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UNIVERSITY OF SOUTHAMPTON
FACULTY OF BUSINESS AND LAW

Southampton Management School

Spotlights and shadows:
A social work perspective on information sharing to safeguard children

by

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Thesis for the degree of Doctor of Philosophy

December 2013

UNIVERSITY OF SOUTHAMPTON

ABSTRACT

FACULTY OF BUSINESS AND LAW

Southampton Management School

Doctor of Philosophy

**SPOTLIGHTS AND SHADOWS: A SOCIAL WORK PERSPECTIVE ON
INFORMATION SHARING TO SAFEGUARD CHILDREN**

by Amanda Louise Lees

Information sharing has often been identified as an area of weakness in inter-agency practice (e.g. Lord Laming, 2003). Failures in inter-agency communication seem to haunt professional practice and are repeatedly cited in public inquiries and serious case reviews relating to harm to children (Reder & Duncan, 2003). This is despite a long-standing governmental drive to improve the systems and practices of information sharing (Thompson, 2010).

In considering the disparity between the attention received and improvements affected within the field of information sharing, this thesis suggests that the *assumptions* that have underpinned governmental responses to communication failures are problematic. Whilst policy makers have tended to assume that information sharing should be a straightforward matter, this research is grounded in a belief that, in fact, it is likely to be a highly complex task, affected by the emotional dynamics and contextual constraints of day to day child protection practice. Using a psycho-socially informed case study of three local authority children's services teams, the research seeks a deeper understanding of what information sharing entails for front line children's social work practitioners and how it is experienced at an emotional level.

Findings from the research highlight the centrality of information work and the diversity and complexity of the tasks involved. Attention is drawn to a disparity between the resources, opportunities or skills described as *necessary* for the fulfilment of information tasks and those actually *occurring* within the context of 21st century welfare organizations. Findings suggest that the anxieties inherent within the research setting around lack of resource and high demand, have given rise to a number of socially structured defences against anxiety which influence the way in which work is carried out. The thesis concludes with a number of practical steps that could offer enhanced support for practitioners undertaking the complex and emotionally laden tasks of information sharing.

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Declaration of Authorship

I, Amanda Lees declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Spotlights and Shadows: A social work perspective on information sharing to safeguard children

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. 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;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. 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;
5. I have acknowledged all main sources of help;
6. 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;
7. None of this work has been published before submission.

Signed:

Date:

Acknowledgements

I am very grateful for the help given to me by the Principal Officer at the research site in the early stages of my PhD – granting me access and providing some inspirational direction at the start of this process. To the team manager of IAT, who has been so supportive of the research and helpful throughout, and similarly to the managers of RST and LTT for their generosity in granting me access to their time and to that of their teams. To all my research respondents, thank you so much for allowing me to spend a short time learning about your working lives – it has been an absolute privilege.

I would like to thank my three wonderful supervisors, Edgar, Jackie and Gillian whose warmth, wisdom and support have made these three years a stimulating and hugely enjoyable experience.

I would like to thank my mum for her kindness, encouragement and first class child care provision. To my very dear dad, you are not here to see it, but I know you would be very proud.

And finally, my three lovely, technically gifted, boys - Gareth, Harry and Thomas – thanks for all the IT support, and mainly, thanks for being you. Here it is – no statistics but *lots* of words.

Definitions and Abbreviations

- **Practitioners:** in this thesis the word 'practitioner' is used generically to describe people who are actively engaged in the disciplines or professions involved in safeguarding children, for example social work, health, health visiting, education, police and so on.
- **Professional:** the term professional is also used, although less frequently. The word, 'Professional', has a range of meanings associated with it in general use; for example it is often used to describe high standards of work, appropriate relationships and ethical standards. In other contexts, such as in the sporting arena, a 'professional' is someone who plays sports for money, as opposed to an 'amateur' who receives no reimbursement. In this thesis, the use of 'professional' follows the model used in social work. A professionally qualified social worker, refers to someone who holds a professional degree in social work. Social services assistants occupy the role of 'non-professionally' qualified worker – they do not need to hold a degree to carry out this role (although some do), but they do carry out a number of duties that overlap with the social worker role. There is a similar division in the health profession between professionally qualified personnel (e.g. nurses, doctors, radiologists and so on) and health care assistants who hold a different level of qualification (or none). Because information sharing takes place between people in a variety of different job roles, with differing levels of professional qualifications, the term 'practitioner' is preferred - and used most frequently - here.
- There is also a range of options of terminology that could be employed to describe the vulnerable children and families at the centre of child protection services. The Mental Health Foundation provides a list of helpful definitions of possible alternatives including clients, patients and service users. For the sake of consistency, **service users** is the term employed in this thesis. The term is popular with service providers, particularly within the public sector and is used as a generic description of the people accessing various services.

- There is a plethora of terminology to describe the collaborative approaches between agencies such as ‘inter-agency’, ‘multi-agency’, ‘interprofessional’, ‘multidisciplinary’, and ‘partnership’. There has been some academic discussion of the terminologies employed and the need to move towards a common language (e.g. Oandasan & Reeves, 2005). This study takes a pragmatic approach – grounded in the belief that these distinctions are likely to matter more to academics than they do to practitioners. However, it is useful to specify that for the purposes of this study ‘inter-agency information sharing’ relates to the sharing of information *between* two or more agencies and multi-agency meetings refer to meetings at which more than one agency is present.

1 Introduction and background to the research

“Throughout, we have all kept a clear focus on the facts and on finding out what happened to Victoria, why things happened the way they did, and how such terrible events may be prevented in the future. I am convinced that the answer lies in doing relatively straightforward things well.” (Lord Laming, 2003, from his Inquiry into the death of Victoria Climbié)

“A significant factor in explaining why competent people may not manage to do the straightforward thing is that the very unstraightforward nature of the daily task, may under certain circumstances, easily derail them from doing the blindingly obvious.” (Cooper, 2005)

This study focuses on the issue of information sharing in the context of multi-agency working to safeguard children who are in need, or at risk of significant harm (The Children Act, 1989). The starting point for the research rests with the observation that inter-agency information sharing remains a notoriously difficult issue, despite a longstanding governmental drive to improve it. Failures in inter-agency information sharing haunt professional practice and are repeatedly cited in public inquiries and serious case reviews relating to harm to children (Reder & Duncan, 2003).

The need for practitioners to share information about their service-users with practitioners from different agencies arises from what has been described as the issue of fragmentation - that is, the division of welfare services into specific policy or service areas, across the range of public, private and voluntary sectors (Hudson, 2005; Richardson, 2007). Whilst many services are now delivered by multi-agency arrangements, there is inevitably a boundary between the end of the remit of one service and the start of another. Human needs, on the other hand, do not tend to come neatly packaged (Richardson, 2007), and support is often required in a number of areas simultaneously. Vulnerable children and their families may be known to the police, schools, health visitors, GPs, drug and alcohol services, mental health services and housing services. There are of course many others that could be added to the list.

Because of their differing areas of work, each of these agencies has access to different information concerning families. Some will hold information concerning the child – for

example, schools hold information on educational attendance and general wellbeing. Health services possess information about specific health and development issues. Adult services, particularly mental health, the police and drug and alcohol services may hold information about adults that would be vital in assessing the level of risk they may pose to the children with whom they have contact. Whilst children's social services hold the statutory responsibility for safeguarding children in England, to carry out their role, social workers are reliant on information shared with them by their multi-agency partners.

This is whole-heartedly acknowledged within the fields of policy and practice. A review of the history of the child protection system in England reflects the structural and legislative changes implemented by successive governments, which have aimed to overcome the communication failures identified within a series of public inquiries into child fatalities (for example, Thompson (2010)). Under New Labour's modernisation agenda, joined up working and enhanced sharing of information became a particular policy priority, fuelled, at least in part, by Lord Laming's Inquiry (2003) into the death of Victoria Climbié, which highlighted inter-agency information sharing as particularly problematic. Under the auspices of the Every Child Matters Agenda (2003), new legislation was passed, policy and protocols implemented, services redesigned and new information computer technologies (ICT) employed.

Sadly, however, these measures have not been successful in preventing further tragedy. Following the death of Peter Connelly in 2007, which took place in the same London Borough as Victoria's death, the government commissioned a second Laming Inquiry to assess the progress of reforms to child protection services in England. Lord Laming concluded that despite governmental action, different agencies often take different approaches to information sharing and that lack of understanding regarding privacy, data protection and the need to share information remains (Lord Laming, 2009). Since Peter's death, a number of other child deaths, most recently, that of Daniel Pelka at the hands of his mother and her partner (Coventry Safeguarding Children Board, 2013), have raised further concerns regarding the ability of professionals to work effectively together (Thompson, 2010).

In considering the disparity between the attention received and improvements affected within the field of information sharing, this thesis suggests that the *assumptions* that have underpinned governmental responses to communication failures are problematic. As reflected in Lord Laming's quote at the start of this chapter, policy makers have tended to assume that information sharing should be a straightforward matter, as long as it is carried out with due care and attention. A great deal of effort has therefore been directed at improving the processes and tools of information sharing. The problem, however, is that

these solutions have been offered in the absence of an understanding of the tasks that practitioners undertake under the auspices of sharing information, or what they actually find difficult about it (Munro, 2005a). This research is grounded in a belief, echoing that of Cooper (2005, quote above) that in fact, information sharing is likely to be a very 'unstraightforward' business, affected by the emotional dynamics and contextual constraints of day to day child protection practice. This may render it, therefore, unresponsive to straight forward solutions, such as the gathering and storing of larger quantities of data or increasing guidance on how to do it properly.

With this in mind, the research seeks a greater appreciation of how information sharing is understood and experienced by front line children's social work practitioners, including a consideration of what they find difficult and supportive in their practice. It also reflects on how the emotional and social dynamics of working contexts may affect the ways in which information is shared.

1.1 Focus

It will be helpful to place some boundaries around the scope of the study at the outset.

First, the study is placed within the policy and legislative context in England. The reason for restricting the study to the situation in England is that there are variations in policy and legislation between different countries including the countries of the United Kingdom. The aim was not to conduct a multinational comparative study and so it was preferable to increase clarity through having a single national focus (Richardson, 2007).

Secondly, due to the rapid pace of change and restructuring within social work, and the public sector more generally, this piece of research represents a snapshot in time. It is hoped, however, that the consideration of the deeper themes, underpinning the surface level – will ensure the continued relevance of the research. Using a building analogy – it is felt that whilst the shape of things on the surface may be rapidly changing, the foundations – at the deeper, underlying level - are much longer lasting – having been around under a variety of surfaces; past, present and future.

Thirdly, the focus of this study is the exchange of personal information about service users (or potential service users) and their wider family/circle for the provision of services to vulnerable children and families. This information could include details such as demographic factors, case histories, medical details, causes for concern and involvement with services. The original focus of this study was to be the sharing of this type of

information on an *inter-agency* basis from a range of different professional/practitioner perspectives– that is between front-line professionals from a range of agencies involved in safeguarding the welfare of children. Because of a number of constraints (discussed in section 6.1) the focus shifted from taking a range of agency perspectives, to that of concentrating on one agency, namely social work. During fieldwork, because of the nature of the research site and types of interaction observed, the focus extended to include information sharing practices between and within social work teams themselves as well as with external agencies. Therefore the thesis most often uses the more general term of ‘information sharing’ (rather than inter-agency information sharing) as a broader description of the sharing of information both internally and externally.

1.2 Structure

The remainder of this thesis is shaped as follows:

Chapter two sets the scene concerning the policy context and drivers for information sharing to safeguard children. It explains how government responses to public inquiries into child deaths, in particular that of Victoria Climbié in 2000, have resulted in a set of managerially focused measures designed to improve information sharing through enhanced systems for record keeping, data storage and timely collection and exchange of information. The chapter highlights the assumptions about information and information sharing that have underpinned this approach to policy and begins to question these and the associated implications.

Chapter three is the literature review chapter in which academic literature is presented to interrogate the arguments introduced in chapter two. Research is presented to suggest that rather than consisting of externally verifiable hard fact, the nature of information worked with by health and social care professionals is open to interpretation, ambiguous and constructed in the telling. The notion of professional frames and cultures is discussed in relation to determining how practitioners from different agencies decide what information is relevant (and can be shared) and what gets filtered out, or held back. Literature that highlights the influence of emotions on shaping practitioners’ referral decisions is also discussed. To round up this chapter, a body of research that has investigated the implementation of databases and common assessment frameworks into practice is presented. The need for ethnographically inspired research of day-to-day

information sharing practice to inform debate about how practitioners may be better supported to undertake this challenging, emotionally laden work, is argued.

Building on this, chapter four argues that such research requires a theoretical approach that is capable of engaging with structural and systemic factors as well as the emotional dynamics of practice in more depth. The study's theoretical model, informed by the work of the Tavistock Institute of Human Relations and the research questions are set out.

In chapter five, the methodology chapter, the research's overall design and the theoretical assumptions that underpin it are described. Methods for data collection, analysis and for ensuring rigour are also discussed.

Chapter six provides a description of the research site and the three teams that constituted the research cases. Description, and some discussion, of the ethical and governance processes undertaken to gain approval for the study and entry to the site are provided.

Chapters seven to nine are the findings chapters. Chapter seven discusses findings in relation to the referral screening team, chapter eight the initial assessment team and chapter nine, the longer term team. Chapter ten provides a discussion of the study's key themes and chapter eleven presents some concluding practical and theoretical implications, as well as a discussion of the study's limitations and ideas for future research.

2 Information sharing to keep children safe: Context and drivers

Inter-agency information sharing has created longstanding issues in the context of child protection. Since the 1970s nearly all reviews of fatal child abuse cases in the UK have cited evidence of communication failures between professions and have led to policy moves designed to prevent further tragedies (Reder & Duncan, 2003, p.82). The death of Maria Colwell in 1973 and the subsequent public inquiry (Department of Health and Social Security, 1974), which revealed inadequate interprofessional communication and information sharing, is usually seen as marking the beginnings of the modern era of working together in British child welfare (Hudson, 2005). The subsequent deaths of Lucie Gates (London Borough of Bexley, 1982), Jasmine Beckford (London Borough of Brent, 1985) and Tyra Henry (London Borough of Lambeth, 1987), shaped the Children Act of 1989. It was, however, Lord Laming's (2003) report into the death of eight year old Victoria Climbié that most clearly articulated failures in inter-agency information sharing. The recommendations from his report set in motion the most radical transformation to Children's Services in England in the last 50 years (Hudson, 2005). Laming's recommendations included a tranche of measures focused exclusively on improving the sharing of information between professionals. Because of the high profile nature of the report and the significant impact it had on the organization of children's services in England, it is important to review it here. It also serves to remind us of the tragic outcomes that can occur when the sharing of information between agencies breaks down.

2.1 Public inquiries into child deaths and policy responses

Eight year old Victoria Climbié died in February 2000 after suffering months of horrifying abuse by her great aunt, Marie-Therese Kouao, and her partner, Carl John Manning. When Victoria was admitted to the North Middlesex Hospital on the evening of 24 February 2000, the consultant responsible for her care said that it was the worst case of child abuse she had ever seen. Despite attempts to save her life, Victoria died on 25th February 2000. Kouao and Manning were convicted of her murder on 12 January, 2001. The government commissioned an Inquiry into Victoria's death, chaired by Lord Laming (Lord Laming, 2003). The report is lengthy, at 382 pages, and provides a detailed review

of the failures of care in Victoria's case. It makes depressing reading. Lord Laming points out that Victoria was not a child 'hidden away', rather, she was known to the social services departments of four local authorities, two police child protection teams and was admitted with suspected non-accidental injuries to two different hospitals within the space of 10 days. Social workers who met Victoria at Ealing Social Services expressed concern at her neglected appearance and that she was not attending school. A family friend made two anonymous phone calls to Brent Social Services concerning her residence in unfit accommodation and evidence of injuries to her hands and face. A number of medical staff at the two hospitals to which Victoria was admitted raised their concerns first with Brent and then Haringey social services that Victoria's injuries were non-accidental and that she was a child at risk of further severe physical harm. Sadly, this information was never brought together in a meaningful way and Victoria was allowed to remain with Kouoa and Manning – a decision which ultimately led to her death. The catalogue of errors in this case included important facts not being recorded, delays in letters and faxes being received, contradictory evidence not being checked out, meetings held without relevant people present, concerns not being passed on to the relevant people and a number of practitioners not grasping the responsibility to follow up on information they had received. The report has potential to create a powerful emotional response in its readers - who come to it in full and certain knowledge of the tragic conclusion of Victoria's case. Despite this knowledge, it remains difficult to actually believe and to accept - as each of the missed opportunities to help her are detailed - that all of the opportunities went by unseized and that nobody came to rescue Victoria.

It is perhaps, at least partly, for this reason that Lord Laming's recommendations set out to do something in the face of this terrible outcome – to enforce tangible actions designed to prevent similar events occurring in future. This is reflected in his 108 recommendations, many of which were concerned with improving the recording, management and exchange of information (Reder & Duncan, 2004). An important element of his recommendations was the proposal for the creation of a national database containing details of all children under the age of 16. He also called on the government to issue guidance on the Data Protection Act 1998, the Human Rights Act 1998, and common law rules on confidentiality. Within social work organizations, he recommended enhanced training and monitoring around the transferring of information received in referral telephone calls and a feasibility study of electronically recording all calls made by the public registering concern about children. He also recommended the use of one electronic database by all those working in children and families services for recording information.

In response to Laming's report, the Labour Government published the Every Child Matters Green Paper (Department for Education and Skills, 2003). In it, they lay out their proposals for the removal of legislative barriers to information sharing and for the implementation of information sharing protocols between local partners at local level; the development of common data standards for recording information and funding for the development of locally developed databases listing basic details of each child living in the area. This database was subsequently disabled by the incoming coalition government in 2010, due to concerns about the protection of individual privacy and human rights.

Related moves to assist integration and the sharing of information also included the development of a Common Assessment Framework (CAF) to be used across a range of agencies. Local authorities were also instructed to appoint a lead council member for children and a Director of Children's Services. Newly formed Children's Trusts were to bring together education, social and health care, with schools and children's centres becoming the focal point for the delivery of services (Reder & Duncan, 2004).

Despite the implementation of these measures, failings of inter-agency communication have continued to be cited in inquiries into child deaths, such as that of Peter Connelly, who also died in Haringey, seven years after Victoria. Lord Laming (2009), in a second report following Peter's death, suggested that a policy-practice gap may be responsible for continued difficulties with information sharing. Increasingly however, the ability of 'the now huge apparatus of guidance, training and procedure' (Thompson, 2010, p.2) to effect improvements in inter-agency working, is being called into question. Such critiques are situated within a wider debate about the inappropriateness and effects of a dominant managerialist paradigm within the public services, that seeks to control and monitor practice through the use of information technologies, measurable standards of performance and pre-ordained output targets (Burton & van den Broek, 2009).

2.2 The assumptions of 'managerialism' and the management of risk

The concept of 'managerialism' arose with the introduction of the new public management agenda by the Conservative government, elected in 1979 (Hood, 1991). Thatcher's government argued that public bureaucracies were dominated by self-serving interests and were unresponsive to user need (Munro, 2004). This led to the introduction of a set of practices from the private sector, designed to make services more efficient, better

controlled, more transparent and accountable to the government, the taxpayer and the service user.

Whilst the techniques of managerialism were initially employed in an attempt to improve the efficiency and accountability of public services, more recently they have become synonymous with the management of risk (e.g. Burton and van den Broek, 2009 and Littlechild, 2008). The Munro Review of Child Protection (Munro, 2011b; Munro, 2010; Munro, 2011a) provides evidence of the implementation of such techniques within the child protection system including prescriptive timescales, tick box assessment and recording systems, compliance with rules and regulations, detailed procedures and increased use of information technology.

For the purposes of this discussion, it is useful to reflect on the assumptions that underlie both Lord Laming's recommendations for improvements to information sharing, and the wider managerialist approach to policy. Lord Laming (2003, p.9) reflected that,

“Improvements to the way information is exchanged within and between agencies are imperative if children are to be adequately safeguarded. Staff must be held accountable for the quality of the information they provide. Information systems that depend on the random passing of slips of paper have no place in modern services. Each agency must accept responsibility for making sure that information passed to another agency is clear, and the recipients should query any points of uncertainty.”

Considering this statement in more depth, it is argued that it reflects a number of assumptions about the nature of information, how it can be shared and risk:

The nature of information

- Information pre-exists, can be gathered and exchanged across agency borders
- Information in itself consists of clear facts – it is only in the transfer between agencies that pieces get lost or misunderstood

The standardization and monitoring of information systems

- Therefore, *practitioners* must be *accountable* for providing quality information (for example, information that is readable, sufficiently detailed and so on)
- Standardised information systems should replace more haphazard methods

The avoidability of risk

- Improvements to the processes of information exchange will mean that children can be adequately safeguarded

This strongly resonates with what White (2002) has written in relation to the knowledge used within clinical decision making in the medical environment:

“The dominant policy response has been the promotion of evidence-based practice (EBP), which promises rational foundations for clinical decisions based on a secure, external knowledge base uncontaminated by the contingencies and emotions of practice.” (White, 2002, p.410)

The picture emerging from the dominant policy approach within the public services then, is one in which information consists of clear, external, pre-existing facts, that can be known through cognitive reasoning and can be readily passed on to other professionals.

Following on from these ontological assumptions about the nature of information, there follow a number of epistemological and methodological ones. If information consists of external fact, it can be known, exchanged and classified through the use of rationally based processes. Therefore, the replacement of haphazard methods of information sharing, such as note passing, with improved information technology systems, that allow for the standardisation and monitoring of information sharing, should allow harm to children to be avoided.

There is without doubt a consistency – and reasonableness - to this approach, which makes it compelling. The difficulty, however, is that faulty assumptions about the nature of information, and what can be known about the lives of children and their families, have led to the adoption of a set of tools that are not fit for purpose. Munro (2010) has made high profile criticism of the assumptions inherent in prevailing child protection policy, suggesting that, in fact, risk is unavoidable and that information about service users' lives is very rarely clear and unequivocal. She has also challenged the devaluing of professional social work judgement which has been pushed out by tightly prescribed and proceduralised child protection systems (Munro, 2010, p.30). Anxiety related to compliance with tight timescales attached to assessments, burden of administrative tasks and less time to spend with service users has also been highlighted within the academic literature (e.g. Beckett, McKeigue, & Taylor, 2007; Broadhurst et al., 2010).

Parton (2008) has argued that the nature of the social work task itself has been changed through the enhanced emphasis on the formalization, standardisation, recording and monitoring of information sharing procedures, resulting in an 'informational turn' within social work. He postulates that the requirements of managerialism have shifted the key focus of social work away from relational work with service users towards gathering, sharing and monitoring of information and accounting for decision making.

In chapter three the arguments presented here about the shortfalls of the managerialist approach to information and information sharing are illustrated through reference to the wider academic literature. Chapter three will discuss issues of complexity, ambiguity, emotion and context that have not been considered within prevailing policy discourse. It also reviews a number of studies that have investigated the implementation of some of these managerialist tools into practice.

3 The complex nature of information sharing and limitations of the policy response

3.1 The nature of information

As discussed in chapter two, the reforms instigated following Lord Laming's report into the death of Victoria Climbié, were based on certain ontological assumptions about the nature of information. In recent years, a number of authors have begun to question these assumptions and highlighted the more ambiguous, constructed and context specific nature of the information that is at the heart of child protection (Munro, 2005b; Thompson, 2010, 2012; White & Featherstone, 2005; White, 2002).

Munro (2005b) discusses the ambiguous nature of the information with which child protection practitioners must work. Information shared with social workers by service users is likely to be affected by the dynamics of their relationships which may be characterised by resistance, defensiveness or hostility. Social workers must also judge whether outwardly compliant clients may be seeking to conceal facts or present a misleading picture. Furthermore, information available to practitioners is often open to interpretation – that is to say, may or may not be indicative of deliberate harm to children.

“The type of information used in child abuse investigations consists rarely of simple, verifiable facts but more often of descriptions of human actions. These involve interpreting the meaning of the observed behaviour to the actor, and what inquiries have repeatedly demonstrated is how much of the relevant information in child protection is ambiguous, open to interpretation as sinister or benign.” (Munro, 2005b, p.380)

This suggests that child protection is characterised by uncertainty – around the facts of a case and also around the best course of action to take. This position is clearly at odds with the prevailing view of information as specific fact that can easily be classified and shared.

White (2002) and Thompson (2010, 2012) also acknowledge the ambiguity of facts in child protection cases, but go further in suggesting that information does not actually exist

until it has been talked or interpreted into being. White's (2002) ethnographic study of an integrated child health service highlights the role of 'talk' for clinicians in allocating particular categorizations to patients' symptoms. Allocation of the categorization of 'medical', 'not just medical' or 'psychosocial' cases affect the care pathway from that point. Through a series of vignettes, she describes processes through which talk is used to argue the case for a particular categorisation and to shut down alternative readings. This talk evokes prior experience and emotional impressions about families. Talk performs an ordering task that is not just about sharing knowledge, rather it involves making knowledge. In White's estimation,

"...professional talk does not straightforwardly describe different kinds of cases, rather the case is, at least in part, constituted through the telling and other possible readings are closed down. (White, 2002, p.413)

And

"The facts are rarely simply 'out there' as information. Rather they are worked up and assembled..." (White, 2009, p.103).

Reder and Duncan (2003, p.87), citing the work of Pearce (1989), make the same argument, locating this view within a wider constructivist paradigm:

'Pearce (1989) wrote that: 'events and objects do not come "prepackaged" with their own interpretation, and they are not incorporated into the human world until they are interpreted.'

Through doctoral research in two initial assessment teams within one unitary local authority, Thompson (2012) also criticises assumptions about the stability of meaning and questions whether an 'endpoint' of a full picture can be reached. Using the example of a head teacher's account of a referral to children's services, Thompson describes how an impression of a child's home life developed over a period of time as new facts emerged. A child starting school had a very vivid scar across her face, which the head teacher felt to be concerning. However, because the child's parents presented very well and appeared

caring and interested in their child's education, the head teacher initially accepted their explanation that the little girl had got the scar falling off her bicycle. It was only after a number of incidents in which the girl came to school late and tired, or nobody came to pick her up that the head teacher's concerns began to grow. She finally referred the case to social services upon learning that the girl's brother had been admitted to hospital because he had spiked himself with a needle. This shows how interpretations about the facts in this case changed over time and how information was not shared until the head teacher felt that she had built up a sufficient picture to refer on to social workers.

Information that is shared is also limited by the boundaries of the roles of referring professionals - pieces that are deemed relevant get passed on and are acted on in different ways according to organizational and professional relevance (Thompson, 2010). Hall and Slembrouck (2009, p.281) discuss the notion of the professional frames that influence the way in which practitioners

“assess the characteristics of a case and allocate administrative, legal, technical or professional categories.”

This suggests that

“such situated behaviour includes complex forms of reasoning, understood in terms of relevance within a frame of reference which is action/knowledge-oriented” (Hall & Slembrouck, 2009, p.282).

They suggest that failures in interprofessional communication occur when there is a failure to align these professional frames. Similarly, Reder and Duncan (2003) have argued that without a conscious alignment of interpretations about cases, information failings can occur – quoting the statement given to the Climbié Inquiry by one paediatrician:

“I cannot account for the way people interpreted what I said. It was not the way I would have liked it to have been interpreted.” (Laming, 2003, p.9)

This resonates with White and Featherstone's (2005) assertion that cases can be told in different ways by different professionals. For them, the benefit of interprofessional working is the debate that comes from talking to other professionals who see things differently and can thus challenge ideas that may have become routine or pre-conceived.

Researchers working within a more systemic, critical realist perspective have also indicated the potential effects of professional culture on information sharing practices. Whilst these authors do not challenge the external and fixed nature of information, they propose that the way information is shared is dependent on a set of organizational 'contingencies' (White, 2002). Such work is part of a larger body of research that has reflected on the influence of contextual and environmental influences on information sharing behaviours.

3.2 The issue of contexts and cultures

Hunt and van der Arend (2002) use a hypothetical cross-jurisdiction scenario to initiate exploratory qualitative research with healthcare professionals, police officers and social workers about ethical aspects of their working relationships in the UK and the Netherlands. The scenario includes a young male (probably a minor) who presents at an accident and emergency (A&E) department of a large hospital with a serious injury that is probably weapons related. He is uncooperative about his identity and his behaviour is suspicious but not threatening to the hospital staff. The research revealed the differing expectations around information sharing held by A&E staff, social services and the police. A&E staff did not feel obliged to do anything beyond medical treatment, not seeing any reason to notify social services or the police about the case. Whilst they were concerned with the well-being, and possible threat to hospital staff, they did not appear to feel this burden for the wider public. The UK A&E respondents expressed no knowledge of protocols covering inter-agency relationships that were of relevance to the team and did not appear to know of the guidance for A&E doctors provided by their professional association. The police officers, on the other hand expressed that A&E staff should have a responsibility not just to respond when the police inquire, but to take the initiative, and that there were 'huge' areas for improvement in A&E/police relationships. The UK social services respondent also showed concern about the hypothetical case and would have expected information to be shared.

This theme of the impact on information sharing of differing professional cultures is expanded by Richardson and Asthana's (2006) discussion paper. The authors review literature that has discussed cultural differences between social workers and GPs, for example, in terms of status and prestige, professional accountability and discretion and the historical development of the profession. They also highlight how differences in the medical and social models of care (e.g. Hudson, 2002) may have consequences for the ways that different professions address the issues of confidentiality and information sharing. In particular the breadth of focus of the models may be of importance. In the medical model the focus is on the patient him/herself and usually only the patient. In contrast, the social work model is concerned with the service user, their families, communities and wider society. The emphasis on patient confidentiality can lead to a reluctance amongst doctors to share information with other agencies, which has been reflected elsewhere in the literature (e.g. Woodhouse & Pengelly, 1991). Richardson and Asthana also highlight the importance of trust – where this is missing, agencies can be deterred from exchanging information and hang defensively onto knowledge as if it signified part of their territory.

A number of studies highlight how other contextual factors have potential to influence information sharing practice. Bellamy, 6, Raab, Warren, and Heeney (2008) conducted a large study into information sharing practices in twelve multi-agency contexts (205 interviews). The research was designed to explore whether the social dynamics associated with different institutional contexts could explain differences in information sharing practices. It used neo-Durkheimian institutional theory which identifies four types of organization:

- hierarchical (strong regulation; strong integration);
- individualistic (weak regulation; weak integration)
- enclave (weak regulation; strong integration); and
- isolate (strong regulation; weak integration).

The findings of their study reveal wide variations in the application of data protection and confidentiality protocols across multi-agency agreements, due to contradictory national policies and deep-seated differences across agencies concerning the purposes and scope of information sharing. These were particularly acute around agencies such as the probation service, youth offending teams and drug abuse units that attempt to combine the treatment of service users with formal responsibilities of public protection. Practitioners

experienced this uncertainty and scope for contestation as part of their day-do-day work, but it was apparent from the findings that

“the ways in which this understanding of policy context impacted on their attitudes and reported information-sharing and confidentiality practices were strongly mediated by institutional context.” Bellamy et al. (2008, p.754).

Findings revealed that practitioners felt most confident that information sharing was being undertaken correctly within hierarchical organizations where there were formal structures and policies for information sharing. Without these, practitioners could feel less confident about sharing information or even actively resist it, and confidentiality rules acted more like a boundary than a framework within which to share. There were times where opportunities for informal contact between practitioners could get around this situation in ‘isolate’ or ‘enclave’ organizations. Whilst the theoretical approach to this study appears to be simultaneously overly complex and rather limited, it does at least alert us to the variable of organizational form or structure as influential on information sharing behaviours.

Richardson’s (2007) research offers a more holistic view of the potential influence of a range of factors, at various systemic levels, on information sharing within two Sure Start Children’s Centres in England. From a review of the literature, Richardson’s conceptual framework identifies factors at the environmental, systemic and individual levels with the potential to affect information sharing. Her conceptual framework sought to investigate the influence of the following factors on information sharing behaviours:

Environmental level: central government policy; professional culture; local strategy; legislation and government guidance

System level: Leadership and team management; accountability; system level training/support; records and information management

Individual level: Trust and confidence

Using semi-structured interviews, observation and documentary analysis, she investigated the perceptions of information sharing, and what influenced it, amongst practitioners working within two Sure Start children’s centres. Professionals who worked together at a strategic level to develop the information sharing protocol that covered both cases in the study, were also included. Richardson’s original framework proposed that most influences

on information sharing behaviour would come from environmental or systemic factors such as government policy and systems for records and information management. The findings from her research, however, led her to include more factors at an individual level – including trust, anxiety, identity, personality, workload, quality of interpersonal relationships, capacity for good judgement and understanding of different information sharing contexts, as influential on information sharing behaviour.

3.3 The emotions of sharing

As discussed above, the policy view of information is that it is external and “uncontaminated by the contingencies and emotions of practice” (White, 2002). Section 3.1 has challenged the assumption that information is external and pre-existing and Section 3.2 has reflected on how certain contingencies (including professional culture, organizational structure and so on) of practice have the potential to shape how information is conceived and shared. This section goes on to look at the possible influence of emotions on information sharing behaviours, suggesting that information sharing practice is likely, in fact, to be highly “contaminated” by the emotional nature of practice.

The emotional and anxiety provoking nature of child protection practice is well documented in the social work literature (Cooper, 2005; Dwyer, 2007; Ferguson, 2005, 2010; Littlechild, 2005; Morrison, 1990; Taylor, Beckett, & Mckeigue, 2008; Waterhouse & McGhee, 2009). Social workers, and other front line professionals involved in this work, deal with the abuse and neglect of children and witness the effects of poverty, domestic violence, drug and alcohol abuse and mental illness. Social workers are often verbally or physically threatened when working with involuntary service users. They carry anxiety concerning risks to children, decision making under uncertain conditions, overwhelming workloads and fears of failure (Gibbs, 2001; Taylor, Beckett, & Mckeigue, 2008; Waterhouse & McGhee, 2009). There is also a related body of literature concerning stress and burnout in practitioners (e.g. Balloch, Pahl, & Mclean, 1998; Collins, 2008; Davies, 1997; Kinman & Grant, 2010). However, there has been very little focus on how the emotional responses of practitioners working on emotionally sensitive cases may affect their willingness to share information with professionals from other agencies. The literature discussed below is all focused on referrals to social care (which is only one aspect of information sharing) and thus highlights the experiences of referring agencies rather than social workers themselves. Some of the literature is theoretically, rather than empirically based. Nevertheless, this small body of literature is important in highlighting

the place of emotions in information sharing and sets the foundation for the more detailed investigation provided within this thesis.

Perhaps the most detailed discussion about the role of emotions (or as the authors term it, counter-transference reactions) in referrals to social services comes from Pollak and Levy's early discussion about mandatory reporting of child abuse in the United States (Pollak & Levy, 1989). Their theoretical discussion paper highlights a range of emotional reactions – fear, guilt, shame, anger and sympathy that could compromise effective and timely reporting.

Fear: The authors suggest that reporting of cases can evoke great concern on the part of the reporter, who may fear reprisal or revenge from the family involved, which may take the form of physical threat or legal or social harassment. Whilst fear may be stimulated largely by a realistic interpretation of the family's behaviour, Pollak and Levy suggest that psychodynamic issues can also play a significant role. For example, they suggest that if a reporter feels their own anger and resentment about the case are inappropriate – they may 'fear' their own feelings, which can take the form of fear of reprisal. Alternatively, the reporter may see reporting their suspicions as an aggressive act that will be met with retaliation or justified punishment. Thirdly, practitioners who may doubt their own competence or judgement can fear the ridicule of the family or colleagues if there is no substantiation.

Guilt and shame: Such feelings can accompany reporting a family to social services if practitioners see this as a breach of confidentiality or trust, as a punitive act against those who are already underprivileged and disempowered, or as a professional failure (not being able to help them on their own). Pollak and Levy suggest that these feelings can be exacerbated if the professional involved is susceptible to guilty feelings, or feels that their role is solely to provide care rather than control.

Anger: Can occur when mandatory reporting is seen as an intrusion on the professional's autonomy or as an indictment of their competence. Reactions of sympathy, whilst natural in cases where families are struggling in the face of deprivation and adversity, can lead to practitioners making excuses for the family and failing to set limits on destructive behaviours.

The emotions discussed could all have a potentially disruptive impact on practitioners' inclination to involve other professionals in cases of suspected child neglect or abuse. Pollak and Levy suggest that such emotions are an almost inevitable part of work with abuse and neglect cases and that an enhanced awareness of these issues may help to facilitate constructive intervention. They suggest inclusion of information on counter-

transference reactions in the curricula of training programmes for those who work with abuse and neglect cases (particularly those who only encounter abuse/neglect cases infrequently); availability of a colleague identified as a child abuse 'expert' with whom practitioners could discuss initial concerns and additional training on psychodynamic processes for child protection workers. They call for further research to investigate the attitudes and feelings of personnel with direct experience of the reporting process to clarify the nature of psychological issues involved. They suggest that such research could involve current cases, or report cases with which practitioners have recently dealt. This may be useful to establish how far 'problematic feelings' may be present, which warrant further attention or supervision.

Horwath (2007) carried out a study of referral practice in cases of child neglect in one of Ireland's regional Health Boards, (responsible for managing health and social care services). Questionnaires were sent to 794 professionals with a 49% response rate achieved. Horwath suggests that whilst assessment frameworks and tools (such as the CAF) assume assessment and referral practice to be a 'technical-rational' activity, findings from her study indicate that it is in fact a practice-moral activity, with a complex web of issues affecting practitioners' decision making around referral and assessment. Reflecting the absence of issues of personal and inter-personal dynamics from prevailing policy discourse she refers to these factors as the "missing assessment domain." Her own study revealed that the issues affecting practitioners' referral practice included: the practitioner's interpretation of child neglect; their interpretation of their own role in this area; feelings and anxieties; perceptions about how helpful a referral to social care would be; difficulty in contacting social workers and lack of shared definition over what criteria/conditions constitutes 'a child in need'.

The role of feelings was emphasised. For example, 23% of respondents reported that fears of aggression influenced their decision making, with fears of recrimination making practitioners slower to refer cases on. Horwath draws the link with Stanley and Goddard's (2002) findings that fear of violence can lead practitioners to feel helpless and to engage in defensive practice, potentially leaving children in dangerous situations. Fear of making the wrong decision about signs of neglect lowered GPs propensity to involve social services. On the other hand, police were more fearful about not reporting concerns – in case a serious case should slip through the net.

Respondents to this study were also affected by feelings of guilt and shame about referring cases – particularly community based workers (such as drug outreach workers) who worked hard to build trust and rapport with the communities they served. Practitioners also admitted that feelings of sympathy towards parents, particularly those living in

deprived conditions, could lead them to make excuses for service users, rather than referring their cases to children's services. Feelings of anger and issues of control were also raised, especially by education professionals who often felt frustrated and angry due to the lack of response to referrals by social care practitioners.

Horwarth refers to the work of Woodhouse and Pengelly (1991), who argue that the differing attitudes, behaviours, values and ways of interpreting guidance within teams develop as techniques for managing the specific anxiety associated with each agency's practice. She suggests that these influence how willing agencies are to involve practitioners from other agencies in their concerns about the wellbeing of a child. In concluding her analysis, Horwarth suggests a tool that could be used to uncover issues that may be unconsciously affecting practitioners' decisions whether or not to refer a case to social services. She presents a number of points for reflection related to each of the following dimensions: the perception of child neglect and the evidence base for concerns, interpretation of professional role, perception of social work services, personal feelings, community role and perceptions of the team and manager. In this way, she is answering Cooper's (2005) calls to connect the 'surface instruments' of child protection (in this case a referral) to the deeper emotional realities of practice. She suggests that the tool could be used both by practitioners and their managers to help recognize factors that could potentially be influencing their practice. She points out that this will only work if

"...there is recognition at all levels within organizations that professionals are not automatons but human beings whose practice will always be affected by a range of different influences." (Horwarth, 2007, p.1299).

Harlow & Shardlow (2006) conducted an evaluation of the functioning of core groups (groups that are responsible for the implementation of the action plans agreed at multi-agency child protection conferences) in a 'northern metropolitan borough'. These groups should be characterised by the sharing of information between agencies about the progress of service users and their cases. Their findings presented a number of challenges relating to inter-agency co-ordination and interprofessional relationships, including issues of anxiety and defensiveness. The authors observed a reticence on the part of non-social work practitioners to help in the management of conflict, or to share the administrative tasks (such as chairing meetings). They suggest that this may constitute an unconscious wish to avoid 'contamination' or to defend themselves against the difficult emotions that such cases evoke. This resulted in social workers (left to act as the sole

'container' for difficult emotions) feeling resentful and unsupported. The authors also suggest (echoing observations made by Reder and Duncan (2003)) that the conflict of interests between parents and children sometimes seemed to play out amongst the group of professionals charged with supporting them.

More recently, Thompson's (2010) doctoral research on the subject of information practices in child welfare makes an important contribution to the consideration of the effects of emotions on how referrals to social services are made and progressed. Interviews with professionals commonly referring to children's services revealed how 'iffy feelings' about a family, or anxieties about what 'might' happen to a child, often drive information behaviour such as further investigation and referrals. Thompson also reflects on professionals' admissions that anxiety about damaging their relationships with families may lead them to 'water down' their concerns when they know they are going to be heard by the parents, or cross examined in court. This raises the problem of 'inconsistent pictures' generated by professionals that do not support one another's versions of the family in settings that are crucial for ensuring a child's safety (p.242). Referring to Cohen's (2001) term 'the complex obstacles between information and action' (p295), Thompson makes the important point that information practices are socially organized in ways not recognised by official guidance. The emotional responses of practitioners play a significant role in determining what information is, and is not shared, how professionals respond to the information they receive and how cases are prioritised or filtered out. She introduces the helpful notion of '*emotion information*' to describe the information contained within uncertain feelings and concerns experienced by practitioners in relation to their service users and their cases. This term is employed later within the thesis.

3.4 The contested use of technological and structural 'solutions'

Often implicit in the work of the commentators described above, is the argument that solutions conceived within a managerialist paradigm are likely to be ineffective in influencing the ambiguous, complex and emotionally charged dynamics of information sharing. White (2009, p.106) has labelled

“micromanagement and the onerous, prescriptive recording and audit, embedded in e-enabled standardized processes” as “noxious remedies for any system charged with managing this kind of variety and complexity.”

She also suggests that information that is “emerging, constructed and interpreted” (p.103) cannot be neatly fitted into the classifications that are required to determine actions that will be implemented to protect children.

To illustrate these points, this section reviews a number of studies that have investigated the implementation of government led technologies designed to standardize information sharing practice. This body of work highlights that, rather than standardize information sharing, these technologies are adapted into practice according to the demands of the context – introducing the possibility that mistakes will be made, or cases missed. A central theme of this work is that despite the “assumed rationalities” of ICT-driven reforms,

“policy innovations will, as ever, be hostage to unintended consequences and the phenomenological realities of an embodied, uncertain and always contingent world of practice.” (Pithouse et al., 2009, p.604)

Broadhurst et al. (2010) conducted a two-year ethnographic study into referral and assessment processes within five local authority areas in England. An aim of the study was to consider the local adaptations of practices that arose in response to electronic technologies designed to standardize procedures and decision-making.

In all but one of the observed teams, more referrals were received than could be properly managed. The teams, who also had to deal with urgent requests for help, were on the brink of being overwhelmed. The weight of referrals was exacerbated by the introduction of inflexible timescales within which to deal with them. The requirement for an initial decision within twenty four hours necessitated “speed practices” designed to clear as many cases as fast as possible. A number of “deflection strategies” were observed, which were used to avoid, or delay, the necessity for further action by the referral teams. These included bouncing referrals back with requests for further information, or passing cases on to other agencies. Researchers also observed social workers routinely categorizing referrals based on very limited information. For example, if the children concerned were teenagers they were routinely not followed up as it was believed that they must have lived with difficulties for a long time and now be able to deal with them. Similarly, practitioners

tended to avoid visiting children whenever the opportunity arose. If the child had been recently seen (and judged to be safe) by other professionals, further visits were not carried out by social workers. If insufficient information had been received to make a decision as to whether the child needed to be seen, referrals were bounced back with requests for further information. It is easy to perceive the potentially harmful consequences of these speed practices for vulnerable children. It is also possible to imagine the frustration felt by partner agencies when social services are unable to progress cases about which they have genuine concern.

Broadhurst et al.'s (2010) research also considered the use of standardized initial assessment forms within these early assessment teams. Whilst not overly long, the standardized questions and sub-headings were not suitable for many cases, and the explanatory notes proved difficult to follow. This resulted in forms not being completed fully and mistakes in information recorded on them. The study showed that the implementation of a system designed to assist decision making and ensure timely reporting – introduced without “much anticipation of its situated use” (Pithouse et al, 2009, p. 609), actually increased the likelihood of mistakes being made. The authors reinforce the need for deeper understandings of every day practice to be at the heart of the development of systems and technologies.

“We believe that new systems and technologies can be developed that both assist the users in their daily work and achieve desired organizational goals, but without an ethnographically informed understanding of human practice; this virtuous circle will not be achieved.” (Broadhurst et al, 2010, p.367)

Peckover, White, and Hall, (2008) used a socio-technical systems perspective in their ethnographic study into the implementation of the local child index, Childlog, in two pilot local authority areas. The study investigated the technical and organizational factors that affected the use of Childlog. These encompassed: access to ICT; difficulties with registering and logging on; being locked out; difficulties in searching for e-records; deliberations about which children to put on the system or to flag involvement against (for example, some practitioners did not do this if they felt their involvement with the child was likely to be very short and specific, others would log their name against any child with whom they were involved) and gaining the consent of parents. Each of these affected the use of the database, in ways unperceived by those who devised it.

White, Hall, & Peckover (2009) conducted ethnographic research in 4 local authorities concerning the use of the CAF. This framework aims to assist integration of services and information sharing, to facilitate early multi-professional interventions for vulnerable children and young people. The authors conceptualize the CAF as a technology, which places particular demands on the practitioners who use it. A feature of the CAF is that space for narratives is broken up into a series of boxes, which do not necessarily follow any chronological order. Whilst boxes are expandable on the electronic version, there is no room for extra information to be included on paper versions. As a result, many practitioners struggled to fit all the relevant information in and felt that a chronological account of the child's case was interrupted and replaced by disjointed chunks of information. There was evidence that these features made it difficult, not only for those writing the forms, but also for those trying to interpret what CAF forms were really about. Practitioners were often unwilling to fill in boxes that appeared to fall outside of their professional remit; for example, education staff would comment only on issues relating to educational attainment and not complete boxes relating to parenting or housing issues (re-iterating the notion of professional frames, discussed earlier). This in turn made it more difficult for social workers to take cases seriously, due to a lack of necessary information. By making writing and interpretation difficult and by limiting opportunity for practitioners to include all details they would normally share in a narrative account, the CAF appeared to work against effective inter-agency communication, despite the best intentions of policy makers.

Writing about the same study, Pithouse et al., (2009) reflect on the “emergent quality of CAF practices” (p.601) illustrating how policy aims become overshadowed by practical issues that arise in day to day practice. Difficulties with the use of the electronic CAF were defined as; lack of access to computers, lack of privacy when using computers (and thus threats to confidentiality), lack of IT skills amongst some practitioners, breaking up of cases into ‘byte’ size chunks and lack of uniform methods of using it. The authors described practitioners’ frustrations at the length of time taken to complete the forms, and showed methods for bypassing the limitations of the forms by including details of preferred courses of action or employing a ‘negotiating’ style of writing. The authors conclude that, despite its aim to provide a common language amongst those involved in child welfare, CAFs inevitably reflected the professional viewpoints and concerns of their writers.

“The CAF as a classification system has to some extent been designed without much anticipation of its situated use. It inevitably fails to grasp how its ambition of a shared language cannot realistically corral and make common the variable orientations that stem from occupational groups differently trained, tasked and conceptually located.” (Pithouse et al., 2009, p.610)

3.5 Summary: the ‘missing domain’ of information sharing

This chapter has argued that managerialist policy measures implemented to improve inter-agency information sharing have been unsuccessful in effecting the desired changes because they have failed to take account of the complex, emotionally charged and situated nature of the task. More than that, they have carried with them a set of associated, but unanticipated problems. The reviewed literature has presented varying facets of the complexities of sharing information across agencies. It has also argued that for policy to be more successful, it must be grounded in an enhanced understanding of daily practice. Cooper (2005), reflecting on the disconnection between policy aims and practice realities, has suggested that the difficulty of facing emotional realities in child protection work is the central factor accounting for the failure of policy makers to engage with practice dynamics at greater depth. He highlights the need for a policy analysis that is better grounded in recognition of the emotional needs of practitioners and their organizations – that is, the ‘depth’ issues of practice. It is with this call in mind that the research questions and theoretical framework for this study are presented in chapter 4.

