

**Perceptions of professional identity
and interprofessional working
in children's services**

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Abstract

Little is known about how frontline professionals' perceptions of identity and interprofessional working (IPW) impacts on their ability to work collaboratively. This study contributes to a better understanding of the role of professional identity in collaborative working through an exploration of the views of four professional groups; early years professionals, health visitors, police officers and social workers, who come together within the framework of the team around the child (TAC). The research adopted a mixed-methods design using a questionnaire (n=124) and semi-structured interviews (n=36). The questionnaires were analysed by comparing the mean ratings professionals gave to their own professional characteristics and the other three professions and the interviews were analysed using an interpretative phenomenological approach to gain more insight into professionals' perceptions of their identity and experiences of working together.

The findings revealed that the professionals had a good understanding of their differing status within collaborative working and sought to maintain their professional identity rather than adopting an interprofessional persona. Working together was not viewed as a joint enterprise and professionals questioned whether it was necessary to develop interprofessional relationships to work effectively. Despite stating that they generally worked well together professionals were quite critical of each other's practice and blamed each other when things went wrong. Issues were raised about the efficacy of the TAC model in terms of the lead role, the quality of information sharing and discussion, and the fear of discord between professionals.

The study highlights that professionals are not as committed to IPW as policy makers and organisations assume. There needs to be more awareness at all levels of the impact of professional identity, intergroup theory and a supportive environment on IPW. The mindset that dismisses the importance of professional relationships must be changed to enhance the development of trust between professionals. A reconfiguration of services with more opportunities for contact between professionals would support this. It is recommended that the TAC model is restructured with independent leadership, clear guidelines of professional responsibility and improved organisational support. Realistic group conflict theory could be used as a framework to help professionals acknowledge and manage conflict between them. Further research is recommended to develop a wider understanding of professionals' perceptions of professional identity and IPW.

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List of Acronyms

BASW	British Association of Social Workers
CAF	Common Assessment framework
CAIT	Child Abuse Investigative Team
CIN	Child in Need
CP	Child Protection
CWDC	Children’s Workforce Development Council
DfE	Department of Education
DfES	Department of Education and Skills
DH	Department of Health
DCSF	Department of Children, Schools and Families
ECM	Every Child Matters
EYP	Early Years Professional
HEI	Higher Education Institution
HV	Health visitor
IPA	Interpretative Phenomenological Analysis
IPE	Interprofessional education
IPL	Interprofessional learning
IPW	Interprofessional working
LAC	Looked after Child
LADO	Local Authority Designated Officer
POL	Police Officer
PPO	Police Protection Order
RGCT	Realistic Group Conflict theory
SCR	Serious Case Reviews
SIT	Social Identity theory
SW	Social worker
TAC	Team around the child

Chapter 1: Introduction

1.1 Introduction

This thesis explores perceptions of professional identity and interprofessional working (IPW) between four professional groups in England (early years professionals, health visitors, police officers and social workers) who come together to support young children on the continuum of services from early intervention preventative provision through to child protection (Every Child Matters (ECM), (DfES, 2004)). This chapter presents the rationale for the study and a justification of the choice of professions included in this study before placing the study within the context of collaborative practice. The research design, objectives and approach are then identified followed by an outline of the structure of the thesis.

1.2 The rationale for the study

The project arose from an ongoing concern that policy directives requiring different professionals to work together (*Children Act, 2004; Working Together to Safeguard Children, 2015*) do not take sufficient account of the complexity of interpersonal relationships between them. While the guidance provides the theory of joint working it is the active practice of the individual professional within the interprofessional arena that will determine the success of the collaboration. Although there are many studies in the literature which consider IPW little is known about how frontline professionals' perceptions of identity and their experience of working with each other impacts on joint working (Goodman and Clemow, 2010). This

study aims to address this gap and the knowledge generated will contribute to a better understanding of the role of professional identity in collaborative working.

1.3 The four professional groups in this study

The study explored the views of professionals who come together to provide services to support and protect the development of young children. Pre-school children have been found to be more vulnerable than older children (Sidebotham *et al.*, 2016) and are likely to need coordinated services from a range of professionals located in education, health, police, and social care agencies. Early years professionals with professional or qualified teacher status were chosen in preference to the teaching profession as they work with children from 0-5 years to provide a caring environment to promote the overall development of the child alongside the provision of early education (Siraj-Blatchford, 2011). The instigation of the research project in 2011 followed a strong push in the early 21st century through the ECM agenda (DfES, 2004) to raise the profile of early years practitioners to support an early interventionist strategy for child welfare. Early years professionals were identified as significant participants in collaborative working and, therefore, were included as one of the four professions in the study. Similarly, health visitors provide a universal service to families and children promoting the health development of children from pre-birth to five years of age (Baldwin, 2012). They work with other professionals to address these needs and provide targeted services to children in need of extra provisions or protection (DH, 2011). While all police officers have a day-to-day role in safeguarding children the study chose to include police officers in the Child Protection

Abuse Investigative Teams (CAIT) as they work closely with other professions where a child is at risk of significant harm. The fourth profession in this study was social work as this profession plays a pivotal role in IPW and has a statutory duty to intervene to promote the welfare and protection of children (*Children Act, 1989*).

While the four professions are required to work collaboratively (*S11 Children Act, 2004; Working Together to Safeguard Children, 2015*) they have different professional remits with some commonalities and differences (see Table 2.2). However, they can provide insight into the reality of their day-to-day practice of IPW and were included as they represent the key professional groups who work together to address concerns about a young child.

1.4 The context of collaborative working for the professionals in this study

The study explored the views of professionals within a context of collaborative practice based on a model of IPW where the needs of the child are addressed through a multi-professional team around the child (TAC). The TAC is not an actual integrated team but is a term to describe a network of professionals who work together with one professional taking a lead role in co-ordinating the provision of services. TAC relies heavily on communication and collaboration between different agencies and professions (See Chapter 2, Sections 2.4.2-4). The concept of the TAC is not new and has been recognised in child welfare services since the early 20th century (Cheminais, 2009). It has, however, received greater prominence in recent years through

the implementation of the ECM agenda (DfES, 2004) and is likely to endure through future policy changes.

The concept of collaboration is based on the principle of IPW that more than one agency has a joint interest in a specific service user/child and will collaborate to meet their needs by sharing information and establishing a joint cooperative approach with agreed tasks and goals (Barrett, Sellman and Thomas, 2005). There are five key characteristics of multi-agency collaboration, namely communication, co-operation, co-ordination, coalition and integration (Horwath and Morrison, 2007) and collaborative partnerships will vary on a continuum from informal and local collaboration to more formal arrangements which ultimately would lead to full agency collaboration and integration (*ibid*). The professionals in this study experienced a range of collaborative contact from informal one-to-one discussions to more formal meetings (see Table 2.4). However, an analysis of collaborative practice rarely considers the interpersonal aspects of interprofessional interaction (Lees, Meyer and Rafferty, 2013) nor the professionals within the collaborative network (Hood, 2014). To understand the context of the professionals' position in collaborative working it is necessary to consider this from three perspectives, namely, the political, strategic and practice levels.

1.4.1 The political perspective

There have been major changes in child welfare policy in many countries since the 1990's. These reflect a significant shift in how the status of children is viewed in society (Kellet, 2011) alongside increased economic globalisation and a rise in the political profile of child abuse with intense

media coverage (Parton, 2010). This has generated more knowledge about the nature of child abuse and a recognition that an effective response requires agencies and professionals to work together (Horwath and Morrison, 2011).

1.4.2 The international context

The United Nations Convention on the Rights of the Child (UNCRC) (1989) underpins the rights of the child and there is a growing recognition of the importance of the early investment in child development to a nation's future prosperity and stability (Parton, 2010; Gilbert, 2012). It is suggested that this has created a moral imperative on nations to improve their child protection (CP) policies and practices for children (Spratt *et al.*, 2015). How a nation treats its children is a measure of its prestige and standing in the world (*ibid*).

