number of barriers such as perceived intrusion, professionals' enmeshment and collusive behaviour with service users. Participant SW02 observed that, *'some professionals are over friendly, they become too involved'*. Other barriers may include professionals' fear of antagonising relationships with service users, language barriers as well as values and cultural differences. Too much focus on mothers at the exclusion of fathers can also be a factor. Negative media portrayal of professionals was also cited as another factor, alongside unfulfilled promises and unrealistic expectations, disguised compliance, manipulative behaviour and institutionalised involvement with social care. To overcome barriers to service user relationships with professionals, participants felt that there is a need to challenge service users openly, involve service users in decision-making, and empower service users by giving them a sense of ownership of the whole process as well as appropriate use of professional power.

As with professionals, service user communication and information sharing can be inhibited by use of jargon, communication failures by agencies, professionals not returning calls and using inappropriate communication skills. To overcome these barriers to service user communication and information sharing participants felt that service users should be prevented from playing professionals off each other and information should be shared freely. In order to engender good service user communication and information sharing in interprofessional relationships, professionals also need to acquire relevant training in knowledge, skills and experience for professionals.

Service user relationships like professionals and lead social worker relationships are also influenced by role clarity. They need knowledge and understanding of their roles, goals and expectations in relation to their engagement and participation according to participants. However, specific barriers for service users knowledge and understanding of their role may range from their lack of motivation to change, learning disabilities and low literacy levels, lack of acknowledgement, complexity of issues, social stigma, misconceptions and negative image due to media portrayal, experience of social care, personality clashes, service users' different circumstances, mistrust, habituation, despondency and dependence, to loyalty to family. Role clarity for service users cannot be achieved, according to Participant SW07, '*if they can't acknowledge what the concerns are*', yet in other instances, '*obviously there's stigma with social services*', as Participant SW03 put it. Service user role clarity, together with a clear vision, goals and expectations, good service user communication and information sharing as well as shared focus and ownership of the safeguarding process, as in lead social worker and professional relationship influences are therefore key to collaborative working.

The aim of the direct non participant observations was to complement and enrich the interview findings. During direct observations there was clear evidence of collaboration influence mainly in the following interprofessional, lead social workers and service user areas:

- Clear vision, shared focus and compatible aims
- Open communication, sharing of information
- Role clarity
- Ability to stay focussed
- Evidence of trust and respect for each other and appropriate use of professional power and status
- Evidence of the service user voice but mainly mothers and not fathers
- Lead social worker's leadership style
- Impact of external environmental factors (e.g. economic austerity measures).

- Evidence of collaborative advantage (i.e., evidence that good outcomes are due to collaboration).

On the other hand, there was limited evidence of the influence of the following factors:

- Evidence of non-judgemental attitude during meetings
- Evidence of non-use of professional jargon and inappropriate language
- Clarity of decision-making prioritisation criteria

The findings from observations *thematic findings* from the interview data were triangulated with using the triangulation protocol with a convergence coding scheme in order to examine any agreement, partial agreement, silence, or dissonance between the interview and observation findings. The direct observations showed convergence, hence complementarity to the interview findings concerning the systemic nature of the relationship between these influences in line with the proposed conceptual framework of this study. The observed influences on collaboration and the themes which emerged from participant interviews support the concept of a systemic relationship between collaboration influences that were identified and explored in this study.

An emerging conceptual model for collaboration

The systemic relationship between these collaboration influences can be expressed through a visual conceptual model. A conceptual model helps integrate, illustrate and communicate the relationships and interactions between the main elements of the systems and influences that constitute collaboration for safeguarding vulnerable children, making it easier to understand the phenomenon being investigated (Dawson, 2004).

Relationship influences are predominant and central to collaboration and can be located at three different levels, namely; interprofessional relationship influences, lead social worker relationship influences and service user relationships influences. Within these levels are a large number of elements which act as barriers and enablers to collaborative working including: interprofessional organisational influences, lead social worker organisational influences and service user

organisational influences. The proposed conceptual model for collaboration emerging from this study's findings is characterised by a systemic relationship (see Figure 3).