4 Addressing the ‘missing domain’: the need for a psychosocial approach

Chapter three began to build a picture of the range of factors that have the potential to influence inter-agency information sharing behaviours. The argument was made that because of the complex nature of the task, information sharing is unsuited to standardized, routinized quality systems (Lillrank & Liukko, 2004). It was also suggested that for positive change to be effected, a better understanding of the day-to-day information sharing practices of practitioners is required, underpinned by

“a significantly more complex set of ideas than is currently offered through the broadly objectivist assumptions within policy discourses.” (Thompson, 2012, p. 9)

Cooper (2005) describes surface level factors as relating to structural and contextual conditions and depth factors as relating to emotional and psychological responses. Guided by this dichotomy, the issues discussed in chapters 2 and 3 could roughly be divided as follows:

Table 1: Surface and depth factors of information sharing

Surface	Depth
Organizational/institutional/team structure; technology; workload; timescales; tools; information systems; policy, strategy; guidance	Sense making; feelings and anxieties; capacity for judgement; quality of interpersonal relationships (including levels of trust)

To better understand the complexities of information sharing in day-to-day practice, a theoretical framework is required that is capable of operating at both the surface and depth levels.

There are a number of theoretical frameworks that have the capacity to enhance understanding of the influence of systemic and contextual factors in relation to inter-

agency working and information sharing. Those that have been applied to the area of inter-agency collaboration include activity theory (Frost et al., 2005; Meyer & Lees, 2013) communities of practice (Lees & Meyer, 2011) and complexity theory (e.g. Hean, Craddock, & O'Halloran, 2009). The drawback of these approaches, however, is that they do not provide any lens for thinking about the influence of psychological or emotional responses on behaviour and are therefore not suited to this study with its focus on the depth, emotional aspects of practice.

Despite the recognition of the emotional nature of the child protection task, there remain few available theoretical frameworks available for researchers wishing to consider the influence of emotions and anxieties on practice. Two approaches that do recognize the role of emotion within working environments are those of emotional labour and emotional intelligence.

Emotional labour is the effort involved in work that entails face-to-face contact with the public, where the worker is required to produce an emotional state in another and regulate their own emotions, in accordance with the 'feelings rules' of the employing organization. This may entail the suppression of the emotions that are deemed undesirable or inducing those that are expected or demanded (Leeson, 2010). The costs or benefits to the worker of this endeavour, as well as a consideration of the support required from the organization to carry out such work, are considered within this framework. Although emotional labour offers an interesting and insightful perspective, because of its focus on individual versus expected organizational response, it is not quite right for this study.

There is a large body of management literature on emotional intelligence, with a small amount of this situated within the social work field (Kinman & Grant, 2010; Morrison, 2006). Whilst there are a number of different definitions of emotional intelligence, they hold the common view that emotional intelligence consists of the ability to recognise and respond to emotions in others, and the recognition and regulation of one's own emotional responses. Theorists also stress the importance of the integration of this emotional perceptiveness, along with cognitive reasoning, to enhance decision making (Gantt & Agazarian, 2004). The focus of this literature is on emotional intelligence as a competence – how it can be fostered (organizationally and individually) and the effects of possessing it, or not. The perspective offers important insights, particularly within a profession where the development and maintenance of relationships with vulnerable service users is key (Morrison, 2006). It is argued, however, that what this study requires is a theoretical framework that can be employed *before* any discussions about emotional intelligence. Before we think about managing and using emotions, we need to uncover the kinds of emotions and psychological responses generated in practitioners by their work and the

effects of these at a conscious and unconscious level. A consideration of how these can be supported within organizational contexts, to a degree sufficient to allow safe and effective practice, must precede discussions about the further development of such competences.

The perspectives of emotional labour and emotional intelligence have potential to offer interesting insights to the field of information sharing. However, because these approaches focus primarily on abilities and actions at the individual level, they provide less guidance with relation to the influence of contextual and environmental factors. Recognising the need for a framework that is capable of addressing factors at both an individual and contextual level as well as at a surface and depth level, Section 4.1 introduces the psycho-social approach of the Tavistock tradition. Whilst not previously applied within the information sharing literature, this approach, originating from the psychoanalytically-informed organizational consultancy work of the Tavistock Institute of Human Relations (TIHR) offers much potential here.

4.1 Anxieties, defences and the Tavistock approach

The work of the TIHR highlights the interrelationships between the powerful emotional states that underlie helping relationships with vulnerable service users and the ways in which work is organized and carried out. Their approach also considers how organizational structures, cultures and modes of operation can help or hinder in dealing constructively with emotions generated by practice (Obholzer & Roberts, 1994). It is one of the themes of the TIHR that organizational structures (surface level factors) and the psychoanalytical perspective (depth factors) must be studied together if real change is to be effected. Working only from the psychoanalytic perspective may heighten people's awareness of and sensitivity to unconscious processes, but will not create the conditions in which such awareness can be used (possibly leading to heightened levels of frustration). Conversely, if only the social perspective is employed, a two-dimensional blueprint for structural change may be produced, which having taken no account of the psychic determinants of the pre-existing organization or the unconscious needs of staff, is likely to fail (Obholzer and Roberts, 1994).

To implement this joint focus, the Tavistock approach combines a systems perspective with insights from psychoanalysis, recognising that individual responses are shaped by systemic factors, and vice versa (Emery & Trist, 1969). Systems theorists (e.g. Reason,

2000) conceive systems as comprising a series of layers, related to the individual, workplace/organizational level and environmental level. The way an individual behaves within a system is affected by factors at each layer of the system and changes to one layer are recognised to have knock-on effects in other areas. The approach was originally developed within engineering as a means to investigate repeated disasters such as air crashes or nuclear power accidents. It is based on the principle that human error is made more or less likely according to conditions within a system and that models of individual culpability are often inadequate.

This research argues that the application of a psycho-social framework, underpinned by the approach of the TIHR, will be useful in exploring the structural and organizational elements that may influence information sharing behaviours. Beyond that, and crucially, it also allows a consideration of how the anxieties and emotions of working with children who are at-risk of harm, may create defensive practice that have the ability to interrupt collaborative processes.

Pioneering work in developing this approach was carried out by Menzies Lyth (1988) in a study that investigated the use of organizational systems as defences against anxiety. Menzies Lyth's research was commissioned by a London based general hospital, which was experiencing difficulties allocating sufficient training time to nurses whilst providing adequate cover for high quality patient care. As a result, the hospital was experiencing a skills shortage amongst nursing staff. The research aimed to identify how work processes relating to these issues could be improved. During the course of her investigation, Menzies Lyth became aware of the high levels of stress and anxiety experienced by the nurses, which resulted in one-third of students withdrawing from their training without completing it. She also observed high levels of sickness absence, as well as high turnover amongst senior staff. As the study progressed, these levels of anxiety and how they related to the hospital's "structure, culture and mode of functioning" (Menzies Lyth 1988, 50), became the focus for investigation.

According to Menzies Lyth, the nurses experienced high levels of anxiety resulting from the primary task of the hospital in which they worked. In caring for vulnerable and dying people, the nurses encountered, on a daily basis, the issues that most of us choose to confront as little as possible. Menzies Lyth explained that this work gave rise to strong feelings of pity, compassion, love, guilt, anxiety and even of hatred or resentment. Using a psychoanalytical perspective, she linked these emotions to the most primitive emotions from early childhood. The emotional effects of providing physical care for patients was intensified by the task of meeting and dealing with psychological distress in others, including friends and relatives of patients who also exhibited strong feelings of fear, grief,

anxiety as well as positive emotions of gratitude, appreciation and respect. In some cases, personal concerns of the nurse were echoed in their nursing practice. An example was given of a nurse who failed to cope with her placement on a gynaecological ward because her mother had undergone several gynaecological operations.

Despite the emotional intensity of nursing described above, Menzies Lyth concluded that this alone did not account for the staffing crisis being experienced by the hospital. Rather this occurred because there was no positive outlet available for nurses to acknowledge, confront and work through difficult feelings. Due to the absence of positive ways for nurses to work through their anxieties, working processes had (unconsciously) developed to reduce the emotional impact of the work for nurses, rather than to carry out the primary task of caring for patients. Menzies Lyth identified a list of 10 “socially structured defence mechanisms.” These defence mechanisms were unhelpful in that they offered only partial defence against anxiety, but also created a set of secondary anxieties, relating specifically to these working processes.

The socially structured defence mechanisms were identified as:

Splitting up the nurse-patient relationship: The more closely involved a nurse was with a patient, the more intense his/her feelings of anxiety were likely to be. In order to reduce this anxiety, the total workload of a ward was broken down into lists of tasks, each of which was allocated to one nurse. The nurse performed set tasks for many patients, but had restricted contact with each patient individually.

Depersonalization, categorization and denial of the significance of the individual: In a similar way, other mechanisms to depersonalize patients were identified, for example, by the reference to patients by their condition, or bed number, rather than their name (for example “the pneumonia in bed 15”). Nurses found it difficult to express preference for one patient over another – the impression being that patients should be nursed in response to their particular category of illness, rather their idiosyncratic wishes and needs.

Detachment and denial of feelings: This related to the need for the nurses to acquire adequate professional detachment, which was also linked to frequent ward moves for junior nurses (they were detached physically as well as learning to become detached psychologically). It also related to the general feeling that nurses needed to maintain a “stiff upper lip” and to “pull themselves together”.

The attempt to eliminate decisions by ritual task performance: Because of the anxiety associated with reaching a decision, particularly concerning patients’ treatments (which always had to be taken in absence of full facts about what the effects of the choice would be), action was taken within the nursing service to minimize the number and variety of

decisions that had to be made. For example, student nurses were given precise instructions about exactly how, when, and in what order, their tasks should be performed.

Reducing the weight of responsibility in decision-making by checks and counter checks:

The research team observed that in order to share responsibility over final decision taking, nurses were in the habit of involving many others in decision making and repeatedly checked their decisions (with their senior and other colleagues), even when it was not a decision that would have serious implications.

Collusive social redistribution of responsibility and irresponsibility: In order to cope with feelings of being burdened by responsibility, or to keep fears of acting inappropriately or irresponsibly at bay, nurses tended to 'split off' aspects of herself from her conscious personality and to project them onto other nurses.

“Her irresponsible impulses, which she fears she cannot control, are attributed to her juniors. Her painfully severe attitude to these impulses and burdensome sense of responsibility are attributed to her seniors. Consequently, she identifies juniors with her irresponsible self and treats them with the severity that self is felt to deserve. Similarly, she identifies seniors with her own harsh disciplinary attitude to her irresponsible self and expects harsh discipline”. (Menzies Lyth 1988, p. 57)

Purposeful obscurity in the formal distribution of responsibility: Whilst student nurses were given set tasks lists, in practice, nursing staff were unlikely to have the same task list for any length of time, and often had more than one list of tasks to complete in a day.

Particularly marked at senior level, there was a lack of definition about who was fully responsible for what and to whom. Linked to this, it was difficult to find out who was able to give permission for nurses to take part in research, who should make arrangements and so on. For Menzies Lyth, this defence was designed to protect from the burden of anxiety related to taking specific responsibility for specific tasks.

The reduction of the impact of responsibility by delegation to superiors: Once again, interpreted as a method for junior nurses to avoid an unnecessary burden of responsibility, it appeared that nurses and students carried out low levels of tasks in relation to their abilities, with tasks being

“frequently forced upwards in the hierarchy so that all responsibility for their performance can be disclaimed” (Menzies Lyth 1988, p.59)

This added complexity to work load planning, which became time consuming and was carried out by a senior member of nursing staff, tying up valuable resources.

Idealization and underestimation of personal developmental possibilities: Menzies Lyth concluded that in order to ease anxiety about successful completion of nursing tasks, nurses made sure that only responsible, competent, vocationally driven people, were recruited as nurses. This gave rise to an attitude that recruits were already sufficiently mature and responsible for the job, therefore training consisted only of conveying facts and techniques, with no emphasis on emotional support. This also threw up the contradiction that whilst a strong sense of responsibility and maturity was looked for in new recruits, a high proportion of their duties actually consisted of simple tasks.

Avoidance of change: Because change is a journey into the unknown, it can cause severe anxiety and Menzies Lyth suggested that the nursing profession tried to avoid change wherever possible. The presenting problem was a good example of the difficulties of initiating change, which only usually tended to occur at the point of crisis.

Menzies Lyth uncovered a number of problems, or secondary anxieties, which arose from this defensive organization of work. Defences of detachment from patients, avoidance of making decisions and taking responsibility resulted in low job satisfaction, underemployment of nurses' skills and concerns about being unable to cope under pressure. Whilst Menzies Lyth's work was carried out many years ago in a nursing context (her original study was carried out in 1959, with the version quoted here being an edited collection of a selection of her work), her work undoubtedly holds much relevance to the current context of social work in England (Lawlor, 2009; Krantz, 2010; Cooper, 2010). A number of authors have drawn parallels between the context of prescriptive, managerialist regulation (with associated feelings for social workers of reduced job satisfaction and being overwhelmed) and the socially structured defences and associated secondary anxieties described by Menzies Lyth (e.g. Lees, Meyer, & Rafferty, 2011; Taylor et al., 2008; Whittaker, 2011). For this reason, her work is used to guide the analysis of the presence of anxiety, and socially structured defences within the research sites.

Further insight is gained from Woodhouse and Pengelly's (1991) psychoanalytically informed 2 Year study of collaboration within a multi-agency network (relating to marriage guidance, counselling and support) that developed Menzies Lyth's work within a multi-agency context.

Woodhouse and Pengelly observed at least three levels of defences at play in this particular multi-agency network:

- defences enacted by individual practitioners – especially emotional withdrawal, splitting and denial – where uncomfortable feelings are shifted outside oneself, by blaming someone else for them.
- agency-specific structural defences, embedded within professional/agency culture as expressed in its rules and practices (such as those discussed by Menzies Lyth in the hospital context) and
- defences related to inter-agency working - particularly reverting to formulaic and narrowly defined courses of action and attempting to channel anxiety into (or pass the responsibility to) other agencies through early/inappropriate referral to others.

Again, these insights are used to direct a consideration of the formation of socially structured defences at various layers of the system. More recently, Cooper (2010) has suggested that modern day social work and welfare organizations are beset by professional anxiety; rationing anxiety (in the face of scarcer resources); performance anxiety (in the face of managerialist policy) and partnership (or governance) anxiety concerning the management of networks. Krantz (2010) has reflected how new ways of working across networks, computer mediated communication and knowledge work all require new ways of thinking about social defences and the development of new ways to contain them. The work of these authors presents a useful conceptualization of how anxiety may be being shaped by 21st century contexts.

A pre-occupation that goes hand-in-hand with the investigation of the effects of anxiety within organizational settings is the focus on how practitioners can be supported to acknowledge and work through their emotions to prevent them becoming overwhelmed or ineffective. Bion's (1962) work on containment is key in this regard. For Bion, to learn from experience derives from:

“The capacity actually to have the experience, in the sense of staying with it, of really undergoing and suffering it, rather than seeking to dismiss it, or to find some way of bypassing it.” (Waddell, 2002, p.28-29)

In developing this capacity in an infant, the mother, or mother figure, plays a vital role. In his early days of life, a baby cannot properly think, but experiences a confusion of

impulses and sensations (Waddell, 2002). When he expresses (projects) these, through crying, a mother's ability to remain calm and nurturing, and to work out the source and possible solution to this distress (for example a need for feeding or sleep), allows him to feel loved, understood and provides a model to show that difficult feelings can be worked through and thought about.

“According to this way of seeing things, the mother becomes the ‘container’ and the baby’s fragmentary impulses and emotions, the ‘contained’. The container/contained relationship constitutes Bion’s model for the thinking of thoughts, a model for processing emotional experience...impulse life may thus be bound by thought rather than merely enacted and re-enacted.” (Waddell, 2002, p.32)

From the Tavistock perspective, organizations need to be designed in a way that offers staff, particularly within helping professions, effective containment of their anxieties (Lawlor, 2009). Mechanisms through which this may be achieved are also part of the focus of this piece of research.

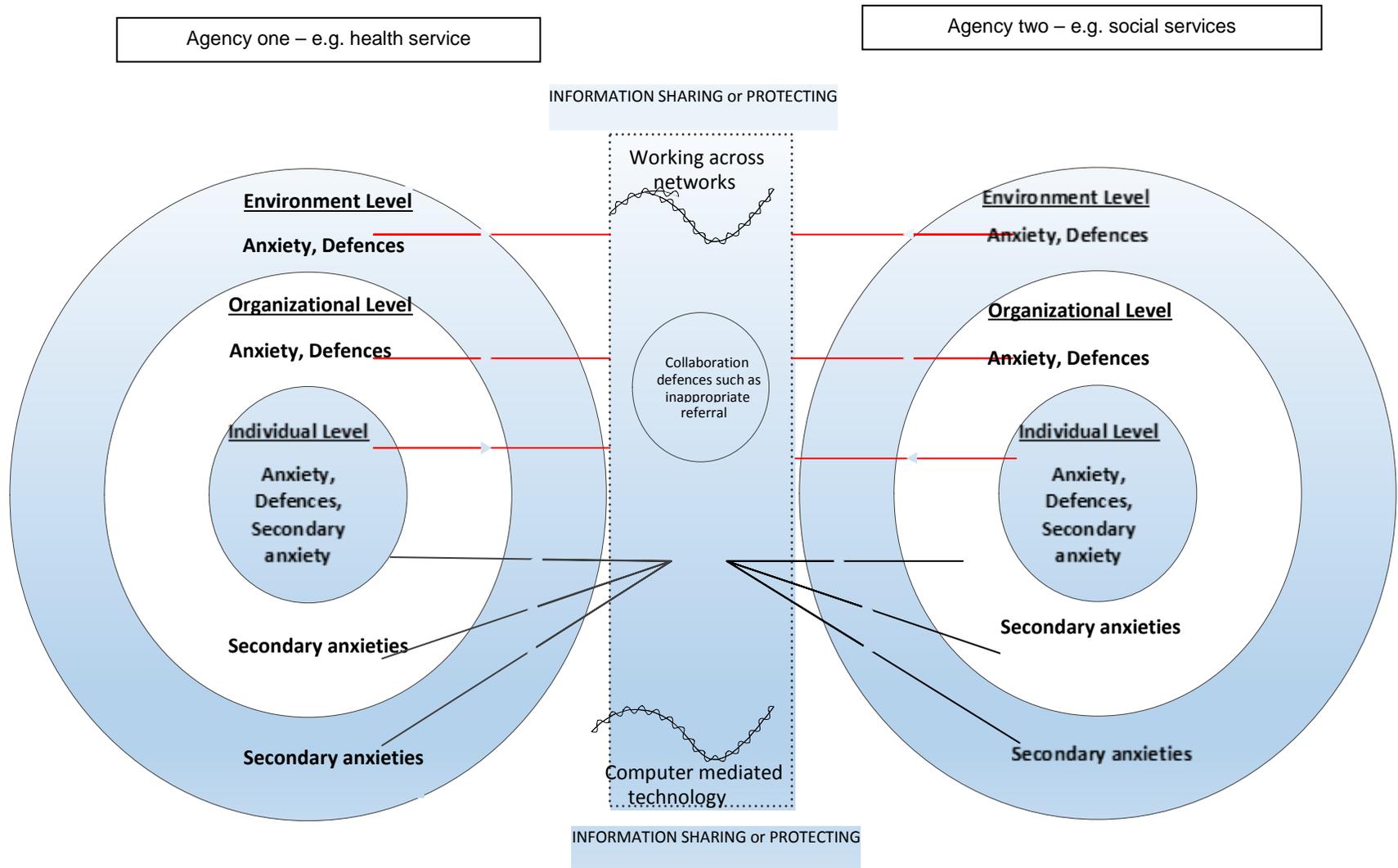
4.2 Theoretical model for research

The theoretical model, which adapts and develops the simple systems model developed by Emery and Trist (1969), allows for consideration of systemic/organizational and emotional/psychological influences on information sharing behaviours at the levels of environment, organization and individual. The model also investigates the existence of anxieties, defences and related secondary anxieties at each level of the system – as well as between systems, in the form of collaboration defences. The two sets of concentric circles represent two agencies/or teams (of course many more could have been shown) – each consisting of the layer of the individual practitioner, the organization and the wider environmental context. The division of agencies into a number of layers shows how factors at a number of levels can generate feelings of anxiety, and lead to the development of defences and associated secondary anxieties.

Whilst anxiety is experienced by individuals (or groups of individuals) – it can be sparked by factors at a number of levels. Influences at the environmental level may include

government policy, social and economic factors. At the organizational level, issues relating to team and management structures may contribute to anxiety. At the individual level, anxieties are influenced by individual characteristics, preferences and experiences. The shaded rectangle between the two agencies represents information sharing between agencies and suggests that particular anxieties, defences and secondary anxieties are likely to arise within this collaborative space.

Figure 1: Theoretical model



4.3 Research questions

Before introducing the research questions it may be helpful to reprise the points that have been made so far about the nature of information and information sharing.

It has been argued that policy makers have dealt with information and information sharing as if it is a straightforward matter that can be solved through the application of rigorous processes and protocols. This has fuelled the development of a managerialist approach to policy within children's services and the public sector more generally. Increasingly, however, it is being suggested that managerialist solutions have been offered in the absence of a detailed understanding of day-to-day information sharing practices, or the issues with which practitioners struggle. This has meant that intended solutions have not brought about the desired improvements, and that knowledge concerning practitioners' experiences and perceptions of information sharing remains patchy.

It has also been argued that information sharing is likely to be complicated by the ambiguous, situated and emergent nature of information being dealt with and the emotionally intense nature of the child protection task. It is argued that anxiety and defences are, therefore, likely to be manifest within child protection networks, and that these forces may be shaping information sharing practices in ways that have not yet been considered within the academic literature.

Guided by the literature review and the theoretical perspective outlined above, the study therefore asks the following questions:

How is information sharing understood and experienced by front line child and family social work practitioners?

- What are the tasks and activities that make up information sharing for these practitioners?
- What difficulties do they experience in relation to information sharing?
- To what extent are social systems as defences against anxiety evident in these settings?
- What are the factors that support practitioners in their information sharing practice and how could these be further enhanced?

The way the research has been designed to investigate these issues is discussed in chapter 5.

5 Methodology

In this chapter the research methodology is discussed. Methodology can be understood as representing the research design as a whole – including the overall purpose of the research, the philosophical and theoretical assumptions that give it direction as well as the methods chosen to collect data (Richardson, 2007). As has been already argued in relation to information sharing, before decisions about research tools are taken, the purpose of the research, the nature of the phenomena under investigation - and what can be known about it – must be clarified. The relative strengths and weaknesses of the available approaches are then considered, having taken such issues into account. In this chapter, the philosophical position is stated, a number of research approaches that were considered are outlined and a description of the steps taken to collect and analyse data is provided.

5.1 Research purpose and theoretical assumptions

As explained in the previous chapter, this research seeks to access practitioners' experiences and understanding of information sharing and within this, the effects of emotions and anxieties on practice. Guided by the theoretical framework, it also considers the influence of socially structured defences within information sharing practice to safeguard children.

These aims are underpinned by a set of assumptions about the nature of the phenomena studied, the knowledge that can be gained about them and the most appropriate methods for doing this. These assumptions (which are iterated below) situate the research within the constructivist paradigm (Guba & Lincoln, 1989). A paradigm can be explained as a set of beliefs that direct the way in which research is carried out. Conventionally, two main paradigms have been set against each other within the research literature – these are the positivist and constructivist paradigms (Guba and Lincoln, 1989). Whilst often labelled differently by different authors, there is general agreement that these two paradigms are opposed to each other due to the differing assumptions they make about ontology (the nature of reality); epistemology (the nature of knowledge) and methodology (how knowledge should be gained).

Positivism views social reality as having an external existence of its own – however ambiguously represented - that can be uncovered through the research process and intellect of the researcher (Hollway and Jefferson, 2000). On the other hand, constructivism posits that social reality is constructed through our interpretations about it. Kvale (1976) characterised the difference in approaches as the miner, collecting pre-existing data from somewhere within the social strata, versus, the traveller, who is intergrally involved in constructing explorations (Dunne, Pryor and Yates, 2005, p. 15).

For this research, the constructivist paradigm is believed to be appropriate for a number of reasons. The constructivist framework is compatible with the view of information as constructed, situated and emerging, which has been discussed in chapter 3. It is particularly pertinent when considering the processes involved in categorizing cases and interpreting ambiguous descriptions. It allows consideration of the complex layers of factors that may influence interpretations about what information should, and should not, be passed on to others and how this is carried out. The research does not seek to identify the ‘right’ information, nor how it is best passed on. Rather, it seeks understanding of the way that information (and its exchange) is perceived, constructed, enacted and experienced by the practitioners involved.

It is also argued that the notion of ‘socially structured defence” is a construction in itself – representing a particular interpretation, and attribution of meaning to, observed organizational structures. It is entirely possible that what this research deems to be socially structured defences, may be considered by others to be an entirely reasonable and purposeful feature of social work organization. Such interpretations are likely to be dependent upon individual characteristics and position within organizational hierarchies.

From this assumption about the nature of reality flow another two – related to epistemology and methodology. In terms of epistemology – if realities are multiple, constructed and holistic, it follows that the knowledge that we can hope to gain about reality, must also be these things. Therefore this research does not look for objective knowledge, but seeks to acknowledge and understand subjectivities, complexities and constructions. The role of the researcher in constructing this knowledge, through the way the research is conducted and interpreted, is also acknowledged.

In adopting a constructivist position, however, the research does not intend to set itself afloat on an “endless sea” of “radical relativism” (Dunne, Pryor and Yates, 2005, p.23), which professes the possibility of many versions of the world, each as valid as the other. Rather, this research believes that whilst aspects of the social are constructed (the concept of anxiety, socially structured defences, and professional talk, being cases in

point), there are physical realities that should not be argued about. In the domain of child protection, harm to children is real, powerful emotional states are real, how we talk about and conceptualise them, however, is “tempered by our position in time and space and the cultural milieu we inhabit.” (ibid, p.20).

In arguing for a reconciliation between the two perspectives, Cupchik (2001) proposes an approach of ‘constructivist realism’, which focuses less on issues of social reality and more on processes to generate knowledge and attribute meaning:

“Locally we can distinguish a number of worlds that exist in parallel, including: the physical world of animate and inanimate objects, the social world, and the personal world of the self. A positivist scholar and his constructivist neighbor next door will be in full agreement regarding physical events which confront them both, such as the unexpected arrival of 20 cm of snow. They may even agree about the reality of having a difficult neighbor who consistently fails to shovel the sidewalk in front of his house. But the level of shared experiences diminishes as we move from the physical burdens of weather to the social realities of neighbors and the personal realities of feelings and memories of neighbors-past.” Cupchick (2001, p.4).

This distinction is an important one. The research adopts a position that could be labelled ‘weak’ constructivism, or by others ‘constructivist realism’ (Cupchick, 2001) or ‘transcendental realism’ (Scott, 2000). As always in methodological debate, there is the issue of nomenclature. However, the research occupies a position that neither completely abandons the independence of the physical world, nor insists on the possibility of a single true account (Dunne, Pryor and Yates, 2005).

In terms of methodology, the research aims necessitate the gathering of rich data and ‘thick description’ (Geertz, 1973) through which a detailed examination of information sharing practice, as well as a consideration of how this may be being shaped by the emotions inherent in the caring task, may be carried out. The need for rich, freely structured data led to the consideration of a number of methodological approaches, particularly around the collection and use of narratives. These are described below:

Free Association Narrative Method: This method of data collection and analysis is described by Hollway & Jefferson (2000) in their account of the application of psychoanalytically informed methods to a qualitative study on the fear of crime. Hollway and Jefferson conducted two open ended interviews with their participants to elicit stories about their lives and their feelings on crime. Data was then analysed using psychoanalytic concepts to interpret accounts and to explain the links between views of crime and life events. This approach was considered because of its ability to yield rich, narrative data about participants' personal histories and for its compatibility with psychoanalytically informed interpretation.

There were, however, two main issues which prevented the application of this approach. Firstly, the particular method of analysis was problematic as it necessitates a level of training in psychoanalytic analysis which is beyond the specialism of the researcher. Secondly, as critical realists, Hollway and Jefferson are clear that they seek to uncover the reality of the life experiences that explain the narratives employed by participants to accounts for their lives and views on crime. Using psychoanalytic techniques they present an account of 'reality' that is not always compatible with the stated views of their subjects, but that they have uncovered through their interpretations. This places the approach more appropriately within the positivist paradigm. As a result, this method is not appropriate for this study, which, conceived within a constructivist paradigm, aims to contribute new insights and interpretations, rather than reflecting 'one true' version of events.

Narrative research: Another option considered was that of narrative research (without the psychoanalytic focus applied by Hollway and Jefferson), which is also concerned with uncovering the themes, or wider narratives, that shape participants' accounts – and is thus compatible with the implementation of the psycho-social framework. The narrative approach provides data that (as far as is possible within the context of a research interview) occurs and develops naturally, providing valuable insight into participants' experiences and understandings. However, it was discounted because the parameters around the definition of what constitutes a narrative appeared to limit the possibilities for data which could be included within the study. For example, (Hinchman and Hinchman, 1997, p.xvi), state that

“Narratives (stories) in the human sciences should be defined provisionally as discourses with a clear and sequential order that connect events in a meaningful way for a definite audience and thus offer insights into the world and/or people’s experiences of it”

Whilst likely to be revealing and useful within the wider research data, it was considered unlikely that all data collected would be in narrative form.

Psychoanalytic observation of organizations: Considered as a method for the observation element of the research, this method, developed by Hinshelwood and Skogstad (2002) was of great interest to the researcher because of her interest in the psycho-social approach and proposed implementation of Menzies Lyth’s framework. Developed from the infant observation model, this approach to participant observation constitutes the following facets:

- 1) The participant observer attends the site at a regular time over a period of months, adopting an attitude of ‘friendly reserve’
- 2) Observations are focused on what is happening within the research setting, but also on capturing the emotional atmosphere and the feelings generated within the researcher
- 3) The observer becomes part of a seminar group at which a number of observers discuss their experiences of observation. Attendance at this seminar begins before the observation period commences, continues throughout and carries on for a period afterwards to support sense-making and analysis.
- 4) Access negotiations for the research site are taken as part of the emotional ‘data’ about the setting

The use of this model was not completely possible for the researcher, whose interest in the psychodynamic had developed, somewhat unexpectedly, during the process of literature review. Because of this, the researcher’s two supervisors, whilst very supportive of the study’s proposed theoretical framework, were not experienced in the psychodynamic approach and therefore felt unable to signpost the researcher to the relevant seminar/support to enable this model to be followed in its pure form. However, a number of facets of this model were integrated into the chosen research design, which, for this reason, is labelled as *psycho-socially informed* case study combining elements of psychoanalytic observation with the more traditional ethnographic case study design. This approach is described below:

5.2 Psycho-socially informed case study

Ethnography is a social research methodology, developed originally by anthropologists, which entails spending time alongside the people being studied – immersing oneself in their culture for a period of time, with a view to understanding the issues that are the focus of the research (Hammersley & Atkinson, 2005). Compatible with this, a case study is a methodology which investigates a ‘case’ in order to answer specific research questions, using a range of different kinds of evidence from the case setting, which have to be abstracted and collated to get the best possible answers. The use of multiple sources of evidence, each with its own strengths and weaknesses, is a key characteristic of case study research (Gillham, 2010, p.2). Case study is particularly suitable for the study of human phenomena as they happen. Particular strengths of a case study design for the purposes of this research are that it emphasizes the importance of contextual conditions (Gillham, 2010; Stake, 1995; Yin, 2009), pursues complex meanings, accepts multiple realities and seeks to understand through experience and interpretation (Stake, 1995). A defining feature of the approach of this study was the investigation of the case at three levels, as defined by Hinshelwood and Skogstad (2000):

- The events happening (as described by research participants and observed by the researcher)
- The emotional atmosphere
- The inner experiences of the researcher

These three levels were borne in mind at all parts of the research process, both in observations, interviews, and as far as possible, documentary analysis.

5.3 Methods

As discussed above, the case study approach is characterised by the use of multiple methods. This research employed observations, semi-structured interviews and documentary analysis – in an attempt to view the phenomena from as many different angles as possible (Gillham, 2010).

5.3.1 Observations

A number of 'strands' of observation were conducted:

1. *Observations of the day-to-day, office based activities* – with the aim of observing the lived experiences of research participants, the kinds of information sharing activities in which they were involved, the organization of work and working processes, the atmosphere within the team and the challenges of their work and the supportive mechanisms to which they had recourse.
2. *Observations of multi-agency meetings either on or off site* – to observe inter-agency information sharing in action – to gain a view of the differing contexts and dynamics under which activities take place.
3. An additional strand to the research observations, was the consideration of the negotiating of access arrangements, both to the site, and the ethical review process in general. This was considered as data about the research site and the wider context in which it was operating (this is discussed in the section concerned with ethical review processes in chapter 6.).

A period of two weeks of office-based observation was carried out in each team – with a slot of approximately 3 hours being carried out each day during that period, which was agreed in advance by the team leaders.

As in Hinshelwood and Skogstad's (2000) model, the researcher adopted the role of participant observer within the research setting and aimed to maintain an attitude of friendly reserve. There have been several attempts to classify the various roles that observers may take in research settings. Junker (1960) classified roles according to the level of involvement of the researcher within the setting. That is, *comparative involvement* (a role of complete participant or participant as observer (participant observer)) versus *comparative detachment* (observer as participant and complete observer). The complete observer role is classified as having no contact whatsoever with research subjects; for example observing them through a one-way mirror, or from afar. Complete participant on the other hand may hold an existing role within the research site and carry out observations whilst carrying out this role. Thus research activities may be completely concealed.

The role undertaken by the research in this study could best be described as 'participant observer' – the researcher was visible to the research subjects whilst in the office and observing meetings. At times there was opportunity to talk informally with research participants at more length, for example on a shared journey to a court proceedings, or if a

member of staff approached the researcher to talk about the study. In general, however, whilst in the office, or in attendance at multi-agency events the researcher tried to remain as unobtrusive as possible, not least because of the busy-ness of practitioners and the nature of the work they were carrying out.

The taking of field notes was vital for the observational element of the research, and notes were taken regarding events observed and emotional responses perceived. Perhaps somewhat unusually, it was often possible for notes to be taken *during* observations – the researcher was allocated a free desk space each day, depending on who was in the office, and therefore which desks were available. She could therefore, generally, make brief notes of issues relating to the events observed and related emotional impressions, in a fairly unobtrusive manner. This was found to be very helpful, especially as it was the researcher's first experience of (psycho-socially informed) observations. These notes were typed up in full and expanded as soon as possible after each observation session.

Note taking was not carried out in situations where it was judged to be intrusive, e.g. in multi-agency meetings, where the researcher's desk position was overlooked or highly visible to research participants.

5.3.2 Semi-structured interviews

Whilst observations allow the researcher to witness and make interpretations of events as they happen, interviews are important in accessing participants' own interpretations and experiences of these events. Stake (1995) suggests that qualitative interview in case study methodology is the 'main road to multiple realities' – allowing the researcher to access the understandings and meanings attributed by research participants.

To this end, semi-structured, or 'open-ended' interviews were carried out with senior practitioners, social workers and social services assistants, all of whom were involved in frontline practice to provide services to vulnerable children and families. The inclusion of three different job roles was useful to enhance understanding of how the nature of information sharing – and the associated social defences - differed, and intersected, at various points in organizational hierarchies.

The interviews used a topic guide consisting of a number of open-ended questions relating to participant's perceptions and experiences relating to job role and career; interprofessional working; information sharing; paperwork/computer records; policy framework; emotions experienced and support/containment opportunities. The interview

guide included a number of prompts on topics of interest that could be used by the researcher if necessary. Where possible, the conversation was allowed to flow naturally, with themes being covered in the order they were introduced by respondents. This is consistent with interviewing in the constructivist paradigm and contrasts with the use of structured, closed questionnaires in a 'positivist' approach, where questions must be asked in the same manner/order all the time. The interview guide (Appendix 3: Interview topic guide) was refined over the course of the first three interviews, after which time it began to flow well, with respondents engaging readily with the topics. Interviews tended to last in the region of 45 minutes to one hour and were recorded and subsequently transcribed. At the end of each interview, the researcher also made notes about her impressions of the interview, both at an emotional and 'content' level.

The combination of the methods of observation and interviews proved to be a useful one – with interviews providing a useful way to check out emerging ideas and interpretations from observations. An example of this related to the interpretations concerning the level of support and containment provided for practitioners. Whilst conducting observations in the first team, the researcher noticed how often social workers would talk through cases with their senior practitioners, to ask for advice or to seek reassurance on actions they had taken. The researcher interpreted these interactions as being opportunities for containment and support for social workers and the first few interviews that were carried out reinforced this view. However, as interviews with some of the younger, less experienced social workers began, the researcher learned that they did not always interpret their interactions with senior practitioners as supportive – and that when they were seeking reassurance they would talk to their peers instead. This led the researcher to recruit more social worker interviews to try to investigate this further.

In the second team in which observations were conducted, 'talking over' cases happened very frequently, often including a number of managers and practitioners, going through cases at length. The researcher had a 'hunch' that this kind of talking over may represent a defence mechanism – something to try and bring clarity to complicated and unclear cases, or similar to that of Menzies Lyth's (1988) observed defence of checking and counter checking decisions. The researcher did not feel confident about this emerging interpretation though, until a number of interviewees expressed their own frustration with the over-involvement of numerous managers in reaching decisions and talking through cases. These participants linked practices of micro-management to feelings of anxiety and not being able to fulfil role appropriate responsibilities.

5.3.3 Documentary analysis

Research participants were asked what protocols or guidance were in place to guide their practice. Relevant documents such as the 'Working Together' (HM Government, 2010) guidelines were often volunteered for the researcher to look at. These documents were read with a view to understanding the policy context – as well as in terms of factors that may stimulate anxieties and defences – in which child protection is carried out. As interviewing continued, the researcher became interested in the many referral forms, request for information forms and assessment forms that practitioners must complete/work with as part of their daily lives. Copies of these were requested with the intention to use them to provide contextual information, but also as manifestations of managerialist culture.

5.4 Consent

The issue of consent emerged as a challenge in this research, primarily due to the fact that steps laid out in the research protocol were not entirely suited to the taking of consent in large, time pressured teams where practitioners were often not at the same desks or in the office at all. (A reflection on how adherence to formal procedures is not always possible in the 'messier' practice domain). All participants and potential participants were emailed a copy of the participant information letter and received additional explanations from their team manager about the research study. The following consent processes were employed:

5.4.1 Interviews

Signed consent was taken from all interview participants before they were interviewed. This included an explanation of the aims of the research, permission to record and to use data within research findings. Also at this stage, signed consent was sought (and given by all interviewees) for the researcher to observe their practice. This was a straight forward process because there was time and opportunity to take consent within the context of a research interview.

5.4.2 Observations

5.4.2.1 *Multi-agency meetings*

Verbal consent for the researcher to observe multi-agency meetings was sought from professionals, either just before, or at the beginning of multi-agency meetings. This was either done by the researcher personally, or by the professional chairing the meeting. If parents were present at meetings, their consent was sought in advance of the meeting date, by the social worker who was in charge of their case.

5.4.2.2 *Office based observations*

The research protocol had anticipated that it would be possible to gain written consent from all practitioners within office space where observations were carried out. In fact it was only possible to gain *written* consent from all practitioners in the referral screening team, – where this was possible due to the smaller and non-mobile nature of the team. In the other two teams however, because of their size and mobile nature (with practitioners coming and going, not always in the same place), the researcher had to rely on verbal and/or opt-out consent from participants (although consent to be observed was given in written form by all those who had also undertaken research interviews). This was achieved in the following ways:

- Participants all received a written explanation of the research and a participant information sheet via email from the researcher, with additional verbal explanations given by a manager. This stressed the fact that they had the right to refuse to be observed and to ask questions about the research.
- During the observation period in both the initial assessment team and the longer term team there was the opportunity for many informal conversations with practitioners within the teams, to explain the nature of the research, explain that they could let me know if they did not wish to be observed and for them to ask any questions. The opportunity to ask questions about the research, and to seek understanding as to its purpose was taken up by a number of practitioners, who, once reassured that I was not monitoring or evaluating them, were happy to

participate and in fact then often volunteered information or asked the researcher if she wished to attend particular meetings.

- In the longer term team, the researcher attended a team meeting ahead of the office based observation to explain the research and to stress again that they were free to ask questions and to not take part if they did not want to. The researcher was reassured that participants felt able to refuse consent because there were a small number of occasions when she asked practitioners if it would be appropriate to attend certain meetings with them, but which they refused because the cases were particularly sensitive, or they felt that it would not be suitable for the service user.

Another adaptation from the research protocol was also enacted during fieldwork. Within the research protocol it was stated that the researcher would take research notes within the setting that would then be anonymised at the point of transcription. However, because of the sensitive nature of the material to which the researcher was privy, the decision was taken to anonymise field notes also, using an initialled/pseudonym system so that practitioners' names could not be identified at any point. A great deal of thought was also given regarding what information should be recorded regarding cases that were discussed in the offices. As a rule, the researcher tried to record as few details as possible about individual cases, beyond the *nature* of the case. This was indicative of the anxieties the researcher experienced regarding confidentiality following the high importance that was afforded to this issue by the ethical review process (discussed in more detail in chapter 6).

5.5 Reflection

Reflection was an important part of this work, particularly to interrogate observations about what events, and associated feelings, might signify in relation to the study's focus on organizational structures as defences against anxiety.

Some of this reflection happened, and was recorded, during data collection itself; during quieter times in the office observations, or when a comment made by a respondent during interview sparked a particular line of thought. However, it was not always possible to sustain this degree of reflexivity *during* data collection, when the researcher's attention and intellect was very much taken up with trying to capture everything that was being said and done within the research environment.

Therefore, keeping a research diary, that was integrated into written up field notes (and updated as soon as possible after each episode of data collection) proved an invaluable

tool for deeper reflection. Events that happened, how research participants appeared to be feeling, as well as the researcher's own emotions, and what these might be revealing, were reflected upon.

During the second year of the PhD process, a third supervisor joined the research team, due to her expertise in psycho-social research, in line with the study's developing focus. This supervisor provided helpful advice on the psycho-social element of the research and offered guidance on the analysis of data at both the surface and depth levels. One example of this, which also illustrates the usefulness of 'emotion information', occurred during the researcher's observations in the team she observed second, that is the longer term team. In the early stages of her time in the longer term team, the researcher experienced some unease and confusion about her role. Initially she had been welcomed in to the team and practitioners appeared interested in her study, with one person volunteering to give her all the necessary information and schedule meetings for her to attend. However, on arrival in to the team, this volunteered help was not forthcoming and there appeared to be reticence around allowing her access to certain meetings and confusion about her role. The researcher felt as if she was being given 'mixed messages', which led her to experience feelings of frustration and confusion.

Observations in the office space were also difficult to carry out due to the busy, overcrowded environment and high noise levels. The researcher also experienced uncomfortable feelings about the confused and somewhat vague air of some of the social workers. These feelings were in contrast to her experience in the other two teams which she found easy to observe and where she had felt at ease, welcomed and accepted.

The researcher's supervisor advised her to record her feelings and to trust that they were 'telling' her something. As time in the team progressed, it became apparent that the precarious position of the team, just having recovered from major restructuring and job losses and on the verge of further changes, was exacerbating feelings of uncertainty, confusion and anxiety within the team. In a fascinating team meeting, a new member of the senior management team told staff that he recognised the need for enhanced support and resources for workers - just before telling them that they were due for another round of cuts. The mixed message here was quite amazing – and suggested to the researcher that the team's frustration at receiving mixed messages and the anxiety relating to the ambiguity of their future position had been conveyed to the researcher 'emotionally' before she had the facts to explain them. There is an interesting parallel in this experience and in the points that are made about emotion as information, later on, in chapter 10. This insight helped to ease the researcher's anxieties and the data subsequently generated within this

team, particularly the interview data, was very rich and offered fascinating insights into workers' experiences.

5.6 Data Analysis

As discussed in the previous chapters, the research investigates influencing factors, at the surface or contextual level and deeper, emotional/psychological levels on inter-agency information sharing. This necessitates a method of analysis which also allows for interpretation at these two levels. This research employs thematic analysis because of the flexibility of the method and its appropriateness to a range of epistemologies and research questions (Braun and Clarke, 2006).

Thematic analysis is a method for identifying, analysing and reporting patterns (themes) across a data set. It therefore takes a collective overview rather than treating individual cases separately as in the narrative or biographical tradition. The method is presented as having 6 steps – and in the case of a theoretically based analysis, 7 – with the initial stage being engagement with literature prior to analysis.

1. Engagement with literature prior to analysis
2. Familiarizing yourself with the data
3. Generating initial codes
4. Searching for themes
5. Reviewing themes
6. Defining and naming themes
7. Producing the report

These were the steps and processes broadly followed in data analysis. Data was stored and managed through the use of NVivo 10. Using this software package, transcripts were read in detail and coded, with codes being re-named, re-grouped, merged or disregarded, as issues emerged and re-emerged in subsequent transcripts. This resulted in a series of versions of the coding scheme - examples of which are included in Appendices 4 and 5. The coding frame was increasingly refined (although not necessarily much shortened) towards the production of the final version, which was then used as a basis for analysis and writing. Coding was both deductive (themes identified in theoretical framework were looked for within the text) and inductive (codes that have not been pre-conceived were allowed to 'emerge' from within the data). Deductive coding was guided by the theoretical framework, in particular paying attention to anxieties, defences, tasks and emotions at

each level of the organizational system. Inductive coding was also carried out – for example in the discovering that participants often spoke about their information needs, which became an unexpected focus of analysis.

The act of writing in itself was experienced as a powerful tool for analysis. Whilst the process of coding grouped together findings into similar themes, writing required that these be pulled together in a meaningful way that seemed to best describe the story of the research. In the words of one of the supervisors of the study, writing up the thesis was akin to the process of deciding how best to cut the cake.

This part of the analysis was experienced as a highly emergent process – in beginning to write the research in a certain way, unanticipated links and questions arose – which at times necessitated further checking with the data and the development of arguments that had not been foreseen. The experience resonated with White's (2002) description of the purposes of talk; writing performed a vital ordering task in which findings were assembled and constructed in a particular way, with alternative readings being put to one side.

It is also important to acknowledge the interplay between observations, interpretations, and checking within the data, that was integral to the formation of codes, and their presentation in the discussion of findings. This was a process that began during fieldwork and continued at the coding and writing stage. To explain this, it is helpful to consider the identification of excessive 'spotlight' processes to focus, clarify and classify cases, discussed in 10.5. Analysis of these observed behaviours began during fieldwork. Whilst conducting observations in the LTT, the researcher was struck by the frequent case discussions taking place, the level of direction provided by senior practitioners for their social workers and the apparent quest for clarity within highly ambiguous situations. At this point, she perceived these behaviours to be excessive, and felt that they may represent a form of socially structured defence. However, it was not until data emerged during interview, in which practitioners expressed their frustration at these repetitive processes, that she felt confident in her identification of this as a defensive, rather than a purposeful, feature of organizational design. This is reflected in the coding frame, at page 254, where a code is included 'talking over cases, counter checking, micro management, upward delegation of responsibility (d.o.r.)'. In this way, an issue that emerged during fieldwork, has been given a name and 'evidenced' within the data.

The development of the spotlight analogy occurred at a later stage. When writing up, and seeking to 'tell the story' of the research, it occurred to the researcher that the commonalities between the defences observed within the LTT and IAT, related to attempts to classify and clarify cases within contexts of ambiguity, scarce resource and

performance management. This stage of analysis was an additional element to the inductive/deductive phase, and can be described as ‘abduction’, a technique which may be used in both the constructivist and critical realist paradigms (Meyer and Lunnay, 2013). Abduction involves the researcher making relations and connections that are not otherwise obvious, allowing them to formulate new ideas and to see something extra. This resonates with Ragin’s (1994) suggestion that:

"Social research, in simplest terms, involves a dialogue between ideas and evidence" (ibid, p. 55).

5.7 Rigour

Because of the constructivist nature of this research, issues of rigour are of great importance. Lincoln and Guba's (1985) seminal work provides a valuable discussion of the measures that are useful to ensure the quality of ‘naturalistic’ research in contrast to those which are generally applied to quantitative methods. (Whilst the authors employ the term ‘naturalistic’ research in this earlier edition, they adopt the term ‘constructivist’ to describe their approach in later work (Guba & Lincoln, 1989)). For consistency, the term ‘constructivist’ is employed throughout this section.

The measures they identify for each paradigm are:

Table 2: Criteria for Rigour

Postivist measures	Constructivist equivalent
Internal validity	Credibility
External validity	Transferability
Reliability	Dependability
Objectivity	Confirmability

5.7.1 Credibility (for internal validity)

In positivist terms, internal validity is defined as the extent to which variations in an outcome (dependent) variable can be attributed to a controlled variation in an independent variable, in order that causal links can be inferred. Since a variety of factors may influence the outcome, the purpose of positivist design is to control or randomize those factors.

Factors that may interfere with the establishment of internal validity include inconsistent measurement processes, comparison of essentially non-comparable groups, respondents changing their mind or responding in different ways at different time points or stages. If any of these issues arise, internal validity is threatened and one cannot be sure that observed effects are 'real' and not caused by some other, unaccounted for, variable. The difficulty with this position for research within the constructivist paradigm, is that 'reality' is seen as a set of constructions rather than a set of 'true' principles, relationships and phenomena that can be tested, measured and related to each other. In order for the constructivist to show 'truth value' s/he must show that s/he has reflected those multiple constructions adequately. The operational word to describe this is 'credibility'. Lincoln and Guba suggest two strategies for ensuring the credibility of constructivist enquiry;

- conducting research in a way which enhances the chances of research findings being credible,
- and by having them approved by the research participants themselves.