While there appears to be a common understanding as to what is harmful each nation's policy and practice approach to child welfare reflects differences as to how abuse is characterised, the nature of the intervention and the relationship between the parent and state (Gilbert, 2012; Munro and Manful, 2012). Child welfare services are also dependent on the cultural, social and economic climate of the country involved and can be easily derailed in response to changes in government with different economic priorities and ideologies around child abuse (Parton, 2011).

By the beginning of the 21st century most westernised countries had refocused their child welfare policies on the child's overall development and wellbeing (Parton, 2010). This was reflected in a continuum of services for children with an emphasis on early intervention and preventative measures

as well as clear legislation and procedures to address suspected and actual incidences of maltreatment (Munro and Manful, 2012). The focus on early intervention and prevention automatically brings together professional agencies who have a role in developing the health, education and social wellbeing of children. Where issues of maltreatment arise, the police will also get involved in the multi-agency network.

1.4.3 The national context

This study focuses on professionals' perceptions of working together within child welfare services in England and legislation and policy since 1989 has provided the mandate for collaborative working (see Chapter 2, Section 2.4.1). The principles of the UNCRC were reflected in the *Children Act* (1989), *Children Act* (2004) and the ECM agenda (DfES, 2004) which views the rights and needs of the child as paramount. Collaborative practice was identified as the way to promote wellbeing in childhood and this was to be achieved by placing a duty on all agencies to collaborate alongside the integration of health, social care, education and criminal justice agencies (*Children Act*, 2004). This sets the scene for collaborative practice through TAC and professionals found themselves managing child protection issues within a broader concept of safeguarding and promoting the welfare of all children (Parton, 2016). This created some uncertainty for professionals as to whether the focus of their collaboration was to provide family-oriented services or child protection 'risk management' services (Gilbert, Parton and Skivenes, 2011). The implications of this is that professional groups will take different positions within the TAC and will be reluctant to share responsibility for an approach which does not fit with their professional remit (Horwath and

Morrison, 2007; Munro, 2011). However, since 2010 there has been a move away from every child to a focus on the more vulnerable and 'at risk' child (Parton, 2015) reflecting a shift back towards a more child protection orientated service with more clarity around the responsibilities of individual agencies.

The government response to service failures has impacted on the collaborative climate with an increased focus on a procedural 'risk' management approach at the expense of supportive family orientated interventions (Berrick *et al.*, 2016). Historically, inquiries and serious case reviews (SCRs) into the deaths of children have highlighted the failure of professionals to work together in partnership. These inquiries cite poor communication and record keeping, limited resources and a failure to instigate timely interventions as significant factors that contribute to child deaths at the hands of their carers (Tarr *et al.*, 2013). The same themes have been repeatedly identified as areas that need to be addressed in policies and practice to protect children (Corby, 2006; Brandon *et al.*, 2012; Sidebotham *et al.*, 2016) and SCRs play a significant role in determining the political and media landscape of the child welfare system (Sidebotham *et al.*, 2016). While the reviews of SCRs provide helpful critiques of IPW it is less clear how influential they are on frontline practitioners as they tend to focus on the need for procedures to address what went wrong in interagency working rather than considering why it went wrong (Munro, 2011). There appears to be an assumption from the government that legislation and policy directives will automatically result in compliance and changes in practice (Horwath and Morrison, 2007; Lees, Meyer and Rafferty, 2013). There also

seems to be little recognition that collaboration is a developmental process which takes time, resources and work (Horwath and Morrison, 2011).

Theorists have suggested that more attention needs to be paid to the characteristics of the different professional groups, the role of professional identity and interprofessional relationships in IPW (Goodman and Clemow, 2010; Widmark *et al.*, 2015). This study seeks to address this gap.

The pervading politicised narrative of blame where prevention of abuse is linked to the professionals who fail to protect as opposed to addressing wider social issues in society (Parton, 2016) is likely to create a sense of unease between professionals. This raises issues for different professional groups as to their role in IPW and has implications to their level of commitment to collaborative practice. For some professionals child protection is a small part of their overall professional remit and collaboration is focused on passing on information and responsibility. For others, such as health visitors, a reluctance to collaborate may reflect a concern not to compromise their position with the families they work with (Lupton, North and Parves, 2001). The collaborative environment is, thus, one of uncertainty which can be further compounded by the attitude of the media.

1.4.4 The impact of the media on collaboration

The role of the media in perpetuating a narrative of blame (Mc Laughlin, 2007; Parton, 2012; Jones, 2014) has impacted both on government policy and how professionals perceive their role and work together. There is evidence that public scrutiny of high profile cases encourages emotive politics with a 'something must be done' attitude by government (Warner,

2015). This had led to policy initiatives to address the perceived failings of professionals rather than taking a wider systemic approach (Stafford *et al.*, 2012). In turn, such public scrutiny can often lead to an upsurge in referrals putting professionals under more pressure (Munro and Manful, 2012).

Where professionals feel under attack they will practice defensively and take a risk avoidance approach (Parton, 2010; Munro, 2011). This is likely to be to the detriment of IPW as it forces professionals to seek refuge in their own profession protecting their identity at the expense of the other professional groups (Lawlor, 2008). How society values the different professions will influence how the professional sees their role and that of other professions (Siegrist, 1994; Hanlon, 1998). The implications for the professionals in this study is that their perceptions of how they are viewed by the government, media and public will impact on how able they are to meet the challenges of collaborative practice.

1.4.5 The strategic perspective

It is argued that the rise in managerialism in the late 20th century challenged the unique position of the professions with the loss of professional autonomy to employing organisations (Evetts, 2011). This was further threatened by the push towards legitimising an interprofessional approach (Green, 2013) and created insecurities amongst professionals about their role and status. The emergence of a technocratic approach with performance management, monitoring and regulation of child protection services (Stafford *et al.*, 2012) appeared to reflect a desire to control how professionals performed their role by restricting the scope of their professional judgment (Munro, 2011). A consequence of this is that mechanisms to facilitate collaboration such as the

TAC are likely to be viewed by professionals as automatized procedures as opposed to dynamic collaborative forums in which to share information and make decisions (Horwath and Morrison, 2011). The monitoring of professional activity creates a defensive climate for collaboration and it is suggested that this feeds into professional anxieties which can impact negatively on professional competence and confidence (Lees, Meyer and Rafferty, 2013).

Managerialism has also gone hand in hand with a consumerist approach where successive governments encourage service users to expect high quality services while at the same time reducing resources to meet the increasing demand (Fook, Ryan and Hawkins, 2000; Parton, 2010). This has created a sense of powerlessness for many professionals working within the state system as they found they were expected to manage unrealistic workloads of increased complexity and risk (Fook and Gardner, 2007). It is suggested that these work pressures have led to poorer outcomes for service users (Berrick *et al.*, 2016) and there is evidence that a lack of resources and poor leadership impacts negatively on joint working between agencies (Horwath and Morrison, 2007). There is increasing evidence that professionals need to feel supported in their working conditions most notably with realistic caseloads, administrative tasks and decision making. Where they feel unsupported this will be reflected in difficulties in collaborative working (Horwath and Morrison, 2007; Stafford *et al.*, 2012; Berrick *et al.*, 2016; Machura, 2016). Similarly, professionals need to feel confident that they have the backing of their organisations with managers who can look

inward to support frontline staff as opposed to outward in terms of adopting a managerialist approach (Lees, Meyer and Rafferty, 2013).

1.4.6 The practice perspective

Political and strategic perspectives on collaboration appear to lack an appreciation of the interpersonal aspects of joint working suggesting a disconnect between the rhetoric of policy and the reality of practice. The characteristics of collaboration are frequently listed as communication skills, trust, respect, knowledge and understanding of different roles, professional cultures and organisational structures alongside shared values and goals (Lupton, North and Parves, 2001; Hudson, 2007; Horwath and Morrison 2007). Most notably absent from this list is the contribution of the underpinning emotions of practitioners (Driscoll, 2009; Munro, 2010) and there appears to be little awareness of the powerful emotions that underpin helping relationships (Lees, Meyer and Rafferty, 2013). This links to the professionals' sense of professional identity, status, core purpose and their attitude towards the other professions.