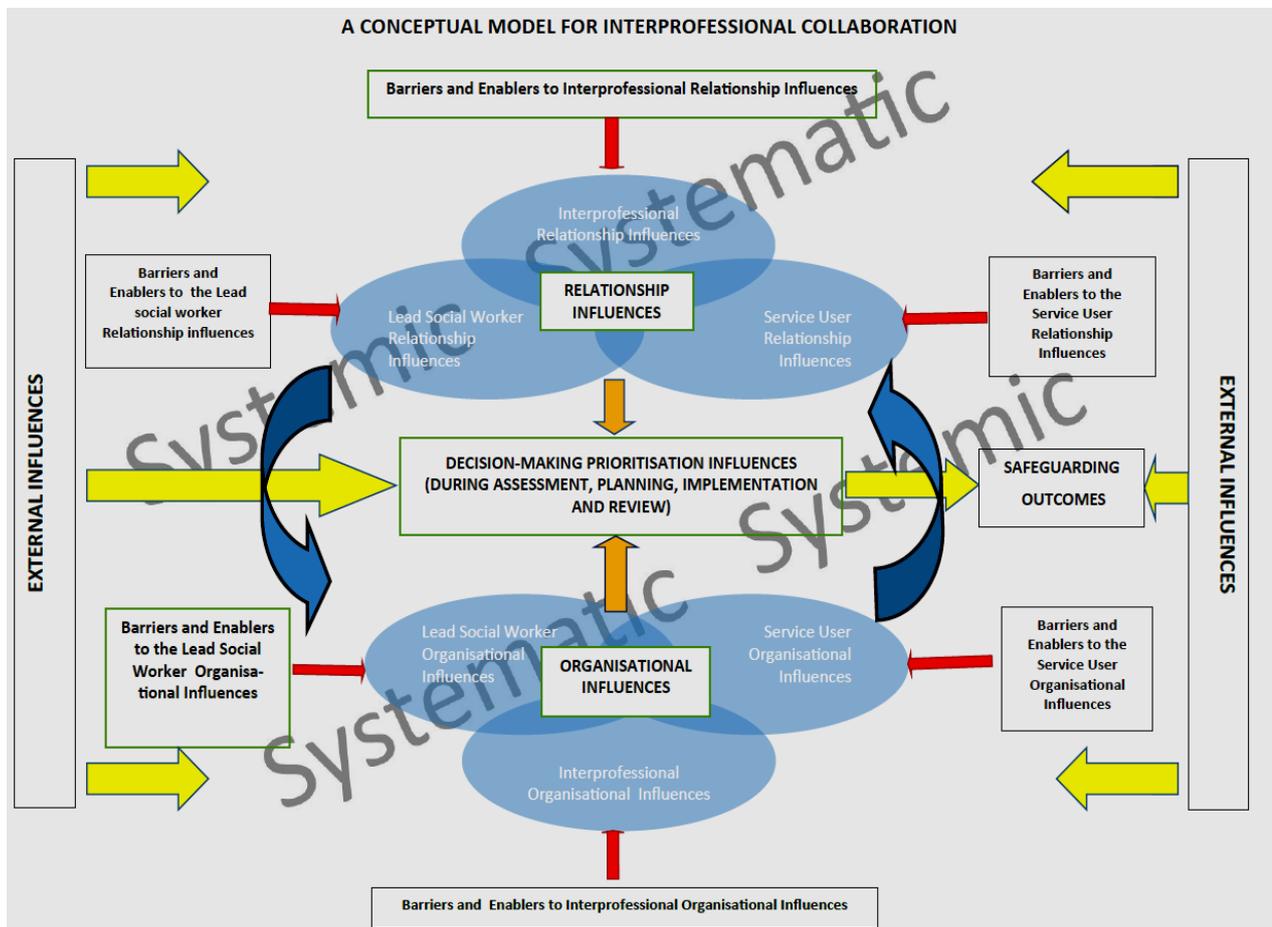


Figure 3: A conceptual model for collaboration

There were other surprising, contrasting and contradictory findings including overlaps between external and internal influences; the disparities in professionals' knowledge of what to do and not knowing how to do it as well as the observation that conflict can be both a negative and positive thing. Rather than use a clear decision-making prioritisation criteria, professionals often rely of multiple intuitive and professional judgement criteria as they go about performing their work in a street level bureaucratic fashion. Key to these findings is that in addition to systematically identifying the enabling and disabling influences to interprofessional collaboration it