They suggest prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis and member checking as ways to ensure this. Through the use of a case study design that allowed the researcher to engage with the setting over a number of weeks and months, prolonged engagement and persistent observation was ensured. The use of three methods of data collection – semi-structured interviews, observation and documentary analysis allowed a form of triangulation, as did the use of three cases to allow comparison across sites.

Peer debriefing was carried out within supervision meetings, which provided a highly valued forum through which research and interpretations could be discussed and problem solving carried out. Emergent findings and interpretations were also shared with participants informally during fieldwork. Incidents that did not seem to 'fit' with emerging findings were also examined as an important source of data, rather than being brushed under the analytic carpet! An example of this occurred in the initial assessment team. As discussed in the findings, this team was interpreted by the researcher, and reported by many research participants to be a highly supportive environment. A passing comment made by one of the social workers in the team during an informal conversation however, suggested that this was not always her experience. This was used as a catalyst to investigate more fully areas in which social workers may feel less supported or benefit from enhanced containment.

5.7.2 Transferability (for external validity)

External validity refers to the way positivists seek to show that their results could be generalized to other people, settings or times. Randomized samples from a given, defined population are used to make this possible. This is threatened when particular features of the research sample or context are 'out of the ordinary' or non-random. For constructivist researchers, who see all social phenomena as being context specific and the product of numerous intertwining issues – it is never the intention to claim generalizability. Lincoln and Guba (1985) suggest that the issue for interpretive research should be transferability, - i.e. whether there can be application of research insights to other similar settings - but that the onus to decide whether findings may be transferable to another setting is on the person who wishes to do the transferring rather than the original researcher. What the researcher must provide, however, to enable the potential transferer to make useful decisions, is a 'thick description' of the working hypotheses together with a description of the time and context in which they were found to hold. The detailed description of the research questions, background, process, analysis and findings provided in this thesis hopefully provides just such a thick description.

5.7.3 Dependability (for reliability)

In statistics, reliability refers to the consistency of a measure. A measure is said to have a high reliability if it produces consistent results under consistent conditions. For example, measurements of people's height and weight are often extremely reliable. In practice, testing measures are never perfectly consistent. Theories of test reliability have been developed to estimate the effects of inconsistency on the accuracy of measurement. The basic starting point for almost all theories of test reliability is the idea that test scores reflect the influence of two factors:

1. **Factors that contribute to consistency:** stable characteristics of the individual or the attribute that one is trying to measure
2. **Factors that contribute to inconsistency:** features of the individual or the situation that can affect test scores but have nothing to do with the attribute being measured.

Lincoln and Guba suggest that as constructivist researchers operate within a paradigm that highlights inconsistency and specificities of 'multiple realities' rather than consistency,

reliability is not an appropriate indicator of rigour for research within this paradigm. However, it is important to show that the research process has been carried out appropriately and carefully. In order to show this they suggest keeping an 'audit' trail of methods and research processes through which the study can be scrutinized. In this research, strategies for this include the keeping of a reflexive research journal which allowed the researcher herself to reflect on the research process, review of research process by supervision team and preparation of thesis chapters/academic papers/discussion of work at academic conferences.

5.7.4 Confirmability (for objectivity)

Objectivity in conventional use refers to intersubjective agreement. If the views of one person/group are prioritised this is said to be subjective; if there is general agreement on a point it can be said to be objectively 'true'. This is under threat from imperfect methodologies and inquirers who 'bend' data by their own practices/interpretations. For constructivist researcher, data is always subjective. However, it is important to show that it has not been misinterpreted or distorted through faulty recording or analysis. Lincoln and Guba term this 'confirmability' and suggest that this can be achieved by auditing research materials and outputs. In this study, measures for this include review of research outputs/interpretations by supervision team, use of reflexive diary, preparation of thesis chapters/academic papers/discussion of work at academic conferences and discussion of interpretations with research participants.

5.8 Summary

This chapter has set out to justify the research methods and methodology with reference to underlying philosophical assumptions. A consideration of how rigour was ensured during the collection and analysis of data has also been discussed with reference to the work of Lincoln and Guba (1985). In the next chapter a detailed description of research sites will be given, along with the pre-requisite ethical and governance procedures.

6 The research site

This chapter describes the processes that were taken to select, and gain access to the research site. A brief overview of the site and its functioning is then provided.

6.1 Selection of cases

Cases in this study were defined as teams of social work practitioners who were working and sharing information with practitioners from other agencies, in order to deliver services to vulnerable children and families. In line with the case study approach, an understanding of the contextual conditions within which these teams operate was sought in order to examine how these may shape the way information is shared or protected.

This research was situated within child protection social work, for the following theoretical and practical reasons:

- Children's social workers have a unique role in multi-agency working to safeguard children. They hold the lead responsibility for gathering and sharing information, piecing together the whole picture, co-ordinating assessments and overseeing plans of work to keep children safe. The centrality of information sharing to their role makes them ideal subjects for this research. Despite this, existing information sharing literature has almost exclusively focused on agencies referring to social workers, rather than seeking the views of social workers themselves. This focus therefore provides the opportunity to extend the existing literature.
- Despite a series of high profile child protection service failures and ensuing inquiries and recommendations, there is an increasing awareness that previous 'well-meaning reforms' have not had the desired effect on improving information sharing, or child protection social work practice more generally (e.g. Munro, 2010). This suggests the timeliness of research in this sector.
- There is an existing body of literature relating to the anxiety provoking nature of child protection social work and the emotional and psychological impacts on those who carry it out. This literature provides a useful base on which to build and signals the suitability of children's services teams for this research
- Practicalities: whilst it was always intended to seek access from at least one children's social work team, applications were also made to two other front line

teams involved in multi-agency working in the sectors of mental health and learning disabilities. These teams both included a mix of local authority and NHS staff and governance approval was therefore also sought from the relevant healthcare trusts. Whilst approval was granted by one NHS trust, a condition of the approval was that the researcher should not be privy to any identifying information about clients or their cases. This condition rendered the possibility of observational research impossible within this site – which is a key component of the research design. Lengthy delays in the processing of governance approvals in the other trust (approximately 6 months) resulted in it being passed up as a research site in favour of the local authority site, where approvals went through more quickly. Access was granted to three teams, which provided an excellent opportunity to consider the issues of inter-agency information sharing at all stages of the child protection process, as well as an opportunity to explore the inter-relationships between the teams themselves.

When a case study design is employed, it is important to choose cases that can offer the best possibilities for learning; this may mean the sites that allow the best access and/or where most time can be spent.

“Potential for learning is a different and sometimes superior criterion to representativeness” Stake (1995, p.451)

Three cases (teams) were selected from one English unitary local authority. The teams to which access was granted were: a referral screening team, an initial assessment team and a longer term team. The role of each of these teams is described in section 6.3. Each of these cases met the inclusion criteria for cases, which were specified as:

- Access to practitioners working at an operational level at one site
- Involvement of a number of different agencies within cases (Richardson, 2007)
- Practitioners involved in sharing of personal information between agencies (Richardson, 2007)
- Practitioners doing ‘helping’ work with vulnerable children or adults

The selection of three cases was also felt to be helpful in the overall research design. Yin (2009) suggests the substantial analytic benefit from selecting two or more cases characterised by contrasting contextual situations, and proposes that when at least two

cases are used, evidence is often considered more compelling and the study more robust than in a single case study. Attention however, needed to be paid to the time and resource constraints attached to the study, when deciding upon the number of cases to include.

6.2 Gaining ethical approvals and access

Gaining ethical approval for the study proved to be a challenging, and somewhat frustrating, feature of this study. The methodological approach of observing practitioners in their work settings raised questions by some reviewers as to whether the study required full ethical review via the Integrated Research Application System (IRAS), or whether approval by the university's ethical review system, followed by research governance approval at the research site, would be sufficient. The IRAS system is the single system for applying for permissions and approvals for health and social care / community care research in the UK. However, according to updated GAFREC guidance (Governance arrangements for research ethics committees, issued by the Department of Health in February 2012), studies where the sole focus is on *practitioners* do not need to go through IRAS, but should instead be reviewed by university ethics committees.

In this sense the research fell into a grey area. Whilst the sole focus of the research was on practitioners and their experiences of information sharing, the observational element of the project meant that details of clients' cases would be overheard and that the researcher may come into contact with a number of service users at particular multi-agency meetings. Whilst no details of these interactions would be recorded, and explicit consent for attendance at such meetings would be sought from service users, this remained a contentious issue for reviewers. In trying to determine the process to take for ethical review, the researcher found herself in a stalemate situation. Whilst being advised by the Social Care Research Ethics Committee (one of the organizations covered by the IRAS system) that the project would not require full ethical review via IRAS, university reviewers and governance officers at a number of potential research sites (working, incidentally, to the same set of guidance) suggested that they would feel happier if the study was reviewed via IRAS. There ensued a lengthy period of to-ing and fro-ing, before a definitive review of the study's protocol by the national NHS Research Ethics system (who, it was belatedly discovered, provide a 'help desk' for just such dilemmas) determined that it would not need full ethical review. This decision was used to reassure the university reviewers. The opportunity offered by the chosen research site, who were much more

comfortable with the project's observation proposals also bypassed further disagreement with gatekeepers of NHS sites.

The whole process of passing through ethics lasted approximately six months from the time of application until final approvals were granted. Reflecting on these experiences, the difficulties encountered appeared to parallel a number of issues highlighted within the literature concerning the difficulties of using prescribed guidelines to make consistent categorizations. The experience also illustrated how systemic 'opaqueness' and the desire for repeated counter checking and upward delegation of responsibility may serve as socially structured defences against the anxiety of making decisions when cases are not clear cut. It re-iterated to the researcher that the pre-occupation with the avoidance of risk, or any type of harm, inherent in the health and social care system, can shape the system in ways that become unhelpful and obstructive to those trying to use (and work) in it.

In the end, the following ethical review procedures were followed:

- Internal review by the university of Southampton's research and governance review system, ERGO (Electronic Research Governance Online)
- Seeking governance approval at the research site

Approvals were sought from the site's research and development office, the principal safeguarding officer and the manager of each individual team. Whilst originally granted access to four teams by the principal safeguarding officer, (referral screening team, initial assessment team and two longer term teams) one of the longer term team managers did not wish to promote the research within her team and therefore the research was only carried out within one longer term team.

- Practitioners were then invited to participate in the research on an individual basis. Initially an explanatory email, and information sheet, was sent to team managers, who forwarded these on to their team members. Staff were invited to reply by email or by telephone to register their interest. A further email was sent as a reminder approximately three weeks later. To enhance the number of responses, which was initially very low, the researcher visited each team and spoke to participants face to face, which yielded much greater results. The consent taking process is detailed at section 5.4.

6.3 Description of the site and the teams

As outlined above, the research site was a local authority statutory children's social work service in England, within which three teams (the referral screening team (RST), the initial assessment team (IAT) and a longer term team (LTT)), acted as cases for the research. Each of the three teams were situated within the same building which facilitated the research process. The teams were often described by research participants as being constructed in a funnel shape (Figure 2: Configuration of Teams).

The RST was situated at the top, open level of the funnel and received all initial contacts from members of the public, or other practitioners, regarding concerns about children. The RST gathered information about each contact in order to make a disposal decision about the case. If it was felt to meet the threshold for intervention by children's services, it was referred to IAT, if not, the case could be signposted to other relevant agencies and closed. IAT was responsible for carrying out a range of assessments with children and families to assess needs and to determine the process for managing each case. If the family requires a short term intervention this may be performed within IAT, however, if a case will require longer term intervention, or progression to court, it is referred on to the longer term team, situated at the bottom, narrowest end of the funnel.

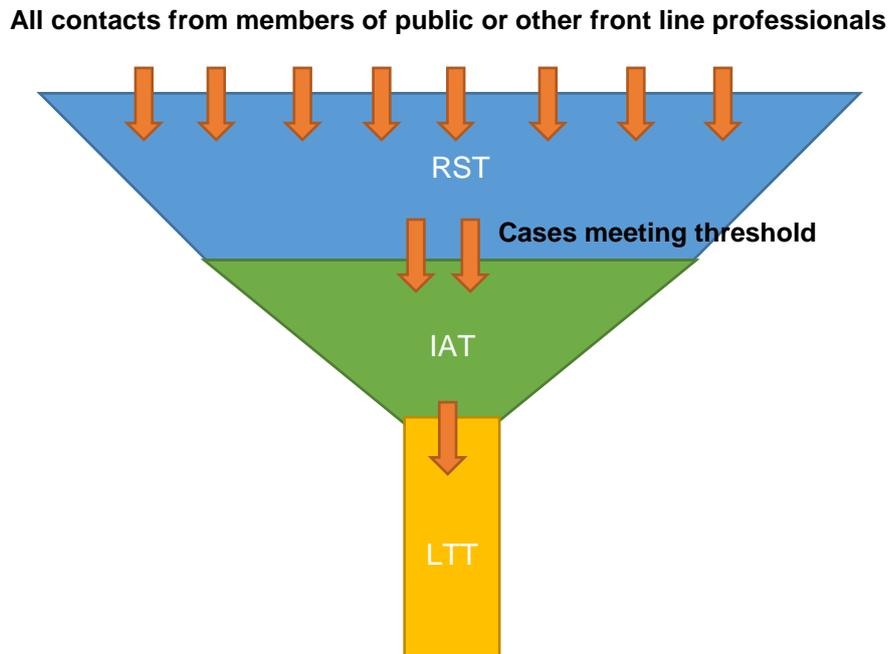


Figure 2: Configuration of Teams

The LTT works with clients on a more enduring basis to oversee complex child in need cases, child protection cases and court proceedings. The team is responsible for monitoring families' progress once they are on specific plans. If parents make the necessary changes then cases can be closed. Alternatively, if concerns are on-going, cases may be escalated or progressed to court.

The work of the local authority children's services is carried out according to statutory guidelines concerning case definition and associated actions (Children Act, 1989). The definition of cases as 'child in need' or 'child protection' cases is crucial in determining the actions that will be taken on a case from that point onwards and the distinctions/associated actions are describe below.

6.4 Child protection cases

Section 47 (1) of the Children Act 1989 states that a local authority must instigate child protection enquiries when a child living, or found, in their area is "*suffering, or likely to suffer, significant harm*". Enquiries must be commenced as soon as practicable within 48 hours of the authority receiving the information. By law, they must make, or cause to be

made, such enquiries as they consider necessary to enable a decision concerning the action needed to safeguard or promote the child's welfare.

Accordingly, potential child protection cases receive an urgent response within the research site. A strategy discussion meeting is held by a senior practitioner or manager in children's social care with the police, relevant health professionals and all other agencies as appropriate, as soon as possible within 48 hours of the referral being received. The decision to initiate Section 47 enquiries is agreed within this meeting. Following this, the police will investigate any crime and a social worker will lead an assessment under Section 47 of the children Act 1989 , complete a core assessment, proceed to initial child protection conference or care proceedings, or make a child 'looked after'. Medical assessments will be completed and a plan agreed to ensure that outstanding health needs are met. (The description of process is taken from the Local Authority's Children Services and Learning Policy and Procedures. Copies of Section 47 assessment and core assessment paperwork are included in Appendix 7: Section 47 Assessment and Appendix 9: Core Assessment respectively).

A number of additional statutorily guided timescales are applied to child protection cases within the local authority:

- Where concerns are substantiated a child protection conference should be convened within 15 working days.
- Core group (of key multi-agency professionals overseeing the case) must meet every 6 weeks
- Visits to the family must be made, by the case holding social worker, every 10 working days
- Case notes from these visits must be written up, onto the Case database, within 5 working days

The 'Case' database is a pseudonym for the internal database system used within the research site. This system is used to record details of the child, their siblings and family members, all telephone calls or other correspondence regarding cases, details of all visits and case notes. Assessment documentation is generated by and completed on the system, as are a range of other processes such as referrals between teams, referral letters to other services, court documentation and closure letters.

6.5 Child in need cases

Section 17 of the Children Act 1989 states that it is the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need; wherever possible within their own families, through the provision of a range and level of services appropriate to those children's needs.

A child shall be taken to be in need if:

- s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services;
- s/he is disabled.

Within the local authority, where concerns regarding a child relate to issues of neglect or disability, an initial assessment (Appendix 8: Initial Assessment) is carried out with the family, followed by a more detailed core assessment if appropriate. Cases are held by social workers and are assessed in an ongoing fashion concerning whether it may be appropriate to close or escalate these cases.

Statutory timescales attached to child in need cases are shown below and adherence to these is monitored by senior management:

- Initial assessment carried out within 10 working days
- Core assessment carried out within 35 working days
- Case notes entered onto database within 5 working days

The adherence to timescales attached to both child protection and child in need cases is monitored and reported within the research site.

6.6 Thresholds for intervention

Classification of cases to the category of child protection or child in need, is assisted by the use of the local authority's threshold document (see Appendix 10: Threshold document), which lays out a set of criteria by which cases shall be judged to be **child protection**:

“These will include:

- a significant injury which may be non-accidental or where there is no adequate explanation
- an allegation of sexual abuse against an adult with whom the child has regular contact
- an adult living in a household who poses a threat to a child/young person in the household
- vulnerable children who have been left alone”

or **child in need**:

“Each child or young person’s circumstances will be considered individually, but children in this category will include:

- a. Children and young people who are suffering serious neglect or emotional abuse.
- b. Children and young people whose development is being seriously affected by their experience of domestic violence.
- c. Children and young people whose development is being seriously affected by alcohol or other substance misuse by their parents/carers or others in the family.
- d. Children and young people whose development is seriously affected because their parents /carers have a mental health problem, or a disability.
- e. Children and who young people whose families, following consultation with other agencies, including housing and Home Office Borders and Immigration Agency, have no recourse to public funds.
- f. Children and young people who because of their extreme challenging behaviour or mental health difficulties are at risk of family breakdown.
- g. Children and young people who make a historic allegation of abuse, but where there is no immediate known danger to any child or young person (this will also be in partnership with the police, and may be under local multi-agency child protection procedures).
- h. Children and young people who are living away from their immediate family and are therefore privately fostered.
- i. Children and young people whose parents need to be hospitalised and there is no other family or friends carer who can look after them
- j. Children and young people who are missing from home.”

It is recognized that case categorizations may be escalated, or reduced during the course of a case. In the event of concerns being raised about a child, but where there has not

been enough information passed on at the point of referral to allow an initial classification of a case to be made (and where there is no further information available at this point), an investigation is carried out by the Initial Response Team, situated within IAT. This investigation represents a watered down initial assessment to discover more information about a case so that it can be classified and progressed in the right way.

6.7 Team structure

Each team consists of a mix of staffing, including team managers, senior practitioners, social workers, social services assistants, business support officers, newly qualified social workers and students. In the referral screening team, the role of information officer replaces the role of social services assistants. Staffing numbers and team size, at the time of fieldwork, are shown below in Table 3.

Table 3: Staffing by team

	Referral Screening Team	Initial Assessment Team	Longer Term Team
Team Manager	1	1	2
Senior Practitioner	2	7.2 FTE	6
Social Worker	2	19	32
SSA		3	3
Information Officer	3	-	-
Business Support	-	3	2
Student	1	-	3
Total staff	9	33.2	48

From within each team, the following interviews were conducted:

Table 4: Interviews conducted

	Referral Screening Team	Initial Assessment Team	Longer Term Team	Total
Team Manager	1	1	1	3
Senior Practitioner	1	2	3	6
Social Worker	1	6	6	13
SSA	N/A	3	1	4
Information Officer	2	-	-	2
NQSW	N/A	-	1	1
Student	1	-	2	3
Total staff	6	12	14	32

Observation data combined data collected within the office and at at multi-agency meetings.

Table 5: Observations conducted

Office based observations	MA meetings
IAT team x 2 weeks @ half days	1 x pre-court meeting
LTT team x 2 weeks @ half days	1 x initial child protection conference
RST x 2 weeks @ half days	1 x child protection review conference (final)
Including	1 x core group meeting
1 x whole team meeting LTT team	2 x planning meetings
2 x sub team meetings IAT	2 x multi-agency triage sessions
1 x case review meeting RST	

The following items were collected as documentary evidence:

Table 6: Documentary evidence collected

Government Working Together Guidance
Government Guide What to do if you're worried a child is being abused - summary
Safeguarding Joint Protocol for Undertaking Section 47 enquiries
Core Assessment template
Initial Assessment template
Section 47 Enquiries template
IAT pack for families including permission to share form
Children's First Referral Form for Professionals
Ofsted report of local authority children's services 2012
Executive summary Serious Case Review Child B

Having described the research site, team structure and data collected, chapters 7-10 go on to describe the research findings from each team.

The structure of these chapters emerged through the process of data analysis. When respondents were describing the information tasks they carried out, they also tended to describe a set of associated requirements – factors that needed to be in place to allow them to carry out their role appropriately. It also struck the researcher that these requirements were often not being met, or were being challenged by competing factors and demands. At the same time, practitioners also frequently described supportive factors within their working environment which facilitated their practice. To reflect these different elements, each findings chapter is structured around four main sections: information tasks, information needs, challenges to information sharing and protective factors.

7 Referral screening team (RST)

Information sharing is at the heart of the work of the RST. Referrals come mainly from other professionals working in front line services with children and families. Practitioners reported that the most frequent referrers are the police and schools; however, referrals are also received from a broad range of other professionals, for example health visitors, midwives, housing officers and mental health professionals. (A breakdown of the number of referrals by source was requested, but due to changes in the way data is collected, and for reasons of confidentiality, it was not possible to access this information.)

It is the job of the RST to screen all contact referrals that they receive, in order to make a judgement about which of the cases meet the threshold for involvement by children's services and which do not. The cases which are judged to meet the threshold for social services' involvement are referred to the initial assessment team, within the same building. Those that are judged not to meet threshold, are signposted to other relevant services. In completing their role, practitioners undertake a number of key information tasks or 'behaviours' (Thompson, 2010).

7.1 Information tasks

In order to screen and assess each contact, the initial task for the RST is gathering as much detail as possible about each referral. Generally, this fact finding task has two parts; detailed fact finding by telephone and a database search.

7.1.1 Telephone fact finding

In the first instance, detailed information is gathered from the referrer by an information officer by means of the telephone (if the original referral has not come in by phone, a call will be made to the referrer wherever possible). As an observer in the RST, initially the depth of detail requested by information officers (and the length of the phone call – which was often in the region of twenty minutes) from their referrers was surprising. As one information officer explained:

“I feel like it’s almost like doing a mini initial assessment, the amount of questions that we ask, I think I take quite a lot of information and I write a lot down, I don’t want to be really missing anything and the referral form, typing that up could take me 20 minutes. It can take me longer when I’ve received a lot of information...”

R29:RST

The importance of this initial conversation in gathering information which allows informed decisions to be taken about how the case should be progressed is emphasised both by members of the RST, and the initial assessment team, who pick up cases that pass through the screening stage. Once the initial referral has been taken and assessed for urgency by an information officer, s/he notifies the social worker that there is a new case requiring attention – this is done both via the Case database system and verbally.

It is interesting to note that although the team had trialled a system of prescribed questioning and scoring to assist referral filtering, this is no longer in use as it was not deemed to filter cases appropriately. Instead, information officers are guided by the questions on a contact referral assessment form (Appendix 6: Contact Referral Form), but supplement these questions with others, as appropriate to each contact. To give a flavour of the type of questioning that is carried out by team members (and how that may differ according to the situation) a few short extracts of observation notes are shown below. The 2nd and 3rd extracts, in particular, show different dynamics that may occur during conversations. In the 2nd extract, the information officer needs to challenge the referring housing officer over the importance of timely referrals and explain that it is not possible for her (as a professional) to remain anonymous. In extract 3, a conversation with an upset family member necessitates a sympathetic and reassuring manner, with anonymity being assured.

Extract from observation notes

Student social worker takes a call:

And this happened this morning?

How was she today?

Have you met mum?

Do you know if there's any other agencies' support?

I will check histories

If you could find out and let us know

Before today did you have any concerns?

Have you seen her again today?

Just this morning?

Extract from observation notes

Information officer (IO) takes a phone call re: concerns for children from a housing officer (HO). IO questions in depth:

What did you visit about?

What's her first name?

The youngest child...

You didn't ask them?

Have you got a telephone number for them?

Address, is it...(as on Case database)

Can I ask why you took from last Tuesday until today to call?

Is mum aware that you are calling?

You know you're going to have to tell them?

Professionals cannot remain anonymous – you have to explain to them that it's your job and you have no choice.

A Senior Practitioner will review it and make a decision about what happens.

Do you want a call? I will ask them to call you when they make a decision.

IO explains why the children are known to social services.

When IO gets off the phone there is some discussion – 'she waited how long to phone us? I wanted to remain anonymous – she's a housing officer. I can't believe she didn't get the name of the child and she was in the house'

Extract from observation notes

Information officer takes a phone call from an upset family member:

'We will keep this an anonymous call, I can guarantee you that, but a social worker may need to contact you....No that's OK, take your time.....no....yeah, smokes cannabis, yeah, mmmm...no that's alright, it's alright, no problem'

7.1.2 Database checks and further enquiry

Once the initial details have been taken by an information officer, cases are passed over to a social worker who then supplements the picture by carrying out database checks. This involves looking through Case database records to discover any history of involvement with children's services, accessing any sibling records and checking for the family's involvement with people with 'risk to children' status. Where necessary, the social worker may re-contact the referrers and/or relevant others to gain further clarification. This provides a kind of safety net for gathering any extra information that has not been captured by first contact with the information officers. Once the social worker has completed these tasks, s/he takes a view on the level of risk posed to a child and recommends a course of action.

7.1.3 Interpretation of information

Once the scene is set and as much information as possible about the contact referral has been gathered, the social worker undertakes the task of assessing the level of risk to the child and recommending the way in which the case should be progressed according to statutory classifications set out in the Children Act 1989 and 2004. The social worker will select one of the following disposal decisions:

- Does not meet threshold/no further action – in which case the social worker would signpost the referrer on to relevant services as appropriate;
- Meets threshold for Section 17, 'child in need' case – recommended referral to initial assessment team
- Meets threshold for Section 47, 'child protection' case – recommended referral to initial assessment team

- There are concerns but there is not enough information to make a judgement – recommended referral to the initial response team to undertake further fact finding and assessment.

Once the social worker has summarised (in 300 words) the details of the contact and chronology and made an analysis and recommendation regarding how the case should be progressed, it is passed on to a senior practitioner to make the final decision about the next actions for this case and to pass cases on to IAT as appropriate.

7.1.4 Children and young people referrals from the police: Triage

In this daily process, a conference call is held between one representative of children's services, one representative from education, health and the police to go through the daily list of police initiated Children and Young People's referrals. These are automatically issued to children's services when the police attend any incident where there is a child or young person present. This may relate directly to the child or young person themselves (e.g. they have been shop lifting), or it may be that they have been at the scene of a disturbance e.g. at a domestic incident. This multi-agency approach combines the two above steps, in that discussions about the incident and searches of relevant databases are carried out by each representative and a joint decision taken about the onward progress of the case.

7.2 Information needs

Interviewees described a number of skills needed by team members to ensure that information collection and interpretation is carried out successfully, many of which are alluded to in the following quote, which hints at the complexity of the task:

“You’re just kind of sat on this stuff thinking oh is it this, is it that, is it this? And actually you learn, obviously through experience, you’ve just got to make, you’ve got to be guided that you’ve got the best information you can have and record your decision making and thinking - and that you have this, so that means that, that means that the child is or isn’t safe, therefore my decision is x and you just have to...it’s not for the faint hearted actually.” R27:RST

7.2.1 Best information possible

As alluded to in the quote above, the quality of the information collected is key to subsequent interpretations and judgements about it. This detailed questioning, inquisitiveness and refusal to take things at face value, is part of the job, and skillset, of the team members of RST.

“Sometimes it can, I wonder sometimes to the referrer does it feels a bit of a barrage of questions? Although we have a referral form and certainly I’ve heard some of the staff saying, ‘right I’m going to need to take you through the form and then if there’s anything else you don’t think I’ve got or haven’t understood’ and all of those sorts of things... because that’s key then to setting the scene for what they need in terms of the process through to a social worker reviewing the history and the current concerns and then the decision making that the manager is going to make...to go ‘OK this is what we need to do with this case’” R27:RST

Collection of high quality information, however, also relies on the nature of the information that comes into the team in the first place. It also relies on the team receiving sufficient detail on which to act. The process is also facilitated by information in a format that is easily understood and transferred to the Case database – such as via email rather than by fax or letter. These issues are discussed further under the section on ‘challenges’ (7.3).

7.2.2 Skilled and experienced staff

Whilst not all the members of the team are qualified social workers, a level of experience in the role of eliciting information and asking the right questions is required. Due to the range of cases dealt with by the team, social workers and senior practitioners need a breadth of experience. This includes, for example, knowledge about immigration, unaccompanied asylum seeker children, homelessness, trafficking, Multi-agency Public Protection Arrangements (MAPPA) and Multi-agency Risk Assessment Conference (MARAC) to name a few. Confidence, borne out of experience, is also important in working through complex and unclear cases.

The need to be inquisitive and to act like a detective was described by a number of respondents, illustrated below in a quote by a member of IAT, who commented on the role of RST in referring cases to her team:

“I think that’s one of the key, fundamental skills...to be inquisitive, so someone asks me one thing, I ask someone one thing, they give me an answer, that often leads to ten other questions that I’ve got and that needing to know, it’s like, how does that work? That detectivey bit of mind is really important... you can’t just go, right they’ve answered that, they’ve answered that...I think you need that skill base” R1:IAT

As the quote illustrates, it is recognised that it takes a level of skill to elicit relevant information from a range of callers. This skill combines an ability to allow callers to vent their concerns, tenacity in getting to the detail, asking the right questions and at times challenging the referrer’s account of events. This range of skills was evident during observations within the team. On a number of occasions information officers employed a compassionate and sympathetic manner with upset family members, but at other times were required to challenge front-line professionals over the length of time a referral had taken to come in and a desire to remain anonymous. A number of interviewees acknowledged that skill in eliciting, and making judgements about information, develops with experience:

“The thing I’ve noticed with [name] who is a student, who is a great student, I noticed it with her because of she’s still learning, her interpretation and the question she’s asking are not giving us always the answers. So it’s really in this thing the social worker needs to be experienced in terms of what questions to ask in order to make this quick decision” (R28: RST)

The recent loss of a large proportion of the team, and the preponderance of staff new to the role is therefore a challenge to this ‘information need.’ This is discussed further below.

7.2.3 Reasoned and rigorous decision making

In order to make interpretations and decisions, particularly regarding cases that were ambiguous and difficult to classify, a rigorous process is needed. This includes gathering the best information possible, seeking the opinions of colleagues and referring to a range of guidance, including threshold documentation, section 47 protocol or Local Safeguarding Children Board guidance about sexually active young people etc.

“We do have a threshold document in [name of place] and it’s very clearly laid out in terms of our tiered service and what can be met by universal services, what can be met by targeted service at tier two, what is for us...But it’s not personal opinion, it can never be a personal opinion. It can never be, well I’ve experienced that, or my nephew has experienced this, or my child has experienced that, or this has happened over there or well in that other case I had, you know... we’ve got to utilise the threshold documentation, you know our section 47 protocol etc.” (R27: RST)

To assist rigour and shared understandings about cases, full details of contact referrals, chronologies, assessments and progress must be entered into the Case database. To make sure records are full, a record for each family member must be created, linked to all other family members and kept up to date.

“...when you are linking people you have to go and link a mother to a child and then go into the child and link, well go into the mother and link the child to the mother... that kind of thing” R29:RST

“...when you go into a child’s record, look at the referrals and the assessments and whatever else and if you look at the family relationships and you see there’s an older sibling ...you can just click on the name of that sibling in the list and it takes you immediately into their record.” R31:RST

The decisions must also be, as far as possible, objective or ‘pure’ – not influenced by the emotions of the case or the awareness of the shortage of resources.

“So you’ve got to be able to have that emotional connection to it, but be able to go ‘OK right, that was awful and yes, I probably would like to put him on a bus to nowhere’, but actually this is what we need to do with this and we’ve got to get on and start talking to people because there’s a child there and that’s what this game is all about.” R27: RST

“We can’t allow ourselves to be burdened by the difficulty that a particular team may be experiencing. We have to hold the purity, if you like, of that decision making” R27:RST

This stated need for ‘purity’ of decision making, carries with it an implicit need for time and space to reflect and to allow time to process the complexities of cases and possible courses of action. Not all decisions can be made immediately. This was observed in practitioners weighing up the pros and cons of action versus no action and in requesting others to leave it with them while they investigate and think further. This is demonstrated in the following extract from the observation notes:

Extract from observation notes

“It could go either way – if we don’t do anything I would guess it will come back in a month. It’s not cut and dried. Leave it with me, I’ll do some digging around...”

As will be discussed in the next section, however, workload in the RST leaves very little time for reflection and thought.

7.3 The challenges of information sharing: anxieties and defences in the RST

Having discussed the team’s information tasks and associated ‘needs’, this section considers a number of factors, experienced by the team, that emerged from the data as posing a challenge to these needs and tasks. These are:

- Lack of resource
- Internal team boundaries/structures
- Lack of understandings by multi-agency partners about the child protection process

Each of these challenges are discussed in term with a consideration of the effects of these factors at various levels of the system.

7.3.1 Lack of resource: Understaffing

The local authority is situated in a city with high rates of deprivation. Figures taken from the local authority’s Children and Young People for 2009-2012 state that 20% of households within the city are income deprived against the national average of 14%, and nearly 11,000 children live in poverty. In February 2009 there were 145 children with a child protection plan. This equates to 34 children per 1,000 children under 18, which is 28% higher than the overall rate for England.

The heavy demand for services was recognized by respondents both in this, and other teams, as stemming from the nature of the area, and increased referral rates due to heightened fears for the safety of children following the Baby P case. This “perceptible steep rise” was in the magnitude of 11% nationally in the year 2009/2010 (Munro, 2010).

In 2011, the council implemented changes to the terms and conditions of employees across all its services, which resulted in significant numbers of social work and managerial staff leaving the council’s employment. The loss of valued and experienced members of staff, coupled with continued difficulties in recruiting was reported to have resulted in high workloads, coupled with a lack of experienced staff.

The RST had particular issues with staffing. Staffing numbers in the team at the time of observation were presented at Section 6.7. Observation was carried out in this team towards the end of November/beginning of December 2012. During the observational period, one agency social worker left without giving any notice of her intention to do so. One social worker and one senior practitioner, who were on short term contracts, were coming to the end of their time with the council. One information officer also handed in her notice. When the researcher returned to the team to carry out a final research interview in February 2013 (an extract of which is quoted below), the team was staffed almost entirely by new recruits.

*“It’s a new team, from the beginning of this year. It’s a new team, so actually you are having to do all of that relationship building between each other... and in a team of, we’ve got a vacancy with one of the IO posts, but actually in a team that is essentially manned by 6 staff outside of my role, and 4 of them you are actually having to teach them, and tell them, and nurture them as to what it is you want them to do... and actually do all the other crap that you are supposed to be doing... I don’t mean it like that, but you just think, for f*** sake.” R27:RST*

Given the needs outlined in the previous section, for experienced staff with a breadth of experience and information skills, a staffing deficit and preponderance of less experienced staff members, opens the way for a lack of reliability in information gathering and decision making. To avoid the quality of the service suffering, increased pressure is put on other, more experienced, members of the team to support, monitor and supplement the work of inexperienced staff. The agency worker who left unannounced during the observation

period had left work in a poor state – leaving the remaining social worker and senior practitioners to pick up the cases and rectify any mistakes. This led the remaining social worker to compare the clean-up operation following his colleague's departure to that carried out after hurricane Katrina!

7.3.2 Lack of resource: High workload

Exacerbated by staffing issues, the high levels of contact referrals received by the team also creates a challenge for practitioners in the RST. The intense rate of work challenges their ability to manage the sheer amount of cases. For some practitioners, it also challenges their emotional resilience. The high number of cases being discussed at CYP triage was often commented on in the team, for example:

Extract from observation notes

IO 1 I've got xx on phone about CYPs – she's got 50.

IO 2 only 50?!

The length of time scheduled to deal with incoming CYP police referrals indicates the high number of contacts from this source alone. These were dealt with in a three hour slot on Monday, followed by two hours each day for the rest of the week.

There was an opportunity to observe a weekly review meeting between the team's two senior practitioners and one social worker during the period of observation. During this meeting, progress on all open contacts was reviewed. On this occasion, the list of open contacts was 23 pages long, with several cases on each page. The list took approximately an hour and a half to review. Whilst the meeting was good humoured, it was evident that the amount of cases was challenging and experienced as somewhat overwhelming. The practitioners appeared to use humour to encourage each other and to deal light heartedly with matters of workload, performance and accountability, as shown in the extracts from the observation notes below. The use of humour characterised each of the three social work teams in which observations took place, and was an acknowledged strategy for coping with the pressures of work. It also ensured that observations were an enjoyable experience.

Extract from observation notes

SP 1 (referring to an incomplete Case record) "Who's fault is that?"

SP2 "It might be mine cos I'm not perfect"

SW 1 "I am, but I've learnt to live with it!"

SP 1 "I did something about it – I talked about it. But I didn't write anything down."

SW1: "Neither you or me have done anything about it. I blame you!"

SP 1 "Hang on a minute I'm just going to switch off my second brain. I am switching on my third brain!"

SW 1 "It's a good job she's a woman!"

SP 1 Jokes she needs another computer mouse so she can work with two hands at once.

SW 2 "Come on, two more pages and then we're on to December!"

SW 1 "Oh no don't, it's so depressing!"

The vignette illustrates the difficulty of needing to think about many things at once – therefore not having the time to concentrate fully on one case for any length of time. This phenomenon was apparent in other observations and also commented on by interviewees. This state of affairs necessarily works against practitioners' opportunity to carry out the rigorous processes of recording and 'pure' decision making that are deemed necessary as part of the role.

Complaints about incomplete database records were frequent within the team and a cause of much frustration for information officers. Heavy workloads and competing priorities creating barriers, within all teams, to up-to-date record keeping. Whilst this could result in some amusement – for example in the case of an unborn baby recorded as living at a different address from his mother – there is, of course, the possibility that the failure to create, or properly link electronic records, could result in children at risk slipping through the net.

“I think we’re picked up a lot on errors that we make and that can make people defensive of course... because I could say, ‘oh gosh I’m really good at linking people’, but the reality of it is, because we’re short staffed, I could be just about to link someone to someone and then the phone can rings and I could get something urgent that is coming in and then I could forget about it. Everyone makes mistakes...” R29:RST

Whilst there is a tendency to view incomplete record keeping as being down to human error, it is important to recognize that high workloads, competing urgent demands, lack of administrative support and complicated family networks exist as possible sources of error within the system.

Lack of time to focus on cases could also leave practitioners with concerns that they are not doing a good enough job and a lowered sense of satisfaction.

“I feel sometimes I don’t really know what I’m actually doing and how did I get here and how does it keep working? Because it just becomes part of the daily churn. You go in, we need to do this, we need to do that... and some of that thinking, you are not doing it separately. You are not going, I need to take a day out and have a think about that and work it all through and do it. So I’m like, OK, right, leave that with me...it happens very intrinsically.” R27:RST

Further illustrating the point, one incident was observed in which a senior practitioner was arguing the need for IAT to take on the case of a young girl who had been taken to hospital in distress, following an argument at home. IAT, however, did not feel that there was enough information to warrant them taking up the case. Therefore, it was referred to the initial response team instead – a decision with which the RST senior practitioner was not happy. It was apparent however, that she had played her part in the process and now had other cases which needed her attention. She therefore had to concede to the decision of the initial assessment team. Nevertheless, she expressed the sentiment that the little girl was being let down and would become a troubled young woman in later life. The senior practitioner returned to this theme in her research interview, stating:

“This is something that is really dragging me down, because I don’t see if we make any difference. I feel we make maybe 5% difference in children’s lives, and it makes me very unhappy and I feel very that I don’t do good enough work, because I’ve come to social work to make a difference in children’s lives and keep them safe, and I don’t think I do that here.” R28:RST

As well as lowered sense of satisfaction and confidence in the role, feelings of tiredness and stress were also cited as personal impacts of lack of resource, understaffing and heavy workloads.

“I think as well what doesn’t get heard is the personal toll that takes. So I think that how that then filters in to how individuals then function and respond... because actually it’s like you are like just a bit tired now and you can’t then seem to not be tired anymore. And you are having the same conversation with a different person, on a different day, about the same process stuff or whatever...” R27:RST

“I think that too much is asked of us in like with the staffing issues, I would say that. We are all capable of doing a good job and all capable, but with 3 people being around and one person being on leave or me, you know I was unwell last week that leaves 2 people and that’s really, really bloody difficult.” R29:RST

Despite the evident pressure of work within the team, practitioners were able to maintain a reflexive handling of referrals, giving each case appropriate attention. There were a number of occasions in which incidents that had occurred within certain postcodes were re-directed to other authorities, and a number of times when calls were redirected allowing someone to finish a task in which they were engaged. There were also a number of instances when referrers were re-directed to tier two services (targeted services accessed through the Common Assessment Framework) when cases did not meet children’s services intervention thresholds. However, these decisions and actions appeared to be taken on the basis of a full consideration of as many facts as possible about each case, rather than a defensive manning of the team’s in-boundary. There was also a recognition, and exhibited thoughtfulness, regarding cases that could not easily be classified, with

practitioners willing to 'hold' a case while further thought and investigations were carried out.

This is not to say, however, that boundary disputes did not feature at all in the work of RST, however, these appeared to relate mostly to the interrelationship between the social work teams within the local authority, rather than with external agencies. This brings us to the next challenge, the internal organization of teams.

7.3.3 Internal organization of teams

As outlined above, the current organization of social work teams within the local authority is such that referrals are screened by the RST and then passed on to IAT to undertake the initial and further assessments. This separation has only come in recent years as previously the RST was part of IAT. There is a feeling within the RST that the current configuration of services creates a number of challenges and that the structure could perhaps be tweaked to alleviate these. Bringing the initial response team under the auspices of the RST was one proposed solution. However, there is also the acknowledgement that there will be problems associated with every form of service configuration and that there is no one 'right' way. In the quotes below, R31 suggests that the lack of the one 'right' way has given rise to a culture of restructuring within social services departments in the eternal quest for the perfect solution. This, however, is unlikely to exist, because social services are dealing with people who can be unpredictable.

“It’s never going to be perfect and the difficulty you’ve got, and I mean the Government is at last beginning to realise this, is you are dealing with people, you are not bottling milk or making widgets.” R31:RST

“There isn’t a perfect way of doing any of this. Every part of this, from long term, IAT and front door, there’s no perfect system, everybody has tried almost everything over the years. If there was a perfect system we would be doing it, but there isn’t. But it does give new directors and heads of service chance to stamp their own individual, their little empire, oh we’re going to have a reshuffle...Over the years I’ve been through reconfigurations, reshuffles, reorganizations, what’s the last one called, something to do with reshaping.” R31:RST

That being said, the dynamics across the boundary between the RST and IAT appear to create a number of challenges for the front-door team.

7.3.3.1 *Two Teams: two lots of screening*

As high workload is a challenge within the RST, so it is in IAT. The workload in IAT (which will be discussed in more detail in chapter 8) is also extremely heavy, with practitioners in this team being subject to additional pressure with regards to adherence to statutory timescales for assessments, visits to families and so on. In common with RST, IAT’s ‘in’ boundary is wider than its ‘out’ – with only a small proportion of cases passing through to the longer term team. There is a sense in which members of the IAT team perceive the RST as their shield against a flood of unanswerable demands. Whilst many cases are filtered out, or re-directed by the RST, the high rate of referrals and high levels of need, mean that RST provide IAT with a constant flow of complex cases, which must be handled on top of the already intense rate of work.

“I got very used to walking into IAT (Interviewer: And everyone hiding?!) Yes, and the droop, oh God here she comes, oh God it must be bad if she’s come down to talk to us about it because normally the ones you were going down to were urgent, nasty, complicatedTo get that response on a daily basis is quite demoralising actually, you grow a bit of a, you know it’s not a personal thing, but we are the ones giving them work and we are giving them nasty, unpleasant work to do”
R27:RST

This potentially tricky relationship can give rise to disagreements over threshold decisions made by the RST. Because IAT are responsible for carrying out the work allocated by the RST, they are very aware of the danger of being ‘flooded’, which does not allow for any work to be carried out well.

“They need to be able to filter correctly, if they get that wrong at the beginning, the rest of us, um, get flooded, so, but it’s a tough job up there. It’s a tough job.”
R1:IAT

There is a perception amongst the RST team that their decisions are being scrutinized by IAT (a spreadsheet was reportedly being kept within IAT of cases which were felt to have been passed on incorrectly). There are also occasions when cases referred to IAT are immediately closed or sent back with requests for further information. The following observation note, shows how internal boundary disputes affect RST’s interactions with professionals from other agencies, and increase the time spent gathering information – in an attempt to ‘prove’ to IAT that cases warrant their attention. It also shows that there is an emotional impact for RST practitioners involved in collecting this further ‘proof’ of need.

Extract from observation notes (researcher reflections shown in orange)

Child Trafficking case: RST receive a referral in regarding the young male that there was an allegation against earlier in the week. The senior practitioner phones the manager of the 'house' where the young male has been staying.

'I am having problems passing this on because I am missing information...sorry if you have to repeat yourself...'

What's his first language?

Are you disputing his age?

What would happen if he wasn't a minor?

Senior Practitioner (SP) phones a SP in IAT:

"He presents a risk to other children, he is also a risk to himself. (He is a trafficked child with mental age of 7). His address is an orphanage in Czech Republic. He receives £65 per week and gets counselling from the place he is staying to help him deal with his experiences as a trafficked child. She wants to evict him tonight.....regardless of the legalities – we have a child here who is very vulnerable and homeless."

IAT agree to accept the case, but not easily – the SP comes off the phone from IAT and says 'for God's sake, I am just so...'

I feel sorry for her – she is dealing with two sets of boundaries. One for RST and one into IAT. She has a tough role – she emotionally engages with cases but then has to argue for them to be accepted.

Requests for further information add to the already high workload of the RST. Interviews revealed that disputes over thresholds between teams, could result in personal antagonisms between practitioners, but also in feelings of frustration, weariness and demoralisation. There is also some evidence that the feeling of being scrutinized by IAT can lead to some defensive practices around making sure that actions and decisions are justified, via a case noting system, to avoid further criticism.

Extract from observation notes

Student: do I have to notify anyone if I have put a case note on?

IO:– no – but put a note on top – “as requested, added as a case note” - that covers you then.

“It’s sort of within the teams I’ve seen like an element of defensiveness and arrogance and attitude from seniors in different teams. I think it happened because people are being too personal, because people are taking, giving them a child protection referral section 47 to them as something as a personal attack. For example if [name] was to take this referral because of this, this, this, this they’d question it, keep questioning it and she’d give an answer, a decent answer as to how it meets our threshold. I think them taking it on would almost seem to them as though they had lost that argument or lost that battle.” R29:RST

It is an interesting point that this ‘double’ screening, and disagreement over thresholds takes place despite the existence of a laid out threshold document for intervention by children’s services (Appendix 10: Threshold document), which is also shared with multi-agency partners to guide their referrals in to the service.

“It just is a personal bug bear of mine if people go, well of course her thresholds are really high...and it’s like, what do you mean her thresholds are really high? Her thresholds should be the same. We should all have the same threshold because it’s the children’s services department’s threshold it’s not an individual’s. It’s not in my gift to say ‘oh well, that one yes’, ‘that one, no’....” R27:RST

Disputes and challenging interactions with other teams can also lead to a feeling of being misunderstood, and unappreciated by one’s colleagues from within the same organization. Team members suggested that they felt that neither senior managers, nor colleagues from other social work teams, understood the complex and demanding nature of the task undertaken in the RST.

“Somebody said to me the other day, and I actually wanted to punch them in the face, they just said, they made a comment about it being largely an administrative task and I thought, ‘that’s a very interesting perception!’” R27:RST

By the same token, it may be that members of the RST do not have a full picture of the challenges faced by the other teams either, exacerbating frustrations, misunderstandings and miscommunications:

“I think there’s a presumption that everyone knows what everyone else is doing and of course that isn’t correct...” R27:RST

The team leader of the RST suggested in interview that shadowing and meetings between team managers that have a focus on sharing and learning from each other – rather than a purely ‘business’ driven agenda – could be useful in overcoming a lack of understanding and facilitate feelings of being supported.