Collaborative networks are unlikely to be seen as equal forums and professionals will need to negotiate their position within the group (Lupton, North and Parves, 2001). The TAC model requires the identification of a lead professional to coordinate the group placing extra demands on this professional as well as creating some confusion amongst the team in terms of status and interprofessional accountability (Hudson, 2005). The implications of this is that relationships within the TAC may be quite contentious or professionals may seek to achieve harmony through

consensus and an avoidance of conflict (Bleakley, 2013). While the wider social context, the history between different professional groups and stereotypical views will impact on joint working a further issue has emerged for professionals as services are structured into large geographical areas. This means contact between professionals is often infrequent and transitory with little time to develop collaborative relationships. It is within this context that professionals will experience different emotions around their intergroup interactions with other professional groups. This study seeks to explore these perceptions to understand their impact on interprofessional working.

1.5 The research design, questions and approach

The study had a cross-sectional framework with a sample area across London and the South East of England. It aimed to capture the views of professionals in the early stages of their career to provide a fresh perspective on professional identity and working together. The TAC was identified as the model of IPW where the four professional groups were likely to work together, and the research objectives were to explore:

1. How participants view their own professional identity and that of their peers.
2. How participants view the professional identity of the other three professions.
3. How participants experience working together.

The study took a mixed-methods approach with concurrent data collection through a questionnaire and semi-structured interviews. The questionnaire enabled a comparative analysis of professionals' ratings of their own and the other professionals' characteristics and the interviews providing an emic perspective of their views and experiences through an interpretative

phenomenological analysis (IPA). The two data sets complemented each other to provide a more comprehensive understanding of how professionals perceive their own identity and role, that of the other professionals and their experience of working together. The researcher is a registered social worker and, therefore, shares a professional identity with one of the four professional groups in the study. Participants were informed of the researcher's profession and the researcher continually reflected on her role in the research to minimise researcher bias and give credibility to the findings.

1.6 The structure of thesis

This introductory chapter has outlined the rationale for the study, its context and the research design and now concludes by outlining the structure of the thesis.

Chapter two reviews the empirical literature on the concept of the profession, what is known about the four professions, the development of professional and interprofessional identity and its significance to IPW. The TAC model is considered identifying facilitators and inhibitors of IPW followed by a review of IPE studies which seek to explain intergroup behaviour within a theoretical framework of the contact hypothesis and realistic group conflict theory (RGCT). The chapter concludes by highlighting some of the anomalies between the policy, theory and practice of IPW and identifying a gap in the literature as to how professionals in front line children's services perceive their own identity and their intergroup relationships.

Chapter three presents the methodology for the research. Following a consideration of both the positivist and interpretative paradigms it makes the case for a pragmatic mixed methods approach using a questionnaire and semi-structured interviews. The research process is discussed outlining the sampling strategy, the development of the questionnaire and interview schedules and the method of analysis. Researcher bias and reflexivity are also considered.

Chapter four presents the findings from the questionnaire where professionals (n=124) completed Likert scales on professional characteristics, professional identity and working and communicating in teams. The chapter starts by providing a profile of participants in each professional group before presenting a comparative analysis of the mean heterostereotype ratings professionals gave to their own professional characteristics, those of their peers and the other three professions. This is followed by an analysis of their participation in meetings, their perceptions of their professional identity and their ability to communicate and work in teams. The chapter concludes with a summary of the emerging themes which are then discussed in chapter six.

Chapter five reports on the IPA of the semi-structured interviews (n=36) where professionals were asked how they viewed their own identity, the identity of the other professional groups and their experiences of working together. The chapter draws extensively on quotes from professionals to capture their 'lived experiences'. A profile of the interview participants is followed by an analysis of the findings as to how professionals see their own and the other professions' role, identity, confidence and status. The chapter

continues to present the professionals' understanding of the concept of working together, their views on communication and information sharing and how they experience working together in meetings.

Chapter six brings the two data sets together to discuss what the findings reveal about the professionals' perception of their identity, the identity of the other professions and working together. It considers the importance of professional identity to intergroup interaction, the role of power and the ability of professionals to develop and sustain collaborative working through the TAC framework drawing on contact theory and RGCT. The chapter concludes by identifying what new knowledge has been generated, the implications of the findings and makes recommendations for future practice.

Finally, chapter seven concludes the study by considering the strengths and limitations of the study, highlighting the key messages of the research and suggesting areas for further research in relation to IPW to support better outcomes for children.

Chapter 2: The Literature Review

2.1 Introduction

This chapter provides a discussion of empirical literature on the concept of a profession and its impact on interprofessional working (IPW) making links to the four professional groups in this study. The review was guided by the overall focus of the research study which was to explore perceptions of professional identity and IPW. This chapter is divided into three sections. The first will explore the concept of being a professional drawing on social identity and social categorization theory. The second will discuss the concept of IPW placing this within current UK legislation and policies relating to children and models of IPW. The third section will discuss the role of contact theory, interprofessional education (IPE) and realistic group conflict theory (RGCT) on professional attitudes towards working with other professionals. The chapter will conclude with a summary of the key issues which have been used to support the development of the aims and objectives of this research study.

2.2 Search strategy

The aim of the literature review was to identify and critique what is already known about professionals' perceptions of IPW. For the purposes of the review the following databases were searched: ASSIA, Cinahl Plus, Education Research Complete, EThOS, Google scholar, Medline, PsychInfo, Social Policy and Practice, Scopus and Web of Knowledge. The search was limited to the years 2000 - 2016. The year 2000 was identified as a starting

point for the search as it followed the publication of '*Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*' in December 1999 (DH, 1999). This marked a new initiative in child care policy which was designed to shift the focus from child protection to a more holistic preventative approach based on stronger interagency collaboration (Morrison, 2000).

The search started with a general search to see what was known about IPW using a combination of key words ('interprofessional' or 'inter-professional', 'multiprofessional' or 'multi-professional', 'multiagency' or 'multi-agency', 'work', 'team or team work', 'collaborat*' or 'learn' or 'education'). Much of the literature focused on IPW in health so the search was then narrowed down by adding the keywords 'child' or 'child protection' or 'safeguarding' or 'early years' professional' or 'health visitor' or 'police' or 'social worker' to refocus on the four professional groups in this study. A further search using the words 'professional identity', 'social identity theory', 'contact theory' and 'realistic group conflict theory' alongside 'interprofessional working' was also undertaken.

The inclusion and exclusion criteria for the studies are listed below:

2.1.1 Inclusion criteria:

- Studies on IPE in health and social care which considered:
 - the role of professional identity.
 - professionals' attitudes towards different professions.
 - the impact of IPE on interprofessional attitudes drawing on the contact hypothesis (including relevant studies outside of UK).

- Articles and systematic reviews looking at the theory underpinning IPW and IPE.
- Studies involving IPW with a focus on the general welfare and safeguarding of children.

2.2.2 Exclusion criteria:

- Studies of multi-professional teams working in specialist areas of practice relating to medical conditions, mental health, mental and physical disabilities and criminal behaviour for children over 5 years of age.
- Studies of multi-professional team working outside of the UK.
- Studies published before 2000.

The initial literature search yielded just over 1000 articles which were filtered for relevance and duplication. A total of 145 abstracts were reviewed which identified 104 articles that were divided into three categories, professional identity and IPE (28), studies of multi-agency working that explored professional perspectives of IPW with children (25) and other articles which focused on policy, theory and general studies of multi-agency working (51). These were reviewed further to ascertain their relevance to this research project and 25 studies were selected from the professional identity and IPE category. These focused specifically on the perceptions and views of the individual professional on their own professional identity, the identity of other professionals and their experience of IPW. As the research project progressed the literature search was updated through repeated database searches and snowballing techniques (Greenhalgh and Peacock, 2005) where pertinent references from included studies were followed up and

considered. This yielded a number of more recent articles which focused on attitudes towards interprofessional collaboration and the contact hypothesis.