is crucial to be aware of and understanding multi-level systemic nature of the relationships between the various influences as illustrated in Figure 3.

Discussion

There are a number of limitations to this study that need to be considered. Firstly, this is a small scale study which means the findings from the study, despite offering in-depth insights, cannot be generalised. However failure to generalise findings does not render such results less important but means further research will be needed to confirm the proposed conceptual model (see Figure 3).

Secondly, as already alluded to above in this chapter, participants in this study were qualified social workers with case holding responsibilities for child protection cases. Crucially, perceptual views held by these practitioners may not necessarily always be in line with reality yet, they may still have far reaching influences on how the perceiver may go about with their involvement during collaboration. While views from and perceptions by social work professionals are obviously important in terms of contribution to the improvement of collaboration, the perspectives from non-social work professionals, as well as service users could have enriched the study.

As illustrated in the conceptual model of collaboration (Figure 3) while the systemic relationship between the various collaboration influences is the thesis advanced and supported by evidence from this study there is need for the synthesis between systematic identification of collaboration influences and understanding of their systemic relationships. Often when these two concepts are used to describe interprofessional collaboration they are made to appear as if they mean the same thing or are the antithesis of each other, yet as evidence in this study has shown, they can be complementary.

The findings from observations may have been influenced by observer subjectivity because they relied exclusively on the researcher's observations and judgement. Nevertheless, the complementary value of the observation findings is valuable and supports the proposed model of collaboration. The adoption of Peshkins model for reflection as the *Experienced practitioner I*, the *Social work academic I*, the *Passionate former child protection chairperson I*, throughout the study contributed immensely to the reduction of subjectivity, while adding to rigour, trustworthiness and credibility to research design and findings of this study.

Conclusions

It is critical to have clear knowledge and understanding of what factors social workers perceive as key influences are involved when professionals and service users try to work collaboratively. There are differing perspectives regarding the effectiveness of collaboration in safeguarding children. These vary from those who believe the approach is a panacea, to those who argue that the approach has failed to keep children safe. The key finding from this study is that there are four key influences to collaborative working between professionals and families, namely, relationship influences; organisational influences; external influences; and decision-making prioritisation criteria influences. The relationship influences operate through three different axis: the interprofessional relationship, the lead social worker relationship and the service user relationships influences. Within these axis there are specific influences which act as barriers and enablers to collaborative working, further reinforcing the location of relationship influences at the heart of collaboration. The emerging systemic conceptual model which based on the systematic identification of collaboration influences this study tries to improve conceptual clarity concerning the theoretical basis for collaborative working. The key argument emanating from this new evidence is that contrary to the recurrent findings by serious case reviews and child death inquiries, the tendency to cite only one or two influences as the reason for failure for the collaborative effort may be tenuous and misleading.

Key recommendations for policy, practice, training and further research:

1. Develop and nurture positive relationship between professionals, lead social workers and service users,
2. Analyse, identify and manage internal organisational influences that impact on collaboration between professionals.
3. Analyse, identify and manage external environmental (ecological) influences.
4. Allow professionals to use some reasonable degree of discretion based on intuition and professional judgement and other pragmatic considerations.

5. Use the conceptual model to identify collaboration influences and understand their systemic relationships.
6. Further research is recommended in the following areas:
 - Explore the views of non-social work professionals as well as service users regarding the same question.
 - Explore the application of decision prioritisation tools in decision making during collaboration.

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