7.3.3.2 *Decision making hierarchy within RST*

During the time observing the RST, and other social work teams within the authority, thoughts and reflections about the hierarchical nature of the decision making structure emerged. As described above, judgements began with the information officer, then passed to the social worker and on to the senior practitioner to give final approval. In very high risk or complex cases, these decisions would also be discussed with the team leader and senior managers. A few months before the observation period, there had been a redefinition of job roles in the team so that work that information officers previously did, (such as attend MARAC meetings and give advice to callers), had become the responsibility of qualified social workers. Respondents did not seem entirely clear as to why this change had been made, but described it as a way of mitigating risk, by ensuring that only qualified social workers gave out advice:

“I can see the information officer’s role changing even more, to just become a data input rather than anything else, well I suppose it probably is that now actually... I do enjoy the role, it’s changed recently with us not being able to give advice...I think they looked at the role of the information officer and they didn’t want unqualified people giving out advice. As far as I know there was never any mistakes made by any of the information officers and the information that they gave out, but I think they got a bit twitchy... We’d only been doing it for 8 years I mean and it took them that long!” R30:RST

It is difficult to argue against the checking of decisions, and utilisation of most qualified staff, within an environment where intelligence is ambiguous and risks are high. However, there is some indication that at times, the removal of responsibilities, or the involvement of senior managers in team managers’ decision making can cause some delay and frustration – although one interview respondent reported to feel happy to have had some responsibility taken away.

“They’ve got to be seen to be managing and all that sort of stuff and yes I get that, but seriously.” R27:RST

“I found that a little bit more difficult because my, going a little bit further back into my background when I became the information officer I was given extra responsibilities because I’m qualified. I used to do access to records on closed cases like [name of person] does upstairs now.” R30:RST

7.3.4 Fragmentation and Lack of understanding: External agencies

Perhaps less surprising, is the existence of some misunderstandings between multi-agency partners over the role and remit of children’s social services, and about the referral process itself. These misunderstandings relate to the nature of cases with which social services can become involved and format/content required of referral information. During the period of observation it was reasonably common for children’s services to be contacted about cases which did not meet the threshold for their intervention (for example, when a teenager, not known to social services, runs away). Referrals were also frequently

received that did not contain enough details to enable children's services to carry out further investigations. Formatting was also an issue – for example, a fax or letter of referral had to be typed in to the Case database from scratch, whereas an email could be saved straight in. Each of these issues create a good deal of extra work for the RST who undertake to gather as much information possible about each contact. They also hampered the team's ability to progress cases in a timely fashion and were the source of considerable frustration. The extended interview extract below provides an illustration of a contact that has come in with insufficient detail. It also reflects the failure of some professionals to appreciate the importance of timeliness in their referral practice.

R32: Like I had a referral last week from a professional, and it was an email, so it was about a paragraph and there were concerns in there that needed to be looked at, but I had a first name and first name for the father, no address, date of birth, no contact details to get back to the referrer. I had an email that she sent it through on, but no telephone number or anything like that, so I ended up having to, I mean I got the referral probably 10/12 days ago and I've only today been able to process it.

Interviewer: So you had to email her back?

R32: I had to email her to get the information. I needed more information and I needed a referral form but I also needed to speak to her to find out a bit more about the concerns. So I emailed her which she emailed me back the telephone number, so then I called her and she wasn't in the office until Monday. So I had to wait until Monday and I called her on Monday, she's changed her working hours again now she's not in until Tuesday. So I emailed her the form and said can you complete this ASAP and she didn't so then I called her back and she said I sent it to you and I said I haven't received it. So she checked and she'd sent it to herself. Good job, brilliant. Had she just completed the referral form in the first place we could get... I mean that's the idea of the form, we get all the information we need, it asks all the questions and prompts them to fill in, otherwise sometimes they don't realise the information that we need to know. Actually had she filled that in in the first place I could have dealt with this referral 10 days ago....

Interviewer: When I was sitting in the office one day somebody had sent in a really good referral form, I think I said to you about it actually, it had just come straight from the police and [name] was just able to say we need to send that straight down to IAT.....

R32: It's so much more efficient if somebody just sends us the form, like with that one I could have saved 5 phone calls, 3 emails. It doesn't actually bother me personally, except I've got 25 other cases in my inbox which I need to do as well and actually there were some concerns in there but I couldn't pick it out because I had no idea who the child actually was or what the real concerns were.

Interviewer: What professional was this that just sent you the email?

R32: It was an alcohol service.

Interviewer: OK. It's interesting isn't it?

R32: I don't know, a lot of them say 'oh I didn't realise' and I think, you probably should really, actually if you are working with families and children in this area. You should know how to refer to children's services, or instead of just sending a brief email then just call us and ask, and we can say just fill in the form and send it back to us. I think sometimes people don't necessarily feel it's their responsibility to deal with child protection issues it's ours. So they provide the information and send it to us and then they've done what they have to do...I think they feel it's our responsibility to do the digging more than their responsibility to provide us with the information that they've got. Maybe I'm wrong, maybe they're just not sure and they've just sent us what they know, I don't know.

The extract illustrates how contacts that do not contain sufficient information create a great deal of extra work for the receiver, who must follow it up and supplement the details provided. The danger is, that in this time spent chasing up, a child could be being left in danger. It also challenges performance targets of making a decision on each contact within 24 hours. Referenced in the extract is the comparison between the time taken to deal with an incomplete referral, such as this one, and the almost immediate action that is possible on receipt of a detailed referral which contains all the necessary information.

This lack of understanding of the information required in a referral was often commented on by workers in this team. It appeared that lack of understanding could be encountered amongst most referring agencies at some point – with inconsistencies in practice evident *within* agencies. For example, one school may refer to children's services without sufficient reason, with another school waiting a year and half to refer a child who had visible markings and consistently made disclosures about being slapped by his mother. This led a number of respondents (within RST and other teams) to reflect on the level of training received by other professionals regarding their safeguarding responsibilities and processes. An investigation of the nature of training provided/received by other agencies regarding safeguarding children was outside the main focus of the study, although some discussions of this arose during interview. Whilst the RST provide a certain amount of training for other agencies regarding threshold levels and referral requirements, a lack of enthusiasm for training by some of these professionals was also referred to, as was the differing requirements on professionals to attend. In the case of schools, all new staff attend safeguarding training run by the RST, whereas there is no requirement on GPs to attend such training although it was offered by each Primary Care Trust. How new

arrangements will affect this, is to be seen. The issue of motivation for training is also important:

“I mean, obviously, if there’s any problem with the quality of the training. But of course some, any kind of training obviously depends on the willingness of the people being trained. [name] went to do a morning last week for a load of probation officers. One of the senior probation officers had identified there were issues about when do we make a referral and when are we just asking for information? [Name] said it was fine but there was one probation officer, who clearly didn’t want to be there, sat there tutting and sighing with their arms crossed, asked some arsey question earlier on andleft at the coffee break and never came back. Went off in a high dudgeon, bloody social services. So that person has obviously got nothing out of that training. Well they only attended half of it and I’m sure it won’t make any difference at all to that particular interface but, there you go.” R31:RST

On the surface, failure to engage in such training is hard to understand, given the stated need by one of the senior probation officers, and the seriousness of the issues at stake. The likely influence of anxiety and defensiveness on this reticence for involvement is considered in section 10.1

7.4 Protective factors and support

Despite the challenges faced by the RST, nevertheless the impression gained of the team during the period of observation, was that of a close knit group, working well together:

Extract from observation notes (researcher reflections)

"I have felt really welcomed by the (name) team: R27's email offering to explain the structure to me, plus helpful meeting with her – 'all very interested'. It is a much more manageable size to observe and is much closer to my own experience of working in an open plan office. Each person has their own desk, busy but there are small amounts of social interaction and people make drinks for each other. Think this does feel most like a Community of Practice with distinct boundaries in and out. There is humour in the office – probably less marked than IAT – lower key.

There is discussion of cases – but this seems to be about appropriate knowledge transfer rather than defensive 'talking over'/constant need for clarification and joint decisions."

Whilst frustration was evident at times, generally emotion appeared well contained within the team's office. Interview respondents often stated that they enjoyed the variety of the work and the supportive nature of the team. A number of factors appeared to contribute to this feeling of 'calm within a storm.'

7.4.1 Physical containment

The office was the smallest of all the teams observed, and each member of staff had their own desk. The noise levels were much lower within this team – whilst team members were always hard at work at their computers or on the phone, physical movement within and across the office, was much less than in the other two teams observed.

7.4.2 No direct involvement with clients

In being a referral rather than a case holding team, the RST are protected against the heightened emotions and 'messiness' of work with service users. This was acknowledged by one team member:

“I think when I go into a house and I’m sat there with the parents who have allegedly done this or something has allegedly happened I think I might feel differently. I think the build up to going to a visit and when you get out of the visit would have a bigger play on emotions whereas I’ve got the security of the office. Sometimes I get nervous ringing someone or doing something, but if they get funny with me, well they’re on the phone. So you’ve got a protective barrier and although we read things that are horrible we kind of see it, deal with it and pass it on to someone else to go and actually get stuck into the gory details of it, so it’s quite safe. It’s a safe place actually.” R32:RST

7.4.3 Positive relationships within the team:

“Well informally all the information officers look after each other, that’s one thing we always do. We always make sure that we’re OK, we’ll always phone each other up if we’re in late. Formal supervision, because of the high staff turnover, depends on whether there’s a senior, but we do get supervision...We always make sure, you know, ‘have you had your lunch break, you need a break, you look a bit tired, do you want a cup of coffee?’ But yes, as for formal supervision, that happens on a fairly regular basis as well, as long as we’ve got the seniors in place to be able to do it because [name of person] doesn’t do that anymore, that’s down to one of the two seniors...I don’t know, we have a good laugh, I suppose you’ve got to really but we all get on. Sometimes there’s a few tensions, but you get that anywhere. But no, generally it’s a nice place to work.” R30:RST

This indicates that whilst the provision of supervision may be affected by under staffing, positive and supportive relationships within the team promoted a good team atmosphere and provided a level of emotional support.

7.4.4 Reflective and experienced practitioners

Despite the shortage of experienced staff, there remain a proportion of staff with a great deal of experience and expertise in their roles. Reflective practice was also evident within the team with a visible weighing up of the pros and cons of different courses of actions and an ability to work through the complexities of cases, despite time and workload

pressure. This may, in part, be helped by the fact that the 24 hour turn around target for the RST seems to be less emphasised than performance indicators within other teams. The difficulty, however, is that whilst expertise, reflective practice and dedication may allow the team to continue functioning well in the face of staff shortages and high workloads, it can come at a cost to individuals. In particular two senior team members expressed feelings of dissatisfaction and stress during research interviews. The more junior members of staff are more protected from these feelings because the responsibility for decision making, nurturing new staff and managing staffing deficits falls primarily to the team leader and senior practitioner role. It is therefore important to acknowledge the personal impact of maintaining a functioning team in the face of the aforementioned pressures:

“Yes, so they will just go ‘OK, yes, OK we’ll sort that out, oh yes we’ll try and sort that out, we’ll try and do that’ and eventually their legs are going to buckle and they’re going to be no good to anybody. And I just think, yes, I am a bit of a good natured donkey I suppose. And I think, actually, all the while you’re getting on with it... and the thing is you have to get on with it because it can’t wait, it can’t wait for you to have a mini-meltdown... you’ve just got to get on with it. But actually, all the while you are doing that, and not going down to floor 5 in floods of tears going ‘it’s all too much I can’t cope with it’, nothing changes” R27:RST

Having described the factors that hamper and facilitate the information sharing tasks within RST, chapter 8 goes on to discuss research findings within IAT.

8 Initial assessment team (IAT)

8.1 Information sharing tasks

The key task of IAT is to assess a child's situation in order to decide what kind of services or intervention should be provided for them. The team meets with children and families face-to-face in order to carry out their assessment task, but also relies on information from other agencies involved with these children, who are able to provide more details about families because of their level of involvement with them.

IAT undertake a number of key information tasks, concerned with collecting, interpreting and communicating (Munro, 2005) information.

8.1.1 Agency checks

One of the most commonly observed activities in the office was the completion of agency checks by social services assistants (SSAs) (although some social workers did undertake these themselves). Once a referral into the team is received, information is sought, generally via telephone – although requests in writing were often faxed to GPs - from all agencies with involvement with a child and their family. At a minimum this always involves contacting GPs and schools, but dependent on the nature of the case, a range of other agencies, for example police, school nurses, hospitals and so on, could also be contacted.

The importance of collecting information from a number of different sources is emphasised by one practitioner who explains that a single piece of information could change the way that a case will be classified.

“All work we check everything because one small area like a Children and Young People police report going into a little bit of a domestic or something like that, then we could look at it and think oh that’s an initial assessment and there’s not much there, but if we don’t do those agency checks, then I mean that child could be going to school half asleep all day, or not attending school because mummy and daddy are fighting all night. The doctors could have mum going in saying that she’s been beaten around. It all adds up and makes a bigger picture for the social worker. And so when we get the information back we case note as much as we possibly can and we get as much information as we can, so that they can build a bigger picture for their initial assessments or their 47s”. R10:IAT

The findings from agency checks are entered into case notes on the Case database and social workers are notified electronically that details have been added.

8.1.2 Multi-agency meetings

Social workers and senior practitioners attend a number of multi-agency meetings at which information is shared regarding the progress of cases. Social workers most commonly attend child in need planning meetings and initial child protection conferences (subsequent conferences tend to be attended by social workers from one of the longer term teams). Senior practitioners (and sometimes social workers) may also attend court hearings. Whilst most court work is dealt with by the longer term team, in high risk cases, IAT may have to apply for an Emergency Protection Order (short term), or an interim care order (for longer stays) which grants the right for a child to be put into foster care while investigations are carried out. Practitioners also attend multi-agency strategy meetings which are convened at the start of potential Section 47 investigations (see section 6.4).

Both planning meetings and child protection conferences involve the meeting together of professionals working with the child, to share concerns and information, to agree plans and to provide progress updates. The child protection conference is the more formal of the two meetings. Written reports are required from each of the professionals attending, the meetings have an independent chair and are minuted. A core group of professionals must meet every six weeks once the initial conference has been convened to monitor the case’s progress. Both types of meeting were observed during the fieldwork period. In the following quotes, respondent 4 describes the purpose of these meetings:

“I see planning meetings as a group of professionals coming together. As the name suggests, we are there to make a plan for the child...If dad or mum has got some challenges, but the primary issue is the child, so we have identified a few things, they may not be really child protection kind of issues but there are issues, there are worries. So you come together with all the professionals and I really like planning meetings. What I do is, I write down those five or six things I am worried about and they would then share the information, five could raise to seven, or five could be deleted to four or three or two or one, based on the information shared, once the information is shared we come out with a plan, what are we going to do about it?” R4:IAT

and:

“Child protection conferences, I like them, because of the simple reason all of them are present, all the professionals are present. All of them would raise the worries or the strengths and things like that, um and it’s much more formal, structured, um people take it seriously, professionals take it very seriously. Everybody should take all the forums seriously, but child protection conferences, you know, everybody is prepared in a way. They prepare a written report, which is not there in...other forums, so there is a written report, generally by all the professionals...The advantage is, when you write a report you’ve already written the report, which is black and white, so you cannot go back” R4:IAT

The first quote shows how information coming from other professionals can either add to, or alleviate, a social worker’s concerns about a family, illustrating the importance of gaining as full a picture as possible about a child’s life in order to decide upon the best course of action. It also illustrates the joint multi-agency approach to decision making, also highlighted in the second quote regarding the child protection conference. The second quote, however, also alludes to professionals ‘going back’ on information they have shared with social workers. This issue is returned to under section 8.3.5.

8.1.3 Assessments

A key task for social workers is carrying out assessments with families and children. According to the nature of the case, a Section 47, initial or core assessment is undertaken, to build a picture of the life of the child/family, family strengths and risk

factors. Information from other agencies is required to complete assessments. On each form there is a section concerning child's health and educational record. Information from other agencies (such as housing) may also be included if appropriate. Information needed from other agencies may be the type that would be kept within standard records (for example school attendance), or may be more specific:

"For example, last week I went out with the health visitor to assess burns to a child and I wouldn't have been confident going on my own to do that assessment. I needed her medical knowledge in terms of assessing whether the burns were accidental as the parent claimed." R12:IAT

Once the information has been gathered from other professionals and family visits, social workers analyse their findings and put forward a plan of action. All case notes and assessments are entered into the Case database. Before assessments are acted upon, they are reviewed and signed off by a manager.

"I think I've got very used to having to make decisions and I think having been supported well I feel confident that my judgements are trusted but equally someone always checks them so every assessment is signed off by the manager so there is a kind of fall back process as well." R12:IAT

8.1.4 Interventions with families

Once the relevant assessments have been undertaken, the team has the choice to refer the case to a different team, close it, or, if suitable, carry out the appropriate intervention themselves. Such interventions are often carried out in partnership with a range of other agencies, which can also entail a great deal of information exchange. One fascinating example of this, during the observation period, was the repatriation of a number of children who were at risk of forced marriage. The case involved joint working with the Home Office, the police, lawyers, immigration, the children's school and so on. It involved large amounts of correspondence between agencies by telephone, email and face-to-face.

Other (less dramatic) types of joint working included joint visits with other professionals such as police or health and working with family centres for child/parent contacts.

8.1.5 Working with databases and records

As discussed above, assessments are entered in to the Case database, as are case notes (record of any interaction with the family, child or other professionals regarding the case) and copies of relevant correspondence. The system also generates a number of standard letters which are sent at various points of a case, such as referral letters, closure letters and so on. Often, SSAs will support social workers by putting together chronologies, referral letters and closure letters for them. The majority of workers' time in the office is spent at computers and during observation there were periods when the office was quiet except for the sound of typing or telephone conversations.

“And you hear, it gets noisy with the typing.” R6, IAT

In the lengthy quote below, R6, describes paper and computer records that relate to each case:

“If we are doing GP fax then obviously we would put that on Case and we would put it in the paper file, obviously all the letters get put on the paper file. We don’t have any scanning facilities, so anything we get sent to us we would file it and I mean everybody is different but when I get hospital, like A&E concern forms, ambulance concern forms they usually get typed verbatim and then put on. With regard to our assessments, everything we do assessment wise, initial assessments, core assessments, section 47 assessments are all on Case, so we just type straight on to them. We send initial assessments and core assessments out to the families and we don’t as a rule send out section 47’s. If we’re having a child protection conference then we would write a Word document proforma and then print that off. Chronologies, again, Word proforma and then print those off, so it really depends on what we’re doing. Referrals internally within the council there’s a referral process on Case so that’s all computerised. If we are referring to other organizations, or voluntary, then it’s usually a combination of email or paper, mostly email and in theory everything we do by email would get cut and paste onto Case. So I think, yes, preferably everything is then on that client’s file in Case...”
R6:IAT

There is a great emphasis placed on record keeping within the team, partly for quality assurance purposes, but also to ensure that someone coming to a child’s file will quickly be able to understand the situation and actions taken.

“File auditing is one level if you like, but also it means that someone can pick up. So if I’m off tomorrow for whatever reason, people can see what I’ve done rather than repeat the process and put that family through having to go through it again. It’s also evidence to inform your assessment.” R7:IAT

8.2 Information needs

Practitioners also discussed a number of information ‘needs’; factors which, when in place, facilitate them to carry out their roles.

8.2.1 Reliable and evidenced information

In the same way as the RST, practitioners in IAT need the best information possible about a child and a family to inform judgements and decision making. The acquisition of reliable and evidenced information, based on 'facts' not 'hearsay', is key to making informed assessments.

“Essentially, it’s got to be purposeful, relevant, you know...and particularly for case recording for social workers it has to be, you know, analysis and opinion, not, not, what’s the word? You can include hearsay, in terms of this is what we were told, but it has got to be based on evidence and based on, you know, not like, ‘I think this family are OK because I like them.’” R7:IAT

Practitioners described the skills needed to evaluate the reliability of the information that they receive; both when working with service users, but also other professionals.

“Sometimes it amazes me about what people are claimed, said to have done, or what’s been going on. I think working with a family you’ve got to be sceptical, you can never kind of take things on face value. I’ve got a healthy sense of cynicism and scepticism.” R7:IAT

“A lot of families we work with...can be misleading or manipulative and the whole thing about disguised compliance.” R6:IAT

Information received from other professionals may make a situation sound worse than it is, or may be given on the basis of a 'bad feeling' about a family, without any substantiating evidence:

“I’ve found a few health visitors in the past they’ll phone up and they’ll say I’ve got these concerns and then you’ll push them on the concerns and there won’t be a lot of substance. They won’t be able to voice them or give evidence, which can be a little frustrating for them, more than us I think.” R9:IAT

Ensuring that information is reliable and evidence-based, requires social workers to be persistent in asking for clarification and specific facts:

“You have to be really clear about ‘what does that mean, when you say...what does that actually mean? What did they actually say?’” R7:IAT

This is linked to the comment made by R1 quoted in the previous chapter that ‘detective’ skills are fundamental for social workers, who should not just settle for what they are told, but investigate further and more deeply.

Social workers need information not only to be based in fact, but also *consistently reported* by other agencies. This does not mean that the view of a case should not evolve in light of new facts emerging, rather it means that, assuming facts are consistent, social workers rely on referring professionals, to stand by their version of events:

“Because I’ve prepared my report and assessment and everything, based on what they told me before, prior to the conference. But if they change their view slightly, or slightly more, then I’ve got a problem there then. So one has to be very, very clear, if one is focused on the concerns and the worries and one knows exactly what he’s doing, these are the worries, I’m going to take it here, you would definitely succeed then.” R4:IAT

Social workers, however, often spoke about the difficulty they faced with other professionals seeking to change their story, or water down their concerns, in forums where family members are present. This represents a challenge to their information sharing tasks and is returned to in section 8.3.5.

8.2.2 Clear communication skills

Practitioners themselves must also possess the ability to communicate clearly, to ensure that the hearer can take on board and understand the message and also to allow practitioners to 'stand their ground' when faced with opposition:

Extract from observation notes

A senior practitioner is on the telephone to a social services department in a different part of the country - there is a dispute over which local authority should be dealing with the case.

The team manager comments: 'Loving how clear you're being!'

Senior practitioner says to manager 'I'm trying to be really, really clear so there's no muddy waters.'

"If they see...a weak person to question on the stand with regards to childcare issues they're going to go for it, that's their job. So I think when you put a clear stand that actually she's not going to take much nonsense and she knows what she's talking about and yes, so it goes." R3:IAT

It also relates to the ability to be upfront and honest, clearly confronting difficult issues with service users:

"It can be an extremely difficult job because you are dealing with emotive issues with regards to questioning parenting and parent's ability to provide appropriate care and protection." R3:IAT

It was very interesting to see social workers employing this skill, within meetings and during phone calls to service users. The following extract, taken from observation notes, shows researcher reflections on overhearing one such telephone conversation:

Extract from observation notes (researcher reflections)

“The social workers I have observed have this amazing ability to be pleasant and polite but also to stand their ground and say what they have to say. It is rare, in all the probably 100s of telephone calls that I have observed, for them to allow any form of frustration to show on the phone – only time I have seen this is when there have been abusive/shouting parents on the other end. However, even then they have maintained their politeness – but have heard them issue an ultimatum – will you stop shouting at me please, if you keep shouting at me then I will put the phone down, if you allow me to speak etc.”

Practitioners often appeared to take pride in this element of their skill base, but expressed feelings of frustration that other professionals were not able to operate in the same manner:

“I’m very much for being very upfront and honest, sometimes people find it difficult that I practice in that way but I think in this sort of work, child protection, you have got to be clear with people...I don’t think as a professional group it’s understood that we need to work in partnership with the family and be upfront and honest at the earliest opportunity to nip things in the bud. And I appreciate it’s really difficult for some of these families, but a lot of these families, because no one has actually addressed it, it’s just been allowed to continue.” R3:IAT

8.2.3 Partnership working: clear lines of communication

As discussed, social workers rely on information provided by their multi-agency partners to inform their assessments and judgements, but also to notify them of concerns in the first place. The information tasks outlined all involve sharing information across agencies.

“Essentially the referrals we get are from other agencies in the main, so we’re relying on their ability to look at situations and refer that on.” R7:IAT

R7's comment reflects social workers' need for other professionals to look at situations from *the perspective of the child*, in order to identify concerns that should be referred on. Whilst in many instances this process happens very successfully, the different roles and remits of other agencies, particularly adult focused services, can work against their ability to focus on the needs of children, which diminishes the likelihood of relevant information being passed on. This is discussed further in section 9.3.1.2.

As well as needing information from other agencies, social workers also rely on the services and skills that they can provide.

“The crux of our work is partnership working. We could not achieve our role with regards to protecting children and providing services for children in need unless we had good partnership protocols and working relationships with health, education and the police, and lot of voluntary agencies as well because they're very important in providing services.” R3:IAT

Participants explained that, in order to ensure that information and skills work together in the best way for the child, good relationships and a clear understanding of each other's roles are also important:

“I think once you make that connection you build a professional working relationship and if people get to know you more they are going to be more helpful...It's about building relationships, just like you do with families, but again being really clear about people's roles and responsibilities.” R3:IAT

8.2.4 Capacity to manage and 'use' emotional responses

Team members were very aware of the emotional nature of their work. Practitioners acknowledged that information about children and families could come in the shape of emotional responses to them. Thus the ability to be emotionally 'in tune' with their clients enhances their practice.

“You don’t ever switch off, if someone says you do, then firstly I’d be worried if they were OK, because if we get too mechanical we’ll miss some key things. We need to remain emotionally in touch with what we’re doing, we need to allow those emotions to be there, um, but actually it’s about how we do manage those?”

R1:IAT

It is important however, that these emotions are not allowed to ‘take over’. The management of feelings relates to the ability to contain emotion in particular situations, but to ‘let them out’ and reflect on them at appropriate times:

“When you’re doing your job, you can’t really have emotions, because if you’re going to be sat there thinking ‘oh my God, this is horrendous’, then you think well that’s not going to help that child, um, but then you do have an opportunity to mop up...there’s capacity to be emotional” R7:IAT

“I often have to put a façade on, sometimes I allow people to see how I’m feeling as well, because that’s right, but it’s about when they join me, so if I’m really angry about an agency, I need to manage that carefully, um, if I’m really sad about a case, that’s OK I think to share, so that’s how I deal with my emotions and how to manage the team emotion, um, and the emotionality of the team.” R1:IAT

As the previous quote suggests, managers in this team also need skills to acknowledge and support the ‘emotionality’ of the team. The need for a supportive team environment and opportunity for reflection is also paramount:

“It’s really important to have, in this kind of field, to be able to have a really good relationship with people you work with, have lots of banter because you deal with such horrific things on a daily basis...So a really strong supportive team is very important.” R11, IAT

Members of IAT experienced their team as a highly supportive environment (section 8.4.2), but there was also recognition that workers must take joint responsibility for their own stress and emotions - and that this is not a job suited to everyone:

“So it’s about reflective practice and being very strict about your own stress management.” R3:IAT

“Some social workers come in to the team and this work isn’t for them because it’s hard. It’s very hard, and you can have some great social work skills and interaction with clients and communication but can’t cope with the pace or the severity of the work. I mean they hear some awful things, and have to deal with a lot of emotion, and sometime a lot of abuse. Sometimes you have to work with them in recognising that it’s not for them, and others you just see them fly.” R2:IAT

There was also an awareness of the overlap between personal and work related emotions – with respondents seeing a joint responsibility between managers and workers themselves for recognising and responding to needs for additional support:

“It’s about being aware of what your ‘issues’ are and what your ‘stuff’ is, isn’t it?” R6:IAT

“If you’ve got something crap going on at home, that absolutely will impact on your ability to deliver at work, because we’re dealing with emotions.” R1:IAT

8.3 The challenges of information sharing: anxieties and defences in IAT

8.3.1 Heavy, pressurised workload

Whilst this team has a higher proportion of experienced staff than the RST (chapter 7), nevertheless, the high rate of referrals and resource difficulties result in a highly pressurised workload.

“I suppose the issue, really, is literally about resource, because there are only so many social workers and, for instance, what’s happening right now is, I know the amount of referrals that we’ve got at the moment for the other SPs, I’ve been talking to them, there’s a lot of referrals and the social workers have already got high case loads and it’s how are they going to juggle that?” R2:IAT

8.3.1.1 *Individual impacts of high workload*

The pressure of work within the team was clearly evident during observations, exacerbated by the urgency of the type of cases that the team deals with.

Extract from observation notes

I ask R4 how he is, as he looks tired today. He says:

“I have so many things that are number one. Things are fighting to be number one – and number two and number three. What I thought was number one, has now been replaced with another number one. If I was to represent it graphically, this is number one (holds hands wide to indicate many things), this is number two (makes same hand gesture) and this is number three (indicates same quantity again with hands).”

The next day, another conversation, with the same respondent, continued in the same vein:

Had quick chat with R4 – asked how he was today – he said not really very good – was feeling fine (as he had a good night’s sleep), until 9.30am when he got given a really complicated case (on top of what he was saying yesterday about how much he had to do already). Later I hear snippet of conversation between R4 and R5 along the lines of ‘which one do you pick?’ i.e. out of all the things at number one, which is the most important? R5 is also talking about how many lists she has of things to do – on phone, on outlook, in her notebook

Interview data also reflected the need for frequent re-prioritisation of work, as yet more urgent cases arrive:

“We’re prioritising such high level risk on an hourly basis, it’s not even daily, it’s hourly, we’re reprioritizing.” R1:IAT

Feelings of anxiety and stress, relating to heavy workloads are also identified:

“Definitely their anxiety and stress levels about how much they’ve got to do. Yes, I suppose their anxiety of getting all of their work done and their anxiety about going in to situations and helping them work that through.” R2:IAT

“I think the worst thing about the job, literally, is the time. It doesn’t matter how much you squeeze into the day, you are never ever going to be able to achieve everything that you want to and that’s really difficult because by nature of who we are, and what we do, we want to achieve as much as we can, and I think that actually there aren’t enough hours in the day.” R5:IAT

Emotional reactions to high workloads were often recorded in observation notes:

Extract from observation notes

“A senior practitioner finishes a phone call and looks at her email: she says ‘Oh my God, my inbox is horrendous, can I cry now?’”

“A lady has come in to office to talk to the IAT senior practitioner about an allegation against a foster carer. Having heard the conversation, the team manager says ‘this is ours, we have to take charge’. The senior practitioner says– ‘alright then, but I don’t know who’s going to do it.’ She looks unhappy – the other lady is apologetic.”

Tiredness was also recognised as a side effect of heavy workloads for practitioners, both by interview respondents and through observations:

“Also they’re tired at times, they’re worn out, it’s a bloody hard job.” R2:IAT

As an observer, it was interesting to note how tiring it was to sit and watch the work of the team, and the effects on the senses of the high levels of activity in the office – as illustrated in the following field notes:

Extract from observation notes (researcher reflections)

“Observation is really tiring – I keep falling asleep when I get home!”

“Am really struck by the noise and busyness in the office today having been out of it for a few days – feel tired after half an hour!”

Observing this level of busyness, and related emotional strain, clarifies very well how the boundary disputes between IAT and the RST, discussed in the earlier chapter, can come about. Faced with an almost impossible workload to manage, IAT tries to make sure that absolutely no unnecessary work comes their way. This necessitates a firm stance against taking on cases that they should not be dealing with – and a careful checking of referrals that come into them from the RST. The quote below describes the reasons behind one such boundary dispute with an external agency:

“If we took that premise we’d be inundated and we’re already too busy as it is. So if we are doing all the wrong work we can’t get to the right work...I’m like ‘STOP! Don’t do anything!’ because we have a principle here that we must challenge this. We have to challenge this, because if we start taking things... I think has been part of our problem why we’ve been so inundated, because we can’t just be a ‘yes’ team.” R1:IAT

Feelings of anxiety, tiredness, stress and continual re-ordering of priorities must work against practitioners’ capacity for reflective practice and test their emotional resilience. In this team, however, the level of support offered by colleagues at all levels, and the perceptiveness of its members to emotional distress in others, is a protective factor that is often commented on. This level of support allows workers to cope with the huge demands on them. Whilst there is some suggestion that social workers in the team who have been

qualified for a shorter time may, at times, feel slightly less supported, the overriding impression is that workers greatly appreciate the supportive and containing atmosphere within IAT. These issues are discussed more fully at section 8.4.2.

8.3.1.2 *External impacts of heavy workload*

Going beyond the individual and intra-agency emotional impact, some practitioners expressed that the lack of resources and high workload was detrimental to the quality of service that social workers were able to provide to their service users.

“You’re kind of almost always catching up with yourself and you’re almost always doing just enough. Which is why they get into this cycle of case open, little bit of signposting, case closed, referral, case opened, signposting, you know. You just kind of get into the circle. And time and time again you see families coming round and round and round...I think that’s probably the worst part, is that if the case loads were lower and the timescales weren’t so prominent I think we’d all do a much better job than what we do, even though we all probably do the best we can with the time we’ve got.” R5:IAT

Another respondent illustrated how the levels of busyness can negatively affect inter-agency communication. R4 described how he needed to make some urgent phone calls from the hospital, where he was waiting for a child to come back from a child protection medical (she had been accompanied into the medical by a female social worker). The following extract from observation notes records this conversation and researcher reflections on it:

Extract from observation notes

“Thinking about how pressure of work can affect information sharing: had a conversation with R4 who explained he was at the hospital attending a medical – he didn’t go in with the child – she went in with a female social worker, so he has a bit of time so he makes two or three phone calls while he’s waiting – but it’s very difficult to think/concentrate/focus under those circumstances. He puts his hands over his eyes. But if he forgets to ask a question at that point – the other professional will say – well you didn’t ask me that – that’s not my problem.”

The difficulty of balancing quality work with sheer quantity of work was well recognised, to the point where one manager described how she advises her workers to try to give each case 80% attention. This is difficult because each social worker wants to do their absolute best for every client, to give them 100% attention, but if one case receives 100% attention, another may only receive 50%.

8.3.2 Administrative burden

A number of elements of work organization exacerbated difficulties of high demand for services and heavy workload. The heavy administrative burden caused by the emphasis on recording and the completion of numerous (and repetitive) forms and assessments, was often commented upon.

“It gets repetitive. When you follow a case through from doing an initial assessment we need to complete a core assessment, so you are filling in the same information in more depth - that’s fine. You decide that you’ve got child protection concerns, you need a child protection conference, so you open a section 47 report which is the same information, but you also have to complete a child protection conference report which is the same information in a Word document, but written differently. So it just is a lot of doing the same work but in a different format.” R6:IAT

The repetitive nature of the assessments was often a source of frustration.

“Well the frustration is we repeat information. Repeat it, repeat it, repeat it, repeat it. Fill out form, after form, after form, after form. It’s horrendous. It’s time consuming, it’s frustrating, it’s ridiculous.” R2:IAT

A proportion of practitioners acknowledged that they understood the purpose of the high level of recording and administration.

“We find it a pain but it is necessary... You need to have paperwork, you don’t like it, but we need to have a trail to show the quality of work that we are doing.” R8:IAT

But others expressed that it could act as a barrier to face-to-face work with clients.

“Our time is not best spent sitting writing things down, our time is best spent with those families and with those children and spending time getting to know them...so you get the chance to develop and build a relationship...That’s where we need to be focusing on, not sitting around typing things repeatedly.” R6:IAT

Administrative processes also affect interactions between agencies. For example, lengthy referral forms, containing detailed information, are often required before any service can be offered by other agencies. This point is illustrated below, by R4, who, in this instance, is talking about the level of detail required on the form requesting a child protection medical:

“I think it is the paperwork, or the documents, or the level of bureaucracy kind of, is slightly a hurdle I think...Of course, every agency would have their set of things before you enter the agency or...Have you got this? Have you got this? Have you got this? But sometimes those documents, or that bureaucratic structure, dominates the need of the child.” R4:IAT

In view of the high administrative burden upon the team, the position of the business support officers (BSOs) in the team was an interesting one. During observations, one of the BSOs explained that there had previously been more administrative staff in the team and that they had held a more active case administration role. She had enjoyed the case administration role and now felt frustration that she was unable to provide this, particularly in view of the high workloads in the team. The BSO role now appeared to relate more to human resourcing issues, although they were able to carry out some general administrative tasks for the team, such as booking rooms and taking telephone messages. There was also some indication that other members of the team were unaware of the role that the BSOs now carried out:

“I don’t know exactly what they do to be honest, but they obviously do more strategic corporate work...They are very little help in our day to day work with clients. I’m sure behind the scenes they are keeping my holiday, you know my annual leave and my supervision file, I don’t know, whatever else personnel stuff...” R2:IAT

The same respondent suggested that the lack of administrative support, coupled with the increased focus on recorded keeping and administration, meant that SSAs had to take on this element of the work, diverting their skills away from work with service users:

“So all that time writing letters. I mean, [name] is a prime example. You see how much work she is doing on the computer. SSAs generally used to be out with social workers all the time. Out and doing contacts, just out all the time. They’re almost admin support now, which is such a waste of their skills. [Name] has got huge skills when it comes to working with children and dealing with people and she’s there, sat doing chronologies and writing letters and doing closures.” R2:IAT

Whilst generally satisfied with the variety and content of their role, one SSA did comment on the ‘dilution’ of the role.

“So it has become since I’ve been on this team, slightly more administrative, a lot more letters and a lot more admin tasks...” R9:IAT

Interestingly, respondent 10 suggests that the weight of the administrative tasks can cause more anxiety than face-to-face work with service users – reflected by the contrast between the first and second quotes below:

“I don’t get fazed by any situation at all and if a child is to be removed I don’t get involved emotionally.” R10:IAT

But

“I do get a little bit worried when I’m in the middle of doing something, a CIU (Police Central Intelligence Unit) referral comes in, then can I do this? Then can I do that? And I’m getting bombarded...so yes that is the only thing that worries me.” R10:IAT

This resonated with a number of other practitioners who expressed that, whilst certain cases could be highly anxiety provoking and worrying, much of the day-to-day worry comes from juggling the heavy workloads and competing deadlines.

“There are a lot of challenges, I have to say, it’s extremely demanding. One has to be very, very organized, especially about the timescales, the quality of the work, um, my biggest challenge would be probably the case loads. If we have got a lot of caseloads, um, lot of children to do assessments, then, at some point of time, um, you may not be able to do what you want to do when you have got a lot of cases. So that is one of the biggest challenges.” R4:IAT

8.3.3 Timescales and performance management

The issue of performance management looms large in the team, increasing pressure to fit heavy case loads into tight time slots, which often compete with each other.

“You’ve got a timescale and this is your 35 working days and you’ve got to get that done which is all very well and I’m really meticulous about stuff, but then they’ll give you another one and another one and another one and another one. So before you know it, you’ve got twenty massive assessments that are all due in within five days of each other and they’re all on completely different things and you know, you get one that just takes up four or five days and everything else just goes out the window.” R5:IAT

Cases are monitored against the statutory timescales for child protection cases (see section 6.4), with daily updates being circulated to social workers, senior practitioners and managers. Cases are shown in green (within deadline), orange (approaching deadline) or red (gone past deadline). The names of social workers holding each case are shown on the document, and progress, or lack thereof, is listed for everyone to see. Timescales, although recognised to be important in avoiding drift, were often identified as causing stress and ‘speed working’ practices that may not serve clients in the best way.

“We still have lists come round with traffic light colours on them, why isn’t this done on time, which is really difficult. I mean I don’t think that things should slip, I think you need to do assessments in timely ways however, you need to do them properly and you need to analyse the information and make sure you’ve got all the information and give yourself time to observe and chat and discuss and very often social workers are banging out assessments because it’s due in, so that’s horrendous.” R2:IAT

There was a general sense that, because the traffic light reports do not provide any qualitative details about *why* cases are not meeting timescales, they do not provide an accurate reflection of the work being carried out in the team. The following quotes, from observation and interview data, also show how feelings of despondency and embarrassment can result.

Extract from observation notes

Had a conversation with a social worker about the traffic light system that comes out every day: red, orange, green. "You are red – and go red! – if you miss a deadline, but you can't meet deadlines when you are relying on information from other agencies who are not providing it. He suggests that a new 'black' colour category is needed because you have run so far over – "I will shoot you in two days!" Not so much worried about what colleagues think – but management might think – 'he is running over on his deadlines and he is out there smoking a cigarette'...it's not nice for everyone to see it. I ask him where the report comes from (meaning which department)...he says 'it comes from hell!' It looks like hell with the fiery red traffic lights. It is the 'facts' but with no explanation at all. And Supervision is 'Judgement Day'!

"The thing with colours is when we get work allocated to us that's late, day 1 starts on the day of the referral regardless of when it's allocated to us. So we all have periods of time where all of our initial assessments are red because they're over 10 days, so then you're like I'm crap, I don't do my job...So you then do the monitoring report avoidance: I'm not looking at it because I know I haven't done it so you don't need to remind me every day." R6:IAT

Whether adherence to timescales actually equates to quality practice was also called into question.

"It's almost like a, it's a measure of the quality of our work and how efficient we are, it is not a measure of the service we provide. It's completely different. It's, one is like, well you're really good cos you've done this in ten days...three weeks later, three months later, the case is open again, so actually, even though we did that in ten days and we're really good, how good were we if they're back twelve weeks later? It doesn't, the two don't marry up." R5:IAT

8.3.4 Partnership difficulties: Different roles and remits

Whilst Working Together (HM Government, 2010) guidance clearly lays out the joint responsibility of professionals to keep children safe, the differing focus and working patterns/practices of different professionals can create difficulties for information sharing.

“I guess the difficulties are that with each agency they have their own particular remit and they have their own priorities and they’re different within the other agencies, they’re not the same as everyone else’s so that can lead to difficulties in information sharing.” R6:IAT

As has been argued for children’s services, each agency has its own specific role/focus, and particular information needs. The focus of different roles, and agency specific information needs, shape the type of information that is passed to children’s services. The implications for children of particular situations such as parental mental health issues, or homelessness, may not come onto the radar of other professionals, who are working to improve a situation at a different level.

“They view things medically, they can put a plaster on a cut, you know, they can, they can diagnose your migraine, they can diagnose your bad eyes, they can, you know, if you go to the hospital, they can put your broken arm back together. You ask them how they’re going to speak to mum about the crappy home conditions or the fact that she can’t get herself out of bed every morning to get little Billy dressed for school, it’s not a sticky plaster situation...I don’t think it forms part of their training, their observations.” R5:IAT

This can be a real danger zone for the loss of valuable information. If other professionals do not identify and share certain pieces of information, social workers have no way of knowing they exist:

“You don’t know what you don’t know - don’t know what to ask for. If they don’t share what’s relevant and pertinent and then hold that back, and later on find out actually they should have told us that, that would have changed our assessment - but you don’t know what you don’t know.” R7:IAT

Practitioners acknowledged the difficulty for other professionals trying to be aware of child protection issues alongside other demands of their role:

“We’ve got a lot to think about but our agencies out there have actually, safeguarding is one aspect of their job, safeguarding is our job, so we forget that sometimes.” R1:IAT

However they often expressed frustration that some agencies, in particular GPs and adult mental health, or drug and alcohol services, did not make the link between medical or psychological issues and safeguarding of children. These agencies also often prioritised their clients’ confidentiality over the sharing of information.

“Some agencies can be difficult at times with certain information, particularly...adult mental health probably still don’t understand protocols and the importance of what information they could provide to protect a child” R3:IAT

“Adult services, particularly drug and alcohol services, need to be looking at the impact of the substance abuse on the child.” R7:IAT

The team had been having particular difficulties with accessing timely or sufficiently detailed information from GPs (a particular concern, as information is sought from GPs about each case). As a result of this, some work had been done with a surgery ‘link officer’ to devise a fax information request form to be used by social workers when contacting GPs. This was designed to alleviate GP’s concerns about confidentiality and to ensure a timely response for social workers. However, whilst some improvement may have been affected, difficulties still endured.

“GP’s are frustrating, very frustrating, there are a few that are OK, generally they’re not good at sharing information, they take a long time to share information. They devised their own form, we used to ring them, they then devised their own form for us to ask so that we could fax it to them, fill in a form that we fax to them that they’re supposed to get back within a period of time...but they still don’t get back to us, or they say there’s too many questions on the form, and it’s their form!”
R2:IAT

Practitioners expressed that such issues could make the task of collecting information feel arduous and heavy going. They expressed concern about the reticence of certain agencies to share information that could be important in shaping action on a case.

“That information can change the whole scenario, possibly, so if you’ve not contacted housing, or housing is not coming back to you, but that particular family could be made say homeless and I’m not aware of it, that could change the entire course of action, thinking and assessment for us.” R4:IAT

Whilst there were a number of comments concerning the usefulness of training with other agencies to enhance understanding around information sharing, there was also a suggestion that some agencies did not receive sufficient child protection training, or were not keen to engage in it.

“Adult mental health – I don’t want to be disparaging of colleagues but I really don’t think they have enough training around child protection.” R3:IAT

“Again, GPs, absolutely as hard as hard can be to work with...I’ve done training with GPs and their safeguarding and kind of the barriers they put in the way...”
R5:IAT

A lack of engagement was sometimes commented on more generally as well – with the feeling that other professionals were keen to see safeguarding solely as the work of social workers and to wash their hands of the responsibility as quickly as possible.

“I think probably there’s an understanding that actually that’s not our job; that’s child protection; social services...it’s like passing the buck, sliding shoulders I think sometimes, which can be really frustrating.” R3:IAT

“And people are busy, I don’t take that away, I don’t think we’re the only agency that are busy, we really are all busy, but when it comes to the responsibility of the plan you do see agencies back off.” R2:IAT

8.3.5 Social and Emotional Dynamics

A challenge to the need for social workers to convey clear information emerged in the shape of the dynamics of settings and situations, in which communication takes place. These dynamics had power to shape what information is communicated and how. The section below discusses three situations, in which social or emotional dynamics appeared to influence information sharing behaviours.

8.3.5.1 *Court/legal interactions:*

An example of social dynamics – in this instance between different professional roles - was observed during a pre-court meeting in which solicitors, a Children and Family Court Advisory and Support Services (CAFCASS) officer and a senior practitioner were discussing the forthcoming hearing to request an interim care order for a baby. It was interesting to observe how the legal setting affected interaction between professionals – with solicitors for the parents having the role of defending the parents’ rights, and the senior practitioner and CAFCASS officer working for the child. Whilst relationships appeared to be good between the professionals, the style of discussion was somewhat adversarial between the mother’s solicitor and the social worker/CAFCASS officer – noted in observation diary:

Extract from observation notes

“Mum’s solicitor also joins discussion – wanting to know why there was a change in proposed contact frequency (this has been a typographical error, but she does come back to this a couple of times) – she suggests contact once a month would be ‘pointless’. She also says ‘only concerns’ are in relation to overseas information and the mother’s self-recognised issues with domestic and alcohol abuse – to which LA solicitor replies ‘which is quite a lot really!’ She has an adversarial style which I guess fits with her other work in criminal law. However, she is also quite co-operative once CAFCASS officer has firmly expressed her concerns, she agrees that they can wait to make their pleas until they have got the reports in.”

This observation illustrates the point made earlier by R3 about the need for practitioners to be able to communicate their point, and stand by it, in the face of professional opposition. In this instance, the solicitor backed down when the CAFCASS officer put her case across firmly. In the research interview following the observation this issue was returned to –

R3: “I don’t care if they contest the issue, but it’s almost like a power game as a warning to me, you know you’re not going to get that. It’s just quite interesting and it’s all like, I probably shouldn’t say this, but it’s a bit of game playing really.

Researcher: And I suppose as you are experienced you learn that, but I guess for your newer practitioners do you think that’s quite intimidating for them?

R3: Scary, yes. I mean in court it can be very, very scary because they will size you up about what they can get away with...” R3:IAT

In this setting, the work of the parents’ solicitors is actually to undermine social workers’ statements about risks to a child – using ‘professional intimidation’ as one tactic. It is a useful illustration of complexities encountered by practitioners in their information sharing task, and is returned to by social workers in the longer term team in the next chapter.

8.3.5.2 *Child Protection Conference*

It was also possible for social/emotional dynamics to affect the way information is shared, or 'couched', in meetings attended by parents. During fieldwork there was the opportunity to observe an initial child protection conference. The conference was attended by five professionals – the IAT social worker, a police officer, school nurse, deputy head teacher and a senior practitioner from the long term team, as well as the child's mother, the conference chair and minute taker. Interaction between professionals in the waiting room ahead of the conference was friendly and there was some discussion over how mum would react to hearing the professionals' reports. The dynamics within the conference were interesting to observe, with different 'tones' used by different professionals. The social worker and the police officer presented concerns about the family, whereas, the deputy head teacher and the nurse provided more positive feedback and adopted a friendlier style.

Extract from observation notes (researcher reflections)

Reflected on differing role of school/social worker/school nurse – school and nurse friendly relations with mum – good reports of attendance and of little girl's health check/development. Deputy Head in particular appears quite reassuring to mum – "we haven't got concerns about...we don't think you'd hurt her, but if she is in a situation where she could get hurt..." Different approach to social workers and police who are more 'negative' focused. Senior practitioner is very clear, concise about the concerns of the case – felt a bit like 'cutting through the crap!'. Reflected that the social worker seems to get the brunt of mum's displeasure. They all agreed that the case should be classified as 'child protection', but somehow it felt like social worker's 'fault'.

This was often commented on by social workers.

“The challenges are, we experience professionals sometimes raising concerns to us and they haven’t raised those concerns to the service users. So, you know, ‘just thought I ought to mention that I’ve been worried about that’, or ‘mum has been looking really dirty lately...’; ‘Right, have you spoken to mum about that?’; ‘oh no I don’t want her to know that I said that’. There’s your first problem. Or I’ve been to child protection conferences where a professional has shared lots of concerns with me and then when it comes to the conference and their turn to say their experiences they give a completely different story. It really has happened and does still happen a lot and they say ‘oh I didn’t want to ruin my relationship with them’, well we need to work with them and actually it looks like everybody is saying lovely things bar us.” R2:IAT.