2.3 The concept of the profession

A profession is traditionally defined as an occupational group who share a set of characteristics including a body of knowledge, a qualification, a code of practice, a level of autonomy, a protected title and is recognized by society (Casey, 2002; Banks, 2004). Professions seek to exercise occupational closure imposing conditions on entry to the profession and continued membership through adherence to regulations and a set of behaviours (Johnson, 1972; Nancarrow and Borthwick, 2005). A profession also seeks to establish a cultural capital that translates into a sense of worth and legitimises its role in society (Bourdieu, 1991; Jóhannesson, 1993; Dent and Whitehead, 2002).

The growing awareness of the importance of the political and organisational context within which professions operate has led to a rethinking of the definition of a profession to include both organisational and occupational professionalism (Evetts, 2011; Muzio and Kirkpatrick, 2011). A profession has to reconcile its professional identity and autonomy with the control exercised on it through managerialism, bureaucracy, standardization and targets (Evetts, 2011). Professional practice is no longer seen in isolation and the rise of managerialism in the second half of 20th century (Clarke, Gewirtz, and McLaughlin, 2000; Chard and Ayre, 2010) suggests a dual relationship between professions and organisations where professions as well as exerting occupational control (Johnson 1972; Nancarrow and

Borthwick, 2005) are often controlled by the organisations in which they are located (Friedson, 2001). Muzio and Kirkpatrick (2011) focus less on the divide between these categories but more on their mutual dependency where the activities of a profession within an organisation become a subsidiary to organisational goals. Green (2013) argues that managerialism in the public sector has challenged the exclusivity and autonomy of different professions forcing them to a more interprofessional way of working. This has prompted discussion as to whether the ability to work interprofessionally should be regarded as a core professional characteristic (Morrison and Glenny, 2012). Joynes (2014) advocates that professionals have an interprofessional responsibility to collaborate with other professionals while Khalili *et al.* (2013) question the division between the professional and interprofessional persona suggesting this should be seen as a dual identity. A profession thus becomes defined as a mixture of different identities reflecting both organisational and interprofessional components.

Professions place great importance on the level of education and training required to join their occupation and this will affect how they perceive their status in relation to other professions (Robotham and Frost, 2006). Barrett, Sellman and Thomas (2005) argue that the core of IPW centres on the relative power of different professional groups and link this to the status of groups derived from the nature of their professional qualification. The development of professional qualifications at degree and post graduate level for early years professionals, health visitors and social workers in the early 21st century occurred as a way of improving the competence and status of the professions (Moriarty *et al.*, 2010). This does not hold true of the police

who generally hold qualifications below degree level and derive power by virtue of their authoritative role (Reiner, 2002).

The basis of a profession still lies in its expert knowledge and this will set it apart from other professions creating a sense of its relative status and importance (Abbott, 1988; Larson, 1990). Despite the graduate/post graduate level of training for early years professionals, health visitors and social workers their status as professionals is viewed as being lower than historically established professions such as medicine and law and the newer professions with a high degree of technical knowledge and expertise such as engineering (Banks, 2004).

2.3.1 The semi-professions in the public sector

Etzioni (1969) developed the term semi-profession and applied this to the caring professions reasoning that these semi-professions had a less specialized body of knowledge, less training, less autonomy and less status. The four professional groups in this study would fit into Etzioni's (1969) semi-professional category although he makes no mention of the police. As a symbol of law enforcement and authority it could be argued that the police occupy a distinct category which sets them apart from the other professions in this study. There remains some ambivalence as to whether the police can be viewed as a profession (Heslop, 2011; Neyroud, 2011), however, Hallenberg (2012) notes that the police display many of the characteristics of a profession.

Etzioni's definition of semi-professions describes the public sector professions. Eraut (1994) suggests that the status of these professions is

doubly diminished as they are not only controlled by the state but are also made up largely of women. The majority of health visitors, police officers and social workers are employed by the state but only around 20% of early years professionals work in the public sector with the remainder working in voluntary and private organisations (Osgood, 2010). The attitude of the government towards public sector professions has a significant impact on a professions sense of self-worth and how it sees itself in relation to other professions (Dent and Whitehead, 2002). Policy shifts and financial considerations have affected the professionals in this study in different ways at different times in recent years.

The Labour Government's Every Child Matters (ECM) agenda (DfES, 2004) with a focus on early intervention was keen to raise the profile of early years practitioners and this led to the construction of Early Years Professional Status to provide graduate leaders within early years settings (Miller & Cable, 2011; Jarvis & Holland, 2011). How far it raised the status of early years professionals is debateable (Osgood, 2010) as it did not appear to address issues around the value those inside and outside of the profession place on work with young children (Gasper, 2010). The police also found their role, status and pay was enhanced by government agendas with a focus on law and order between 1979-2010. In contrast, the removal by the government of the registered title of Health Visitor in 2001 was perceived as a downgrading of the status of the health visitor (Hoskins, 2009). There appeared to be a lack of understanding of the unique contribution health visitors bring to 'early intervention, prevention and health promotion for children' (Frost and Horner, 2009, p.102) and there was a dramatic fall in the number of health visitors

(Community Practitioners and Health Visitors Association (CPHVA), 2007).

Successive governments have conveyed an ambivalence towards social work and while the rhetoric has been about supporting and developing the profession in practice there has been a reluctance to provide the resources to achieve this (Blewitt, 2008; Dawson, 2010).

More recently policy shifts have seen a consolidation of the position of early years professionals with the move from Early Years Professional status to Early Years Qualified teacher status in 2013. The profile of health visitors has been raised following the Health Visitors Implementation plan in 2011-15 which again recognised their importance and set a target to increase the workforce by more than 50%. Police officers have fared less well in recent years as they have experienced significant cuts in their services and threats to their pay and conditions (Winsor report, 2013). Recent studies have reflected a lack of confidence by police officers about government plans to change the police force which they feel will erode their status and lead to a further decline in morale (Hoggett *et al.*, 2013, Police Federation, 2015). Social workers continue to receive mixed messages from the government. While suggesting that social workers are 'among the most essential yet maligned of public services' (British Association of Social Worker (BASW) and the All Party parliamentary group for Social Workers, 2013, p.5) recommendations to improve the workforce in recent years appear to make little difference (Social Work Task Force, 2010; Munro review, 2011). In response to tragedies within the child protection system the focus continues to be on the failure of individual professionals, most notably social workers, rather than due to shortfalls of the system (Dickens, 2011; Parton, 2016).

In 2015/2016 the government focus is on streamlining public services for both financial reasons and to improve the effectiveness of collaborative working. For health visitors the transfer of child public health services to local authorities from November 2015 has placed health visitors much closer to their public sector early years and social work colleagues enabling the merger of services. For police officers the proposed police and fire reforms are seeking to reconfigure police, fire and ambulance services into one emergency service (Strickland, 2016). This has raised concerns about the lack of understanding of the specialist skills each profession brings to collaborative working (*ibid*). The differing and changing government views about the four professions are likely to impact on how the professions position themselves within the interprofessional arena.

Evetts (2011) suggests that where there is a weakening in the distinctiveness of professional traits professional image becomes more important. The role of the media has been highly influential in shaping policy in relation to child welfare and protection and has encouraged an intense scrutiny of the practice of health and welfare professionals which has often been to the detriment of professional reputations and legitimacy (Stafford *et al.*, 2012). The power of the media over public sector professions has been reflected in how they appear to influence the government's response to high profile issues (Mc Laughlin, 2007; Parton, 2012). This was evident in the resignation of Sir Ian Blair (Commissioner of the Metropolitan Police) at the time of the London terrorist bombing in July 2007 following the death of an innocent person Jean Charles de Menezes (Greer and McLaughlin 2011) and the dismissal of Sharon Shoesmith (Director of Children's Services, Haringey) at

the time of baby Peter Connolly's death in August 2007 (Jones, 2014). In contrast the Munro Review into Child Protection received very little press coverage (Stafford *et al.*, 2012). Professionals are all too aware that their work may be subject to public scrutiny and over the years this has led to a defensive and risk avoidance culture which has created barriers to effective joint working (Parton, 2010; Munro, 2011).