The issue for other professionals, especially those who may have more regular contact with families, appears to be that they do not want to negatively affect their relationship with them. Practitioners suggested this could also be to do with the fact that some service users are intimidating and difficult to challenge. This can result in splitting and projection within parent attended meetings, where criticism and concerns about families becomes the domain of social workers (and in this example, the police) and recognition/expression of families’ strengths of other professionals.

Social workers have little choice but to accept their appointment to the ‘baddy’ role – in fact in some ways it may empower them – as their primary role is to safeguard the child. This appointment, however, can cause them feelings of frustration and may negatively affect the behaviour of service users towards them.

Extract from observation notes

R1 is on the phone talking about a case in which a family will deal with the school, the police but not social services, even though action is being jointly instigated by all 3 agencies:

"I don't care about being the baddy if we get the outcome we need' Police had to pretend they didn't know what was going on – family respect police and won't even talk to social services."

"Yes I do have difficult clients and I do have very, very challenging, difficult telephone calls, meetings, visits, home visits, um I have been several times thrown out of the home. There have been many, many issues, abusive language, threats. But I think if you, if you are in this job, you know, I see this thing as a footballer complaining that I don't want to kick the football...it is his job and he's paid to kick the football. It is my job to protect the children and this is a part and parcel of it."

R4:IAT

However understandable the concerns of other professionals may be, this tendency to renege on concerns in the presence of service users provides a challenge to the communication of a clear, consistent message to families, which may ultimately make children less safe.

8.3.5.3 Social workers interactions with intimidating or dangerous clients:

It was apparent that social workers were also careful to use an appropriate style of communication when faced with intimidating or threatening clients. This often included humour and also (as shown in the quote below), appropriate challenge.

*“I use humour because sometimes you come to the door and they’re f*** off and if you say, ‘now come on, you know you don’t mean that’, and this is what I always say, ‘I’m going to be very hurt’ and they just look at you and then start smiling, they think what planet is she on? But I think humour, I’ve used humour with some really, really difficult people and they’ve responded to that. With antagonistic people it’s pointless buying into that especially when you can get yourself into a nasty situation where they could assault you, but there are people that don’t play ball and can be quite threatening.” R3:IAT*

There is a risk however, that some situations could be so worrying that they can de-rail a social worker’s ability to think or communicate clearly. Such an incident was observed during fieldwork where a social worker was clearly upset about the prospect of a face-to-face meeting with an intimidating service-user.

Extract from observation notes

An on-duty social worker is talking about a case with a volatile dad that is worrying her. She speaks to two social workers about the case and to the duty senior. As she talks she sounds/looks worried. While she is talking to the senior, the phone rings and it is the parent she is talking about. She takes the phone call at the desk opposite me and I can hear from the conversation that the dad is refusing her access to his children – she arranges for him to come into the office to talk with her. Comes off the phone saying 'He's really awful'. She appears quite affected by it.

She resumes conversation with the senior about this service user - he is aggressive and has been arrested for harassing his former partner. He currently has custody of the children but their mother now wants them returned to her care. The social worker needs to arrange to do a core assessment on the children but dad doesn't want her to (although has mother's permission).

The senior explains the issues that need to be discussed with him and that the social worker needs to take a male social worker with her. Explains where she should sit – near to the door – for her safety.

The social worker looks/sounds worried and I feel real sympathy for her – I wouldn't like to have to go and see him.

The service user arrives in the office downstairs, waiting for the social worker – she needs to find a male social worker to take down with her. There isn't one around, then one walks into the office – she explains that she has a volatile dad downstairs – he says 'Let's go!' in a very jolly way as if it is his fondest desire to go and see an angry dad!

Later, both social workers return to the office.

The senior asks: 'Did he behave himself?' The social worker replies, 'No' – he was volatile, feisty, swearing, and the size of him 'I would give him my purse if he asked me to.' She reports that she challenged his use of bad language 'we're going to have to stop this right now if language doesn't calm down (2 ladies present)' – then he calmed down.

The senior says that he knows his size allows him to get away with stuff. Good example of an appropriate challenge (she is affirming what the social worker has done). He has agreed to let the social worker see his kids, she will phone the school, but she thinks the assessment can wait until Monday.

Whilst this incident shows how effective support can allow social workers to continue to practice safely, and well, in anxiety provoking, and possibly dangerous, situations – it is nevertheless important to recognize the potential impact of threatening clients on the ability of practitioners to carry out their information tasks. In the incident here, the social worker appeared distracted, preoccupied and may have been at risk of giving in to the threatening behaviour of the service user without the support of the male colleague and her senior.

8.4 Protective factors

8.4.1 Satisfaction in role/vocation:

Despite the challenges of their work, many practitioners expressed the satisfaction they gain from working with clients, particularly in cases with positive outcomes. During fieldwork, the case involving the repatriation children at risk of forced marriage was a source of great satisfaction for the workers involved:

"I get excited by those two little girls that we got back on Saturday, one of them just hugged me and hugged me so tight round the neck. 'I don't believe it, I don't believe it', she kept saying...'I can't believe all you people care so much about us', and she didn't stop...But she just couldn't stop talking, she was just so relieved. It's those sort of moments." R10:IAT

"We got really, really good feedback from the Home Office. We got a really nice email saying thank you so much for your, you know it worked really well and stuff so that was nice that we got acknowledgement really." R6:IAT

It is not just the big cases, however, that practitioners find rewarding, it is also the day-to-day changes that they can help families to make.

"You get joy...Joy, like I had a family of 6 that was, the house, everything was so in a chaotic state and then to hear when Sure Start rang me last week to say 'Wow, you'll be pleased to know that this family is doing so well'. I was like 'Ahhh, yes!' And there was no removal of children, so the risk has reduced and they're going to continue to work with the parents." R8:IAT

Even practitioners who appeared to be dealing with particularly heavy and stressful workloads were able to find pleasure from their work with service users:

"I relish it, I absolutely relish it. I like it and I think, um, we all are, I think, making some difference somewhere, some positive impact somewhere. Um you know, not all the clients would be happy with us in terms of like the parents or dads and mums, um, but I think we are working for the children. They may not even be able kind of, share their views when it's really like um, you know a teeny tiny child, um, but I, I am glad I'm doing it and I feel good by the end of the day. Most of the days (laughs). Not all the days, most of the days! I feel good that at least, you know, we have done something about that situation, about the child." R4:IAT

This seems to go hand in hand with a view of social work as more than just a job – rather it is a vocation, part of who you are:

“Well, I think, I’m pretty sure, in fact I’m convinced, social work is a vocational job. Definitely, it’s not, I don’t believe it’s something you can just do. It’s not so much academic, although you do have to reach a certain academic level...but I think it’s a whole lot more than that, um, and I do believe there’s a particular type of person that becomes a social worker, sort of I think you’ve, you don’t just fall into the role.”

R5:IAT

Somewhat unexpectedly, some workers also expressed that they enjoy elements of report writing and administration, especially if it gives them opportunity to employ skills they have developed, or if it represents the successful completion of a piece of work, for example sending out closure letters to clients.

“Do you know what when I first started out in social work I found difficulty in writing. I enjoy writing now. I didn’t used to like writing reports, now I like sitting there and just writing reports. So I’ve developed a skill over the years...I enjoy writing the reports and I find I’m getting better. I still can make improvements because we all have learning, you know life is a learning journey, but I have really moved forward. I mean every time I give my manager a report he goes ‘Wow’.” R8:IAT

8.4.2 Support

The supportive nature of the team, at all levels, was a strongly protective factor within IAT. There were a number of formal support structures built into the organization of the team. These included regular supervision and the supportive role of managers (particularly SPs, but also the team leader) in overseeing cases and caring for the emotional wellbeing of their staff.

One of the earliest, and most frequent, observations made in the fieldwork diary related to the frequent and supportive interactions between seniors and social workers. Examples are shown below:

Extract from observation notes

I notice through the week that SWs frequently come and talk through cases with the SPs – seems very containing to me – supportive presence.

The SW comes in who is working on the big case. The senior asks her how she is and if she slept well, she says she slept really badly. They are going out of office tomorrow, so spend some time looking at train times together. It appears to me that the senior is practically and emotionally supportive of her wellbeing.

The team leader also has a supportive manner, often commented on by members of the team, and recorded in observation notes.

Extract from observation notes

Team leader on phone re: big case with her SW who is there talking about case, updating – hear you are doing a sterling job – business conversations – ‘Are you ok because you are juggling a lot of stuff?’ She goes out to a meeting – but asks everyone if they are ok before she goes.

“I know if I’m worried about a case, or a decision I’ve made, I can talk to her any time and she may say sometimes ‘Do you need to talk to me now?’ But if I say ‘Yes’, she will be there now. So she’s very supportive, she keeps supervision, so when supervision is booked in I don’t think she’s ever said to me ‘I need to cancel’, ever, and doesn’t for any of us. In fact we always joke ‘Oh bloody hell I’ve got supervision, not going to be able to get out of that one!’ And her supervision is very good.” R2:IAT

Supervision is a priority within the team, and during observations, social workers were often seen going to supervision sessions. There was also a feeling that, if necessary, support would always be forthcoming from members of the senior management team.

“If [name of manager] is not there I can go to senior managers. I would never have a worry if I went on to floor 5 where the senior managers are. There isn’t a person in senior management that I would be worried about going to if it was 6pm and I’m still here because something is going on and only [head of service] is here. I would go to [head of service] and I would know that she would listen to me.” R2:IAT

The open plan layout of the office facilitated interactions between practitioners and their managers, so that queries could always be broached straight away, without having to arrange a meeting or wait for supervision.

“I think what’s good here is that they work so a manager is available all the time. So they can come and talk to you at any time. You operate in an open forum, there’s no closed office doors so that’s quite good. I think that’s quite a good strategy here.” R3:IAT

“Usually all of them are very good at finishing typing the sentence they are typing, or doing whatever they are doing, putting it down and offering you instant on the spot advice and support. So you don’t need to build it all up for supervision sessions.” R12:IAT

This open layout also allowed more informal peer support to take place, in the form of sharing feelings and talking through cases.

“I then have all my colleagues who’d I ask for advice and support. Generally the people that are sat nearer to me or just people you naturally get on better with are the ones you go to first...There are also two unqualified workers in the team and particularly one of them is just naturally fantastic at offering emotional support...”
R12:IAT

“We’re very supportive of each other and that’s really important...I’ve actually talked about a lot of cases on duty with the other SP’s so they’ll be ‘Oh would you just have a look at this one and see what you think?’ or actually ‘I’ve done this and I’ve done this and I’m thinking this, what do you reckon?’ We test each other, you have to, you’re dealing with children’s lives aren’t you? So I would say each other is our biggest support.” R2:IAT

The team also appeared to have ‘an emotional antennae’, which was sensitive to signs of distress in others and acted upon it; which participants identified as characteristic of a supportive team.

“I think also, in general, good supportive teams are sensitive to people, so I think the minute anybody shows distress someone will pick up on it and deal with it straight away...I think that’s the sign of a good team, when sometimes it just comes out and people just go and deal with it.” R7:IAT

There was recognition of the importance of the emotional element to the work. Discussion of feelings often went hand in hand with discussions about business – in a way that the two were intertwined in conversation, as they do in experience. Observation notes alluded to this:

Extract from observation notes

In a 'business' meeting to discuss progress and allocation of cases, a SW spoke about feeling really sad and nearly crying in one case that is going to court. Emotion openly expressed. Team seems supportive and reassuring.

BSO and SW going through some files, talking about a case – they comment on some details being sad – interplay of facts and feelings again. This is a real characteristic of what I am observing in this team.

This interplay of fact and feeling was reflected upon in the fieldwork diary:

Extract from observation notes (researcher reflections)

It struck me that there are two levels to the conversations I hear: Business/facts – then the feelings/emotions that are related to this. It appears to me that in this office there is an intertwining of discussions about facts and emotions. Where emotions come to surface at various points – they are expressed openly – there is space for this to happen and it is accepted as normal. If this didn't happen, I guess they would either force their way through and break up the surface/business level, or get pushed so far down that disengagement occurs?

Earlier, the use of humour was discussed in relation to interactions with threatening clients. The use of humour was also frequently observed in the office, with practitioners describing its use as a coping mechanism. Practitioners often spoke of their 'need' for humour – to lighten the mood and to offset the upsetting and challenging nature of the work, preventing them from being overwhelmed by the traumatic events with which they deal.

Extract from observation notes

Senior from RST comes down to talk about a referral concerning an alcoholic mother. SPs are joking about not accepting it – they are referring the case to the off licence!

Business discussions – then at end, the ‘seriousness’ is diffused by joking about spying through ‘Hello magazine’ and wearing cycle helmets for protection! They are funny. Team leader has told me that they use humour to cope.

“I use humour, significantly so, um I think, there’s a time and place when we have to be serious, but there’s also a lot of time and place where we need to use humour um and it really lightens the mood.” R1:IAT

“It could be incredibly depressing. So to be able to, not to make fun of the events, but to be able to deal with it in a light hearted way so that you can feel that you’re not allowing yourself to get sucked into the emotional trauma of the situations.” R11:IAT

8.4.3 Factors that may inhibit feelings of being supported

Whilst the overwhelming impression within this team is that practitioners appreciate, and feel that their practice benefits from, a highly supportive environment, there were a small number of areas where practitioners may value more support.

It was suggested that whilst the team is good at supporting people with big cases, there may be a need for an increased awareness of practice on a day-to-day basis:

“We’re really good at doing that...when there’s a big case kicked off, but one of my workers reminded me the other month that actually on the mundane, day to day stuff, where they’re getting shouted at on a visit, but it’s not that big, you know, we don’t do necessarily the question there ‘How are you today?’ We really rally round on the big ones but not necessarily on the stuff that just chips away at you.”

R1:IAT

Some social workers expressed that they would appreciate additional time to reflect on the emotional aspect of their work.

“So that’s what we all need is the space, there needs to be time spent investing in us, for us to be OK because if we’re not OK then how is our work OK?” R6:IAT

“Supervision’s really good, it’s never long enough and not frequent enough but, I just had a quick meeting with my senior last week and said I think I should change mine to three weekly, um, just because of the complexity of the cases and actually I’m quite a reflective person and I found that the last couple of times in supervision I haven’t actually had any time to think about a case properly and kind of look back and think, well what did we do that was wrong, right, or critique it.” R5:IAT

Social workers with fewer years’ experience appeared to be most at risk of feeling pressurised/less supported. This may be due to a combination of a high pressure role, and the fact that longer experience was recognised to enhance stress management skills.

“You learn as you go with regards to having your own stress management plan, it’s so, so important.” R3:IAT

“It’s like Newly Qualified Social Workers or even once like in their following year you have to remember that they’re not that experienced and that they’re worried and that’s hard when you’ve got a list of things you need to give out and there’s a body in front of you.” R2:IAT

Feelings of being overloaded with work led some social workers to express frustration at senior practitioners, who offered reassurance with one hand, but monitored performance and case load, on the other.

“So it’s going to go out of timescale and management most of the time are really good and they’ll put a little quick management note on, but two minutes later they’ll be there going, ‘Well when do you think you can get this one done?’ So it’s kind of Give - take, take, take, take – Give - take, take, take, you know.” R5:IAT

This frustration could also take the form of questioning SP’s non-case holding role.

“I know quite a few of the social workers have voiced the idea of where they’ve worked in other authorities that the SPs have held the high level cases and they had their own caseload and I think a few social workers would certainly welcome that and they’d also perhaps welcome maybe a bit more joint working with the seniors so they get an understanding of the case.” R9:IAT

These frustrations were acknowledged by one SP who described them as a kind of ‘rite of passage’. Her comment raises the question of whether there could be a better level of understanding between these two job roles:

"I remember what it was like being a social worker and I also remember as a social worker thinking what do those SP's do anyway? Why are they busy, what are they doing? So there's a bit of lack of understanding there. I remember thinking as a social worker I'm clearly much busier than they are and now I'm an SP I pull my hair out thinking 'Oh my gosh!'" R2:IAT

This issue was reflected on in field notes:

Extract from observation notes (researcher reflections)

There is something about social workers – possibly with less experience, although not necessarily – feeling less supported than the more experienced social workers/seniors. Not sure exactly what this is about because it appears that they are given lots of opportunity to talk with colleagues, seniors, receive guidance and supervision. It could be that some seniors are more approachable than others?

(“But some senior practitioners I suppose just aren’t as approachable as others and I think they find that frustrating.” R2:IAT)

Or it could be just about the fact that they cannot go with them into situations (no joint visits with seniors)

(“They don’t tend to do much interaction with the service users” R9; “senior pracs are...almost, quite removed” R5)

– reminded me of the situation where R5 was worried about the aggressive parent and she was talking to R3 about it and R3 said she needed to find someone to go down with her, but didn’t offer to go down herself with her. I wondered why that was as it would have seemed a natural thing to me. I wondered if it was because she needed a male social worker to go but wasn’t really sure. So maybe at that point R5 felt like she was being sent into the lion’s den!?

R3 may have had really good reasons for not offering to go down with her – but at that point she didn’t explain them – although I have seen her give really good explanations about things in the past. I think there is the perception that R5 has high support needs – in a way some of these difficult feelings may be part of the ‘rites of passage’ but does it necessarily need to be like that? Maybe could explain to them and acknowledge that it feels difficult – at that point there wasn’t really any acknowledgement of how difficult it felt. Maybe it’s like R1 said - some of the day-to-day tasks are not really acknowledged as being quite as tough as they are.

Issues of personal characteristics and working preferences also influence how support is experienced and offered. Ironically, after researcher reflections on the possible helpfulness of acknowledging how difficult some situations felt, another SW said during interview:

“Acknowledging that something is crap but you are doing a good job, or you’ve worked really hard, the difference you’ve made, doesn’t make you feel any better about yourself if you are in that moment.” R6:IAT

This suggests that there is no ‘one size fits all’ support solution, rather that support and containment come from meeting the needs of individuals, ‘*knowing your workers*’ (R1:IAT) and attempting to match support needs/preferences with appropriate management styles.

“I see support as a very relative term, very subjective term, support to me, means something else than support to you may mean...” R4:IAT

Support of course, is not offered in a vacuum, and practitioners acknowledge that the intention to provide support is always present, but may be limited by workload pressures, demands of performance management and issues of office hierarchy.

“The intention is, of course, to support people but there are times where you find that there is not enough support and that is not because the intention is not to support.” R4:IAT

“I think within the team, within the hierarchy culture of the team, there’s only so much emotional support that you get.” R6:IAT

One respondent suggests that a lack of confidence in how information shared would be dealt with by seniors can hold social workers back from sharing emotional concerns with them.

“I’ve only started being supervised by [name of senior] for a few months so we’re still testing that. It’s always difficult when you don’t know where that information stops and when it gets passed up.” R6:IAT

“How are you feeling? It’s easier to say, I’m OK, than it is to say ‘Argh I’m having a meltdown’, because then how would you then deal with sharing you’re having a meltdown and then how does that person then respond to that I guess.” R6:IAT

It may be that, for R6, once the supervisory relationship is more established, heightened levels of trust and confidence will be established. It may also be that a range of differing support ‘choices’, including external sources for support/containment could ideally be offered to those who would like to take them up. These issues will be returned to in 10.8

9 Longer Term Team (LTT)

9.1 Information tasks

The team carries out a number of key information tasks, reflecting their longer term involvement with families and involvement with court work.

9.1.1 Assessments and reviews

The team are responsible for carrying out a range of assessments with parents, children and the wider family. These include initial, core and viability assessments. These assessments include working with family members and other agencies to build a picture of a family's strengths/weaknesses and risks. For children who are being looked after, social workers also work on multidisciplinary personal education plans and looked after children reviews.

9.1.2 Contact visits

Social workers are responsible for visiting children who are on child protection plans every ten days. Child in need visits and looked after children visits are also carried out in this team.

9.1.3 Court work

A distinguishing characteristic of this team is the large amount of court work undertaken. This can involve requesting Emergency Protection Orders for children (a task which is sometimes also carried out by IAT), or in a larger, more detailed piece of work, putting together and arguing the case for children to be put into care. This involves putting together a large amount of documentation including evidence from a range of other professionals and presenting evidence in court. This is carried out simultaneously with progressing child protection plans with the hope that improvement may eventually be

effected. Court work is recognized to take priority over other work in the team due to its strict timescales and deadlines.

“When you have care proceedings, you have a number of court hearings, so when they’re timetabling you are, have to fit in with the diaries for all the other parties, plus the judge, plus the court. So if you’ve got your child protection visits already booked in, you can’t tell the court, I’m not available that day, so you then have to bump your child protection visit or try and do it after hours to fit in, so, we’re led by the court, which is, that’s very challenging, to then do, in terms of meeting your timescales. In terms of children, care proceedings, or when you’re at court, you know, you are doing the most draconian bit of our work.” R17:LT

It is recognized as requiring a different skill set to other parts of the role, and is more suited to the preferences of some than others:

“And it’s also a very different skill set – so not all social workers like doing court work, not all social workers like doing child protection cases.” R21:LT

“I enjoy the court work and yes for me I do, I’m peculiar in that I like writing court reports and I like the formal setting.” R17:LT

This element of the work could provoke anxiety in workers concerning deadlines, workload and creating arguments that are strong enough to stand up in court:

“The biggest anxiety is actually getting the work done to a standard that is good enough, because you want to do a really good job...especially when you’re in court.” R21:LT

There was also recognition that court proceedings were necessary when all other attempts to improve care for children had been unfruitful.

“I’m very happy with care proceedings because actually if we’ve tried everything and it’s not working, then let’s remove the children, let’s make sure that they’re safe... We want to put the children home, but they have to, it has to be safe, there has to be an improvement and if not, then the children deserve the right to happiness... Ultimately OK you’ve had the chances, um because the child deserves better than a life of five or six years of domestic violence, drugs or alcohol, neglect, sexual abuse, physical abuse. The child deserves a better life than that.” R21:LT

9.1.4 Multi-agency meetings

As part of their ongoing protection task, members of the team attend child protection conferences, core group meetings, child in need planning meetings, looked after children review meetings, legal planning meetings and court work.

9.1.5 Records

As in the other two teams, case notes, assessments and court paperwork are produced on the computer and completion of records forms a large part of the role.

9.2 Information needs

Practitioners in the LTT also have a number of information needs to enable them to carry out their ongoing assessment and protection tasks. These reflect their continued engagement with clients and the need to be aware of events in children’s lives in order to keep them safe.

9.2.1 Robust information

An ongoing information flow between agencies is vital to the work of this team. Each case must be monitored to ensure that plans are being followed and progress being effected by parents. If this is not the case, social workers have the option to progress a case to court to obtain legal guardianship of children.

To carry out their protection role, social workers are reliant on intelligence from other agencies who have regular contact with families. They rely on them to share information about specific concerns that may have arisen, to provide feedback regarding parents' engagement with specific services (e.g. drug or alcohol services), or for a broader view of a family's strengths and weaknesses. This information is vital for planning, putting together assessments and court statements.

“Because we don't get to see the children that often, not as often as what we'd like to, so yes the information is coming from the other professionals that are working with them.” R18:LT

“I mean if there's an incident, then I would be phoning other agencies to find out if they had any further information. If a school said that Johnny had come in and bruised his head then I might kind of phone a health visitor and say, have you seen this? So yeah, because families have different relationships with different professionals, sometimes they will tell one something that the others don't know, so I think I use professionals quite commonly like that.” R24:LT

As discussed in chapter 8, in relation to the IAT, in order to facilitate good assessments and decision making, information must be evidence based and robust. This takes on even more prominence for the LTT where decisions are taken about whether children should be removed from home, and cases must be argued in court. In this team, practitioners often referred to information as 'evidence' – reflecting the legal environment in which it will be presented.

“We have a legal duty to protect children and actually if we are removing...we need robust information to make that important decision...” R21:LT

“I think the biggest (thing) for the workers is getting the evidence” R16:LT

Social workers also often require a professional opinion from inter-agency colleagues to allow them to decide whether or not home situations are safe for children. Often this relates to parental mental health or medical issues. The extract below shows the kind of dilemma faced by practitioners and their need for an expert opinion to inform their decision making.

Extract from observation notes

An SSA is on the phone seeking a medical opinion about a young carer who has a longstanding infection in her foot. The girl has no way of accessing treatment unless she is taken there by social workers. The SSA asks the doctor about whether she would have expected this infection to have cleared up under normal circumstances. The girl is currently classified as a child in need, but there is a question over whether she should now be classified as a child protection case as she is not having her own health, educational or social needs met. The SSA acknowledges that it sounds extreme to consider this on the basis of an infected toe, but needs medical opinion as to whether this condition is being exacerbated by neglect. The following telephone conversation is recorded in observation notes:

“Her living conditions aren’t great – do other factors have an impact? We need somebody from a medical background to have a view on it. She’s a young carer – she can’t go to the doctors unless someone takes her. It is also difficult to get her to come in. I don’t know, it’s really difficult – she is definitely a child in need but is she borderline child protection? I don’t know...if I don’t make this appointment she won’t go. It is difficult.”

R15 described an incident in which professional skills of a drugs worker helped her to make a decision and provided support and reassurance.

“The baby was born with really high levels of drug withdrawal which was and is really, really poorly...So we had to go to the drugs services and her key worker there who was a very experienced social worker herself...So she helped us make that really big decision and the big decision was that it wasn't safe enough for that baby to go home. But it was absolutely made in partnership with that drugs worker, and we rely on everybody, all the other professionals...” R15:LT

There were however numerous references to instances where other professionals were not willing to put their name to such an opinion, or to share information due to confidentiality concerns. This is discussed section 9.3.1.2.

Practitioners in this team recognized that sharing of information and opinion was best carried out within the context of good inter-agency working relationships and rapport.

“So one of the things about inter-agency working is about the quality of your relationships. So that there are other professionals who I will ring from choice because I have a good personal relationship with them and I would say ‘I know that this is a bit outside what you would normally do but I would be really grateful if you just do this for me or give me this piece of information’.” R17:LT

“Inter-agency working is one of the most important things for social work and to build up relationships with professionals is really, really important.”R18:LT

Practitioners also collect information from children and families through contact visits and assessments. This element of the role was not a main focus for the research, but gaining information from service users, in particular children, emerged during interview as an area which was at once challenging and satisfying, requiring skill to elicit robust information. The challenges associated with gathering reliable information from service users is returned to in section 9.3.1.1.

“I like getting to know people and getting to know children, trying to think of creative ways to communicate with children, that’s all interesting and fun.” R15:LT

“When you’re working with a child, it takes a lot more skill because to get information from children is a lot harder than just asking an adult simply, because children may not want to disclose, may have been told by their parents do not say anything, um, so it is, you know, it is quite stressful.” R23:LT

9.2.2 Clear communication skills

As discussed in relation to the IAT in chapter 8, LTT practitioners require clear (verbal and written) communication skills. As well as interactions with clients and other professionals, in this team, court work requires particular skills in developing clear and evidenced lines of argument.

9.2.2.1 *Service users*

Social workers often spoke about the need to communicate clearly with service users, both to explain parenting shortfalls and the necessary steps for improvement. This is recognised to be a specific skill that develops with experience and combines the ability to challenge behaviour without being judgemental.

“You know I’m very clear, we can do this in a nice friendly way or I can put my enforcer hat on if you want me to, but I’d rather work with you...It’s just being straight with people.” R14:LT

*“...Clients that need to be respected and challenged and not judged, but assessed, it’s all very different you know...I think some people have a natural ability to do it. I think other people you have to learn it and you know, it’s interesting over the time that I’ve been a team manager, I’ve seen lesser experienced social workers grow in their ability to deal with very difficult clients...”
R19:LT*

The need for clear communication was also often stated by senior practitioners advising their social workers on how to handle particular situations with their service users, reflected in the following observation extracts:

<i>Observation data</i>
<i>“But we need to be very clear, turning up is not an outcome. You need to improve your parenting.”</i>
<i>‘You need to be clear...you need to be really clear...Need to set out what we’re expecting (from mum) ‘contract of expectation’. Need to have a frank discussion before the meeting.</i>

There is also emphasis placed on clearly setting out the process and steps leading up to court proceedings, where issues are explained in writing to supplement information that has been given to clients verbally.

“What we would then do is write a letter which is called letter before proceedings – pre-proceedings for short and it says that we’re really worried about your children, we’re really worried about x,y and z. We’ve tried to do one, two and three to help you. Buck your ideas up or we may have to consider court. And we will then set a review, we want this done in the next four weeks. So for example, say look, we want you to go to drugs and alcohol, you haven’t attended, we want you to get your child in school, you haven’t done that, we want you to stop with the domestic violence or whatever else or the drugs within the home and you haven’t done it. We then set a time, usually a month or so to really spell it out to them.” R21:LT

The need to be clear with other professionals was also often discussed within the office, particularly in terms of professional roles e.g.:

<i>Observation data</i>
<i>SP is discussing the issue of how contact visits for children and families should be funded: “We need to be very, very, very clear...” Only funding child for contact – not mum and sibling, “That’s not our thing”</i>
<i>“I think that needs to be very, very clear in the meeting”</i>

9.2.2.2 *Legal process*

In preparing documentation for court, social work practitioners must present an evidenced, and balanced argument for requesting parental responsibility of children. This involves collating evidence received from other professionals to build a picture of the child’s circumstances.

“There’s an awful lot of work to be done in terms of social work statements, care plans, the court documentation and actually what we need to do in the social work statement is say, here’s the information from education, here is the information from health, here’s what the police are telling us and we need to spell it out to the court and say, ‘This is why we want parental responsibility, because the parents cannot make reasonable decisions for the child or protect the children and therefore, means we can then have power to remove the children, or the child’...”
R21:LT

“You are having to argue the case so what you have to do is set out a robust outline of the situation, your analysis and why you think that this is a better option than any other option for the way to proceed.” R17:LT

Presenting evidence in court also brings with it the requirement to challenge and communicate clearly:

“It’s incredibly difficult and you’ve got to be up there and you’ve got to give it some. You haven’t got to be frightened to challenge these advocates. I had to go on the stand in this case...and one of the people particularly were really coming at it full force, one of the advocates, and I just said to him stop, you are twisting my words, you are not listening to what I am saying, I will start at the beginning and tell you exactly how that happened and I did and addressed the Judge but that takes confidence...” R16:LT

Practitioners often reflected on the fact that training for more practical elements of the role, such as the development of these specific communication skills, would be valuable.

“[Name] knew that case inside out, she’d worked it for 2 years, she knows every one of those children really well. She got on the stand and froze. It was her first big case, her first contested and there’s social workers out there that have been practising 20 years and have never seen a contested hearing...So that’s another area that I think that I’m going to really push for and that’s training. We’ve got to give these people, these social workers, the tools for the job. It’s like a washing machine mechanic going out without a screwdriver, you wouldn’t do it, so how can we expect for the first time when...? And we’re talking about children’s lives in the balance.” R16:LT

Practitioners’ abilities to communicate their messages clearly also depends on them having the opportunity to reflect on, evaluate and analyse information they receive and to take into account the audience to whom it will be communicated. This ‘need’, however, tended to be discussed in relation to the *lack of* opportunity to think and reflect. This is a side effect of the high workload and competing priorities, which are discussed further in section 9.3.2.

9.2.3 Use and management of emotions

Practitioners in this team discussed the emotionally demanding nature of their work, taking them into situations which were recognised to be beyond the experiences of most people:

“You’re very often taking the weight of the world on your shoulders, I mean where else, I sat back...one day and listened to the phone calls that were going on around me, I had one young boy of 12 that was in a sexual relationship with a family dog, I’d got another one who it was her father, and you can go round the table and you’ve got Mr A knocking absolute skittles of shit out of his wife, every night, night after night after night, the children are caught up in it all, you’ve got another baby over there that’s just eaten a huge lump of cannabis and has been rushed to hospital. Where else can you actually get up, shower, come to work in the morning and it’s full on?” R16:LT

In the extract below, a social worker talks about the anxiety caused by being threatened by a service user:

“I got threatened really badly by the parent in the summer this year and they had to put in protective, physical like hire cars put in. I had my own parking space below here and things like my physical wellbeing was well looked after. But actually I was going home thinking I’ve got to give evidence in December to get a final care order and a placement order and how am I going to get out of that court? He’s made all these threats, he’s not worrying whether he kills me because he’s going to set fire to my car...How am I going to get out of there? So I came in and I said to my manager, ‘Look I really appreciate you put all these things in, but my head is a mess.’” R14:LT

A number of respondents expressed that the ability to ‘feel’ and be moved by situations was a vital part of doing the job, in order to empathise, understand and feel motivated.

“It affects your emotions because you know, if you’re going to do this sort of work, you’ve got a heart and when someone tells you something like that it is really hard not to care and I’ve been told if there comes a day that it doesn’t hit home then there’s something wrong with you, so obviously, you probably wouldn’t try as hard to protect that child.” R23:LT

By following her strongly protective feelings towards children, with whom she had built a relationship, R14 took the courageous decision to give evidence in the case described earlier:

“So my manager did say well I’ve talked to our barrister and he said I can give your evidence if you need it. In the end I did it because I said ‘I don’t want to let these children down...if I’m on that stand and I have to give evidence, because he will be there, and I’m worried about my safety I will let those children down and they may end being told they have to go back home’ and that was a big, huge mental strain but I decided I had to follow through because I’ve been with those children...I have to see that through because I started that process and I want to see the best outcome for those children which is being adopted as far away as possible from their father.” R14:LT

There was recognition that emotions must be managed, to allow practitioners to ‘stay strong’ and not ‘fall apart’. For many, this involved expressing and working through issues in supervision or by other means:

“So unless you’ve got a really good relationship with a person that’s supervising you, unless you can go and you know that you can,if you need to, you can breakdown and you can cry and you can get it all out then, I don’t think you could do the job because you can’t do the job and keep it all in.” R16:LT

It was also acknowledged that others deal with difficult emotions by developing a ‘professional skin’, which protects from painful feelings, and creating a distance between work and home life.

“So how do you feel? Most of the time my strategy is I don’t, not in that way. Most of the time it’s professional shell and I have always tried to make sure that there is both a geographic and emotional separation between where I work and where I live and when I’m at home I don’t want to talk about my job, I don’t want to watch TV programmes about my job. I want to be in situations where normal people do normal things and go to the park and see children who are happy and all those kind of things.” R17:LT

The use of humour is also acknowledged as a coping mechanism:

“We’ve still got to stay strong and I’ve got to say, on the whole, we do and that’s why you get the black humour and that’s why you get the silliness because that’s our way of coping.” R16:LT

“In most social work offices you will find people laughing about things that really aren’t very laughable.” R17:LT

More commonly than in the other teams, workers expressed the importance of recognising the effects of personal reactions and values on interactions with service users and other professionals. This is likely to be of greater importance in this team because of their longer involvement with their clients.

“It is messy. It’s conflicted, it brings all kinds of things that you wouldn’t think about into the process...It’s not just about all the relationships stuff in terms of what’s going on ‘out there’ - it’s what’s going on in your head as well, and what are your barriers? What are your things that you feel sensitive about? What are all those things that make you react in the way that you do? And if you believe what’s going on is going on, what does that make you think about this person as a mother and the child? ... Then talking to the social worker about, well, you are going to have to find a way of managing your own feelings about these particular issues because you are going to have to stand up in court, potentially, and you are going to have to say these out loud and talk about them and be questioned on them. And then you’ve got, well OK, other professionals maybe teacher, health visitor equally is going to have their own particular reactions to those kinds of accounts and your job is to manage them, not to be tied up in what you’re doing and how you’re feeling, you’ve got to manage them and understand that and then you’ve got to manage the mum...” R17:LT

Practitioners often spoke of the need for reflective supervision to help them to surface these issues – this is returned to in section 9.4.1

9.3 The challenges of information sharing: anxieties and defences in the LTT

9.3.1 Difficulties in accessing reliable information

As discussed in section 9.2.1, access to robust information is vital for social work practitioners. In this team, the main sources of information are other professionals and service users themselves.

9.3.1.1 *Information from service users*

Gaining reliable information from service users, who often view social workers as ‘the most unwelcome guest ever’ (R21:LT), can be a challenge.

“There’s some families and some visits that are much more challenging and worrying and sometimes frightening...It’s true that we’re working with really reluctant families sometimes...and defensive and anxious and angry parents so, and grandparents and wider family.” R15:LT

The same respondent went on to talk about a case she had found particularly difficult:

“I used to utterly dread the visits and the meetings...the mother was really difficult and very challenging...she would engender in all the professionals this huge overwhelming thing to think ‘Oh God poor you, we must sort things out for you, you poor thing, this has all been terrible and I’m going to be the one, I know everyone has let you down, but I’m going to be the one who is going to resolve all this for you’, and then the next visit it’s become all your fault and you are thinking but I’ve been trying to sort this for you or with you and actually now you are not making this possible for me...,I really did find that case absolutely horrific and really hard, I was quite frightened of her to be honest.” R15:LT

This extract shows how the way the mother presented herself changed from visit to visit, making gaining a consistent picture of the situation, and taking action, very difficult. The complex emotions engendered in the social worker presented such a challenge to her carrying out her information tasks, that in the end she asked to be taken off the case.

There was also recognition that service users could work to disrupt communication between professionals by setting them against each other and revealing different ‘sides’ of themselves to different professionals:

“Families are very manipulative... I mean I dealt with recently a midwife who was just so obviously colluding with mum and didn't even see how she was sitting with mum, in a meeting she then said 'Well you're just trying to set mum up to fail', and mum had manipulated her...to believe that she was this caring, sweet lady...and I thought, the problem is the midwife has never had a reason to challenge mum in the slightest, they've never had a reason, so they've never seen her anger, her aggression and her negative behaviour.” R13:LT

Discussion of cases in which service users had been openly threatening was more common in this team, again, reflecting the more sustained involvement the team have with their service users. Incidents were also often described (both in observation and interview) of service users, who whilst on the surface appeared to be co-operating, were in fact deliberately misleading social workers in to thinking they have changed their parenting behaviours, when they had not.

One senior practitioner described an on-going court case, where the Local Authority were requesting the adoption of six children. The children's father had sexually abused one of his girls and as a result, five of the couple's children were in foster care, although the baby remained with the mother. According to normal process, if the mother broke off her relationship the father, and acted protectively of her children, it would be possible for them to be returned to her care. However, social workers and foster carers had reason to believe that the couple were carrying on a relationship, making it unsafe for the children to return home. However, because the mother strongly denied this, it was very difficult for the social workers to get evidence to present in court.

“Now we knew and instinct, whatever it is, but we knew that this couple were carrying on a relationship. They were saying, she was saying, 'I want to start a new life, I don't want anything to do with him, I haven't seen him other than court and contact, I haven't really seen him in the last 2 years'...We were actually losing this case, we're halfway through a final hearing and we were losing it.” R16:LT

The senior practitioner described the emotional toll that this situation took on the social worker who had been working with the children and could see that they were losing the final hearing:

“You get quite close to the children you work with when you’ve worked with them for 2 years, so then you’ve got feelings that you’ve let the child down...The social worker for adoption went on the stand in the morning and I arrived at the court at 12pm, I text [name] and said I’m in the car park I’m coming up, and she said no I’ll come down and she just sobbed, she just sobbed, she said ‘I’ve let everybody down, we’re going to lose this case.’” R16:LT

In this case, social workers gained the proof of an on-going relationship that they needed through access to the parents’ phones, which would improve the chances of the court moving in favour of the children being permanently removed. However, the case illustrates very clearly the difficulty of gaining ‘evidence’ in cases of disguised compliance.

“We’ve got to evidence it and they’re very clever. A lot of these people are very clever, they couldn’t do what they do to children if they weren’t, they’re not, skewed yes but they’re clever with it and that’s a difficulty.” R16:LT

Without this evidence however, children could be left at risk of harm and social workers feeling as if they have failed.

9.3.1.2 *Professionals*

Service users, however, are not the only challenge to accessing reliable information. Sometimes professionals from other agencies are reticent to share information about their own clients due to confidentiality concerns. GPs and adult focused services were often cited as being the agencies most reluctant to share.

“I guess the most difficult nut to crack is the GP.” R17:LT

“It is substantially more difficult to engage adult services than it is other organizations.” R17:LT

Participants suggested that reluctance to share could be due to a continued lack of understanding about the legal requirement to share information in cases of child protection and a lack of awareness about the usefulness of the information they possess.

“I’ve had somebody say to me, ‘stop talking social work jargon to me’ when I’ve quoted the Working Together Act. When I quoted that to them they said ‘stop talking social work jargon’. I said no, no it’s an actual piece of legislation...” R26:LT

“GPs still do not get the fact that we need to understand the family dynamic...they won’t necessarily disclose that there’s DV, domestic violence, between the parents or alcohol or drug issues, because they see that as they’re protecting their clients’ confidentiality. Now, in child protection planning, that is overridden and they should be sharing information, they don’t and that’s a real barrier.” R21:LT

The possible effects of lack of willingness to share are evidenced very well in the following quote:

“This was actually one of my cases that escalated very, very quickly, we had a young person who was with his mum. Mum was very unwell herself and her mental health declined rapidly. The children were placed on an emergency basis with a family friend. Now when I went out to complete a new viability on this family friend, she said to me ‘I have my own mental health worker’. ‘Right OK what’s your diagnosis?’ She said ‘X, Y & Z.’ I said ‘Who is your doctor? I will give him a call and have that conversation’ because we were going into court the next day and I needed to either say foster care or for them to stay with this family friend. So I needed to be able to make a decision based on her mental health. I contacted, I think it was the psychiatrist and they absolutely point blank refused to share any information with me even though I said we’re going into court tomorrow I need to be able to say. But she point blank said ‘I am not sharing any information with you, I don’t know who you are and until I know that this person, her patient, has given full consent to be given any information’, which she didn’t have time to make those telephone calls to gain that consent, she wouldn’t share any information with me. So I had to say that the placement wasn’t possible which meant that the child had to go to foster care as opposed to anywhere else so it was extremely difficult.”

R26:LT

Due to the psychiatrist’s concern to protect a client’s confidentiality, the social worker had to take a decision to place a child in foster care rather than with a family friend, with the associated additional emotional upheaval.

R21 also described how the information shared does not always meet the necessary level of robustness discussed above because it is based on the self-reporting of the service user.

“Alcohol services, in particular, is based on self- reporting. So they’re going, ‘Yes I haven’t drunk this week, I’ve done really well, I haven’t drunk’, so if we get the information...it will be ‘Parents have attended ten sessions and reported they’re doing really well’. Well actually that means nothing to me because, actually, they could be drinking more than ever and so it’s very, very poor but we then can’t make an assessment of risk.” R21:LT

In other cases, agencies may not actually possess the information that social services requires in the first place. The extended quotation below shows how this can work against practitioners’ need for professional opinion from other agencies:

“In terms of sharing information it is quite difficult, sometimes, to get detailed assessments of individuals....sometimes it’s because they work in very different ways to us and they sometimes don’t have what we expect them to have, so we will expect you know...”

‘When are you going to have a detailed assessment?’

‘Well, no this person chose to visit us on one occasion, they didn’t engage and then they went away’.

‘Well why didn’t you follow it up?’

‘Why would we?’

“ From a child protection perspective it’s a very different legal framework and we don’t deal quite in the same way with rights for individuals because for us it’s children...we have a very clear mandate legally, you know they are our principal concern. Adults however have a right to decline...to say actually no I don’t think I’ll bother. So it’s a very different setting and I think it is difficult sometimes.” R17:LT

Differing working patterns between agencies can also create a barrier to agencies sharing information in a timely way:

“It is about trying to also just cope with the structural differences that exist so that for example if you have a police officer who is investigating a situation they will work a shift pattern generally and they will work weekends and therefore will have time off during the working week and we work 9am to 5pm and therefore you may have situations where our paths won’t cross. Health visitors I think have significantly higher case loads, they have many more children to look after, the child protection ones are the rarity rather than the norm and for us it’s the other way round. Teachers have long school holidays, they stop working at 3.30pm and when they are working they’re in classes and they can’t be disturbed and we want to talk to them. Equally, from their perspective they have very small windows when they can be out of the class when they can pick up a phone and ring us and we’re never there because we’re always out, or doing something, or in a meeting.”
R17:LT

Whilst less commented on than in IAT, LTT practitioners also identified the tendency of other professionals to leave discussing difficult issues with clients to social workers:

“In my experience you have other professionals that are able and willing to talk about the family behind their back and willing to raise issues behind their back, but aren’t confident enough, or believe that it will affect their relationship to let the mum know, so and that’s very difficult and very challenging.” R13:LT

“It almost feels like, it almost feels like, well, it’s your job to tell them...it’s mine to remain their, not friend, but their professional relationship.” R19:LT

This section has highlighted the complexities involved for social work practitioners in accessing robust information on which to base child protection planning. In discussing these issues, a number of respondents highlighted the importance of training in enhancing understanding between children’s services and other agencies, which should facilitate information sharing across agencies.

“I think maybe we should do some joint training and maybe get some sort of understanding of each other’s roles.” R14:LT

“We held a big multi-agency meeting with teachers, head teachers, school nurses, social workers and we were all exploring each other’s’ roles...Actually that was probably the most informative thing that we could do actually, have those meetings on-going.” R21:LT

9.3.2 Workload

Practitioners often spoke about the volume of work that they have to do, which has become higher end, child protection focused in recent years. In an environment where the clear grasp of facts and development of clear and evidenced arguments is crucial, competing priorities, a non-stop pace and lack of time to reflect, present very real challenges for the respondents.

“They’ve got, I think, huge workloads because it’s all top end stuff. In the old days we often used to, you know you’d have a few court cases but you’d have quite a bit of child In need as well, so one balanced the other. You’re not getting that balance anymore, it’s all top end cases.” R16:LT

“Especially when you’re in court, you’re going to have to give evidence in court, court proceedings are a bit of a blood bath. You get cross examined, you need to be very thorough in your work, but actually we don’t have the time to reflect at all... It’s so crisis led here, that you don’t actually have any time to reflect, to sit back and go, OK, let’s put all these pieces together – you don’t have that space – it’s jumping from one crisis to the next crisis, to the next crisis and it’s non-stop.” R21:LT

A number of consequences of heavy and competing workload were reported, including the possibility of missing issues with child in need cases and stress/risk for workers.

"I co-work a particular case, with a social worker and we never get our heads round it, because there's too much other things going on with our court ones, they drive you to be in court on deadlines, they drive you to have certain meetings, you have to meet certain statistics. You have to do certain home visits (but) your children in need, don't have to be seen in a timescale. You don't have to have a particular meeting and you kind of wait for a crisis and if you don't have one and they just kind of bumble along, then actually that child is more at risk, but nothing happens, so you just leave it and that's the scary thing." R23:LT

"I recently was at court for two weeks. In order to meet my timescales I did a (child protection) visit after hours, so no-one knew where I was because I didn't come back in to the office from where I was because the office was closed. And it was a very scary visit, um and a very nasty visit and it got to the point where I thought I was going to get attacked, but actually I needed to do it because my visit was due." R21:LT

The impact of high administrative burden was also felt in this team, exacerbating the heavy workload. A range of assessments and paperwork are carried out including initial and core assessments, looked-after children paperwork, risk assessment/viability assessments, Personal Education Plans and looked after children review papers. The repetitious nature of assessments and record keeping was often commented on. There was also suggestion that administration shifted the focus of the role away from interaction with clients towards office-based information work on computers. Similarly to the IAT team, there were business support officers located within the team, but they were not involved in providing case work administration.

“I mean you’ve got to a point where, you’ve just gone mad and then you times that by five or three, so then you wonder why social workers don’t go out and we’re all sat upstairs.” R25:LT

“The biggest issue for them is that they have no admin support anymore, you know, so all the things that would get handed over to admin are the responsibility of the social worker.” R19:LT

In this team, as in IAT, there was some comments about performance indicators not truly taking account of the activity within the team:

“I think that having a core assessment that’s 100 days old, doesn’t mean that we’re not working with that family, so what it doesn’t do is give any depth for me.” R19:LT

However, in general, practitioners could see the reason behind these measures, and saw them as necessary, if somewhat onerous. There was an understanding that solicitors may need to see case notes and that delays in completing assessments may be detrimental to a child’s chances of being adopted.

"I always say to my social workers, 'If it isn't written down it didn't happen, if it's not on Case, forget it'. You can say you've done your stat visit to me but if it's not written down it didn't happen. You can say that that woman phoned you and gave you some information on a certain day, if it isn't on a case note it didn't happen, you can't go back afterwards. Like now we're in court, [name] and I with a case that's been absolutely horrendous from start to finish and we're in the middle of the final hearing and one of the solicitors has asked for every single case note with that child's name on." R16:LT

"It's holding the case up for that child and it's a very fine thing. You might be able to place a 3 year old but by the time they get into 4 and they are getting near to school, people don't want them and that's a reality. Anything over the age of 3 or 4 is incredibly difficult, so timescales are absolutely crucial within social work and so it's really important." R16:LT

Both managers and social workers suggested that whilst performance indicators do not tell the full story, they are a useful mechanism for highlighting difficulties before they get out of hand.

“I am not the most organized person in the world by a long shot so I could get in to a chaos of confusion and drift if I wasn’t, honestly, if I wasn’t having those kind of boundaries enforced on me all the time ...Actually we can say ‘I haven’t got time, I’ve got this ridiculously terrifying massive report to do’ and ‘I’ve got these child protection stat visits, help me, somebody is going to have to do one of them’ so it kind of starts a dialogue at least doesn’t it?” R15:LT

“So I think in some ways I like, it helps me understand where people are at and I can go and chat individually with people and say ‘Come on, what’s going on?’ And then they can sit and say, ‘Well actually I’ve been in court or I’ve had, you know, so and so running off for three days and haven’t been able to respond to anything else’ ...Then actually that helps you understand, someone just saying, actually ‘I’m feeling overwhelmed’, you know, it helps me to be able to have those conversations.” R19:LT

As well as being viewed as necessary to timely action for vulnerable children, performance indicators were also perceived as being a helpful tool in alerting managers to the support needs of social workers who may be struggling to keep up with the conflicting demands of the role. This is an interesting finding and suggests that seeing the point behind performance management (and possibly other) management techniques is helpful in facilitating acceptance and understanding. The usefulness of enhancing understanding internally around issues such as processes, roles and performance is discussed more broadly in chapter 10, section 10.8.4

9.3.3 Physical office environment

Another challenge to clarity of thought and communication presented itself in the shape of the physical office environment and atmosphere. The open plan office was often very busy, with high levels of activity, noise and practitioners moving across and in and out of the office. A hot desking system is in operation, meaning that people do not consistently sit in the same position and, in fact, cannot always find space as there are insufficient desks when all team members are in at once. The high levels of movement, activity and

noise made observation itself challenging, leading to questions about how easy it is for social workers to carry out their tasks within this environment.

Extract from observation notes (researcher reflections)

Because of the very mobile nature of the work, people are in and out all the time, moving around the office. I couldn't even confidently count how many people were in the office at one time yesterday – my best guess was 24, but was very hard to tell if I had counted anyone twice and people kept popping up who I don't think I'd counted!...Also the sheer busyness, number of conversations, both face to face and on the phone that are happening simultaneously make it difficult to record everything...I had to try and keep scanning over different bits of the office to see what was going on – bit like one of those shop CCTV systems that scans and pictures various bits in a series of shots. I was also really aware of conversations from all around me – sort of honing in to bits and not really so much others – felt like this is a real reflection of the nature of their work actually. Team is bigger than IAT team I think – there is a very long list of names on the telephone list and the office seems much fuller. So on first day of observations I didn't write much down – bit overwhelmed by it all!

Other snippets from observation notes recorded:

- *It is noisy in here!*

- *Lady next to me who was on the phone to mum is now typing fast on the computer.*

- *SP talking to another social worker, who stops to talk to SP on her way back to her desk. Then goes to the photocopier. Then back to desk.*

- *Smartly dressed social worker goes to the filing cabinets – looks like she’s in a rush – moving fast.*

- *10am it’s really noisy today!*

Practitioners themselves used words including ‘manic’ and ‘chaos’ to describe their working environment and reflected on a number of consequences for their practice:

Extract from observation notes

Conversation with a social worker...spoke about the office layout. She is a temporary worker, although been there for several months. She says she has never worked in such a large office as this before – you sit next to someone different all the time, so it is much harder to provide support for people or to get to know their cases. You don’t spot if someone is having a meltdown. It is really hard to concentrate sometimes – there is so much stuff going on around you.

Several interview respondents spoke about the effects of the working environment on information aspects of the role. In the first extract below, the team manager discusses the

dangers of losing sight of pieces of information through physically having to move paperwork to a locker each night.

“Desk hopping is a massive, massive hindrance...when you have to bundle all your stuff up and put it in a locker every night that is when stuff gets lost, that’s when your telephone message that you were going to respond to gets lost.”
R19:LT

R15 discusses the interruption to working processes of having to reconfigure computer settings each time you get to a new desk:

“There is nothing, it’s not a good thing in my book. The computers all work slightly differently so that’s a nightmare. Every computer we go on we have to set up a special code. If you try and print in our office, honestly, it is like you are asking for gold or something, it’s so difficult. It’s made almost impossible to print stuff out because you have to do this rigmarole of setting it up and even then you have to go to the printer and put in different codes and it’s all really complicated.” R15:LT

In a team where information work is so vital, the complexities of hot-desking represent a challenge to the completion of information tasks. As alluded to earlier, the constant moving around interrupts the formation of consistent relationships – meaning that opportunities for informal knowledge transfer are reduced:

“It’s that building the relationship, learning from one another. When you work in a team that then you can sit together and be together, the knowledge that you acquire just by osmosis, it really makes a difference and that’s how I learnt at my start. But you see how when you hot desk, you’re moving around, you’re not hearing that, you’re not learning that from other people in the same way that you just did in a team room of 6 to 8 social workers because you just heard their cases and you just start to learn.” R13:LT

This is exacerbated by the sheer size of the team which makes getting to know people very difficult, even for longer serving members.

“I think our team is too big, the bottom line, there are too many of us to know everybody but there are people in the team whose names I don’t know.” R15:LT

“I mean I don’t know half my team by name anymore. I mean I’ve been here probably, I’m probably one of the top ten percent longest...We don’t know half the team, so if you have, for example, when I was working in short term, you’d go to a social worker that you knew was interested in domestic violence and they had a skill set around that, or some that knew about sexual abuse, whereas now, I don’t know who deals with what or has an interest in what, that makes it very difficult to then use that professional knowledge or professional base.” R15:LT

9.3.4 Turnover and restructurings

The largest challenge to continuity and support, came, however, from restructurings and the recent loss of a large percentage of experienced staff due to a pay freeze which was put in place to reduce costs. This was described by one member of senior management as an ‘organizational trauma’, reflecting the depth of the impact of these events.

9.3.4.1 Internal impacts: Organizational trauma

“We were restructured just over Christmas 2010/2011. So I was in what was central assessment team and is now IAT. I was in that team and all the workers in that team who were doing long term work, they just moved us all, they gave us 5 days. They told us you’re going - so me and 6 or 7 of the others who weren’t particularly friends of mine within that team were moved down to what’s now LTT, so that was really disruptive and I loathed it and I felt like all my friends were in the other team and people I’d got to know.” R15:LT

“...it was like, one day it was one thing and another day it was another... Yeah, that’s how it feels. It is a mess.” R25:LT

The difficulty of creating stability, continuity or reflective space in a period of cuts and restructuring was described by one senior practitioner, who linked this with low morale in the team.

“I don’t think there’s a stable leadership team at the top yet, because there’s been so many changes. I think they’re focused on cuts and how to try and balance the budget and I think that everybody at the moment, there’s no thought for a long term strategic approach at all, it is battling for the day and I think when you’re in that, then there isn’t capacity to implement reviews, there isn’t any thought space to do that.” R13:LT

“There were lots of issues I suppose around people moving on because there was the thing about people losing money and lots of experienced staff leaving. So I came into a team that was, I suppose you could describe it as quite destabilised, not formed because you had agency workers coming in and coming out.” R18:LT

During this period, the organization also suffered the loss of very experienced and highly regarded members of staff.

“We lost a really fantastic principal officer that actually did have – she had the power and the vision and the drive. However, you know, a year ago the council screwed her over in terms of her service being, you know the 5% pay cuts and losing all the social workers, so we’ve massively gone backwards in a journey...” R13:LT.

Whilst these difficulties were discussed by many members of the long term team, there were also signs that the team was beginning to recover from the trauma, and that those who remained had become more tightly knit as a result, testament to the dedication and resilience of these practitioners:

“The team members that are here that have been through the pay cuts, they’ve been through the agency workers coming and going it’s pulled them incredibly close and as a team I think we’re really, really close and we all watch each other’s backs....” R16:LT

“But since I’ve been involved, just I suppose like my pod it’s become more stable. Because you’ve got newly qualified coming in, but they’re becoming more confident in their roles and the group seems to be more stable and supportive and coming together so you’ve got a lot more team working...”. R18:LT

However, as the organization remains subject to lower funding from central government, the prospect of further restructuring and job losses remained, creating anxiety for practitioners who expressed the desire to be consulted about future changes.

“We’re all very anxious about the team being separated and moved because actually there’s quite a lot of us, say half the team who have been very stable and I think it would really damage team morale if we had to all be moved and stuff, I think that’s quite a worry of all of us...I think it’s going to be a difficult period for all of us, and the unknown is, is something that we’re all anxious about because we have worked hard to get the team where it is.” R24:LT

There was also discussion about the ramifications of support services being lost as a result of funding cuts – for example family centres and administrative staff. Whilst this would mean that social work practitioners would keep their jobs, it would further increase their workload and breadth of competing tasks, increasing the challenge to the completion of their information tasks.

9.3.4.2 *External and unconscious impacts*

A smaller number of respondents also discussed the negative impacts of discontinuity on sharing information and maintaining relationships with other agencies:

“Actually because we keep changing our team names...we don’t tell agencies, they don’t know who we are, so actually agencies hang up on us!” R21:LT

“From our professional partners, they have seen agency social worker after agency social worker, they’ve seen plans not progressed, they are now seeing loads of NQSWs who are so new and you know they’ve got development and capacity, but when that’s become the norm, other agencies just don’t have that level of knowledge or trust that actually the social worker is going to pick up their role and is going to take accountability...” R13:LT

R13 also made insightful comments in relation to the impacts of these restructuring for service users. She suggests that as well as the obvious issues of clients seeing a series of different social workers, the tumultuous working environment is likely to have had an unconscious effect on the way practitioners interact with their clients.

“There’s two answers to that. The first answer is um, they’ve seen different workers and they’ve seen lots of change and they’ve seen, you know, fourth or fifth social worker and relationship base. Yeah there are some social workers who have stayed throughout but there’s been a lot of change. Second part, and there is a lot of research around this, that the relationships you go out and form with the community and with the service users is role modelled on the relationship you’ve got with your co-workers and your manager, so where you’ve got low team morale, it’s there and it’s present. How much of it’s unpicked, that’s an interesting question, but yes, I do think it has an impact, um, more so than people like to admit, or be aware of. It’s that unconscious mind element of the impact.” R13:LT

Unconscious shaping of working practices by contextual conditions emerged as important for this team. The team, with its focus on making and defending life-changing decisions for children, carried out their information tasks in a highly challenging environment. Working with defensive and, at times, threatening clients created an emotionally charged atmosphere and presented a challenge to accessing reliable information. The limited engagement of some other professionals with the child protection process exacerbated

these difficulties. Internally, the team was coping the effects of substantial restructurings, loss of staff and a chaotic working environment. Whilst some seniors provided reflective supervision for their staff, this was patchy and not uniformly available (see section 9.4.1). Insufficient containment of the anxieties inherent in the task, and exacerbated by a challenging working context, appeared to have shaped working practices in a number of ways:

9.3.4.2.1 Planning and actioning

Decisions related to planning for children's welfare are taken collaboratively. Not only do social workers engage with other agencies, but internally there is a process for actions and decisions to be approved by seniors and managers. This system is necessary due to the gravity of the decisions taken and was also observed in the other two teams. In this team, however, a number of processes around decision making and planning appear to have been shaped by the anxieties inherent in the working environment, relating to the ambiguity of facts and recognized potential for undesirable outcomes.

“So there's always a level of anxiety I think, in terms of child protection stuff and sometimes you are not sure about what to do...so that can be quite anxious making and confusing...” R15:LT

Social workers' tasks were often laid out, and reported back, on a step by step basis - with seniors setting out specific tasks for social workers to complete; who would then complete the task and return straight away to the senior to feedback, as the following extract from the observation notes shows:

Extract from observation notes (researcher reflections)

Very common for social workers etc. to talk straight away to someone else – social worker, senior prac after they've been on the phone – a way to be supported – joint decision making? Is it the most efficient way of doing it? It's always like – do this, social worker does it – tells SP what done, then do this next...

Discussions between a number of practitioners, including seniors and the team manager, about the details and plans for a case were also frequently observed. Whilst the involvement of seniors/team manager in the day-to-day details of cases was perceived as supportive by some members of staff:

“Most people would go to their senior practitioner and just tell them what's happened and they've probably got more ideas of what you can do or where it can go. So when you explain the whole thing to them, they're like, 'Right, you can do this' and it's probably the reassurance of knowing that you can do it, rather than just going ahead and doing something and not having the advice from somebody to say, 'Yeah that's the correct thing to do', because taking it all on your head and then if it did go wrong, then it's kind of OK...” R20:LT

It could cause frustration for others, who identified associated consequences of delay and role overlap:

“And it just doesn't make sense...you end up with this situation, where you've got, so I go to a team manager, a service manager and then a principal officer, who all want the same explanation. But I don't understand why I don't have the authority. It's just the levels and it's a waste of time going through the whole discussion again. So now I'll often send an email to the world, 'Just give me a flipping opinion!' Um, so yeah, so there's many limitations involved in the way they've structured it and set it up here.” R13:LT

“We also have our service managers, or our senior management team, in the building which means they’re incredibly accessible. I think the disadvantage of that is that quite often a service manager does a team manager job. So, you know, they can quite often act down and I think because we’ve become quite risk averse in (name of town), so much has to go through senior management that actually sometimes the team manager gets left out of the loop.” R19:LT

The observed conversations often took the form of going over what was known about a case and rehearsing the type of discussions/actions that would be necessary, and why. Practitioners often referred to the need for clarity or clarification in conveying and understanding information. Much of this talk was geared to making sure that misunderstandings and mistakes were avoided. There was also an element of planning how to demonstrate that correct procedures had been followed.

Extract from observation notes

Same social worker goes back to SP to continue discussion about case. SP says: “We need clarification. Where we are in terms of next court hearing?...In that case, what we need to do is...we need clarification, formal clarification from dad...we need to be clear”. Need to know because need to start assessments – need to find out if he wants to be a sole carer or joint with his mother.

“You need to be clear...you need to be really clear...what you will need to do...so that everyone is in the loop”

“You need to demonstrate that you have tried to contact him”

“We want to be able to say that we’ve done absolutely everything we can...we had to be ‘by the book”

Researcher reflections on the theme of clarification are shown below:

Extract from observation notes (researcher reflections)

Possible Meanings of 'we need to be very clear!'

Imposing order on the chaos?

Defending against accusation?

Clarity – often go over cases – talk them over – looking for clarity? A course of action through the complexity?

Practitioners also described a multi-layered process for approving documentation – in particular court reports:

“Why is that system in place that 3 people need to check it? I don’t understand, isn’t someone competent enough to be able to check that report once, sign it and send it off? Because otherwise it’s making the whole process even longer than what it needs to be, because ideally you’d want your court work done a week before. It’s impossible.” R18:LT

R18 went on to talk about how the lengthy sign off process was likely to mean that workers would not be able to meet the new shorter deadlines for court paperwork.

“But I think the courts are clamping down on that now if you are not meeting your deadlines. I think they are going to start fining them, I heard something the other day so they’re going to have to focus on that, about getting things done on time but I don’t know how you can do that when you need that amount of people signing them.” R18:LT

Whilst the checking and counter checking of paperwork may alleviate some of the anxieties of decision making and ensuring positive outcomes, R18 suggests that the process, in effect, undermines the competence and professional judgement of senior practitioners and team managers. It also causes delays and increases the likelihood of

missed deadlines. R21 identifies that in delaying time before court paper work can be progressed, lengthy checking processes prolong and heightens anxiety within the social worker, who knows that action is required urgently to protect children. Most importantly, it leaves the child at risk.

“I sign it as a social worker, team manager signs it but until service manager signs it, it’s not considered...and actually if you think about how many social workers we have in this team, we’ve only got one service manager that can rubber stamp them, we’re getting a bottle neck. Which means until we get the interim care order, all that anxiety is left with the worker. So we’re saying, we’re really worried about this child, we need to get into court, we need to remove the child, but until we get all that paper work done, ready for court then actually that child stays there and then you could get a bottle neck which is what happens, so it could be 4 weeks, 5 weeks or so, um, where you’re going, ‘I’m really worried about this child, I’m really worried about this case’. That’s when the sleepless nights kick in.” R21:LT

Whilst most pronounced for court paperwork, signing and countersigning of forms is very common. Whilst the following quote from R21 is light hearted, it refers once again to the undermining of professional judgement and delay.

“It sounds probably slightly flippant but, you know, I have a degree in accountancy, a degree in psychology, a masters in social work and actually if I want to get a taxi for a client I have to fill out forms, I have to get a boss to sign it, I have to get finance to agree it. You know, I am a social worker so I assess that that’s something that’s needed, but I actually have to get two different signatures plus my own, plus I then have to argue with finance.” R21:LT

Whilst processes for ensuring high quality work are vital in this high risk role, in this team, processes for planning and actioning appeared to be defensive, with associated negative consequences. This point is eloquently acknowledged in the quote below:

“There’s nothing wrong with the hierarchy...there’s nothing wrong with it, if people are standing up in their roles...so a service manager should be having a strategic approach, shouldn’t be so involved with an individual case and that’s you know, working with a network, working with the agencies, developing services, all that sort of thing. I think, for whatever reason, everyone has come down in their post and, it’s like, it’s a sign and symptom, micro-managing is always, and picking up on the small issues is a sign and symptom when actually there’s a lot of anxiety in the organization and a lot of uncertainty and actually a lack of vision and a lack of clarity... when you’re actually unable to look at the big thing because it’s too scary at the moment, because we don’t know where it’s going, let’s worry (about) an individual (case) and all get involved and make lots of discussions around that because we’ve found a busy role for ourselves.” R13:LT

9.4 Protective factors

9.4.1 Support

Despite the many challenges of the role, the team was often perceived as a supportive environment by practitioners, who appreciated positive working relationships.

“I think the one thing that I can say really positive about [name of place] is this team is awesome, they’re a very, very supportive team...actually it’s quite fundamental to social work, because the amount of times you go out and you can deal with something really challenging, even if it’s not challenging in terms of your workload, emotionally sometimes it can be challenging. You need to be able to know you are coming back to a team of people that if you need a hug there’s someone here to give you a hug and that’s really important I think in social work.” R26:LT

The pod system – whereby one senior oversees a group of social workers and SSAs was seen as an important mechanism for building supportive relationships within a large team.

“It’s a huge team and I think that the way it’s split up in to the pods is a wonderful way of managing a big team, so that’s really positive...I think that working in the small pods helps because for instance if one of my pod is off I will cover their stat visits within my pod, so they’re all looking after each other’s backs.” R16:LT

A number of pod meetings and also a pod lunch and an evening out, took place during the observation period. Whilst the pod system was still developing due to the recent influx of new members of staff, dedication to building on the system and strengthening relationships within pods was evident.

Senior practitioners played an important role in supporting their staff and were often highly appreciated by their social workers:

“Well my senior practitioner rocks, she’s really good so if she was available I’d go to her, I’d either ring her or find her in the office.” R15:LT

Senior practitioners interviewed expressed dedication to the provision of emotional support for their workers, alongside their case management role, which was enhanced by their presence within the open plan office. Enhanced by their years of experience, these practitioners exhibited skills of empathy and worked creatively to provide supportive forums for their pods.

“I think I owe it to these women, because the thing is, the whole profession is going to lose out because, if they do go under and they’re not given the support, they’ll never come back into social work. A lot of people have a breakdown and think no I can’t face it, can’t face it. I’ve got one friend who was a service manager and had a breakdown and now if she sees a buff file that’s it, that’s it, and even now and that’s 5 years after her breakdown and 5 years since she’s practiced social work, she still can’t see a buff file without feeling sick.” R6:LT

R13, motivated by her own knowledge and experiences described the reflective supervisions she was setting up for her members of staff, and the reasons why she is so passionate about this. As shown in the extracts below, she is working on the model to try to develop the right balance between case management and reflective supervision (another illustration of the somewhat competing demands of SP role), but has seen encouraging results from her workers who have engaged very readily with the process.

“One of the things about reflective supervision for me is that bit about, the coal miners and that they managed to get agreement from the employers or whatever that they could basically get changed at work, in their work time, and then it’s like, the analogy is literally, you know getting the shit off them in work time and that actually that time and space for a supervision is about that. So I’m still learning on how to do that because there hasn’t been any role models in my life to do that.”

R13:LT

“I’m feeling quite passionate about the training the development and creating that model, that actually allows us to, so my social workers will already, you know have been, particularly my NQSWs because they’ve come into it not expecting that there’s anything different, have been really open and honest. They’ve cried in supervision, they’ve told me huge stuff about their own personal life, that has an impact, because past experiences do, that’s the motivator of why most people are in social worker, but it was a hidden away thing, it was like nobody really wanted to go there. But its, it isn’t as a therapist, it’s more of, and these are the things that impact on me and that’s OK. And then certain people, already there’s one that I wouldn’t give a certain type of case to, and that’s the right thing, but I never had that, so kind of part of it’s a bit, I’m excited about it all, but I have hit an awful lot of challenges to get to where I am.” R13:LT

Many staff expressed their view that the team manager was also supportive and accessible – meaning that there were a number of available avenues to look to for support:

“I mean, supervisor (name of SP) and also my friends on the team and (name of team manager), so yeah, I don’t have any worries about going to anyone when I need to, um, I don’t feel that I couldn’t when I needed to, so, yeah I do feel supported.” R24:LT

However, feelings of being emotionally supported and opportunities to reflect were not universally experienced by practitioners. This seemed to depend on the style and approach of senior practitioners. One particular senior, for example, whilst approachable and supportive at a business level, was acknowledged to be less willing to discuss the emotional elements of practice.

“ [Name] doesn’t do the emotional thing and he will quite openly say that, ‘I don’t do the emotional thing. I don’t want to know’.” R16:LT

This could leave workers feeling frustrated at lack of opportunity for reflection and concerned about the effects of this on their work.

“I think frustration is probably one of the biggest things, because it’s frustration that you might not get supervision ever, whenever, and that supervision doesn’t encompass your emotional wellbeing. Mostly that’s my frustration is that case management is all, as long as all your cases are in on time, but how that impacts on you emotionally and how your wellbeing is never touched on.” R14:LT

“You don’t get time to challenge or be challenged, so for example, I might have a particular thought or feeling about a family, I could be completely wrong, you know, I could see it very wrong, but my boss, we don’t have chance to exchange ideas so supervision is, it feels like it’s done for the sake of being done and now we have a spreadsheet that says, it’s called ‘Supervision Currency Sheet’ –which I’m not even sure what that means so as long as a boss has opened up a supervision case notes, saved it, it could be just one line, it will come up as I’ve had supervision, now actually it doesn’t talk about the quality of supervision at all and but it will show that it’s done for that month.” R21:LT

Dissatisfaction with supervision was also linked to high turnover of staff by R14:

“How can you develop when you’ve got that turnover of senior practitioners? Because nobody gets to know you long enough to actually get an informed decision about you. They just get that last 6 months that they’ve been with you and I find that that’s been unfair for me. Just this consistent change of managers in the last few years that I just feel, I just start getting to know somebody and the way they work and then they leave and like [name of person] I don’t say he shouldn’t leave, but actually not to have consistent manager for so long has just been... I think that’s the most draining because I just get into the groove of somebody and then they’re gone.” R14:LT

In this team opinion was divided over the quality of supervision and emotional support provided by seniors, which appeared to relate to the personal style of the senior and the frequency of change.

9.4.2 Enjoyment of role and dedication to team and clients

The vocational nature of the role and the dedication of practitioners to their service users, and to their teams, appeared to enhance workers' resilience to challenging working conditions.

"This job now is not so much a job, it's a way of life." R21:LT

*"I mean, yeah, I love my job. I love my direct work with families, I love visiting them, um, I love seeing the work that I do and then them kind of progressing..."
L24:LT*

In particular, practitioners drew satisfaction from positive outcomes achieved for families – one spoke movingly about how much more important positive results for service users were to her than formal performance indicators:

"I've worked with some really challenging clients, but they all talk to me if I see them in (name) high street, which, you know to me says I'm doing something right...Only your clients can give you true feedback, you know. So my manager can tell me in supervision I'm doing really well, and actually I'm trying to manage the team effectively, and as a senior I was told I was managing my staff effectively...but actually, only your clients can give you that true feedback I think and if your clients, despite how unhappy they are with what you've done, if they can still communicate with you, then you're doing something right and that's our qualitative bit I think." L19:LT

This team faced a particular set of complexities and challenges related to prolonged involvement with messy and conflicted cases, physical office environment, team size and impacts of restructuring. Processes around planning and actioning appeared to have developed to shield against anxieties of lack of clarity and possibility of poor outcomes. However, this resulted in delays, frustrations and fears that children were being left in

risky situations for too long. This team was the most difficult to observe due to its size and the high levels of activity, movement and noise in the office.

Despite the challenging context in which they operated, team members exhibited resilience to recent changes and dedication to improving the lives of their service users. Work was also being undertaken to provide reflective supervision and to optimise levels of emotional support available to practitioners. However, whilst the pod system was often viewed positively, it did mean that these initiatives were not universally applied, resulting in a disparity between the experiences of workers in different pods, due to differing working styles of the SPs in charge.

10 Discussion of key themes

This chapter draws out a number of strands that emerged from/originated in the study's findings and discusses them in more depth.

- The anxieties of practice and defences associated with information sharing
- Communicating in emotional contexts
- Emotion as information
- Opportunities for enhanced containment

10.1 The anxieties of practice and defences associated with information sharing

Given the challenging nature of the working contexts described in the findings chapters, and the theoretical focus of the study, it is important at this point to provide a more detailed analysis of the anxieties and defences that affected information sharing practice in this study. In particular, it appeared to the researcher that due to the managerial framework within which social workers operate, the balance between primary and secondary anxieties has shifted since the work of Menzies Lyth (1988).

As discussed in Chapter 4, Menzies Lyth (1988) identified the caring task, and involvement with the sick and dying, as the primary source of task related anxiety within the hospital. As a defence against these anxieties, socially structured defensive working practices were instigated, which in turn led to nurses experiencing anxieties relating to their ability to keep up with their workloads. These were *secondary* anxieties, which were not inherent in the primary caring task of the organization, but stemmed from the defensive organization of working practices. In social work, Morrison (1990) suggested that working with service users has traditionally been the area of staff stress that has received the most interest and this has been discussed in the academic literature (e.g. Ferguson, 2005; Taylor, Beckett, & Mckeigue, 2008; Waterhouse & McGhee, 2009).

More recently, Cooper (2010) and Krantz (2010) have suggested that the political and policy context of 21st century organizations, is likely to have created a new set of anxieties, which did not exist at the time of Menzies Lyth's early study. Cooper (2010) suggests that alongside the traditional professional anxiety (arising from work with service

users and day-to-day practice), the prevailing conditions of market economy have also led to the development of:

- Rationing anxiety (relating to the scarcity of resources),
- Performance anxiety (relating to performance management and audit),
- Partnership Anxiety (working in networks and multi-agency arrangements over which no-one has central control).

Findings from this study have borne out, empirically, much of what Cooper (2010) has theorized. That is, that anxieties relating to managerialist policy have proliferated within the research site. Anxieties expressed by participants across the three teams strongly resonated with the broad categories that Cooper has defined, and some examples are shown in table 7. (Of course, this thesis has argued against the imposition of categories and classifications on the complex and intermeshed issues of practice. But with that in mind, it is hoped that the table provides helpful examples of the kinds of issues that emerged!).

Table 7: Anxieties within research site by 'category'

Category of anxiety theorized by Cooper (2010)	Anxieties in Referral Screening Team	Anxieties in Initial Assessment Team	Anxieties in Longer Term Team
Anxieties relating to rationing	Heavy workload	Heavy workload	Heavy workload
	Understaffing and staff turnover	Understaffing	Restructurings/staff turnover/organizational 'trauma'
			Insufficient/unsuitable office environment
Anxieties relating to performance	Database maintenance	Administrative burden	Administrative burden
	Competing priorities	Tight timescales, competing priorities, Traffic Lights system	Tight timescales, competing priorities
	Fear of failure and accusation (of failing children when do not convince IAT that case needs taking on; also of criticism from IAT)	Fear of failure and accusation (not keeping on top of work, not meeting PIs; blame by management; not a good enough service for clients)	Fear of failure and accusation: (especially court; competing deadlines; protection of child)
Anxieties relating to partnership	Partnership difficulties with referring agencies /individuals <ul style="list-style-type: none"> - Lack of timely information - Incomplete information - Misunderstandings about role of social services - Lack of engagement 	Partnership difficulties with other agencies <ul style="list-style-type: none"> - Not seeing the needs of the child - Reticence to share/prioritising needs of own client - Lack of engagement - Structural differences - Being the baddy 	Partnership difficulties with other agencies: <ul style="list-style-type: none"> - Not seeing the needs of the child - Reticence to share/prioritising needs of own client - Lack of engagement - Being the baddy
Anxieties relating to profession (nature of cases and clients)	Lack of clarity – facts/'classification of cases' and course of action		Lack of clarity – challenging/manipulative service users and reticent professionals
	Nature of cases	Nature of cases	Nature of cases
		Non compliant/threatening clients	Non compliant/threatening clients

Anxieties generated from working with children who are at risk from their families, traditionally viewed as the primary source of anxiety within the child protection task, continue to be important. However, findings suggest that anxieties concerning workload and performance— that were viewed as *secondary* anxieties by Menzies Lyth— have taken

equal place with (or even overtaken) concerns about abuse to children for frontline workers.

Whilst practitioners reported that particular cases can be incredibly difficult and worrying, most day-to-day worry and anxiety is caused by the demands of heavy workloads and competing priorities. This an important finding and underlines the changing ‘informational’ nature of the social work task (Parton, 2008). Anxieties about working within a climate of scarce resourcing, performance monitoring and multi-agency partnership are now inherent in the working lives of social workers, as much as exposure to abuse, distress and hostile clients. Whilst this possibility has been theorized by academics, the empirical findings presented here represent a new contribution to existing literature.

Secondly, in this setting, the boundaries between different levels of the system, which have usually been represented as keeping the anxieties of different hierarchical levels distinct from each other, (e.g. Cooper, 2010; Richardson, 2007; Woodhouse & Pengelly, 1991), were in fact porous to the transmission of anxiety which permeated, and flowed between, all levels of the organizational structure. Thus anxieties relating to rationing, performance and so on were not the sole concern of one professional group – but rather were experienced at all levels of the organizational hierarchy. Whilst the study did not focus on professions outside social work, findings suggested that such issues also loomed large for inter-agency partners. It appears that, if traditional agency/hierarchical silos are being broken down, so too is the compartmentalization of anxiety by hierarchical and professional position. Whilst Krantz (2010) has theorized this possibility:

“The unbounded nature of work groups and the complex patterns of interconnection that form the networks, that are becoming the back-bone of new organizations, create conditions whereby social defences arise less from organizational practices and more at the domain level.” Krantz (2010, p.199)

The empirical findings presented provide a new contribution regarding the effects of working across networks on the formation of anxieties and socially structured defences.

There is not, however, an inextricable link between anxiety and defensiveness. Within the research site, excellent opportunities for formal and informal support, particularly within the RST and IAT, appeared to limit the formation of socially structured defences, despite

the anxiety provoking nature of the work. However, anxiety did shape information sharing in a number of ways that are described below. It is argued that a common thread amongst these defences is the attempt to *classify* and *clarify* incidents and professional roles in the context of limitless demands and ambiguous and complex cases.

10.2 Socially structured defences in IAT and RST

Socially structured defences observed in IAT, appeared to relate primarily to the team's anxiety about their capacity to manage very high workloads and a constant stream of high risk, urgent cases. Measures to monitor referrals into the team from RST resonate with the bureaucratic sifting identified in Woodhouse and Pengelly's (1991) study, where social workers spent significant time checking that cases met criteria for action. There were also occasions when cases referred to IAT were immediately closed or sent back with requests for further information. These behaviours resonate with the 'deflection strategies' employed by overworked social workers in Broadhurst et al's (2010) ethnographic study of 'latent conditions for error' within five local authority children's services initial assessment teams. The teams observed by Broadhurst et al. were described as on the brink of being overwhelmed by a rate of referrals which outstripped capacity to deal with them and inflexible timescales within which to act. This description could equally apply to the initial assessment team observed in this study. Broadhurst et al. identified a number of 'speed practices' and 'deflection strategies', which were used to avoid, or delay, the necessity for further action by the teams. These included bouncing referrals back with requests for further information, or passing cases on to more appropriate agencies. In IAT, the referral of cases to the Initial Response Team to gather more information about a case, may also be argued to be part of such deflection responses.

Linked to the defence of bureaucratic sifting, there was evidence of splitting and projection (Menzies Lyth, 1988) across the team boundaries – with IAT practitioners questioning the ability of the RST to filter/classify cases correctly and practitioners within the RST often appearing resentful and critical of IAT colleagues. Whilst there was an acknowledgement, within IAT that RST practitioners have a complex task to perform, there was nevertheless the stated implication that the RST team needed to improve their competence in filtering and classifying cases. This was not, however, accompanied by any reflection on the potential for IAT to become resistant to taking on more work. These socially structured defences on the boundary between the RST and IAT were detrimental to the smooth flow

of information and referrals between the teams, limiting the development of shared understandings about cases. It was also a source of frustration and demoralisation, particularly for practitioners in the RST, who undertook a certain amount of defensive work to prevent further criticism, such as including extra explanatory notes with case records. In both the RST and IAT there was also evidence of some splitting and projection concerning external agencies, some of whom were seen as reticent to engage, leaving social workers to cope with the deficit caused by their lack of involvement. This was also complemented, however, with reflections on the competing demands on other professionals and the implementation of various strategies to enhance collaboration. The development of further socially structured defences in IAT was limited by the provision of excellent formal and informal support, which was highly appreciated by team members. Whilst the emotional impact of case work was often commented on, appropriate forums for acknowledging and working these through, combined with supportive teams, generally acted as effective containers for these anxieties. Practitioners within RST also worked in an environment that was well contained, helped by a small, quiet office space, lack of direct involvement with clients and support from the manager and team members.

The high workload, however, is something that cannot be contained by the available support mechanisms. To get to the root of this problem would require an increase in staffing and resources and/or a reduction in contact referrals – difficult propositions in a climate of economic restraint and funding cuts. It is likely, however, that forums to encourage reflective practice and enhance understanding between the two teams may decrease anxiety and defensiveness around the transfer of cases, enhancing the possibility for improved information sharing across team borders. This should happen at all levels, particularly between managers – as the burden of maintaining reflective and effective teams under conditions of high workloads and understaffing is a heavy one. Opportunity for joint reflection with professionals from other agencies also has potential to improve understanding, referral practices and reduce anxieties and defensiveness (Lees & Meyer, 2011). This argument is developed in section 10.8.

10.3 Socially structured defences in the LTT

In LTT, there was a greater manifestation of socially structured defences. These defensive structures were geared towards avoiding mistakes and being criticized within a context of ambiguity and complexity. Practitioners described lengthy processes for signing off court

and other documentation, which resulted in delays in the sharing of this information with other agencies and in gaining positive outcomes for children. Practitioners were also observed to engage in repeated case discussions with senior practitioners, managers and other colleagues, rehearsing the details of cases and detailing actions to be taken. There was, in addition, a pre-occupation with the clear conveyance of communication with other agencies and clients. Whilst talk about cases is recognized to be an important mechanism for sense-making within teams (White, 2002), this frequent repetition of known facts about a case, and the often re-stated need for clarity, appeared to constitute a defence against the lack of clarity surrounding complex cases. The practice of involving more than one level of management in such discussions created tensions of role overlap for the more junior managers and again, could cause delay.

These techniques resonate with Menzies Lyth's (1988) identified defence of counter checking decisions and upward delegation of responsibility which were enacted to avoid the anxious task of making decisions, and taking action, in uncertain situations. Similarly, she described the breaking down of tasks into their individual elements, which nurses had to follow in a tightly prescribed order. The step-by-step nature of the management of tasks observed between senior practitioners and their teams appeared to be an enactment of this defence in the longer term team. Linked with this, was an element of behaviour designed to demonstrate that correct procedure had been followed – for example in one interchange discussed on p.171, demonstrating that practitioners had tried to contact a particular service user appeared more important than actually speaking to them.

Whilst all three teams expressed similar kinds of anxieties, the LTT appeared to have adopted the most socially structured defence mechanisms. Partly this may be explained by their position at the end of the road for child protection cases. This is the team that makes the final decisions concerning children's future and has lead responsibility for the 'draconian' court element of the work. It could also be argued that the longer involvement of this team in the lives of service users makes them more susceptible to anxieties relating to their client group. However, it is more likely that a lower level of containment available to workers in this team, rather than a more potent set of anxieties, leads to the heightened presence of observable defences.

Whilst there was evidence of some excellent supervisory practice and of supportive team members in the longer term team, this was not uniformly experienced by all practitioners. A number of practitioners expressed frustration and concern at the lack of time to stop to think, or to have one's feelings and reactions attended to. In some, although by no means all, cases, supervision followed the case management model recognised to be insufficient for workers' containment needs (Gibbs, 2001).

In the absence of the universal availability of formal mechanisms of support, opportunities for informal support become all the more important, but here too, this team is less fortunate. The large size of the team (which has been drawn together from various other teams at various times of restructuring), the hot-desking system, an office with insufficient desks for all members of the team, and rapid staff turnover worked as barriers against the maintenance of supportive working relationships and opportunities for learning about each other's cases. The high levels of noise and activity in the office also work against opportunity for deeper thought and reflection –as if acting out the emotional dynamics inherent in this team. This team would benefit from enhanced containment at both the physical, formal and informal levels, issues that are discussed further in section 10.8.

10.4 Socially structured defences in inter-agency information sharing

From observation of multi-agency meetings and from the narratives of social workers about inter-agency information sharing, it is possible to identify a number of socially structured defences in existence between the boundaries of children's services and other agencies – that is, that are specific to inter-agency working and information sharing. A cluster of identified defences relate to fears about the nature of child abuse cases. These manifested as resistance by non-social work practitioners to engage with the child protection process. Examples of this include, failure to 'see' child protection concerns, lack of understanding of their own safeguarding duties, delay in referring or in over anxious referrals of cases which do not necessitate intervention by social services. Harlow & Shardlow (2006) have suggested that such defences protect against a 'fear of contamination' through involvement with these difficult and upsetting cases. Such reactions by external agencies had tangible effects for the sharing of information. Failure to pass on information created delays and prohibited social workers meeting their performance timescales. There is also a danger that wrong decisions could be made with regards to children if not all the relevant information about their situations is made available. On the other hand, over-anxious referral of cases created extra pressure on already over stretched practitioners. This was highlighted by Woodhouse and Pengelly (1991) and by Munro (2010) who pointed out that whilst there has been a steady escalation of referrals to social care over the last decades, there was a particularly steep rise following the publicity surrounding the death of Peter Connelly (11% in the year 2009/2010).

For their part, social workers were also observed to re-iterate their role as focusing on the child, rather than attending to the physical and emotional needs of the adults in the situation. Thus, practitioners reported that a way to deal with the sadness and trauma to parents of having their children removed, was to concentrate on the fact that this is in the best interests of the child. This technique was also observed in what appeared to be a less conscious process of stressing to other professionals, and service users, that the focus of children's services is on the child and not the adults. This was employed as a way to delineate the service and to create a boundary around what did, and did not, fall within their remit of work. Whilst this may be operationally necessary to allow the allocation of scarce resources and practitioners' time, it is also akin to the 'bureaucratic sifting' (Woodhouse and Pengelly, 1991) which attempts to stem the flow of work into overworked teams. Whilst not observed in the research setting, a number of commentators have suggested that a defensively narrow focus on the rights and rescue of the child, without attending to wider issues of poverty and deprivation perpetuates social inequality and represents "a troubling authoritarianism toward multiply disadvantaged families" (White, Walsh, Morris and Featherstone, 2013).

This provides new insight into the issue of 'professional frames', or cultures, introduced in the literature review, where only certain information is picked up on as being relevant by different professional groups due to the structures and foci of their work. It is likely that organizational imperatives, alongside psychic defences work together to sharply focus agencies' attention on the needs of their own particular service users. In this way, details that would appear blindingly obviously by a different light, remain unnoticed (and therefore not acted upon or shared) in the shadows outside the concentrated, but narrowly focused, spotlight of professional attention.

10.5 Common threads: Defences of clarification and classification

Within these child protection social work teams, excessive 'spotlight' processes to focus, clarify and classify cases and professional roles were employed to shield people against working within contexts of ambiguity, scarce resource and performance management. Thus, boundary disputes between IAT and RST revolve around the nature of the case and whether or not it falls within the remit of the children's services. With external agencies disputes arise over whether or not referrals are relevant and meet acceptable standards. Within LTT, 'spotlight' processes focus on making explicit the details of service users'

lives, social workers roles and producing clear lines of argument in court. This is reinforced with the frequent refrain 'we need to be very, very clear'.

Within the prevailing conditions of ambiguity, scarce resource and performance management, a new socially structured defence has been identified. This takes the form of 'spotlight' practice to clarify and justify the focus of professional attention.

10.6 Communication in emotional contexts

The specific anxieties and defences observed within the research site have been discussed above. This section deals more generally with the *emotional atmosphere* of child protection work, the potential for this to interrupt communication and the ways in which high levels of emotion were acknowledged, handled and to some extent, normalised within the research setting.

Because the researcher is not from a social work background herself, she had completely underestimated the extent of the emotionally charged nature of day-to-day life within the children's services teams that were observed. The highs and lows of emotions were present in the teams to a measure that the researcher had not anticipated, nor experienced in her own working life. These practitioners are dealing on a day-to-day basis with cases that most of us could not imagine – the most distressing, difficult aspects of life are daily bread for child protection social workers. Social workers (and their inter-agency colleagues) encounter situations of threat to children – circumstances which, according to researchers in the field of 'risk communication' are amongst the factors that cause the highest levels of worry, anxiety and mental stress (Covello, 2011p.512). This brought to mind questions that had not been anticipated about how heightened emotional states *in general* may affect communication, and within that information sharing.

In a bid to consider this more deeply, the researcher discovered a body of literature, which deals with 'risk communication'. This literature, based on a body of quantitative research into communication under stress, provides guidance on how communication is best carried out in times of high anxiety, such as environmental or medical emergency. According to this literature, feelings of anxiety, stress and other strong emotion generated through exposure to these perceived risks, results in a large amount 'mental noise', which affects the ability to communicate in a number of ways.

Covello (2011) suggests that people under stress typically:

- have difficulty hearing, understanding, and remembering information;
- focus most on the first and last things they hear;
- focus more on the negative than the positive;
- process information at several levels below their educational level;
- can attend to no more than three to five messages at a time;
- focus intensely on issues of trust, benefit, fairness, and control;
- interpret non-verbal cues negatively; and
- want to know that you care before they care what you know.

Trust is generally recognized, with this literature, as the single most important factor determining perceptions of risk. Only when trust has been established can consensus building, resilience, and dialogue be achieved (Covello, 2011). Because of the importance of trust in effective risk communication, a significant part of the risk communication literature focuses on generating trust between parties (the message sender and receiver). Research indicates that the factors that generate trust are: (1) listening, caring, empathy, and compassion; (2) competence, expertise, and knowledge; and (3) honesty, openness, and transparency. Other factors in trust determination include accountability, perseverance, dedication, commitment, responsiveness, objectivity, fairness, and consistency. Trust determinations are often made in 9–30 seconds (Covello, 2011).

These observations are interesting in two main ways. Firstly, despite evidence of increased procedures for checking and clarifying, the communication and information sharing observed during the course of her fieldwork was perceived to be of high standard, professional and effective. As shared in chapter 8, the researcher was impressed with social workers' abilities to remain calm and professional in challenging situations. This begs the question of how that happens within situations that are recognized to be capable of derailing communication.

Second, it is interesting to consider the implications of the risk communication literature on strategies for working with other agencies, who due to their more removed position from cases of child abuse and neglect, may be less used to handling such anxieties than their social work colleagues.

10.6.1 Normalising and coping: The nature of the work and the use of humour

Within the observed teams, social workers had developed a number of strategies for *normalising* and *coping* with extreme emotions, which appeared to hold benefits for the maintenance of effective communication. As has been drawn out in the findings chapters, social workers were aware of the emotionally charged nature of their work, and of the importance of finding ways to cope with the impacts of stress on their own wellbeing. It was common to hear practitioners discussing their feelings about cases, alongside the facts. This went hand in hand with a recognition that the social work task is unusual in terms of its emotionally demanding nature, that it is a vocational job and that part of what sets social workers apart from other professionals is their ability to acknowledge and to speak about difficult and painful issues (see for example chapter 7, pages 84 and 99).

Menzies Lyth spoke about the socially structured defence of “idealization” of the nursing profession, which had some negative consequences for nurses. However, this talk of social work being a vocation did not appear to be defensive within the research setting, but rather represented a recognition of the position of social work within the multi-agency network. This helped workers to take pride in their characteristic skills of communication and information sharing. Their use of humour was also facilitative of information sharing and communication skills.

Humour has been acknowledged within the academic literature as a coping mechanism for practitioners within the helping professions. Moran & Hughes (2006) showed that humour production equated with lower stress ratings in a group of student social workers. The current study suggests that humour is also likely to facilitate the maintenance of positive communication under pressure, because of its role in lightening the mood – and thus acting as an antidote to anxiety. There were many incidents when practitioners shared jokes with colleagues straight after difficult face-to-face, or telephone conversations, or during discussions about anxiety provoking cases. This social use of humour appeared to facilitate feelings of shared endeavour and of venting frustrations, emotions and anxieties (Moran and Hughes, 2006 p. 513). Within the academic literature, there is some discussion of humour as being inappropriate if it is detrimental or prejudicial to service users. This was not experienced at all during observations, rather the use of humour appeared to be an appropriate, healthy and *necessary* outlet for the difficult feelings that can arise during difficult conversations and/or sharing of information. It appeared to work alongside other strategies of supervision, peer support and so on, as a form of *containment* for the workers. It was acknowledged as an important part in the tool

kit for managing and supporting workers by the team leader of IAT. This is an important finding and suggests that humour can be added to the more traditionally acknowledged mechanisms for the support and containment of social workers.

10.6.2 Inter-agency communication in emotional contexts

As outlined above, the risk communication literature stresses the importance of adopting a listening, caring, empathetic and compassionate manner when communicating under conditions that are perceived as high risk. This has interesting implications for social work practitioners, particularly those who are obtaining referral information from agencies with less experience in child abuse cases, who may be more susceptible to heightened feelings of anxiety, fear, sadness etc. On the one hand, this suggests that some of the poor referral practices described by social workers may be explained by heightened levels of anxiety in referring professionals. On the other, it also suggests that social work practitioners should listen to and acknowledge the worries and anxieties of referring professionals, as a way to building trust between the two parties - the vital ingredient for facilitating consensus building, resilience and dialogue.

It also suggests that time spent explaining the social worker's own interpretations and proposed course of action more fully (thus demonstrating competence and transparency) would facilitate interactions at the point of referral and/or information sharing. These are important points. As shown in the extract from observation notes on page 77, this more 'containing' approach can get pushed out from conversations with referring professionals due to frustrations about their provision of incomplete, and untimely, information. As understandable as this is, these findings highlight the usefulness of interactions in which social workers acknowledge the feelings of the other party and explain their own interpretations and proposed course of action in some detail. These are likely to yield the best results for collaborative working. Under the right circumstances, therefore, episodes of inter-agency communication can provide an opportunity for containment of anxiety and the building of trust. The existing information sharing literature has tended to highlight what goes wrong with inter-agency communication and offer useful, but theoretically-guided perspectives on what should help (e.g. Reder & Duncan, 2003). The identification of specific strategies of enhancement, developed from ethnographic research, therefore offers a new contribution to existing understanding.

The need to take enhanced 'heed' of feelings during information sharing is discussed further in section 10.7 below. As well as potentially building trust and therefore enhancing

'risk' communication, it is argued that feelings in these situations often constitute an important source of information in themselves.

10.7 The dual nature of information and the generation of shared understandings

In Chapters 2 and 3, the assumptions about information and information sharing that underpin governmental initiatives to enhance interagency information sharing were discussed. These included the assumption that information consists of facts, existing externally to individuals, that are perceived through cognitive abilities and reasoning. The picture emerging from the data, however, suggests that whilst facts, events and evidence are an important part of information, emotions themselves also constitute an important source of intelligence for practitioners.

Quotations from respondents, in all teams, reflected their view that emotions are necessary to carrying out their role and that, if they are not present, 'key things' will be missed and motivation for work will be less. The incident discussed in chapter 9, in which social workers' instincts told them that a mother was maintaining a relationship with her sex offending partner, despite her vehement denials of this, illustrates how feelings can convey important information which assists interpretation of the presenting facts.

Despite the useful information contained within feelings, however, the rational-technical stance of policy makers with regards to information and information sharing, have made emotions an inadequate ground on which to act. This necessitates a work of translation that fills in the cracks between uncertain feelings and what can be observed – which may blur the issue into something that is 'organisationally relevant', but different to how the concern started (Thompson, 2010, p.254).

Whilst practitioners described using their feelings as a source of information and a motivator for action within their own practice, the presentation of evidenced facts was prioritized within assessment documentation, inter-agency and inter-team referrals and court paperwork. Examples of the perceived inadequacy of feelings as a basis for action are interspersed throughout the data. Thus, bad feelings are seen by social workers as insufficient grounds for contact referrals by other agencies, court documentation requires evidence and the transfer of cases between teams focuses on key events and chronologies.