Evetts (2011) contends that while professions have evolved and changed in the postmodern world some professional characteristics such as power, status, work culture and gender differences in careers remain the same. Barrett and Keeping (2005) highlight the importance of the perceived status of the semi-professions stating that if a profession sees itself as less powerful than other professions this could weaken its legitimacy and ability to assert its professional authority. As Goffman (1961) would argue how the actors perceive themselves and how they feel they are perceived by others will influence how they play out their role in their professional life.

2.3.2 The role of gender

Adams (2003) asserts there is a correlation between professional status and gender and this is supported by feminist discourses on the role of women in a patriarchal society (Dominelli, 1996). Table 2.1 below presents the percentages of female and male professionals in the professions that are included in this study.

Table 2.1 Gender breakdown of the four professions

Profession	Gender breakdown
Early Years Professional	98-99% female 1-2% male (Nutbrown review, 2012)
Health Visitors	99% female 1% male (July 2012, www.gov.uk)
Police Officers	28.2% female 71.8% male (National Statistics, Police Workforce, England and Wales 31.03.15: www.gov.uk)
Social Workers	78% female 22% male (GSCC. social care register, 2012)

The majority of early years professionals, health visitors and social workers continue to be women while in contrast, despite targets to increase the number of female officers, the police force has a much higher percentage of male officers. Although the gender mix for early years professionals is similar to that of health visitors the impact of being a gendered profession is greater for early years. As a profession it struggles with stereotypical views where child care is viewed to be of low status, the work of women, often undertaken by the more disadvantaged women in society, and is poorly paid (McGillivray, 2011).

Stereotypical views based on gender traits are likely to impact on how the professional groups work together with female professions being perceived as more caring and willing to collaborate and the police being viewed as more authoritative (Frost and Robinson, 2007). Female professionals have been found to be more willing to engage with IPE and to display traits that facilitate better communication and interpersonal skills than their male counterparts (Coster *et al.*, 2006). Adam's (2003) analysis of the role of gender is much more explicit. She supports the view that professions are male constructs and that this means that professional males will see

women's roles in professions as being subordinate to men. This reinforces the view that professions such as early years, health visiting and social work will have less authority and status than those dominated by men (Etzioni, 1969).

The role of gender in the police is of relevance to this study not only in terms of how male and female police officers are perceived by their interprofessional colleagues but also in terms of how they construct their identity within the police force itself. Although only 28% of police officers are women they make up 54% of the officers working in child and vulnerable persons' units (Home Office, 2010) reflecting a disposition towards the welfare aspects of the police role and traditional perceptions that working with children is 'women's work' (Jackson, 2006). Since 1975 the police force makes no gender distinctions and female police officers find themselves having to compete in a masculine environment where qualities of control, autonomy, strength, power and assertiveness are regarded as positive attributes (Connell, 2006). The result of this is that women police officers may display similar attitudes to their male colleagues (Garrett, 2004) suggesting that gender traits may be modified to accommodate aspects of professional identity. Sinclair and Prenzler (2013) in their review of the status of women police officers found that there is clear evidence that gender issues remain. Connell (2006) argues that organisations create a culture which produces gender divisions of labour which can include prejudice against women in authority. The gender of a professional and perceptions of gender and status will have implications as to how the individual professional

perceives their role both within their chosen profession and within the interprofessional arena.

2.3.3 Professional Identity.

The changing nature of professionalism with its dual accountability to both the profession and the organisation impacts on how the professional experiences their role and their perceptions of its occupational value (Evetts, 2015). To fully understand how professionals experience their role and feel about working together consideration needs to be given as to how they construct and maintain their professional identities. Social identity theory and social categorisation theory underpin how professionals perceive their own identity, the identity of the other professional groups and how this influences IPW. These theories have been used to explore and address professional stereotypes most notably in relation to contact, IPE and conflict with implications as to how professionals work together in practice (Mandy, Milton and Mandy, 2004; Mohaupt *et al.*, 2012; Barr, 2013).

2.3.4 Social Identity Theory (SIT)

Identity arises out of how we see ourselves, how we see other people and how others perceive us (Stets and Burke, 2004). It is constructed through the individual's interaction with the social world strongly influenced by their biographical background reflecting characteristics such as race, gender, cultural, social and economic factors. Traditional theorists of social identity (Tajfel, 1978; Turner, 1999) focus on how the individual manages and develops their own personal identity and social identity. While identities evolve and are redefined, the underpinning personal characteristics and

values remain intact suggesting that strongly held attitudes are unlikely to change. Hoggett *et al.*, (2006 p.699) refer to this paradox as the 'changing same' which helps explain why professionals appear to hold on to stereotypical views of other professions despite evidence to the contrary.

According to SIT the individual will identify positively with their own profession (ingroup) to the detriment of their relationship with professionals from other groups (outgroup). In consequence, this will negatively impact on the ability of different groups to interact or work together leading to competition and conflict (Bourdieu, 1991; Turner, 1999; Barr *et al.*, 2005).

Within this process the professional is making not only judgements about his own professional characteristics but prejudging the characteristics of other professional groups. Prejudice can be defined as preconceived opinions or attitudes which are formed 'without sufficient warrant' (Bridges and Tomkowiak, 2010, p.30). Stereotypes arise as these views become shared beliefs which are influenced more by the profession that the individual belongs to than the individual's actual experience (Foster and Macleod, 2015). While prejudice and stereotypical views are strongly linked it does not necessarily follow that a shift towards more positive intergroup attitudes at the individual level will lead to a reduction of stereotypical views at the group level (Brown and Hewstone, 2005). This will only happen if the individual and group begins to see themselves as a member of a collectivity that they were previously not part of (Brown *et al.*, 1986 p.284). The individual professional may thus hold two conflicting views. One reason for this is that the positive experience and qualities of the other professional are not viewed as typical of

the profession as a whole (Hewstone and Brown, 1986; Pettigrew *et al.*, 2011).

Giddens (1991) develops the notion of the individual as a dynamic person. The dynamic professional is likely to question their place within the structure competing with other professionals and professions for recognition and acceptance (Lymbery, 2006; Evetts, 2011). Professional identity is forged through the interaction of personal identity and collective professional identities within the context of a patriarchal society based on dominant ideologies, difference and the social power of institutions (Payne, 2006; Sims, 2011). How the professionals construct their identity reflects their understanding of how they perceive the whole set of relationships in which they participate (Brown, 2000; Jenkins, 2004; Payne, 2006). When considering the context of professional identities in the real world attention needs to be given to the space that they occupy and the occupational value they hold (Bourdieu, 1991; Hogg, Terry and White, 1995). The individual professional will find themselves occupying a specific social space in society (positions). Through social interaction this gives rise to what Bourdieu terms as habitus (position taking) reflecting the individual's disposition to a specific way of thinking and acting. The individual can only give meaning to their identity by placing it in this social context and making comparisons between the space they occupy and the space occupied by other people (Calhoun *et al.*, 2002). An outcome of habitus is that it reinforces social difference and inequality (Lawlor, 2008). Professionals may, therefore, find it difficult to move from a professional space where they have a clear sense of who they are and where they sit in the professional hierarchy to a new

interprofessional space of potential uncertainty and conflict. For the four professional groups in this study moving from a specific professional focus to an interprofessional approach that can accommodate differing perspectives and goals could prove difficult.

2.3.5 Self-categorisation and the choice of profession

The choice of occupation will reflect conscious and subconscious traits of the individual which will lead them to identity with specific characteristics of a profession. For example, the nurturing aspect of the early years professional or the authoritative trait of the police officer. Although individuals may hold several identities simultaneously or belong to a variety of groups some theorists suggest it is often membership of a professional or occupational group that is the most significant (Turner, 1999; Adams *et al.*, 2006). Halford and Leonard (1999) consider the relationship between 'who we are' and 'what we do' in terms of the choice of occupation exploring the dichotomy as to whether an individual's identity emerges from their choice of occupation or conversely whether it is their identification with its core characteristics which leads them to an occupation and determines how they perform the role. In choosing a profession an individual will be motivated by both extrinsic and intrinsic factors. Maslow's hierarchy of needs suggests that it is only after satisfying physiological, safety and social needs (which include payment for labour) will the individual begin to consider self-esteem and self-fulfilment (Hodson, 2001). Similarly, occupation opportunity both in terms of individual capability and employment availability are also factors which need to be considered (Blau *et al.*, 1956; Evetts, 2011). This suggests that the selection of categories is not a totally free choice with social identity both 'describing

and prescribing' the attributes required to belong to a specific group (Hogg, Terry and White, 1995 p.260). Table 2.2 below summarises the different professional perspectives of the four professions in this study reflecting the focus of their role when working with children.

Table 2.2 The explanatory model and provision of services

Profession	The explanatory model and the provision of services:
	Each profession will see the child's difficulties from their distinct professional perspective which will reflect their knowledge base, attitudes and key values (Frost and Robinson, 2007.) This will impact on the provision of services and working together.
Early Years Professional	<p>The aim of the early years professional is to provide good quality care (to promote health, welfare and social development of the child) and early education (to develop language, literacy, reasoning and social skills) to children from 0-5 years (Siraj-Blatchford, 2011).</p> <p>Early years professionals have a duty under S 40 of <i>Child Care Act 2006</i> to comply with welfare requirements of the Early Years foundation stage and this includes following '<i>Working together to safeguard children</i>' guidance 2015. The EYP status role is to lead and support the learning and development of young children. Depending on the setting the EYP may also work with parents but essentially they are child focused (Brock and Rankin 2011). Only about 20% of early years professionals work in local authorities with the rest working private child care establishments (Osgood 2010). All children aged 3 - 4 are entitled to 15 hours per week of free preschool education. Current policy is to also offer free preschool education to disadvantaged 2 year olds (DfE 2013). EYPs direct work with children places them in a unique position to observe changes in a child's behaviour or appearance that may give rise to concerns about their welfare.</p>
Health Visitors	<p>Public Health nursing starts from the premise that 'health is a positive and lifelong resource' (NMC,2004, p6) Service provision should be accessible to all, non-stigmatising and should pay particular attention to the more vulnerable in society. Health visitors seek to promote the healthy development of children from pre-birth to 5 years of age. Health visitors have a dual role in terms of public health promotion and providing support to individual children and families (Baldwin, 2012). Health visitors provide services at community, family and individual level. Limited resources mean much of their work is focused on promoting the health of the individual child.</p> <p>The service is structured in three tiers. Universal services through the Health Child Programme (DH 2009) such as immunisations and developmental checks. Universal plus which offers more support to parents around specific health issues such as disabilities in the child and maternal depression. Universal partnership where health visitors work with other professionals to support children who have a higher level of need and/or are at risk of significant harm (DH. 2011). Under s 11 <i>Children Act 2004</i> health agencies are required to</p>

	have in place procedures to ensure effective joint working to safeguard and promote the welfare of the child.
Police officers	<p>'The purpose of the police service is to uphold the law fairly and firmly; to prevent crime; to pursue and bring to justice those who break the law; to keep the Queen's peace; to protect, help and reassure the community; and to be seen to do this with integrity, common sense and sound judgement' (Police statement of common purpose 1990, in Villiers, 2009, p.23). As a 24 hour response service to the public much of their role involves promoting the welfare of individuals and communities who turn to them to resolve a wide range of problems (Kennison and Fletcher, 2005).</p> <p>All police officers have a day to day role in safeguarding children and play an important role through their work in the community where they will come into contact with young children in vulnerable situations. Police child protection teams emerged in 1970s to investigate child abuse, manage safeguarding issues from a police perspective and to work collaboratively with other agencies to promote the welfare of children (S 11, <i>Children Act 2004</i>; NPIA 2009).</p>
Social Workers	<p>Social work takes a causative view and has a broad social welfare brief. It seeks to understand why problems arise and why people behave as they do. It aims to address a wide range of issues in society such as safeguarding and wellbeing, poverty and social exclusion taking both an individual and community perspective (Thompson, 2001; Dominelli, 2002; Banks, 2004). It operates from the principles of human rights and social justice (IASSW 2001) Social workers seek to help children, adults and families take control of and improve their lives (The college of social work 2012). They have a statutory role to intervene to promote the welfare and protection of children (<i>Children Act, 1989</i>; <i>Working together to safeguard children, 2015</i>)</p>

Social work is the only one of the four professions that does not provide a universal service and consumers must first satisfy a threshold test to see if they are eligible for service (*Health and Social Care Act ,2015*). Early years' services and health visiting services are available to all children and families and will also provide targeted services to those with particular needs.

Similarly, the police are required to respond to all requests for help.

Professions that have an open access policy sometimes find it difficult to accept the high thresholds for children's services (Stanley *et al.*, 2011).

There is evidence of some overlap and blurred boundaries between the four services. Early years professionals and health visitors both provide services

focused on the development of young children. Health visitors and social workers while working with individual families also have responsibilities to address issues such as public health and social inclusion in the wider community. Social work intervention includes an element of social control and this creates a link between the social work role and that of the police (Dominelli, 2002; Banks, 2004) whereby both professions have a duty to protect individuals and others from danger and harm. The police will also come across a variety of welfare issues during their day-to-day duties. Despite the differences in the professions they all share a vision of serving the public and safeguarding children (Barrett and Keeping, 2005).

2.3.6 The Development of Professional Identity

Professional identity develops over time and through the process of professional socialisation (Hudson, 2002; Adams *et al.*, 2006) the individual is likely to develop a strong psychological attachment to their chosen professional group which in turn will reinforce their sense of security in their own core self (Barrett and Keeping, 2005). Initially the individual will need to consolidate their own identity and in doing this will positively differentiate between their own profession and other professional groups. Some theorists argue that the stronger the professional identity the greater the discrimination against the outgroup (Hind *et al.*, 2003). Others suggest that where there is a strong, stable professional identity the individual professional will be more confident when collaborating interprofessionally (Howell, 2009). In consequence, the need to uphold ingroup status reduces enabling the professional to be more positive about the other professions (Bartunek, 2011). This implies that it is only once the professional is secure enough in

their own professional identity that they are able to consider having an interprofessional identity (Stull and Blue, 2014). Neither perspective considers the role of the employing organisation and for public sector workers there will be an expectation that the requirement of the job will supersede professional identity. To work effectively with other professional groups the individual will need to move from being profession focused to team focused with shared goals, mutual respect and an understanding of the skills that each profession can bring to the joint enterprise (Sargeant, Loney and Murphy, 2008; Thomson *et al.*, 2015). While policy guidance and organisational procedures are designed to achieve this shift, little attention has been paid to how different professional remits will impact on the process (Goodman and Clemow, 2010). For the four groups in this study it requires a recognition of their similarities and differences as summarised in Table 2.3 below.

Table 2.3 Summary of similarities and differences between the four professions

Characteristic	Similarities and differences between the four professions
Historical development and age of profession	The introduction of Early Years Professional status in 2007 created a new early years' profession in contrast to the other three professions who were beginning to establish themselves by the late 19 th /early 20 th century.
Gender	Nearly all early years and health visitors are female and around 72% of social workers are female in contrast to the police who are 75% male.
Professional Knowledge	Early years, health visitors and social workers have some overlap in their professional knowledge around child development. All professions have similarities in terms of knowledge of interpersonal skills and assessment. Only the police have a clear knowledge base on managing conflict.
Professional Qualification	The police are the least academically qualified at NVQ level 3. Early years and social workers will be qualified at graduate and post graduate level. Health visitors will be qualified at post graduate level and hold a nursing qualification as well. There has been recent concern about the efficacy of early years and social work training.
Registration	Early years professional status is not a registered title, however the Early Years Qualified Teacher status (introduced 2013) requires registration. HV and SWs have to be registered to practice. The police are attested.