On two particular occasions, discussed in chapter 7, the researcher observed a senior practitioner within the RST engaging in detailed information work to gather extra facts about cases in which referral information had been insufficient. In both instances, she concluded that the cases met the threshold for intervention and referred them to IAT to be progressed. However, in both cases IAT did not agree that they should carry out assessments on these cases; referring one case to the Initial Response team for a 'lighter touch' assessment and finally accepting the other, but only after further 'proof' had been gathered by the RST senior practitioner. Observational notes discussed on page 93 reflected the emotional engagement of the RST's senior practitioner with the information about these cases and her frustration at IAT's lack of agreement with her assessment of need.

It is possible to surmise that differing levels of emotional engagement with referral information is a factor that feeds into the teams' differing interpretations about cases, despite the existence of an objective threshold document. When they are ready to pass cases on to IAT, practitioners within RST have established an emotional connection with the case, spent time considering it and interrogating their feelings about it. At the same point, however, IAT team members have not yet engaged emotionally with the case and, due to an already high workload, have developed socially structured defences against refusing any inappropriate work. The database system for passing cases between teams does not allow for the transferring of emotion information to narrow this gap in perception. The 300 word summary that is available for RST practitioners on the Case database to summarise the chronology, analysis and recommendations about each case, allows no capacity for the communication of 'micro details' and 'affective judgements' that 'hold great significance for those working with children.' (Thompson, 2010:244). In these circumstances, the emotional work completed by the RST is being undone through the rational-technical preferencing of facts and evidenced information above emotionally informed impressions and instincts at the point of case transfer. Whilst information is being shared between the two teams, the transfer of fact, devoid of emotion information, is insufficient for the generation of shared understandings. In a similar way, when external referrers phone children's services on the basis of 'bad feelings' about a child's circumstances, this is discounted by social workers as an inappropriate referral, rather than acknowledged as a potential source of concern that may need supplementing with further evidence. According to the risk communication literature, the lack of validation of referrers' feelings is also likely to interrupt the formation of trust and impair further communication.

At the organizational level, there are interesting insights that can be applied from the emotional intelligence literature, which stresses the interplay of emotions with cognitive capacities and highlights the importance of emotions as a source of information to facilitate decision making. George (2000 p.1034), describes emotional intelligence as

“The extent to which people’s cognitive capabilities are informed by emotions and the extent to which emotions are cognitively managed.”

Gantt and Agazarian (2004), discussing emotional intelligence at an organizational level, highlight the need to keep the two types of knowledge in balance. They suggest that where team and organizational boundaries are impermeable to emotional and feeling information, an important source of information is lost, to the detriment of decision making and problem solving. More helpfully, if accepted by the organization, feelings enter in a form that can be ‘used’, rather than becoming detrimental to working processes, for example through feelings of frustration, lack of satisfaction and the adoption of defences.

At the other extreme, if emotionality is high, boundaries may be relatively impermeable to cognitive information and data. In these situations, decisions may be made without checking out the evidence in form of fact, often resulting in decisions that are hard to implement and that have to be redone later. This resonates strongly with practitioners’ comments in this research that whilst emotions should be ‘used’ they should also be ‘managed’ – that is to say – that emotional intelligence should be applied to the domain of information sharing.

Gantt and Agazarian (2004) suggest that impermeability to either type of information is detrimental to organizational intelligence and posit that organizational emotional intelligence is influenced by developing norms for appropriate boundary permeability within each system level and between each system level. Thus, enabling the availability of both the cognitive and emotional information relevant for the work at all levels of the system. Without the sharing of information in both forms, teams must make decisions based on a different set of information. This casts light on how interpretations of thresholds for intervention can differ between teams, despite the existence of a threshold document laying out the criteria for action against particular sets of circumstances. When emotion information used to guide the decisions made by one team is discounted at the boundary of another, decisions are then based on different sets of information. This

situation renders the notion of a standardized set of categories and classifications, against which cases can be judged, rather meaningless.

The risk communication literature indicates that greater acknowledgement of the feelings of others is also likely to build trust and facilitate communication. This may be helped by raising awareness of the 'dual' nature of information amongst social work practitioners and their partner agencies. Anxious feelings must be complemented by checking the 'facts', but instincts and emotional learning are required to enhance interpretation of these facts (Ingram, 2013). This may allow for a greater acknowledgement of the 'feelings' of referring professionals – and open the way for these to be 'used' rather than to be categorised as unhelpful. It may also give referring professionals increased confidence to 'hold' these feelings while gathering the facts that must go hand in hand with emotion information. A more nuanced view of the nature of information should facilitate the passing of shared understandings across agency and team borders. The importance and acknowledgement of the dual nature of information is a development of the existing information sharing literature that could enhance information sharing practices and build trust in relationships, through a greater acceptance of the differing facets of information.

10.8 Opportunities for enhanced containment

In a context of seemingly limitless demand for services, ambiguity of facts and working across networks, a spotlight approach has been employed to create boundaries and clarification around professional roles and the nature of cases. This has resulted in certain aspects (for example, emotion information) being lost in the shadows. To allow a more diffused view to be taken, there is a need for enhanced 'holding' of professionals through an increased sense of role clarity and containment within the organizational and inter-organizational contexts. Some ways in which this might be achieved are discussed below.

10.8.1 Supervision

The important role that supervision may play in promoting safe and positive social work practice has long been acknowledged (e.g. Ingram, 2013, Munro, 2010, 2011; Gibbs, 2009). Supervision in social work is described in the academic literature as encompassing two roles, which are often presented as being in an uneasy tension with each other (Ingram, 2013). In their 'line management', or 'case management' function, supervisors are accountable for practice, ensuring that good practice and agency procedures are maintained as well as allocating and monitoring cases (Toasland, 2007, p.200). They are also responsible for providing 'clinical supervision' where case work is discussed to explore the dynamics within the therapeutic relationship and to help the worker progress the case and develop her therapeutic skills (Toasland, 2007: p200). According to Rushton and Nathan's (1988), facilities for the containment and support of emotions takes place within an environment of 'clinical' or 'reflective' supervision, whilst the more 'inquisitorial' case management role can be a source of further anxieties for practitioners. Opportunity for reflective supervision, however, is frequently pushed out by the requirements of performance monitoring and competing demands on managers' time (Community Care, 2013; Munro, 2010, 2011a, 2011b; Ruch, 2007).

Findings from this research support the view of supervision as having both a 'line management' and 'reflective' element. Whilst much supervision appeared to offer both elements and was highly appreciated by those receiving it, practitioners who felt they were not in receipt of sufficient 'clinical'/'reflective' supervision, expressed frustration and concern that they may not be making the best decisions for children in the absence of reflective space. Such concerns were most often expressed by practitioners within LTT,

contributing to the heightened presence of socially structured defences in this team. Such difficulties seemed to arise from differing personal styles of individual supervisors, as well as the competing demands of heavy case loads and court work. Lawlor (2013, p180) suggests that reticence of some supervisors to offer reflective supervision may represent a form of defence in itself:

“If a containing space is made available for a supervisee, the manager is likely to be subjected to the real difficulties that the social worker faces in their day-to-day encounters...No doubt some of the dissatisfaction with supervision is that social workers are often left, or unconsciously encouraged, to stay in the paranoid–schizoid state of mind and not to burden their managers with difficult and impossible tasks and feelings.”

Whilst somewhat patchy within the research site at the moment, the emphasis by a number of supervisors, within all teams, on providing reflective opportunities for their practitioners is encouraging. It suggests that forums for shared learning between supervisors (both within and across teams) would be helpful in building confidence in supervisors around this ‘side’ of supervision and in making such opportunities more universally available for practitioners. Such forums could also play an important role in providing containment and support for supervisors themselves, a mechanism that is described as vital within the academic literature (Toasland, 2007). Such an approach could be supplemented by the provision of opportunities for ‘deeper’ learning through continuous professional development – interventions which also attend to supervisors’ fears around supervision are likely to be most helpful (e.g. Lawlor, 2013).

There is a further point to be made about the personal working styles and preferences of individual supervisees and supervisors, which can affect how willing supervisors are to provide opportunities to talk about feelings and how keen practitioners are to take these up. Ingram (2013) makes some practical suggestions in this regard that could be usefully employed within the research site. He proposes that supervisors and supervisees should co-construct the format of supervision by making explicit their aspirations around the balance between reflective and case management supervision. If the two have divergent aspirations this can be negotiated in relation to organizational and national policy and peer support. Once a balance has been agreed, it should be regularly reviewed to ensure that the mix is still appropriate. In this way, supervision becomes a co-constructed forum, tailored to the needs of the individuals involved.

Findings suggest that attention should also be paid to the establishment of trusting relationships between supervisor and supervisee. Fears about what would happen with information shared in supervision sometimes inhibited supervisees from fully sharing their feelings. Whilst there is agreement in the supervision literature that trust and openness are essential underpinnings for critical reflection, (Ingram, 2013; Ruch, 2007; Beddoe, 2010) there appears to be less advice on how this should be fostered between individual supervisor and supervisee. Data collected here indicates that an explicit 'contract' to agree the 'balance' of supervision and clarify issues of confidentiality, combined with regular contact and lasting supervisory relationships – are necessary conditions for trust to flourish.

On a more theoretical note, the findings from this study do not entirely support the distinction that has generally been made in the academic literature about the containing function of reflective case supervision versus the 'inquisitorial' function of the case management role (Ingram, 2013; Rushton and Nathan, 1998). Whilst participants did at times suggest that they felt pressured by their supervisor's attention to timescales, generally, supervisors were seen as highly supportive in alleviating workers' concerns and anxieties about their heavy workloads. Supervisors themselves often presented case management as a central part of their supportive role.

This is an interesting point in view of the observations about the changing nature of primary anxiety in child protection social work. There is no doubt that the chance to reflect on the dynamics within the therapeutic relationship and to develop therapeutic skills must be an integral part of the supervisor's role. However, when handled sensitively, case management supervision also provides a containing function for the anxiety related to heavy workload and competing deadlines, which have become central concerns for child protection practitioners. Toasland (2007) has argued the same point,

“It is my assertion that containment plays a part in both these tasks. Within clinical supervision, the unconscious processes in the relationship with the client can be explored and made conscious. In the line manager role, the manager is responsible for allocating work and representing the agency. In my experience this has frequently meant holding the anxiety of waiting lists and agency requirements, thereby enabling practitioners to focus upon the therapeutic work. Therefore in allocating work, the manager has to bear the anxious projections from referrers and senior managers as well as those of her staff without inappropriately offloading these on to the team.” (p200)

If case management has become a forum for the containment of ‘rationing’ and ‘performance anxieties’ outlined in section 10.1, this raises interesting questions about the potentially containing role of other performance management techniques employed by the organization.

10.8.2 Performance management as containment?

As has been reflected in the findings section, reactions to the ‘traffic light’ system for monitoring practitioners’ adherence to statutory timescales were mixed. A number of practitioners, especially within IAT, felt that in highlighting delays on cases without any accompanying explanation, the system created an unfair misrepresentation of practice. There was also suggestion within IAT that timescales skewed practice towards finding quick, rather than lasting, ‘solutions’ and placed undue pressure on practitioners. These issues have been highlighted by the Munro Review of Child Protection (2011), leading to the recommendation that local authorities should have the freedom to relax timescales (Munro & Lushey, 2012).

Conversely, a number of social workers and managers within the LTT, felt that the monitoring of adherence to timescales was important to ensure that the demands of the courts were met, thus facilitating timely action for children. In this light, monitoring reports were viewed as a method for identifying social workers working on difficult cases, who may be in need of extra support – that is, as a catalyst for the mobilisation of support and containment, and a helpful management tool. In the LTT, the need for detailed record keeping was also better understood (for example, one practitioner described her experience of solicitors requesting a review of every case note relating to a child’s case).

In this local authority, it was the view of the current senior manager team that a removal (or relaxing) of timescales from cases would be a 'step too far' and would represent 'kicking away the scaffolding' of monitoring which was likely to enhance timely care and protection for children. It may be that an interim or alternative approach could be, not to 'kick away the scaffolding' of performance monitoring, but rather, to aim for a cultural shift in the way it is perceived and implemented.

Clarkson (2008) writing about the issue of performance management within social care, highlights the limitations of the current measurements.

“Such listings are fine as they are but they do not permit performance to be analysed by focusing on the way care is delivered within organizations. Descriptive models do not allow the separate items of information required for a comprehensive view of performance to be drawn together; in other words, they do not present us with an integrated system of performance measurement, necessary to monitor performance from multiple perspectives.” Clarkson (2008).

However, he cautions against joining the discourse that condemns performance management, outright, as part of the 'managerial assault on social work' (p.173), suggesting rather that thought should be given to developing approaches that are beneficial to those who run, work in, and are served by, social services. He suggests that social workers, who are not 'traditionally wedded' to ideas of measurement and routine evaluation may benefit from performance information presented as part of a more participatory environment. With this approach, performance information is presented as a stimulus for thinking about how local performance could be improved rather than a punitive measure to draw attention to those who are falling behind.

Findings from this study do suggest that when practitioners can understand the point (i.e. the effect for service users) behind performance reports they are more likely to see them as helpful, or even containing, when they are perceived as a catalyst for extra support. Challis, Clarkson, and Warburton (2006), in their study on performance indicators for practitioners working with older people, found that staff workshops, conducted to enable senior practitioners to view the performance of their teams in relation to others and the wider department, were seen as particularly beneficial. Reported benefits included the linking of activity to visible outcomes for service users, gaining an understanding of how

work fitted in with other organizational priorities and the generation of informed questioning of activity Clarkson (2008, p179).

Data from this study suggest that senior practitioners and team managers often use performance information as catalyst for dialogue about how a social worker could be supported to make progress. This appears to be an informally adopted strategy, as opposed to being an explicit part of the organizational approach to performance management. If the containing function of performance monitoring were to be more explicitly acknowledged as part of the organizational approach – it is suggested that this could have substantial effects on staff morale and reduce levels of performance anxiety. If performance listings were to become synonymous with reflection about practice and support for individual development, Cooper (2000, p.117) suggests that this could entail a cultural shift within social work organizations.

“At a time when the need for a ‘performance culture’ is being increasingly invoked in social work settings, it tends to suggest that staff are being measured and judged. But imposed frameworks beg the question of where the criteria have come from and the legitimacy of those who are identified as judges and assessors. It certainly brings a tone of anxiety for all involved in a system of standards with endless possibilities for ‘failure to meet requirements’ but few opportunities for self-authorship or engagement in an ownership of development. At this stage I want to concentrate upon the need for ‘honourable engagements’ between people, or relationships, as the basis of a social work that offers potential for a reflexive process...”

Practically speaking, in relation to the current ‘traffic light’ reports – whilst information contained within them is important, thought should be given to the style of reporting and the resulting messages. It may be that the reports on individual’s progress should go only to the individual and their direct manager, and/or that there should also be room to expand on reasons behind delays to timescales. If such explanations were routinely included as part of performance data, this would provide senior managers with a means to analyse the factors that commonly cause delay on cases, and draw informed conclusions about the suitability of existing timescales. An expansion of focus beyond that of individual performance, would be compatible with Munro’s suggestions for the application of a systems model for reviewing child protection practice (2010, 2011). On an optimistic note,

writing about a necessary change in assessment within social work education, Cooper (2000, p123) suggests that through the application of a more holistic, constructivist approach,

“There is a rich and endlessly renewable potential of practice-centred knowledge available and waiting to be developed.”

Based in the ethnographic review of practice and the perceived impacts of performance management frameworks, these are valuable contributions to the on-going discussion about the place of timescales and monitoring within child protection social work.

10.8.3 Enhanced acknowledgement and ‘use’ of feelings in information sharing

As discussed above, whilst feelings are very much acknowledged within the social work teams observed, the feelings of referring professionals tend to be discounted as unhelpful or insufficient grounds for a referral. These findings suggest that a greater acknowledgement of the anxieties of referring professionals would facilitate more containing inter-agency interactions and ensure that emotion information is not lost. This also has potential to increase levels of trust, consensus building, resilience, and dialogue (Covello, 2011).

10.8.4 Inter-team and interprofessional learning: Use of reflective spaces

Many of the concerns expressed by practitioners about information sharing with, and by, professionals from other agencies, centred around a mutual lack of understanding around roles and responsibilities. Commonly cited was a lack of willingness to share information about clients, delay in sharing information, sharing of incomplete or irrelevant information, failure to ‘see’ the implications for children in their work with adults and a reticence to upset their clients by discussing concerns with them. In the psycho-social literature it has been suggested that a reticence to become involved and a tendency to disengage as soon as possible, stems from defences against emotionally disturbing, anxiety provoking cases. This may help to explain why the current training offered by the RST to partner agencies, is not perceived to have achieved the necessary improvements in referral practices.

The manager of the RST shared with the researcher PowerPoint™ slides for two training sessions that are routinely delivered to partner agencies. The major focus of the presentation is the legal and process framework around child protection, including advice on how to categorize need. As discussed earlier, however, the technical rational instruments of flow charts and process diagrams do not reflect the skilled, and anxiety provoking nature of decision making to keep children safe. In concentrating on the 'surface' matters of the child protection process, the training may miss an opportunity to acknowledge and address concerns, anxieties and misunderstandings held by referring agencies.

There is, however, evidence that opportunities for gaining increased role understanding can be helpful in improving collaboration and information sharing. Examples cited by respondents included shadowing opportunities and workshops designed to explore each other's roles. As has been argued throughout this thesis, concentration on the 'surface' instruments (Cooper, 2005) of child protection has been unable to effect necessary change, therefore any intervention designed to enhance understandings between agencies (and teams) should offer opportunity for an exploration of the deeper experiences of day-to-day practice. Insights from the adult learning literature are useful here. Wenger's (1998) work on learning across communities of practice suggest that successful interventions should provide participants with:

- facilities for engagement – whereby participants engage in activities together, build on their existing knowledge and foster commitment to each other
- facilities for imagination – opportunities to reflect on oneself, others and situations anew)
- facilities for alignment – overcoming differences in perspective in order to address significant issues (Lees and Meyer, 2011)

Applying these insights to the development of a continuous professional development course for professionals from across children's services, within a 'safe' learning environment, was shown to lead to enhanced inter-agency understanding and collaborative potential (Lees and Meyer, 2011). From the researcher's own experience however, it was apparent that issues of group dynamics, and existing inter-agency tensions, could play out within the group learning environment, manifested particularly by issues of non-engagement, marginalization, withdrawal and resentment. It is therefore suggested that methodologies that pay attention to the issues of group dynamics, in

particular social defences, are likely to be particularly impactful for inter-agency, and indeed, inter-team interventions.

The approach of Systems Centred Therapy, (e.g. Agazarian, 1992), designed specifically to allow the identification, and working through of the defences that can arise at different points in the working of groups, appears to offer much potential here. Agazarian (1992) suggests that defences in the first stage of group formation represent defence or compliance in relation to the facilitator. In the second phase, defences manifest in the form of suspiciousness, withdrawal and alienation as reactions to each other. Agazarian presents a number of techniques to work through these defences, which could helpfully inform inter-agency learning interventions. An example of this is functional subgrouping, where issues are first discussed in groups of people who share opinions in common. In like-minded groups, small differences of opinion are experienced as 'safe' and the group's tolerance for conflict increases. This tolerance is then carried forward into groups where conflict is more marked.

The perhaps better-known case study discussion model (Ruch, 2007b) may also be helpful for learning across teams and agencies. In this approach, an individual presents a case that is posing a challenge to them, to the wider group. The group are encouraged to listen without interjecting. Once the presenter has finished, the group is invited to discuss issues that have struck them about the case. The presenter listens, but does not participate in this discussion. Once this process has been completed, the presenter rejoins the group, contributing as much as they wish, but without any pressure to do so. This model may be helpful in avoiding defensive responses to challenge and moving beyond the repetition of entrenched opinions/behaviours (Ruch, 2007b).

It is suggested that psychoanalytically informed interventions that aim to enhance role understandings offer much potential to enhance information sharing and collaborative working. In recent years there have been increasing calls for the application of theory to interprofessional learning and teaching (e.g. Clark, 2006). In response to this, a range of theories, mainly related to adult learning theory (e.g. Hean et al., 2009) have been highlighted in the interprofessional learning literature. The proffering of psychodynamic theory as a helpful perspective to inform interprofessional learning interventions represents a useful contribution to this area of knowledge.

10.8.5 The two sides of containment

Many of the implications discussed thus far, represent the provision of opportunities for the emotional containment for workers carrying out demanding roles within stressful contexts defined by a lack of resource and understaffing. In a sense, suggesting the development of such forums is likely to be the 'least costly' option in terms of investment and resourcing. It is important to note however, that support should not be limited to only 'emotional' containment. According to Oxford Dictionaries Online, the noun 'support' has many facets, including physically bearing the weight of; provision of material assistance; approval, encouragement or comfort, as well as technical help given to the user of a computer or other product. Offering emotional support in the absence of practical assistance is like saying 'poor you' to a toddler who has fallen over without bending down to pick them up.

Issues of chronic understaffing, unsuitable office space, insufficient desks, inadequate IT and lack of administrative support have clearly emerged as hampering practice within the research site. Whilst measures to enhance emotional support and understanding between teams and inter-agency partners are important, they will be insufficient without basic practical needs being met. Western (1999) argues this point in his article on the dual nature of containment. Using the now somewhat outdated metaphor of maternal versus paternal containment, he suggests that attending to feelings without the provision of practical and financial resource does not provide a satisfactory solution. He highlights the need for:

"...structure, task, boundaries, authority and reliability. These are the building blocks helping to construct a reliable setting in which the containment of anxiety is more likely." (Western, 1999, p.10)

Obholzer and Robert (1994), describing the psycho-social systems approach, have also stressed the need for emotional and structural aspects to be considered together. A sole focus on structural changes is likely to be ineffective due to lack of consideration of emotional and psychological dynamics. A sole focus on the anxieties and psychological aspects of practice with no accompanying practical support is likely to lead to frustration and disillusionment. Reder and Duncan (2004, p.111), in a no-holds barred analysis of the

shortcomings of the child protection system following the death of Victoria Climbié, make the following practical points:

“What would make a difference is if there were a commitment to multiply that budget and to invest it in salaries, training and team-building. Indeed, adequacy of resources extends beyond salaries for the number of staff required to meet the service demands. It includes properly designed premises, with appropriate interview and office facilities, secretarial back-up, dedicated time for regular supervision and learning and sufficient time to read files, to write up notes, to discuss cases with colleagues, to consult in-house libraries and to think. Without that, a certain prediction is that services will continue to let children down, no matter how many reorganizations, policies, targets and audits are put in place.”

11 Practical and theoretical contributions, limitations and further research

In this concluding chapter, the research study as a whole is reviewed and reflected upon. The research questions are revisited and answers suggested. The particular contributions to practical and theoretical knowledge are highlighted. Finally, the study's limitations are discussed, along with suggestions for future research.

The research set out to better understand practitioners' experiences of sharing information to safeguard children and to consider the ways in which information sharing may be affected by the contingencies of emotionally laden practice. Much of what was discovered during observations and interviews surprised the researcher, who without a social work background herself, came to the research armed only with the partial understandings developed through the literature review and previous research in the health and social care fields. Whilst she had foreseen that particular cases may have the potential to derail thought and communication processes, she did not understand the different contexts in which social workers operate and the way in which the dynamics of these contexts can influence so heavily the ways in which information is presented, or held back. Whilst she had read about heavy workloads, she had not really appreciated the pace or magnitude of the work, nor how competing priorities and unsuitable office environments could interrupt the ability to focus and communicate clearly.

Then there is the matter of the nature of the information that social workers deal with. Very often it is patchy, incomplete and requires much adding to. Often it is unclear what referrers are trying to say. Even when a lot is known, what it actually signifies is another matter altogether. Perhaps the sheer complexity of the task as interpreted by the researcher, is best reflected in this entry to the fieldwork diary made towards the end of the observation period, which was written in response to a recently read article in which inter-agency information sharing was described as 'jigsaw practice' (Thompson, 2012).

Extract from observation notes (researcher reflections)

If each case is a 'jigsaw', it is one that is much harder to do, and has infinitely more pieces than has been previously reflected in the academic literature. Furthermore, each family's jigsaw must be reshaped and added to at various points in a case's trajectory – to meet the demands of the various assessments, referrals and court documentation.

As has previously been acknowledged, the pieces of the jigsaw do not come in one 'box'. Rather, they are split across a myriad boxes – held by the various actors involved in each case. Pieces of the jigsaw may be held by service users, members of the public, social workers and a range of other agencies.

The person charged with putting the jigsaw together is a social worker. To 'help' her she has a set of instructions from the government about the process she must follow and the timescales she must adhere to. She is completing the jigsaw against the clock. She depends on the other actors in this jigsaw practice to make available the pieces they have in their possession. Sometimes, for various reasons, they are reticent to do this, meaning that parts of the picture remain invisible. When she does receive pieces from other actors, they are of varying quality and usefulness. Sometimes the pieces received are not labelled as belonging to one particular jigsaw, are labelled as fitting the wrong jigsaw, or, in fact, fit several.

Pieces also arrive in different formats – some by email, fax, phone or are conveyed face-to-face. Very often, pieces do not arrive soon enough to enable the social worker to meet her prescribed timescales. Pieces of information often have to be chased because without them, whole sections of the picture cannot be pieced together.

There are literally hundreds of opportunities, within each jigsaw, for pieces to be lost, withheld, or put in the wrong place. This is all the more likely as social workers are piecing together many jigsaws at any one time and other agencies are working to many and, sometimes competing, priorities. It is testament to the dedication and skill of practitioners that every day jigsaws are successfully pieced together enabling informed decisions to be made about children.

I am not sure that there is anything that could be done to reduce the complexity of this jigsaw practice. We could, however, aim to support the social worker who is piecing together this puzzle, against the clock, with an awareness of the seriousness of failing in her task. We should also aim to facilitate the task of the other actors who share in the work of protecting children.

For this to happen, it must be acknowledged to all involved, that this jigsaw practice is never going to be easy. Practitioners need the time, space and opportunity to reflect, share with, and learn from, other members of their multi-agency networks about their specific roles, requirements and challenges. This should not only happen across boundaries between agencies, but also across team boundaries within agencies. I am absolutely not suggesting that this should be achieved through the introduction of new structures, organisational arrangement or protocols. I am simply suggesting that people get together, away from the immediate demands of their roles, to talk with, and learn from each other.

There is undoubtedly a resource implication in allowing practitioners time away from their roles and some attention would be needed to find a model that works to facilitate this type of interaction. These costs, however, must be offset against the potential advantages of time and space being created for practitioners, and their networks - to jointly reflect on information sharing practices and collaboration. Such benefits could include the development of a more informed, understanding and supportive multi-agency network. Enhanced understandings may also encourage the sharing of information that is timely, clear and provides the appropriate level of detail. This has to be a better alternative to the current instruction manual and stop watch approach.

As the extract illustrates, information sharing was far more 'unstraightforward' than the researcher had envisaged, or has been represented thus far in the academic literature. The complex and emotionally demanding nature of child protection *in general* has often been discussed in the literature (e.g. Ferguson, 2005; Cooper, 2005). However, the complex, skilled, nuanced and emotionally charged nature of information sharing has not previously been sufficiently appreciated within this context, although it has been acknowledged in the wider knowledge management literature.

It appeared to the researcher that social workers carried out skilled and complex work within political and multi-agency contexts that often were not conducive and were, at

times, outright obstructive. How these findings related to the study's research questions is drawn out below.

11.1 Answering the research questions

As discussed in chapter 4, this study asked the following overarching research question:

How is information sharing understood and experienced by front line children's social work practitioners?

The question was based on the premise that whilst information sharing has been conceived by policy makers as a straightforward exchange of externally available, clear, hard facts, recurrent service failures suggest that, in fact, it is a complex task, affected by the emotional and social dynamics of practice. This being the case, it is important to better understand the task as experienced by those undertaking it, in order to offer support that better matches practitioners' needs. The study also asked a series of sub questions, shown below, with a synopsis of the findings relating to each one:

Sub question 1: What are the tasks and activities that make up information sharing for these practitioners?

The three teams undertook a wide range of information tasks. Tasks of collecting, interpreting, communicating (Munro, 2005) and recording information were central to each team. In fact, it is difficult to think of any tasks that did not involve some form of information sharing – taking contact referrals, undertaking multi-agency assessments, attending multi-agency meetings, keeping records so that others can review cases or presenting evidence in court, all involved information work. This confirmed Thompson's (2012, 2010) observation that information sharing is no longer *part* of child protection work, rather it has become, *the* work. Findings concerning the nature of the information tasks undertaken by social work practitioners and the centrality of information work to the role adds important new knowledge to previously limited understanding of the day to day practices of information sharing, provided within the academic literature (Munro, 2005).

Whilst Parton (2008) has theorised the increasingly informational nature of social work, this study has provided empirical evidence of this.

Sub question 2: What difficulties do practitioners experience in relation to information sharing?

The difficulties experienced by practitioners in relation to information sharing often arose from a mismatch between the resources, opportunities or skills necessary for the fulfilment of information tasks (information needs) versus those provided within the working context. These mismatches provided a set of challenges for practitioners:

- Practitioners' need for *relevant, sufficient, timely and evidence based* information was challenged by working with clients who were often unwilling and dissembling and other professionals who lacked understanding of, or willingness to engage in, the child protection process.
- Threats to practitioners' capacities to *think, reflect and make judgements* about information received and shared came in the form of under resourcing, hot-desking, heavy workload, administrative burden, tight timescales, emotionally laden cases and variable opportunity for reflective supervision.
- Social workers' ability to *communicate/challenge, clearly and consistently* with clients or in multi-agency forums could be challenged by the complex and often intimidating dynamics with service users and within legal environments. The presence of strong emotions *in general* around cases of child abuse or neglect were also shown to have the potential to hamper practitioners' communication abilities.
- Generating *shared understanding about cases* was limited by the preferencing of hard fact and evidence at the boundary of teams and organizations (promoted by managerialist policy and adopted by overworked teams), meaning that important emotion information was lost.

These findings offer important new insight into the challenges and complexities of information sharing. Whilst previous reports, serious case reviews and some academic literature have identified what professionals have at times *failed* to do, this study offers deeper ethnographic understandings of how and why such breakdowns may occur. Whilst

Thompson's (2010) research began this work in the realm of referral making and taking, this study has extended the focus to take in all stages of the child protection process. The presentation of the information 'needs' of practitioners is a new contribution to the literature and highlights areas in which additional support could enhance and facilitate information sharing practice.

Sub question 3: To what extent are social systems as defences against anxiety evident in these settings?

Due to the challenges, or unmet needs, experienced by practitioners, a number of socially structured defences were observable within the research site. As described in Chapter 10, these defences related to various processes of clarification, classification and justification taken up in the face of intense work pressure and facts that were ambiguous and open to interpretation (Munro, 2005). Socially structured defences manifested in the form of application of tight boundaries around the remit of particular teams/organizations, step-by-step management and counter checking of decisions. These have been described in the thesis as 'spotlight' defences designed to clarify and focus professional attention. These resulted in boundary disputes, delays in sharing and/or actioning information, important information not being seen/prioritised/shared by other professionals and feelings of despondency and antagonism.

The 'social defence analysis' (Krantz, 2010) provided by this study represents a new contribution to the information sharing literature. The findings provide a helpful perspective on how certain working practices have developed and signal behaviours that, whilst identified as unhelpful, may be difficult to overturn because of the purpose they serve in defending against anxiety. Such knowledge is useful to managers and policy makers attempting to meet the information needs of practitioners and to support the management of change and adaptation within contemporary organizations (Krantz, 2010).

Sub question 4: What are the factors that support practitioners in their information sharing practice and how could these be further enhanced?

A number of opportunities for enhanced containment (Western, 1998) are suggested. These are outlined in the table below, which present a range of practical opportunities for

meeting information needs and overcoming challenges - thus facilitating the breakdown of unhelpful social defences.

Table 8: Practical implications arising from research findings

Information Need	Challenge	Support Opportunity
<i>Relevant, sufficient, timely and evidence based information</i>	Resistant clients and other professionals who lacked understanding of, or willingness to engage in, the child protection process.	Psycho-dynamically informed inter-agency learning opportunities to enhance understanding of roles and processes of child protection.
<i>Capacity to think, reflect and make judgements about information shared or received</i>	Under resourcing, heavy workload, administrative burden, tight timescales, emotionally laden cases, hot-desking and variable opportunity for reflective supervision	'Paternal' containment: resourcing and staffing. Containing use of performance management. Reduction of repetition in assessments/records where possible. Increased opportunity for co-constructed reflective supervision.
<i>Ability to communicate, and challenge, clearly and consistently</i>	Complex and often intimidating dynamics with service users, within multi-agency meetings and legal environments. Heightened emotional states.	Psycho-dynamically informed training for social workers and inter-agency colleagues including attention to emotional and social dynamics, plus specific communication skills training. Acknowledgement of feelings of referring professionals, taking time to explain – to facilitate the building of trust.

<p><i>Use of emotion information as well as fact to guide practice and generate shared understanding about cases</i></p>	<p>Preferencing of hard fact and evidence at the boundary of teams and organizations (promoted by managerialist policy and adopted by overworked teams).</p>	<p>Acknowledgement of feelings in information sharing, clear and transparent communication style.</p> <p>Within training on information sharing - raising awareness of both facets of information and willingness to hold cases until both available.</p>
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In general, these recommendations relate to subtle shifts rather than radical overhauls.

For example, whilst this research in no way undermines the importance of record keeping and the monitoring of progress on cases, it is suggested that thought could be given to achieving this in the least repetitious and onerous way. It would be beneficial to consider ways in which repetition of information could be reduced through the variety of assessments and forms. Whilst often informally employed, it is also suggested that a clearer organizational mandate to use timescale monitoring as a tool for identifying support needs and as a stimulus to organizational learning would be helpful.

With regards to supervision, building on some already excellent practice, shared learning between seniors within and between teams could enhance potential for increased reflective supervision, which should be co-constructed to meet the needs of both supervisor and supervisee. The introduction of a psycho-dynamic perspective on anxiety and defences, and an awareness of the emotional/factual nature of information into inter-agency (and inter-team) training to enhance understanding of the roles and processes of child protection is also recommended. The development of such strategies from an ethnographic investigation of practice adds to the evidence base within the arena of information sharing literature. Up until now, this has tended to either argue for, or against, the implementation of rational-technically based tools, without offering much in the way of alternative strategies.

In developing these strategies, the research has answered the calls of Cooper and Munro, to better link the strategies of management and policy with informed understandings of practice:

“In effect this paper is a call for a new kind of policy making – a new way of thinking about what social policy in child welfare is, and what it is aiming for; one that is informed from start to finish by a concern to sustain connections between the fine grain of the transactions we ask staff and their managers to engage in, and the management and development of systems and structures.” Cooper (2005, p.9)

“But the first question should not be ‘How can we use information technology?’ but ‘What do professionals find difficult and which tools, if any, could help them perform better?’” Munro (2005, p.375)

11.2 Practical and theoretical contribution to knowledge

As outlined above, the research makes a number of practical contributions to knowledge.

The study:

- Increases understanding about the nature of the social work practitioner’s information sharing task.
- Contributes knowledge concerning the nature of the information dealt with.
- Provides empirical evidence of challenging and supportive factors and identifies a set of ‘information needs’ described by practitioners.
- Provides ethnographically derived guidance on practical steps that could offer enhanced support for practitioners in these areas of need.

The research also makes a number of theoretical contributions.

- Methodologically speaking the application of a psycho-social framework to the study of information sharing is new. The information sharing and interprofessional literature is extended through the application of a psychodynamically informed framework, both to think about practice and to provide tools for change.

- The research has also provided a contemporary application of Menzies Lyth's early, seminal work. The study has provided an up-to-date 'social defence analysis' within a 21st century welfare organization that has reflected the unconscious impacts of lack of resource and high demand.
- The study also builds on the ontological debate about what information actually is, which whilst well developed within the knowledge management literature (e.g. Leung, 2009), has been afforded less attention within the interprofessional literature base.
- The study's findings concerning the importance of emotion information alongside evidenced fact builds on the work of Thompson (2010). This thesis makes the further point that if emotion information is filtered out at boundaries between teams and agencies, opportunities for the development of shared understandings – and parity of interpretation of threshold guidance – are diminished. This is an illuminative development to existing literature and introduces insights from the field of emotional intelligence – concerning the need for boundaries that are permeable to both emotional and cognitive information - to the extant information sharing literature.

11.3 Limitations and future research

Whilst the sole focus on social work practitioners has brought the benefit of observing inter-team interactions and information sharing at all stages of the child protection process, the lack of access to the views of professionals from other agencies is a limitation to this research. This has meant that the anxieties and defences of inter-agency working were identified through the use of observation (at multi-agency meetings) or from the reports of social workers alone. Whilst these concurred with findings elsewhere in the academic literature (especially Woodhouse and Pengelly, 1991), the lack of opportunity to explore these with the practitioners themselves – or indeed to uncover further anxieties and defences, is a limitation to the study.

To address this, further research within a multi-agency team environment or within different single services is suggested. Action research to instigate and evaluate the use of co-constructed reflective supervision and/or psychodynamically informed interagency and inter-team learning would also represent an excellent opportunity to further develop the knowledge base.

There is also a limitation in regards to the study's methodology, which relies heavily on the researcher's interpretations, her ability to spot anxiety and defences and her understanding of the study's theoretical framework. As described in chapter 5, the researcher applied principles laid out in Hinshelwood and Skogstad's (2000) model of psychoanalytic observation of organizations, but did not have access to the usually integral mechanism of the research seminar. This reduced the opportunity for discussion, reflection and further training in this method which is likely to have had a limiting effect on the depth of analysis performed. The enhanced scrutiny provided by attendance at such a seminar would have complemented the steps (outlined in chapter 5) taken to promote a rigorous approach to the research.

It is also important to stress that the research very much represents a 'snap shot' in time, within a local authority research setting. Whilst this is often true of research, the rapid pace of change within this organization, and the welfare sector more broadly, makes the problem a particularly pertinent one. This was illustrated by the rapid change of staffing in the RST in the course of 2 months, discussed in chapter 7. Further team and service re-configurations were also expected. When considering the long term applicability of the research's findings, these issues must be borne in mind.

11.4 Concluding remarks

Throughout this thesis, it has been argued that the managerialist preferencing of the surface, structural aspects of practice to the exclusion of all others has resulted in a system that is out of balance, creating difficulties of communication and partial understandings. The research set out to re-dress this through a deeper investigation of the experiences of day-to-day information sharing practice. It is also true, however, that focusing at a deeper level should not be at the expense of meeting the practical, resourcing needs of social workers and their organizations. Improvements to information sharing are most likely to result from a more balanced approach, sensitive to the surface *and* the depth, the cognitive *and* the emotional, monitoring in a containing fashion. As is often suggested in discussions around the dichotomies that policy imposes on practice, it should not be a case of 'either/or', but of 'both/and'. Radical overhauls are not required but more subtle shifts to the middle ground are. It is a matter of changing nothing *much*, but through that, changing a great deal.

Appendix 1: Practitioner/Manager Information Sheet

Practitioner/Manager Information Sheet

Study Title: *Practitioners' experiences of inter-agency information sharing*

Researcher: Amanda Lees

Ethics number:1471

I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully. It is up to you to decide whether or not to take part. If you do decide to do so you will be given this information sheet to keep and be asked to sign a consent form. Please also remember that if you do agree to participate you will still have the right to withdraw from the study at any time without giving a reason.

What is the research about?

This research is being undertaken as part fulfilment of the qualification of PhD which I am currently undertaking at the University of Southampton. The study will investigate professionals' experiences of sharing information with practitioners from different agencies or professions for the provision of services to vulnerable children and adults. It will seek to build a picture of the methods used to share information, the associated challenges and benefits and the factors that affect the way in which personal client information is shared (or not) across agencies. Study data will be treated as strictly confidential, with all findings being reported anonymously with the use of pseudonyms.

I am particularly interested in how professionals' emotional and psychological reactions to their work and their service users may affect their willingness to share information outside their own agency. This is important because whilst working with vulnerable clients has been recognised to stimulate a complex set of emotions in practitioners who carry it out,

this has tended to be under-emphasised by policy makers who have focused on 'technical' solutions to enhance information sharing including computer systems, restructuring and the issuing of guidance and legislation. Research interviews will be conducted in a venue offering an appropriate environment for the discussion of confidential issues such as an office at your workplace, or if not convenient, an alternative venue can be agreed in advance.

As well as focusing on the concerns that practitioners have in relation to sharing information, the study also considers how these may be addressed and supported within the organisational context. Views of practitioners themselves and their line managers will be sought to give as rounded a view as possible of the questions under consideration.

Why have I been chosen?

You have been invited to participate because you are involved in the delivery of services to vulnerable children or adults and your role requires that you share information with other agencies in relation to these service users, or because you line manage practitioners who are involved in inter-agency information sharing as part of their role delivering services to vulnerable children or adults.

What will happen to me if I take part?

The study would involve participation in the following stages:

- **First Interview:** A one-to-one research interview with the researcher, during which you would be asked your views on a range of subjects relating to your practice, your experiences of collaboration with other agencies and information sharing. This would last in the region of 45 minutes and be conducted at your work place, if there is a suitable space, or other mutually convenient location. The interview will allow the researcher to build up a picture of how, when and where you carry out inter-agency information sharing and your experiences of these activities.
- **Observation of inter-agency information sharing practice:** The researcher will also conduct observations of inter-agency information sharing practice. This will be guided by participants' descriptions of how, when and where such activities are carried out and is likely to include the researcher observing activities in shared office space and

attending relevant meetings or case conferences. You will be asked separately if you are willing to take part in these observations of your day-to-day activities. If you agree, your consent will be taken at the end of the research interview. It is anticipated that the researcher will spend up to of ten days in total carrying out observations with a number of professionals, although this may be split into shorter slots over a longer period.

- **Follow-up interview:** If you consent to be observed, you may be asked to take part in a short follow-up interview afterwards which would enable the researcher to check her interpretations of observation data with you and to ask for more details if necessary. This would also be conducted at your workplace, or other mutually convenient location.

Are there any benefits in my taking part?

It is hoped that you would find involvement in the research to be an interesting and enjoyable experience giving you a chance to reflect on, and express, your views and experiences of inter-agency information sharing. Emerging findings will be shared with you and you will have opportunity to comment on them.

Are there any risks involved?

Time: Because interviews will be carried out during working hours, involvement in the research interview will involve spending an hour or so away from your work. You are, of course, free to leave whenever you need to.

Intrusion: The presence of the researcher may feel obtrusive during observations, although as much care as possible will be taken to minimise this.

Will my participation be confidential?

The research will follow the University of Southampton's Data Protection Policy (2008), the University of Southampton's Research Integrity and Academic Conduct Policy and the University of Southampton Research Ethics Policy.

- Only the researcher and her supervisors at the University of Southampton will have access to the study data which will remain strictly confidential.

- Any information that is in hard or paper copy will be stored in a lockable filing cabinet to which only the research team will have access.
- The interviews will be recorded and later transcribed for analysis purposes. Written notes will be taken of observations (either during observation, or as soon afterwards as possible) and these too will be typed up for analysis.
- Pseudonyms will be used in interview and observation transcripts to protect the names and locations of research participants.
- Computer files containing transcripts or other data will be password protected.
- The major findings and outcomes of the study may be used within academic papers, PhD thesis and presentations at conferences. You are assured that your name and address, or any other identifying factors, will not be used in any reporting from the study, If your views are highlighted a pseudonym will be used to protect your identity.

What happens if I change my mind?

You will be able to ask any further questions about the study; refuse to answer any particular question or set of questions; and withdraw from the study without reason at any time.

What happens if something goes wrong?

In the unlikely case of concern or complaint, you should contact in the first instance, my lead supervisor,xxx. If further assistance is needed, you may wish to contact xxx

Where can I get more information?

If you are interested in taking part in this research please contact me, Amanda Lees, by email or telephone (details shown below). Please also contact me if you have any questions, or would like further information about the study.

Amanda Lees

Postgraduate Research Student, University of Southampton, School of
Management, Highfield Campus, Southampton, SO17 1BJ

Email: xxx

Telephone: xxx

Alternatively you may contact one of my research supervisors:

Edgar Meyer: xxx

Jackie Rafferty: xxx

Gillian Broad: xxx

Thank you for taking the time to read this letter

Appendix 2: Consent form

CONSENT FORM

Ethics ID: 1471

Study title: *Practitioners' experiences of inter-agency information sharing*

Researcher name: Amanda Lees

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (30/5/12 /version no. 03 of practitioner/manager information sheet) and

I agree to be interviewed for this research project and agree for my data to be used for the purpose of this study

I agree for the interviews to be audio recorded

I agree to be observed as part of this research project and agree for my data to be used for the purpose of this study.

I understand my participation is voluntary and I may withdraw
at any time without my legal rights being affected

Data Protection

I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

Name of participant (print name).....

Signature of participant.....

Date.....

Appendix 3: Interview topic guide

INTERVIEW TOPIC GUIDE

Career/job role

- Would you mind starting off by telling me a bit about your career? How long have you been in your current job, what led up to this role, what kind of qualifications you have etc?
- And could you explain to me what your job role is and what it entails?
- And please could you tell me how you feel about your work here? What are the good things about it and the challenges? (favourite/least favourite?)

Interprofessional working

I would really like to build up a picture of the ways you work with practitioners from other agencies as part of your role, so that can be in 'formal' meetings or more informal interactions.

- So would you mind just talking me through all the different ways in which you work with other agencies – the forms of interagency working you are involved in?
- What are the benefits and challenges of inter-agency working?
- Of the ways you have just described to me, do you have a preferred/least favourite method of inter-agency working? Why is that?

Information sharing practice

- Apart from what you have told me above, what are the times when you need to make specific requests for information from other agencies?
- How does that work? Are there any particular issues?
- Are there occasions when you are requested to share information with other agencies? How does that work? Are there any particular issues?

Recording information

- What kinds of paperwork/computer records do you have to keep? How do you find them?
- What kinds of records/paperwork etc do you get from other agencies? Are there any issues with those?

Policy framework

Could you tell me what policies/protocols or guidance there are in place to guide your information sharing practice?

Support/containment

'one of the issues that I am really interested in, is the emotional effects of child protection work on those who carry it out'

- could you describe for me what you think are the emotions you experience most often in relation to your work and if possible describe the types of situation in which you experience them?' (could be frustration, satisfaction, worry etc)
- If you have any difficulties in your work, either related to whether or not to share information, or related to other aspects of your work, where would you look for support?
- What other kinds of support/development opportunities are there available for you?
- Do you use any other kinds of non-work related methods for support? (prompt on blogs, discussion groups if necessary).

Observation opportunity

Finally, I am interested in carrying out some observations of information sharing practice. Of the list you have provided me with, could you recommend how I could go about observing these activities? Would you be willing for me to 'shadow' some of the activities you carry out?