Characteristic	Similarities and differences between the four professions
Professional association	All the professions have Professional Associations but these differ in terms of their influence and level of membership. Both HV and the Police have strong associations which also negotiate their pay and conditions. The College of Social Work closed in 2015 due to lack of government funding but BASW continues to provide a voice for SW.
Explanatory model and provision of services	All four professions have a welfare perspective. Early years and health visitors are focused on the development of the child. Social workers promote the overall welfare of the child through working with the child and family or substitute carers. Police officers focus on safeguarding children from a criminal/law and order perspective.
Professional status	All four professions appear to be uncertain about their professional status. Early years professions are perceived as having less status than the other three professions. All four professions have experienced government intervention in determining the role of the profession. For HV, SW and police officers this has left them feeling undervalued.

2.4 Interprofessional working

There appears to be a general understanding that IPW involves interaction, cooperation and collaborative practice by members of different professions to achieve agreed goals for the benefit of the service user (Ovretveit, 1997; Leathard, 2004; Barrett, Sellman and Thomas, 2005). A central belief of IPW is that when two or more professions work together they will achieve more than can be achieved by a single agency (Morrison and Glenny, 2012). IPW has its origins in the national health service where it was seen as a way of providing cost effective, streamlined, consumer focused services (Lupton, North and Parves, 2001; Leathard, 2004). Similar benefits from collaboration have been identified in services for children which have long held the mantra that effective support and protection for children is dependent on interprofessional cooperation (Glennie, 2007; Tope and Thomas, 2007).

2.4.1 UK Policy 1989 - 2016 relating to IPW with children

Interprofessional collaboration has been incorporated into key UK legislation and policy over the last 30 years. Appendix 1. presents a chronology of the

key legislation and policy developments affecting young children between 1989 and 2016. *The Children Act, 1989* introduced significant changes to child welfare legislation and was followed by the publication in 1991 of '*Working Together under the Children Act*'. This focused on protecting children and laid the foundations for interprofessional and interagency co-operation and communication. The beginning of the 21st century marked a significant shift in policy from a focus on child protection and risk of harm to a broader concept of safeguarding (Parton, 2016). This was underpinned by the ECM agenda (DfES, 2004) and was reflected in policy guidance on working together which addressed three domains; protection, prevention of impairment and the promotion of optimum life chances for all children (Parton and Reid, 2014). From a professional perspective it reinforced the notion that safeguarding is everyone's responsibility and that all professionals have a duty to cooperate with each other to promote the welfare of children (*Children Act, 2004; Working Together to Safeguard Children, 2006*). While statutory children's services retained the key role, the responsibilities of the other key agencies to cooperate and work together were clarified (Parton and Reid, 2013). Most notably in response to the Laming Report (2003) the role of the police was strengthened by making it explicit that they should assume the lead role in any criminal investigation and should assist other agencies and share information to protect children (Section 10 and 11, *Children Act 2004*). The introduction of early years professional status also emphasised the importance of the early years and early interventions to support children (Jarvis and Holland, 2011).

Since 2010 the pendulum appears to be swinging away from a focus on every child to a focus on the vulnerable and 'at risk' child and there is growing recognition of the extent and complexity of child maltreatment (Parton, 2016). Increasingly joint working is seen as a response to dealing with complex problems that are beyond the expertise of one professional group (Easen, Atkins and Dyson, 2000; Hood, 2012). This is reflected in the development of closer working between the four professional groups in this study with initiatives such as Sure Start and Children's centres (Jack and Gill, 2010).

The concept of IPW has become embedded in UK legislation and policy with the most notable guidance being '*Working Together to Safeguard Children*' (2015). This has been developed and revised many times since 1991 to reflect the changes in social policy towards children and to widen the scope to include newer areas of risk to children. Revisions have also tried to address failings in IPW identified in Serious Case Reviews (SCR) by providing more clarification on the different roles and responsibilities of agencies delivering both statutory and non-statutory services to children. The result is a lengthy document which reflects a functionalist and bureaucratic approach to collaborative working which is overly prescriptive in terms of interagency processes (Wastell and White, 2010).

Policy initiatives have been sporadic and reactive often following on from tragedies such as the deaths of Victoria Climbié (2000) and Baby Peter Connolly (2007) where both children were known to the police, health and social services (Marsh, 2006; Parton, 2011). The public outrage appears to provoke a 'something must be done' mentality (Hudson, 2005, p.544) to

ensure that professionals individually and collectively improve their practice. However, a narrative of blame and failure with professionals as opposed to families being held to account for child maltreatment poses dangers to collaborative practice (Parton, 2016). A negative climate is likely to lead to defensive practice where professionals are more focused on their own role to the detriment of interprofessional relationships (Driscoll, 2009).

While policy guidance is helpful and provides a structured response to working with children there is a sense it lacks an awareness of the fragility of interprofessional relationships (Quinney and Hafford-Letchfield, 2012). Goodman and Clemow (2010) question whether policy makers have a sophisticated understanding of key factors of collaborative working and as a model of intervention in services for children it continues to raise many issues (Morrison and Glenny, 2012). There appears to be an assumption that collaboration will happen automatically and that professionals have a shared understanding of how to implement policies (Lupton, North and Parves, 2001; Hudson, 2005). Little attention is paid to the underpinning characteristics of IPW, namely communication skills, trust, respect, and the impact of professional cultures and organisational structures (Horwath and Morrison, 2007; Widmark *et al.*, 2015). While legislation and policy has sought to strengthen interagency working there remains a gap between the rhetoric and the reality of interprofessional practice (Richardson and Asthana, 2006; Munro, 2011; Parton, 2016). What has been clear for some years is that guidance alone has not been sufficient to facilitate consistently effective IPW (Munro, 2011). This has implications for the professionals in

this study and is likely to impact on how they collaborate with other professionals.

2.4.2 Models of Interprofessional Working

Models of collaborative working tend to focus on the structural arrangements that bring professionals together (Sloper, 2004; Hudson, 2007; Robinson, Atkinson and Downey, 2008; Davis and Smith, 2012). These can be divided into three key domains, namely, integrated or collaborative teams, core and periphery teams which combine both integrated and fragmented working, and fragmented teams (Miller, Ross and Freeman, 2001). Some theorists prefer to separate out joint working into cooperative, collaborative, coordinated and merged approaches implying that the activity requires a specific attitude towards working together (Leathard, 2004; Frost, Robinson and Anning, 2005). This suggests that IPW encompasses a continuum of practice which requires more than a specific model of working to be effective (Davis and Smith, 2012).

For the professionals in this study collaborative working takes place within the TAC framework (Limbrick, 2007; DCSF, 2010) which encompasses two types of activity, namely the less formal meetings and discussions between professionals and the more formal meetings ranging from the Common assessment framework (CAF) to child protection (CP) meetings. The former could be described as fragmented teams as they are often ad hoc, transient, less structured meetings where professionals come together on a needs basis. A criticism of less formal meetings is that their informality can create tensions due to lower expectations in terms of participation and

accountability (Øvretveit, 1997; Leathard, 2004; Robinson and Cottrell, 2005). Bleakley (2013) argues for these meetings to be effective practitioners need to have a clear idea of how teams work and he separates such meetings into two categories, namely networks and knotworks.

The network will focus on maintaining a stable equilibrium where uncertainty and complexity are reduced to achieve consensus and consolidate the 'habitus' of the different professionals' (*ibid*). Knotworks, in contrast, are more flexible drawing on activity theory (Engeström, 2008) to understand the context and complexity of the problem. Here the interaction between professionals focuses on connecting, disconnecting and reconnecting the different interactive threads of activity reflecting true collaboration and IPW (Reeves *et al.*, 2008; Bleakley, 2013). Knotworking seeks to manage uncertainty and conflict to address the complexities of working with children and families. It is regarded as more responsive and collaborative as no single professional is expected to take responsibility or control (Daniels *et al.*, 2010) supporting the suggestion that interprofessional collaboration works best when participants share equal status (Lupton, North and Parves, 2001). While this model supports a more critically reflective and questioning approach, there is still a statutory requirement for a lead/coordinator role. How far professionals in this study can move from participation in networks to knotworking will depend on whether they can look beyond their own professional remit to adopt to a more interprofessional perspective (Daniels *et al.*, 2010).