Appendix 4: Initial coding frame (based on two teams data)

Name	Sources	References	Created On	Modified On
Emotional impacts	0	0	25/01/2013 14:28	28/01/2013 19:42
All emotions	2	2	25/01/2013 14:28	31/01/2013 12:43
Anger	1	1	25/01/2013 14:36	25/01/2013 14:39
Anxiety	4	6	25/01/2013 14:28	01/02/2013 12:31
about getting work done properly	1	2	31/01/2013 15:26	01/02/2013 11:26
Emotional labour	1	3	28/01/2013 09:11	31/01/2013 12:54
Emotionally demanding job	4	6	31/01/2013 12:49	31/01/2013 15:21
Worse as can't talk about it	1	1	31/01/2013 15:21	31/01/2013 15:21
Fear of getting it wrong	1	1	28/01/2013 09:06	28/01/2013 09:06
Frustration	6	10	25/01/2013 14:40	01/02/2013 12:31
Impact of work on (home) life	3	4	29/01/2013 14:20	31/01/2013 15:23
Case that impacts you	2	2	31/01/2013 12:47	31/01/2013 13:59
Insomnia	2	2	25/01/2013 14:33	31/01/2013 15:26
Mixed emotions	1	2	29/01/2013 13:26	29/01/2013 13:37
Overwhelming	1	2	31/01/2013 13:56	31/01/2013 13:58
Re risks to children	1	2	25/01/2013 14:31	28/01/2013 09:05
Responsibility	2	2	30/01/2013 14:33	01/02/2013 12:31
Sadness	4	4	25/01/2013 14:32	01/02/2013 12:31
Satisfaction, joy	3	4	25/01/2013 14:41	01/02/2013 13:27
Tough, difficult tasks	1	1	28/01/2013 09:04	28/01/2013 09:04
What you hear about	2	2	25/01/2013 14:35	31/01/2013 14:02
IA working and information sharing	1	1	25/01/2013 14:23	29/01/2013 12:07
Agency specific comments	0	0	31/01/2013 13:18	31/01/2013 13:18
Agencies dealt with (summary, general)	1	1	31/01/2013 13:17	31/01/2013 13:17
Drug and alcohol	2	3	31/01/2013 14:22	01/02/2013 14:45
GP link specialist	1	1	28/01/2013 19:19	28/01/2013 19:19
GPs	6	13	29/01/2013	01/02/2013 14:47

			12:15	
Health Visitors	1	2	29/01/2013 14:13	29/01/2013 14:15
Mental health	2	2	29/01/2013 12:15	31/01/2013 14:23
Police	3	5	29/01/2013 12:15	31/01/2013 14:39
School nurses	1	1	31/01/2013 13:24	31/01/2013 13:24
Schools	3	5	31/01/2013 13:19	01/02/2013 14:48
Agency specific focus, policies and priorities	5	9	25/01/2013 14:40	01/02/2013 11:44
Allows a fuller picture of child's life	4	4	29/01/2013 12:11	01/02/2013 13:37
Bureaucratic structures and documentation	1	2	29/01/2013 15:07	29/01/2013 15:08
side effects	1	1	29/01/2013 15:09	29/01/2013 15:09
Dynamics between clients and agencies	5	10	29/01/2013 12:12	01/02/2013 14:48
Face to face	1	1	31/01/2013 13:15	31/01/2013 13:16
Formal structures, protocols, statutory, process	3	7	30/01/2013 14:07	01/02/2013 14:53
Information sharing, behaviours. methods	0	0	28/01/2013 19:35	29/01/2013 11:24
Agency checks	2	2	01/02/2013 11:54	01/02/2013 13:36
Context not conducive for processing info	1	1	31/01/2013 15:29	31/01/2013 15:35
Dependent on info from and working with other agencies	2	3	29/01/2013 14:54	01/02/2013 11:37
Email	1	1	31/01/2013 13:14	31/01/2013 13:14
Essential, Integral to role	3	4	28/01/2013 19:33	01/02/2013 13:34
Impacts of lack of sharing	2	3	29/01/2013 14:56	31/01/2013 14:23
Information skills	1	2	28/01/2013 19:40	28/01/2013 19:41
Lack of timeliness, delays	2	4	29/01/2013 14:58	31/01/2013 14:45
impact of delays	2	3	29/01/2013 15:03	31/01/2013 14:45
MA team good	1	1	31/01/2013 10:13	31/01/2013 10:14
Need robust, evidenced info for risk assessment	2	5	31/01/2013 14:54	01/02/2013 14:47
Need to convey info clearly	1	2	31/01/2013 14:58	31/01/2013 15:18
Not willing to share in front of parents	1	1	30/01/2013 14:09	30/01/2013 14:10
Parental permissions	2	3	28/01/2013 19:35	01/02/2013 13:26
Referrals	1	1	28/01/2013 19:44	31/01/2013 14:40

Appropriate referrals	1	1	29/01/2013 13:59	29/01/2013 13:59
Impact of poor referrals	3	3	28/01/2013 19:45	01/02/2013 13:35
Incomplete, not good enough, inappropriate	3	5	28/01/2013 19:44	01/02/2013 13:35
Not seeing the point of the form, lack of understanding	1	1	28/01/2013 19:47	28/01/2013 19:48
Referral methods	1	2	28/01/2013 19:39	28/01/2013 19:42
Right information at right time	3	5	28/01/2013 19:37	01/02/2013 14:46
Interagency relationships	0	0	28/01/2013 19:20	29/01/2013 11:24
(Lack) Understanding of roles of others	5	12	28/01/2013 19:27	01/02/2013 14:49
Availability	1	1	01/02/2013 11:41	01/02/2013 11:42
Boundary disputes	3	4	28/01/2013 19:39	01/02/2013 14:49
Generally Good	2	3	01/02/2013 11:54	01/02/2013 13:10
High expectations, arrogance of CP team	1	3	28/01/2013 19:21	29/01/2013 11:01
Interrupted by turnover	1	1	01/02/2013 11:42	01/02/2013 11:42
Not following protocol	1	1	28/01/2013 19:26	28/01/2013 19:26
Passing Responsibility versus sharing responsibility	6	9	28/01/2013 19:43	01/02/2013 14:45
Personal reactions and lack of reflection	1	1	30/01/2013 14:14	30/01/2013 14:15
Personally built, depends on individual	3	4	28/01/2013 19:23	01/02/2013 11:45
Unnecessary escalation	3	4	31/01/2013 10:07	31/01/2013 10:08
Is information true from clients	1	1	01/02/2013 14:56	01/02/2013 14:56
Joint visits	1	1	29/01/2013 12:00	29/01/2013 12:00
MA meetings, forums	0	0	28/01/2013 19:16	28/01/2013 19:16
ARC	1	2	29/01/2013 15:59	29/01/2013 15:59
CAF	0	0	28/01/2013 19:15	28/01/2013 19:15
Core Groups	4	6	01/02/2013 13:13	01/02/2013 14:45
CP conference	3	5	29/01/2013 15:58	01/02/2013 13:13
Family group conference	1	1	01/02/2013 13:15	01/02/2013 13:15
MAPA	0	0	28/01/2013 19:15	28/01/2013 19:15
MARAC	0	0	28/01/2013 19:15	28/01/2013 19:15

Planning meetings	2	2	29/01/2013 11:43	29/01/2013 15:56
Shadowing	2	3	28/01/2013 19:12	31/01/2013 12:17
Strategic planning	1	1	28/01/2013 19:14	28/01/2013 19:14
Telephone	2	2	29/01/2013 11:44	31/01/2013 13:12
Triage	1	1	28/01/2013 19:15	28/01/2013 19:15
Trust	2	2	30/01/2013 14:18	01/02/2013 14:49
Interrelationship between the teams	2	6	24/01/2013 10:10	31/01/2013 10:14
Filter	1	1	29/01/2013 11:23	29/01/2013 11:19
IAT to PACT	1	1	29/01/2013 11:23	29/01/2013 11:00
Protective mechanisms and defences	0	0	28/01/2013 09:15	29/01/2013 11:24
Accepting mistakes and human factor	2	2	28/01/2013 09:35	29/01/2013 13:27
Don't allow yourself to feel	2	3	31/01/2013 12:43	01/02/2013 14:57
Eastenders comments	1	1	01/02/2013 14:54	01/02/2013 14:54
Humour	2	2	28/01/2013 09:40	01/02/2013 14:54
In the best interests of the child	3	4	28/01/2013 09:06	01/02/2013 13:26
Scepticism, cynicism	1	1	01/02/2013 14:55	01/02/2013 14:55
Social work role	0	0	29/01/2013 11:15	29/01/2013 11:24
Context	0	0	29/01/2013 11:25	29/01/2013 11:25
Cases more complex over time	2	2	29/01/2013 11:13	31/01/2013 14:17
Impact of cuts	4	9	25/01/2013 14:41	31/01/2013 13:08
specifically on IA	1	1	30/01/2013 14:17	30/01/2013 14:17
Impact of workload and busy-ness	4	7	28/01/2013 19:25	01/02/2013 11:31
Pay cuts and job losses org specific	2	2	30/01/2013 14:24	01/02/2013 13:33
Restructuring and turnover	2	4	31/01/2013 13:09	01/02/2013 12:25
Impacts	2	4	31/01/2013 14:20	01/02/2013 12:24
Description of role	10	13	29/01/2013 11:14	01/02/2013 12:59
Enjoyable elements	6	8	29/01/2013 14:52	01/02/2013 12:46
Is a vocational job, a way of life	4	4	28/01/2013 09:34	31/01/2013 15:25
Misunderstood, little known	1	1	29/01/2013 13:50	29/01/2013 13:50

Nature of cases, clients	4	4	29/01/2013 11:11	31/01/2013 14:01
Relationship work with families and colleagues	2	2	29/01/2013 11:28	29/01/2013 13:41
Social worker qualities	1	1	29/01/2013 13:39	29/01/2013 13:40
Training, preparation for role	1	1	31/01/2013 12:10	31/01/2013 12:11
Uncertainty and lack of clarity	1	1	30/01/2013 14:44	30/01/2013 14:45
Work organization and management	2	2	29/01/2013 12:28	01/02/2013 11:35
Agency workers	3	3	31/01/2013 14:03	01/02/2013 13:27
Balance of time	4	5	29/01/2013 13:24	01/02/2013 12:02
Can't do as much as we'd like for families	1	1	29/01/2013 13:46	29/01/2013 13:46
Classification of cases	2	3	29/01/2013 11:42	01/02/2013 13:31
Competing deadlines and tasks	4	8	29/01/2013 13:48	01/02/2013 11:19
side effect of risk	1	1	01/02/2013 11:20	01/02/2013 11:21
Decision making and judgement	2	4	29/01/2013 16:07	01/02/2013 14:52
defensive counter checking etc	3	3	30/01/2013 14:24	01/02/2013 14:52
Results in delays	1	1	01/02/2013 11:23	01/02/2013 11:23
Details of Timescales	1	1	31/01/2013 10:01	31/01/2013 10:01
Good team atmosphere	2	2	31/01/2013 13:09	01/02/2013 12:46
Hierarchy, management structure	5	11	30/01/2013 14:20	01/02/2013 11:35
role overlap, micro management is defensive	2	3	30/01/2013 14:40	31/01/2013 10:15
Hot desking	2	3	30/01/2013 14:20	31/01/2013 10:26
Performance management, frameworks etc	3	9	29/01/2013 11:28	01/02/2013 12:06
Don't measure the right thing	2	4	29/01/2013 13:44	31/01/2013 10:27
Gets in way of support, demoralising	3	5	29/01/2013 13:46	01/02/2013 11:18
Helpful, necessary	2	4	31/01/2013 10:21	01/02/2013 13:22
Real measure is client satisfaction	1	1	31/01/2013 12:14	31/01/2013 12:14
Recording and admin	7	16	29/01/2013 12:27	01/02/2013 14:51
Necessary	1	1	01/02/2013 13:22	01/02/2013 13:22
OK if organized	1	1	01/02/2013 12:02	01/02/2013 12:02
Related anxiety	2	2	01/02/2013	01/02/2013 12:02

			11:26	
Until documented does not exist	1	1	31/01/2013 15:38	31/01/2013 15:38
Repetition, duplication	3	4	29/01/2013 12:30	01/02/2013 11:25
Team size	2	2	30/01/2013 14:20	31/01/2013 09:57
Time pressure heavy workload	3	5	29/01/2013 13:42	31/01/2013 10:05
Support	1	1	28/01/2013 09:42	01/02/2013 12:24
Care for others in team	4	6	28/01/2013 09:42	01/02/2013 14:57
Different definitions of what support is	2	3	29/01/2013 15:52	29/01/2013 15:54
Do not share emotions with seniors	2	2	29/01/2013 13:33	29/01/2013 14:18
Get good support	3	5	01/02/2013 12:34	01/02/2013 13:33
Good management, leadership	2	3	01/02/2013 12:47	01/02/2013 13:32
Impact on the one listening	1	1	29/01/2013 13:32	29/01/2013 13:32
Limiting factors	2	3	31/01/2013 10:27	31/01/2013 10:28
Need more, does not go far enough	3	8	29/01/2013 13:30	01/02/2013 11:30
Need space to feel	1	2	01/02/2013 14:57	01/02/2013 14:58
Not so good at mundane, day to day	1	1	28/01/2013 09:45	28/01/2013 09:46
Own personal reasons and issues	1	1	29/01/2013 13:36	29/01/2013 13:36
Peer support	2	2	29/01/2013 14:17	29/01/2013 15:54
Personal stuff important too	1	1	28/01/2013 09:45	28/01/2013 09:45
Self care	3	3	29/01/2013 14:19	31/01/2013 14:01
Managing emotions	1	1	25/01/2013 14:32	28/01/2013 19:42
Comes with experience	2	2	28/01/2013 09:09	30/01/2013 14:35
Supervision	2	2	29/01/2013 14:18	01/02/2013 12:46
Supervision case focused	2	3	29/01/2013 13:32	01/02/2013 11:29
Supervision emotion focused	5	10	29/01/2013 13:33	01/02/2013 14:58

Appendix 5: Latest coding frame (based on three teams)

Name	Sources	References	Created On	Modified On
0. Environmental level	0	0	11/03/2013 09:32	11/03/2013 09:32
High levels of need	6	7	11/03/2013 12:25	14/03/2013 09:47
Resources	4	5	11/03/2013 09:32	13/03/2013 10:03
1. Agency level information behaviours, anxieties and defences	0	0	08/03/2013 14:02	08/03/2013 14:54
CP Social work role (professional anxiety)	4	5	29/01/2013 11:15	13/09/2013 10:09
Debate, collaborative decision making	3	3	11/03/2013 10:16	12/03/2013 10:40
Description of role	32	74	29/01/2013 11:14	15/03/2013 09:53
Emotionally demanding, tough job, need emotions	21	47	15/02/2013 12:42	14/03/2013 13:10
Honesty, openness, challenge	7	10	08/02/2013 11:37	13/09/2013 10:29
Information Needs and drivers	0	0	04/02/2013 10:06	09/03/2013 07:38
Clarity of processing and communication	15	31	20/02/2013 11:26	13/09/2013 10:29
Clear picture of child's life and the facts surrounding it	21	54	13/02/2013 14:57	13/09/2013 10:29
Role clarity	21	78	20/02/2013 11:26	13/09/2013 10:29
Is a vocational job, a way of life	5	6	28/01/2013 09:34	14/03/2013 11:09
social work misunderstood, little known	8	11	29/01/2013 13:50	13/09/2013 10:09
Social worker qualities	3	6	29/01/2013 13:39	13/09/2013 10:09
'The baddy'	5	5	20/02/2013 13:55	13/09/2013 10:09
Training, preparation for role	4	6	31/01/2013 12:10	14/03/2013 11:04
Trust in social workers	2	2	05/02/2013 16:44	09/03/2013 07:37
Organization, documentation, (performance anxiety)	0	0	08/03/2013 13:32	08/03/2013 14:15
Computer systems	0	0	08/03/2013 13:30	08/03/2013 14:44
Case	12	23	06/03/2013 11:25	14/03/2013 13:14
shared (lack of) databases, central	8	15	13/02/2013 14:57	13/09/2013 10:09

points				
Context not conducive for processing info	1	1	31/01/2013 15:29	13/09/2013 10:29
Lack of clarity, inexact science	13	22	13/02/2013 15:03	13/09/2013 10:29
Local context	16	33	08/03/2013 10:03	20/03/2013 09:56
Management, team and decision making structures & interactions	29	113	29/01/2013 12:28	13/09/2013 10:29
Office layout and arrangements comments	10	14	09/03/2013 07:55	13/09/2013 10:29
Performance management and timescales	16	50	06/03/2013 11:21	13/09/2013 10:29
Record keeping and admin	23	72	13/02/2013 13:51	13/09/2013 10:29
Resource, staffing issues internal (rationing anxiety)	21	62	13/02/2013 12:01	13/09/2013 10:09
Statutory classification of cases, thresholds and processes	23	82	30/01/2013 14:07	13/09/2013 10:09
Workload, busy-ness, competing demands	22	81	28/01/2013 19:25	13/09/2013 10:29
Possible defences	0	0	08/03/2013 14:36	08/03/2013 14:42
covering yourself	6	6	07/03/2013 11:19	14/03/2013 10:15
Defending boundaries around role, application of thresholds	2	2	09/03/2013 08:12	13/03/2013 10:41
Humour	11	12	28/01/2013 09:40	13/09/2013 10:29
In the best interests of the child, focus on what can do to help	9	11	28/01/2013 09:06	14/03/2013 12:04
Making time, space	0	0	20/02/2013 14:28	13/09/2013 10:09
Process speak and clarification behaviours	1	1	18/02/2013 11:55	13/09/2013 10:29
Removal or changing responsibilities	7	10	06/03/2013 10:27	14/03/2013 11:31
Restructuring - instead of solving real problems	2	2	14/03/2013 11:32	15/03/2013 10:26
talking over cases, counter checking, micro management, upward dor	11	22	13/02/2013 14:57	13/09/2013 10:09
Ways round repetition	4	5	08/03/2013 10:15	08/03/2013 14:20
We don't make decisions on our own	4	5	11/03/2013 13:55	14/03/2013 09:57
2. Inter-agency information behaviours, anxieties and defences (partnership anxiety)	0	0	14/02/2013 15:16	08/03/2013 14:54
Agencies worked with	2	2	08/03/2013 13:19	14/03/2013 10:00
Adult focused services	1	1	08/03/2013	11/03/2013 13:21

			13:07	
Domestic violence	2	2	05/02/2013 16:18	07/03/2013 14:01
Drug and alcohol	3	5	31/01/2013 14:22	04/03/2013 11:35
Mental health	7	12	29/01/2013 12:15	13/09/2013 10:29
CAFCASS	1	1	06/02/2013 13:55	06/02/2013 13:55
Education	0	0	08/03/2013 13:10	08/03/2013 13:18
School nurses	2	3	31/01/2013 13:24	12/03/2013 11:34
Schools	12	21	31/01/2013 13:19	14/03/2013 12:01
Health	1	1	08/03/2013 13:12	12/03/2013 14:31
GP link specialist, referral fax	7	8	28/01/2013 19:19	14/02/2013 12:05
GPs	19	40	29/01/2013 12:15	13/09/2013 10:09
Health Visitors	7	12	29/01/2013 14:13	06/03/2013 09:40
Midwives	1	1	04/03/2013 10:30	04/03/2013 10:30
Law enforcement	0	0	08/03/2013 13:08	08/03/2013 13:18
Police	12	18	29/01/2013 12:15	12/03/2013 14:30
Probation	4	4	04/02/2013 11:31	13/09/2013 10:09
Legal	2	2	04/03/2013 14:10	08/03/2013 13:18
Other services	2	2	31/01/2013 13:18	13/09/2013 10:29
Finance	1	1	20/02/2013 14:43	13/09/2013 10:09
Immigration	1	1	04/02/2013 12:26	04/02/2013 12:26
Interpreters	0	0	20/02/2013 12:43	13/09/2013 10:09
Voluntary	1	1	06/02/2013 10:23	08/03/2013 13:20
Benefits of MA working and info sharing	10	13	07/03/2013 05:19	12/03/2013 10:42
Challenges of MA working	1	1	08/03/2013 13:51	12/03/2013 14:51
(Lack) Understanding CP and agency roles, drivers	24	68	28/01/2013 19:27	13/09/2013 10:09
Agency specific focus, policies and priorities	17	36	25/01/2013 14:40	13/09/2013 10:29
Bureaucratic hurdles	5	6	06/03/2013 11:35	13/09/2013 10:09
Conflict	1	2	05/02/2013 16:45	13/09/2013 10:29
Data protection and confidentiality	15	31	04/02/2013 11:16	13/09/2013 10:09
Inconsistencies within,	12	25	05/02/2013	13/03/2013 14:23

between agencies			15:30	
Information issues	0	0	25/02/2013 12:38	08/03/2013 11:33
Diverse range of referrers	8	11	07/02/2013 14:28	14/03/2013 10:50
Format diversity and difficulties	7	8	07/03/2013 04:19	12/03/2013 14:57
Incomplete or problematic information	14	44	14/02/2013 12:32	14/03/2013 13:23
Interrupted by turnover	2	2	01/02/2013 11:42	12/03/2013 10:52
Lack of resource, staffing issues inter-agency	1	1	08/03/2013 14:10	14/03/2013 12:03
Lack of timeliness, delays	13	26	29/01/2013 14:58	11/03/2013 10:14
Unnecessary escalation, complaints	4	6	31/01/2013 10:07	12/03/2013 10:41
Workload, busyness competing demands inter-agency level	3	3	08/03/2013 14:12	14/03/2013 12:02
MA training	9	17	05/03/2013 11:43	14/03/2013 10:54
Methods	0	0	13/02/2013 14:57	08/03/2013 13:53
Agency checks	6	9	13/02/2013 14:57	13/09/2013 10:09
Assessments	3	4	13/02/2013 14:57	13/03/2013 14:21
Chronologies	2	3	05/03/2013 10:13	08/03/2013 13:25
Court	5	6	13/02/2013 14:57	14/03/2013 12:00
Email	4	5	13/02/2013 14:57	08/03/2013 13:25
Face to face	3	3	13/02/2013 14:57	08/03/2013 13:25
Fax or in writing	4	4	13/02/2013 14:57	08/03/2013 13:25
Joint visits	3	4	13/02/2013 14:57	13/03/2013 14:00
Liasing with other soc services departments	2	2	13/02/2013 14:57	08/03/2013 13:25
MA meetings, forums	1	1	13/02/2013 14:57	13/03/2013 14:00
ARC	1	2	13/02/2013 14:57	29/01/2013 15:59
CAF	0	0	13/02/2013 14:57	28/01/2013 19:15
Core Groups	9	10	13/02/2013 14:57	11/03/2013 09:39
CP conference	5	7	13/02/2013 14:57	08/02/2013 11:35
Family group conference	1	1	13/02/2013 14:57	01/02/2013 13:15
Looked after child reviews	1	1	13/03/2013 14:03	13/03/2013 14:03
MAPA	2	2	13/02/2013	06/03/2013 10:33

			14:57	
MARAC	3	3	13/02/2013 14:57	06/03/2013 10:33
Planning meetings	5	6	13/02/2013 14:57	13/03/2013 14:03
PEPs	1	1	13/03/2013 14:11	13/03/2013 14:11
Referrals To other agencies	2	2	13/02/2013 14:57	08/03/2013 13:25
Telephone	9	12	13/02/2013 14:57	13/09/2013 10:09
Triage	3	3	13/02/2013 14:57	07/03/2013 04:18
Possible Defences	0	0	08/03/2013 14:38	08/03/2013 14:48
Boundary disputes v. sharing responsibility	9	18	28/01/2013 19:39	13/09/2013 10:29
Stick to rigid task, don't see wider	4	6	11/02/2013 13:55	13/09/2013 10:09
3. Client agency level dynamics, nature of clients and cases	23	65	29/01/2013 12:12	13/09/2013 10:29
4. Individual, emotional impacts	1	1	25/01/2013 14:28	13/09/2013 10:29
Cases with particular personal impact	2	2	07/03/2013 21:49	08/03/2013 10:28
Effects of observations	2	3	06/03/2013 10:03	08/03/2013 13:49
Effects of personal values, experiences, issues, qualities	18	43	29/01/2013 13:36	14/03/2013 13:19
Emotions experienced	0	0	08/03/2013 14:30	08/03/2013 14:30
Affection for child	4	4	04/02/2013 12:32	11/03/2013 13:45
All emotions	4	6	25/01/2013 14:28	12/03/2013 11:16
Anger	4	5	25/01/2013 14:36	13/09/2013 10:29
Anxiety, stress, worries	17	36	25/01/2013 14:28	13/09/2013 10:09
Fear, Intimidated, Scary	5	10	11/02/2013 13:59	13/09/2013 10:09
Feel bad about own ability, demoralised	7	10	06/02/2013 10:31	13/03/2013 10:18
Frustration	17	51	25/01/2013 14:40	12/03/2013 14:38
Mixed emotions	1	3	29/01/2013 13:26	13/02/2013 13:04
Overwhelming	6	8	31/01/2013 13:56	13/09/2013 10:09
Sadness, upsetting	15	18	25/01/2013 14:32	13/09/2013 10:09
Satisfaction, joy, enjoyment	20	40	25/01/2013 14:41	13/09/2013 10:10
Tiredness	4	5	07/02/2013 19:47	13/09/2013 10:09
uncertainty about future	1	1	07/03/2013	07/03/2013 05:01

			05:01	
What you hear about	8	8	25/01/2013 14:35	11/03/2013 13:59
Impact of work on (home) life	9	14	29/01/2013 14:20	13/03/2013 11:31
Possible defences, protectors	0	0	08/03/2013 14:26	12/03/2013 15:14
Avoidance	3	4	06/02/2013 10:31	13/09/2013 10:29
Boundary between work and home, can switch off	6	7	11/02/2013 12:44	13/03/2013 11:42
Don't allow yourself to feel, get sucked in, or lack emotions	12	19	31/01/2013 12:43	14/03/2013 10:37
5. Support and protective factors	3	3	28/01/2013 09:42	13/09/2013 10:29
At home	10	11	04/02/2013 11:38	14/03/2013 11:30
Boundary around role	7	17	15/02/2013 13:41	09/03/2013 08:12
Business, admin support, ssa	8	20	06/02/2013 12:13	13/09/2013 10:09
Capacity to be emotional, emotions allowed, are catching	7	11	06/02/2013 14:10	13/09/2013 10:09
Different angles of support	28	127	05/03/2013 10:38	13/09/2013 10:29
Different definitions of what support is	2	3	29/01/2013 15:52	29/01/2013 15:54
Feels safe	1	1	07/03/2013 05:00	07/03/2013 05:00
Good management, leadership	2	3	01/02/2013 12:47	13/09/2013 10:09
Interagency colleagues or outside pros	6	8	05/02/2013 16:43	14/03/2013 10:31
Limiting factors	7	14	31/01/2013 10:27	13/03/2013 11:46
Need more, need space	6	13	29/01/2013 13:30	13/09/2013 10:29
Peer support	11	15	29/01/2013 14:17	13/09/2013 10:09
Pods	7	11	05/02/2013 15:20	14/03/2013 10:39
Reflective practice	6	11	07/03/2013 05:27	14/03/2013 11:07
Self care, awareness	14	23	29/01/2013 14:19	14/03/2013 10:08
Comes with experience	3	3	05/02/2013 13:31	11/03/2013 14:35
Supervision	23	40	29/01/2013 14:18	14/03/2013 10:07
Support from seniors, managers and helpline	20	45	29/01/2013 13:33	13/09/2013 10:09
Supportive, good team, colleagues, care for others	15	27	28/01/2013 09:42	13/09/2013 10:09
Talking	1	1	14/03/2013 10:39	14/03/2013 10:39
Team meetings	2	2	05/02/2013	13/09/2013 10:09

			15:19	
Training possibilities	6	10	05/02/2013 11:40	13/09/2013 10:09
Unsure about impact, response of the hearer	3	4	29/01/2013 13:32	11/03/2013 14:29

Appendix 6: Contact Referral Form

CHILDREN FIRST REFERRAL FORM **For Professionals June 2010**

Your Name, Address, Tel No & Email address:

Date and time of phone call to Children First (if this is a written referral to follow up a phone referral):

FAMILY DETAILS:

Name/s of children & DOB or age:

Ethnicity / Language/ Religion:

White British

Parents/Carers Names & DOB or age:

Home Address:

Contact Numbers for the family:

Are the Parents/Carers aware you are contacting us? Yes
If not why not?

(‘Working Together’ 5.35 guidance states that parents should not be informed before other agencies are contacted if it will increase the risk of significant harm to a child, or may jeopardise a police investigation – otherwise families should be aware of referrals to Children’s Social Care, but please let us know if you as referrer or others could be at risk)

If not yet then when will they be advised?

What other agencies are involved or have been contacted?

(Please name if possible: School, GP, Health Visitor, any other)

NATURE OF CONCERN

(Please use the following as guidance to provide all the appropriate information)

SPECIFIC INCIDENT

Date / Time and Location of incident or injury:

How do you know this information?

Significant harm /possible or actual deliberate harm:

R:\CAT\Children First\Referral Forms\Referral Form for professionals June 2010.doc

1

CHILDREN FIRST REFERRAL FORM
For Professionals June 2010

Context of incident? / Are there injuries now? / What are the injuries? / Where are the injuries? / Are the injuries consistent with the explanation? / When were the injuries observed?

ONGOING CONCERNS Please be specific – neglect / emotional abuse / behaviour or control issues / risk taking behaviour / self harm.

How long have you had concerns?

Why are you referring now?

What do you mean by out of control / difficult behaviour / risk taking behaviour / self harm? / Please be Specific.

Please outline actions taken so far and agencies involved eg Sure Start, Saucerpans etc (especially if you are referring a chronic or longstanding concern) :

**Has a 'CAF' - Common Assessment been completed? Yes / No
Not known by caller**

**If so please explain including multi-agency plan and lead professional role.
If the CAF is recent it can replace the content of this form, please send to us.**

You should also consider the following when making your referral - these are the three domains from the Framework for Assessment of Children in Need and their Families (DoH 2000) and the Common Assessment Framework.

CHILD'S DEVELOPMENTAL NEEDS

Health, Education, Emotional & Behavioural Development, Identity, Family & Social relationships, Social Presentation, Selfcare Skills

FAMILY & ENVIRONMENTAL FACTORS

Family History & Functioning, Wider Family, Housing, Employment, Income, Family's Social Integration, Community Resources

CHILDREN FIRST REFERRAL FORM
For Professionals June 2010

PARENTING CAPACITY

Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance & Boundaries, Stability

What service are you requesting / expecting from the social work teams?

Appendix 7: Section 47 Assessment

IAT

Section 47 Enquiries	0
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Child Details	
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Name	DoB/Gender
Address	
Contact No.	ID
Resp. L.A.	Local Authority

Investigation Detail

Strategy Discussion	
Date Started	at
Reason for S47 enquiry	
Child Seen on	at
Seen Alone?	<input type="checkbox"/>
Seen With	
Reason Not Seen	

Statutory Checks	
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CP Enquiry Link	Enquiry Date	at
Records Checked		
Notes		

Agencies/Persons Involved							
----------------------------------	--	--	--	--	--	--	--

Type	Name	Date	Address1	Address2	Town	County	Postcode

Family Contacted						
-------------------------	--	--	--	--	--	--

Name	Relationship	Date	CP Status	Seen Alone	Location	Detail

Placements			
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Started	Placement	Legal Status	Ended

Alleged Perpetrators			
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Name	Type	Status	Date Identified

Achieving Best Evidence Interviews						
-------------------------------------------	--	--	--	--	--	--

Planned	Type	Date	Social Worker	Police Officer	Appropriate Adult	Reason Not Done

Section 47 Enquiries ()

Medical Examination

Accompanied By _____

Role _____ Address _____

Town _____

County _____

Telephone _____ Postcode _____

If not accompanied by parents give details of efforts made to contact them.

Examination Date _____ at _____ Location _____

Consultant/FMO _____

Summary of Examination

Consent Given? Reason for no Consent _____

Risk Assessment

Details of allegation or concern

Family environment and relationships

Childs perception of risk, allegations and circumstances

Familys view/ attitude to allegation

Summary Of Section 47 Enquiries

Notes

Findings

Action/Decision	Team/Agency Responsible	Date for completion	Date Completed	Findings
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Future Actions

Action/Decision	Team/Agency Responsible	Date for completion	Date Completed	Findings
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Section 47 Enquiries ()

Outcome And Authorisation

Alleged Abuse

Status

Decision

Involved SW Date Authorised

Notify SW

Team Manager Date Authorised

Notify Manager Team Responsible

Reason

Proposed GC Date

Associated People

Contact Name

Relationship

Association

DoB / Age / Sex

Ethnicity

Client / Person Status

Client / Person ID

Parental Responsibility?

PR Reason

Association From

To

Address

Primary Contact

Mobile 1

Contact Name

Relationship

Association

DoB / Age / Sex

Ethnicity

Client / Person Status

Client / Person ID

Parental Responsibility?

PR Reason

Association From

To

Address

Primary Contact

Mobile 1

Contact Name

Relationship

Association

DoB / Age / Sex

Ethnicity

Client / Person Status

Client / Person ID

Parental Responsibility?

PR Reason

Association From

To

Address

Primary Contact

Mobile 1

Section 47 Enquiries	()
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Legal And Immigration Status

Status	From	To	Notes/Impact
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Document Details

Description	Original File
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Key Dates

Initial Assessment	Date Commenced	Date Completed
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Core Assessment	Date Commenced	Date Completed
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Childs / Young Persons Developmental Needs

Health

Child's needs

Parenting capacity

Education

Child's needs

Parenting capacity

Emotional and Behavioural Development

Child's needs

Parenting capacity

Identity

Child's needs

Parenting capacity

Family and Social Relationships

Child's needs

Parenting capacity

Social Presentation

Child's needs

Parenting capacity

Self Care Skills

Child's needs

Parenting capacity

Section 47 Enquiries ()

Parental Issues

Parental Issue	Affects parenting capacity?	Related Person	Agency Involved	Notes
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Family And Environmental Factors Which Impact On The Child And Family
Family history and functioning

Wider family

Housing

Employment

Income

Family's social integration

Community resources

Plan

Category of Need
Description of Need
What needs to change or be maintained
What are we trying to achieve and by when
What will be done
Who will do it
When and how often
When did it start/When is it planned to start

Category of Need
Description of Need
What needs to change or be maintained
What are we trying to achieve and by when
What will be done
Who will do it
When and how often
When did it start/When is it planned to start

Category of Need
Description of Need
What needs to change or be maintained
What are we trying to achieve and by when
What will be done
Who will do it
When and how often
When did it start/When is it planned to start

Involved Staff

Staff
Profession
Allocation Type
Allocation Date
End Date
Allocation Status
Team Details
Address
Telephone
Email
Referral IC

Section 47 Enquiries

0

Date Of Ref.
Referral Reason
Staff
Profession
Allocation Type
Allocation Date
End Date
Allocation Status
Team Details
Address
Telephone
Email
Referral ID
Date Of Ref.
Referral Reason
Staff
Profession
Allocation Type
Allocation Date
End Date
Allocation Status
Team Details
Address
Telephone
Email
Referral ID
Date Of Ref.
Referral Reason

Appendix 8: Initial Assessment

IAT

Initial Assessment(Ics)		
Person Details		
Name		DoB/Gender
Address		
Contact No.		ID
Resp. L.A.		Local Authority
Header Details - Completion Period Expired		
Type		Std Completion Period
Date Started		End Date
Time Started		
Reason for Assess.		Outcome
Location		Planned Comp Date.
Team		Reason for Change/Delay
Carried Out By		Link Info
Recorded By		Assessment ID
Next Review Date		Referral ID
Goal of Time of Ass.		
Child Seen?	<input type="checkbox"/>	Seen Alone? <input type="checkbox"/>
Reason Not Seen		
Other People Involved In Activity		
Who	Type of Involvement	Date
Child Seen Alone? Historical Recording Only		
Was the child seen alone? READ ONLY FROM NOV 2010		
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Initial Assessment(Ics)	0
Reason For Assessment	
Reason	
Childs / Young Persons Developmental Needs	
Health	
Child's needs	
Parenting capacity	
Education	
Child's needs	
Parenting capacity	
Emotional and Behavioural Development	
Child's needs	
Parenting capacity	
Identity	
Child's needs	
Parenting capacity	
Family and Social Relationships	
Child's needs	
Parenting capacity	
Social Presentation	
Child's needs	

Initial Assessment(ies) 0

Parenting capacity

Self Care Skills

Child's needs

Parenting capacity

Attributes Of Parents / Carers

Attributes or parents/carers capacities which affect their ability to respond appropriately to the child/young person's needs.

Should a referral be made to Adult Services? (If yes please specify details in the Initial Plan) F

Family And Environmental Factors Which Impact On The Child And Family

Family history and functioning

Wider family

Housing

Employment

Income

Family's social integration

Community resources

Analysis Of Information Gathered

Analysis

Initial Assessment(Ics)		0
Decisions		
Is the child/young person a child in need as defined in the Children Act 1989 ? <input type="checkbox"/>		
If yes, please tick which child in need category(ies) is/are appropriate:		
A child whose vulnerability is such they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services <input type="checkbox"/>		
Child whose health or development will be significantly impaired without the provision of services <input type="checkbox"/>		
Disabled child <input type="checkbox"/>		
If the child's name is not on the disability register, have the parents consented to it being placed there? <input type="checkbox"/>		

Impairment Details		
Type	Category	Notes/Impact
	From	To

Reason Services Are Not To Be Provided
If developmental needs are identified in a child/young person and services are not to be provided or are not available, please explain why.

Child / Young Person And Parent / Carer Comments
Child's / Young person's comments
Parents' / Carers' comments

Initial Assessment(Ics)

Discussions And Reports

Child/young person - report discussed with them?	<input type="checkbox"/>	When will this be done?
Parents/main carers - reports discussed with them?	<input type="checkbox"/>	When will this be done?
Parents/main carers refused discussion?	<input type="checkbox"/>	
Child/young person given copy of report?	<input type="checkbox"/>	When will this be done?
Parents/main carers given copy of report?	<input type="checkbox"/>	When will this be done?

Plan

Category of Need	
Description of Need	
What needs to change or be maintained	
What are we trying to achieve and by when	
What will be done	
Who will do it	
When and how often	
When did it start/When is it planned to start	
Category of Need	
Description of Need	
What needs to change or be maintained	
What are we trying to achieve and by when	
What will be done	
Who will do it	
When and how often	
When did it start/When is it planned to start	
Category of Need	
Description of Need	
What needs to change or be maintained	
What are we trying to achieve and by when	
What will be done	
Who will do it	
When and how often	
When did it start/When is it planned to start	

Actions

Type	Date	Time	Comment

Initial Assessment(lcs)		()
Authorisation Details		
Carried Out By		Date
Manager		Date
Notify Authoriser?	<input type="checkbox"/>	Reason Overridden
Next Review Date		Outcome
Notes		

Appendix 9: Core Assessment

IAT

Core Assessment 3-4 Years		()
Person Details		
Name	DoB/Gender	
Address		
Contact No.	ID	
Reep. L.A.	Local Authority	
Header Details - Completion Period Expired		
Type	Std. Completion Period	
Date Started	End Date	
Time Started		
Reason for Assess.	Outcome	
Location	Planned Comp Date.	
Team	Reason for Change/Delay	
Carried Out By	Link Info	
Recorded By	Assessment ID	Referral ID
Next Review Date		
Goal at Time of Ass.		
Child Seen? <input type="checkbox"/>	Seen Alone? <input type="checkbox"/>	Reason Not Seen
Other People Involved In Activity		
Who	Type of Involvement	Role
		Date
Data Team ONLY		
CA Start Date Checked	<input type="checkbox"/>	
Reason For Assessment		
Reason		
Questionnaire, Scales Or Other Instruments Used In Assessment		
Details		
Document Details		
Description	Original File	
Communication Needs		
D2 Where a child/parent has a disability or where they have specific communication needs (e.g., impairment affecting communication or English is not the first language), what actions have been taken to address this i.e. use of an interpreter or a signer, or an advocate to ascertain the child's/parent's views?		
Schools		
School	Contact	Address
Date From	Date To	Reason for Leaving
Notes/Impact		
Print Date: 12/09/2012		
Page: 1		

Core Assessment 3-4 Years

(1)

Qualifications

Recognised
 Type
 Subject
 Grade
 Course Status
 Reason for not Sitting
 Achieved
 Expires
 Examination Board
 Notes/Impact

Recognised
 Type
 Subject
 Grade
 Course Status
 Reason for not Sitting
 Achieved
 Expires
 Examination Board
 Notes/Impact

Recognised
 Type
 Subject
 Grade
 Course Status
 Reason for not Sitting
 Achieved
 Expires
 Examination Board
 Notes/Impact

Statement Of Special Educational Needs

Date From	Date To	Subject to SEN	SEN Level	Stages	Notes/Impact
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Childs / Young Persons Developmental Needs

Health
 Child's needs

Parenting capacity

Education
 Child's needs

Parenting capacity

Emotional and Behavioural Development
 Child's needs

Parenting capacity

Identity
 Child's needs

Core Assessment 3-4 Years

0

Parenting capacity

Family and Social Relationships

Child's needs

Parenting capacity

Social Presentation

Child's needs

Parenting capacity

Self Care Skills

Child's needs

Parenting capacity

Associated People

Contact Name

Relationship

Association

DoB / Age / Sex

Ethnicity

Client / Person Status

Client / Person ID

Parental Responsibility?

PR Reason

Association From

To

Address

Primary Contact

Contact Name

Relationship

Association

DoB / Age / Sex

Ethnicity

Client / Person Status

Client / Person ID

Parental Responsibility?

PR Reason

Association From

To

Address

Primary Contact

Contact Name

Relationship

Association

DoB / Age / Sex

Ethnicity

Client / Person Status

Client / Person ID

Parental Responsibility?

PR Reason

Association From

To

Address

Primary Contact

Core Assessment 3-4 Years ()

Family And Environmental Factors Which Impact On The Child And Family
Family history and functioning

Wider family

Housing

Employment

Income

Family's social integration

Community resources

Parental Issues

Parental Issue	Affects parenting capacity?	Related Person	Agency Involved	Notes
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Impact Of Parenting Issues

How do parenting issues above impact on the ability of parents/carers to meet the child's needs

Information Provided To The Family

Complaints procedure (date provided)

Information on access to records (date provided)

Other relevant / available information

Date other information was provided

Analysis Of Information Gathered

Analysis

Child / Young Person And Parent / Carer Comments

Child's / Young person's comments

Parents' / Carers' comments

Social Workers Recommendation

Recommendation

Core Assessment 3-4 Years ()

Discussions And Reports

Child/young person - report discussed with them?	<input type="checkbox"/>	When will this be done?
Parents/main carers - reports discussed with them?	<input type="checkbox"/>	When will this be done?
Parents/main carers refused discussion?	<input type="checkbox"/>	
Child/young person given copy of report?	<input type="checkbox"/>	When will this be done?
Parents/main carers given copy of report?	<input type="checkbox"/>	When will this be done?

ICS Risk Assessment

The child/young persons developmental needs

Identified Protective Factors

Identified Risks

Parenting Capacity

Identified Protective Factors

Identified Risks

Family and Environmental Factors

Identified Protective Factors

Identified Risks

Any other comments on risk

Parents / Carers Signatures

Parent / carer's name and signature

Date

Parent / carer's name and signature

Date

Actions

Type	Date	Time	Comment

Core Assessment 3-4 Years		0
Authorisation Details		
Carried Out By		Date
Manager		Date
Notify Authoriser?	<input type="checkbox"/>	Reason Overridden
Next Review Date		Outcome
Notes		

Appendix 10: Threshold document

CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS			
PHYSICAL HEALTH			
TIER 1	TIER 2	TIER 3	TIER 4
Child or young people's needs are met by their family, community and universal services	Consider putting CAF processes in place	Consider referral to specialist services	Consider referral to services for children with complex needs/ child protection services
<ul style="list-style-type: none"> • Physically well • Adequate and nutritional diet • Adequate hygiene/clothing • Developmental checks/immunisations up to date. • Regular dental and optical care • Health appointments are kept • Development milestones appropriate • Appropriate height and weight • Healthy lifestyle • Sexual activity appropriate for age • Generally happy and has sense of wellbeing • Uses language appropriately for their age 	<ul style="list-style-type: none"> • Inadequate diet; e.g. no breakfast or no lunch money • Defaulting on some immunisations/checks • Susceptible to persistent minor health problems or accidents, perhaps resulting in reduced attendance at school • Slow in reaching some developmental milestones • Concerns regarding hygiene, clothing • Vulnerable to emotional problems, perhaps in response to life events such as parental separation or death of parent • Early experimentation with alcohol or illegal drugs 	<ul style="list-style-type: none"> • Serious concerns about diet, hygiene, clothing • Child has serious health problems' not treated or badly managed • Constantly missing routine and non-routine health appointments for serious health issues • Majority of developmental milestones not met • Early sexual activity or awareness 	<ul style="list-style-type: none"> • Non-accidental injury: hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child • Sexual abuse • Self-harming • Sexual exploitation • Severe developmental delay • Failure to thrive • Lack of food may be linked with neglect • Refusing medical care so endangering life/development • Persistent and high risk substance misuse. • Dangerous sexual activity • Parent fabricates illness

**CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS
EMOTIONAL AND SOCIAL DEVELOPMENT**

<p align="center">TIER 1</p> <p align="center">Child or young people's needs are met by their family, community and universal services</p>	<p align="center">TIER 2</p> <p align="center">Consider putting CAF processes in place</p>	<p align="center">TIER 3</p> <p align="center">Consider referral to specialist services</p>	<p align="center">TIER 4</p> <p align="center">Consider referral to services for children with complex needs</p>
<ul style="list-style-type: none"> • Demonstrates appropriate responses in feelings and actions • Secure early attachments are formed • Able to adapt to change • Able to demonstrate empathy • Enjoys positive relationships with peers • Reacts appropriately to different social settings • Understands own strengths and weaknesses • Self confidence 	<ul style="list-style-type: none"> • Difficulties with family relationships • Some difficulties with peer group relationships • Some difficulties with adults • Some evidence of inappropriate responses and actions • Starting to show difficulties expressing empathy • Not very self-aware • Has experienced significant loss / trauma • Finds it difficult to cope with or express emotions • Significant difficulties with managing change • Is often unhappy 	<ul style="list-style-type: none"> • Is having serious difficulties dealing with experiences of loss/trauma • Family relationships are a serious cause for concern • Very poor peer relationships / difficulty sustaining relationships • Appears regularly anxious, stressed or phobic • Mental health issues emerging e.g. conduct disorder; anxiety; depression; eating disorder; self-harming 	<ul style="list-style-type: none"> • Severe emotions/behavioural challenges • High conflict relationships with others (peers / adults / family) • Suffers from periods of depression • Puts self or others in danger e.g. missing from home • Self-harming or suicide attempts • Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode • Requires institutional care to safeguard their welfare (e.g. psychiatric in-patient)

- Is socially isolated

**CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS
FAMILY AND SOCIAL RELATIONSHIPS**

<p align="center">TIER 1</p> <p align="center">Child or young people's needs are met by their family, community and universal services</p>	<p align="center">TIER 2</p> <p align="center">Consider putting CAF processes in place</p>	<p align="center">TIER 3</p> <p align="center">Consider referral to specialist services</p>	<p align="center">TIER 4</p> <p align="center">Consider referral to services for children with complex needs</p>
<ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers • Able to socialise appropriately • Good relationships with siblings • Positive relationships with peers • Good level of personal hygiene • Sense of larger familial network and good friendships outside of the family unit • Family is integrated into the community • Good social and friendship networks exist for children as well as adults in the family 	<ul style="list-style-type: none"> • Some inconsistencies in, or lack of support from, relationships with family and friends • Has some difficulties sustaining relationships • Unresolved issues arising from parents divorce, step parenting, or loss of parent or carer • Lives in a family where one member has a serious disability or mental health problem. • Peer group characterised by anti-social behaviour • Lack of friends/social network • Emerging difficulties related to the family's relationships within the 	<ul style="list-style-type: none"> • Child/young person caring for siblings/parent • Relationship with family all experienced as always negative ('low warmth, high criticism') 	<ul style="list-style-type: none"> • Complete and violent rejection by a carer, parent; and have abandoned – child/young person • Family breakdown related in some way to child/young persons behavioural difficulties

	local community		
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CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS: PARENTING CAPACITY

TIER 1 Needs are met by their family, community & universal services	TIER 2 Consider putting CAF processes in place	TIER 3 Consider referral to specialist services	TIER 4 Consider referral to services for children with complex needs
<ul style="list-style-type: none"> • Provides for physical needs, e.g. food, drink, appropriate clothing, medical and dental care • Protects from danger or significant harm, in the home and elsewhere 	<ul style="list-style-type: none"> • Basic care is not provided consistently • Haphazard use of safety equipment e.g. fireguards • Parent/carer engagement with universal services are poor • Parent/carer requires advice on parenting issues • Emerging concerns around child's basic needs being met • Inappropriate child care arrangements and/or too many carers • Inappropriate frequent visits to doctor/hospital • Young parents without support from family • Stress of parents or carers 	<ul style="list-style-type: none"> • Parent/carer is struggling to provide adequate care • Parent has a disability, which affects their ability to parent effectively • Parents have had previous children removed • Parent's mental health problems or substance misuse adversely affects care of child/young person • Parent/carer shows insufficient awareness of dangers to child/young person • Parents are care leavers • Domestic violence which seriously impacts on the development of the child 	<ul style="list-style-type: none"> • Parents/carers is consistently unable to provide 'parenting that is adequate and safe • Refusal to consent to specific medical/health care interventions when the child's health may be at significant risk • Parent/carer's mental health problems or substance misuse significantly and persistently affect care of child/yp • Parents/carers were unable to care for previous children • Parents unable to restrict access to child by dangerous adults

	due to issues of housing, employment or finance is having an adverse impact on any children in the household		<ul style="list-style-type: none"> • Parents/carers own needs mean they are unlikely or unable to keep child/young person safe and/or promote their welfare • Persistent and serious domestic violence
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CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS			
PARENTING CAPACITY			
TIER 1	TIER 2	TIER 3	TIER 4
Child or young people's needs are met by their family, community and universal services	Consider putting CAF processes in place	Consider referral to specialist services	Consider referral to services for children with complex needs
<ul style="list-style-type: none"> • Provides guidance so that child/young person can develop an appropriate internal model of values and conscience • Child/young person accesses leisure facilities as appropriate to age and interests • Facilitates cognitive development through interaction and play • Enables child/young person to experience 	<ul style="list-style-type: none"> • History of parenting difficulties with siblings e.g. exclusion from school, involvement in substance misuse, criminal activities. • Parents are unable to provide stimulation to support effective emotional behavioural development. • Parents struggle/refuse to set effective boundaries e.g. too loose/tight 	<ul style="list-style-type: none"> • Family life is persistently and seriously chaotic • Parents/carers inconsistent, highly critical, rejecting or apathetic towards child/young person • Child/young person completely beyond parental/carers' control • Parent's own emotional experiences significantly impacting on their ability to meet child/young 	<ul style="list-style-type: none"> • Family's lifestyle is persistently chaotic and putting the child at risk of significant harm

<p>success</p>	<ul style="list-style-type: none"> • Parental relationships with professionals are characterised by conflict to which the child is exposed • Child/young person not receiving positive stimulation, with lack of new experiences or activities • Child/young person under undue parental pressure to • achieve/aspire 	<p>person's needs</p>	
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