The professionals in this study will have experience of both formal and informal meetings. In a multi-professional approach they will work together

on a task from their different professional perspectives but increasingly they will be expected to work interprofessionally adapting their role and blurring professional boundaries to enable shared decision-making, communication and the coordination of services (Payne, 2000; Day, 2006). The ability to shift from a multi-professional to an interprofessional approach is of interest to this study. Leathard (2004) suggests this is dependent on a recognition by the professional that what they have in common with other professionals is more important than the differences between them and this facilitates the sharing of knowledge and expertise. Alternatively, an interprofessional component is regarded as an essential characteristic of being a professional (Meads and Ashcroft, 2005; Morrison and Glenny, 2013; Joynes, 2014). The shift from a professional to an interprofessional perspective can be seen as a transition to 'professional adulthood' where the individual professional is sufficiently confident in their own role 'to share and defer their professional autonomy' to work together with professionals from other professional groups (Molyneux, 2001, p.33). Some theorists take the view that it is only when professionals are able to complete the 'socialisation' process into the interprofessional arena that they can begin to construct and develop new identities within an interprofessional group (Oliver and Keeping, 2010; Khalili *et al.*, 2013). This process relies on the disposition of the professional to participate in the process through their commitment to and identification with the interprofessional group. In practice it is unclear whether professionals have time to forge relationships and to establish a collective identity moving, as they do, between different teams around the child (Morrison and Glenny, 2012). Similarly, where professionals do not see the benefits of

interprofessional initiatives it can lead to the emergence of strong intergroup identities which are resistant to change and inhibit the emergence of a collective identity (Pollard, Sellman and Senior, 2005).

2.4.3 The team around the child model

A team around the child (TAC) of different professionals to provide a coordinated holistic service is at the heart of IPW to support children (Limbrick, 2009) The model is based on a systems perspective that starts from the premise that individuals are part of many groups and networks in society which will interact and influence each other to achieve an outcome (Payne, 2005; Healy, 2012). The principle is applied across a range of children's services from universal services (available to all) to targeted statutory services (service available to those who meet the threshold criteria). These teams may be actual ones where different professionals have come together in integrated teams, sharing resources and expertise to provide services to children. However, many TAC will be virtual teams of professionals who come together at different times to share information and discuss how best to support the child. The teams will have different life spans and may be one/off, short term, transient in nature or more longstanding depending on the needs of the child (CWDC, 2010). While the concept of the TAC is not a new idea it became a key component of the 2004 Every Child Matters: Change for Children agenda (Cheminais, 2009) and is the most commonly used term for teams coming together as a response to concerns about a child. The different types of meetings that bring the team around the child together are summarised in Table 2.4 below.

Table 2.4 The range of TAC meetings

Type of TAC meeting	Level of need and statutory mandate	Lead professional and chair of meeting
CAF assessment	Interagency assessment to identify help (universal and targeted services) to prevent needs escalating to point where intervention could be needed via a statutory assessment under Children Act 1989 (ECM, DfES, 2006, Working Together to Safeguard Children 2015)	Lead professional will usually be the professional with the most significant role/contact with the child/family. This person will convene, chair and minute the meeting
Child in Need (CIN)	Identified as a child in need of additional services to achieve or maintain a reasonable standard of health and development under S 17 of Children Act 1989. CIN plan will be drawn up involving relevant professionals.	Statutory requirement for social worker to be the lead professional. Meeting will normally be chaired by the SW or a more senior member of children's services. The frequency will be determined by the needs of the child – usually 6 weekly to monitor CIN plan.
Looked after Child (LAC)	Where there are concerns about the care of a child the LA may intervene and 'look after' the child placing them in alternative accommodation (S 20 or S 31 (Supervision or Care Order) <i>Children Act 1989</i>)	As above - the lead professional must be a SW. Meeting will be chaired by an Independent chair. The frequency will be after the first 4 weeks, then at 3 months and thereafter every six months but meetings can be convened earlier if appropriate.
Strategy meetings	Called when reasonable cause to suspect a child, has suffered, is suffering or likely to suffer significant harm. (<i>Working Together to safeguard children, 2015</i>)	Convened and chaired by a children's social care services team manager. Will involve SW and Police, the referring and other relevant agencies.
Local Authority Designated Officer meetings (LADO)	Procedures in relation to allegation against adults working with children (S11 <i>Children Act 2004</i>).	L.A. Designated Officer will chair. Lead professional will be SW but Police will take lead in a criminal investigation
Child Protection Conferences and reviews	Following an Investigation under S. 47 <i>Children Act 1989</i> . CP reviews for children on a CP plan take place 3 months after initial conference and thereafter 6 monthly (<i>Children Act 1989, Working Together 2015</i>)	Convened by children services with an independent chair. Will involve SW, Police, Health, Education and other relevant agencies who will provide written reports. Includes all core group members at reviews.
Core Group meetings	Where child is subject of a child protection plan (<i>Children Act 1989, 2004</i>) it is a requirement that professionals working with the child to implement the plan meet	SW is lead professional. Convenes and chairs meetings within 10 days of CP Plan and then at 6 weekly intervals. Likely to include health,

Type of TAC meeting	Level of need and statutory mandate	Lead professional and chair of meeting
	regularly between child protection conferences.	early years/schools and parents and child if appropriate.

2.4.4 The Lead Professional

A common component in these teams is that one professional will be required to assume the role of lead professional and this is central to the development of integrated children's services (DfES, 2003; Robinson, Atkinson and Downey, 2008). This lead worker could be any professional who has a significant role with the child, but where there is a statutory duty to the child this will be a social worker. The lead professional is accountable to their own agency for delivering the lead professional functions but is not responsible for the actions or services of other practitioners (CDWC, 2006). Sloper (2004) contends this role is difficult for a professional to assume and it would appear to create confusion as to the level of interprofessional accountability (Hudson, 2005). While the lead professional is the co-ordinator of services realistically they are expected to assume a leadership role. As such they will need to display key leadership traits, namely, the ability to communicate, influence and motivate others in the team to achieve desired goals (Daft and Lane, 2008). The leadership role in interprofessional teams can be quite contentious and at odds with the view that such groups should be non-hierarchical with equality in working relationships (Molyneux, 2001; Barrett and Keeping, 2005; Gopee and Galloway 2009). There is often a reluctance by professionals to assume this role due to the extra work it generates (Holmes *et al.*, 2012). However, it is significant in terms of managing difference and working together both at a strategic and frontline

level (Robinson, Atkinson and Downey, 2008). For the four professional groups in this study perceptions of status and power will impact on how confident the individual professional feels in taking on the lead professional role (Hart, 2011)

2.4.5 Facilitators and Inhibitors of Interprofessional Working

Leathard (2004) identifies four key factors that may inhibit good IPW. These are poor communication and language differences, conflicting power relationships, ideological differences and role confusion. The literature tends to be dominated by references to the barriers of IPW with a suggestion that they focus more on the process than the outcomes (Sloper, 2004; Hudson, 2007; Green, 2013). Taking a more positive perspective Fitzgerald and Kay (2008) identify a range of factors which underpin successful partnership working emphasising the importance of trust and good communication between individuals and agencies. They suggest that these traits require that professionals are confident in their knowledge and expertise, clear about their role purpose and secure in their identity and status as a professional. The individual professional needs to come to the interprofessional table with a clear sense of their own professional worthiness and the importance of a confident professional within an interprofessional team cannot be underestimated. (Barrett, Sellman and Thomas, 2005; Fitzgerald and Kay, 2008).

While policy initiatives and organisations focus on telling professionals how they must work together (Sloper, 2004; Hudson, 2007) it is argued that it is the dynamics of IPW that should be given the most attention (Lupton, North

and Parves, 2001). Underpinning these dynamics is the fact that professionals who have acquired an identity based on distinctiveness and differentiation are then expected to adapt this to embrace a commonality of knowledge, role purpose, goals and values to enable effective collaboration (Hudson, 2007). A flaw of the managerial approach is that it focuses on bureaucratic process and fails to pay attention to the contribution of the underpinning emotions of practitioners (Driscoll, 2009; Munro, 2010). The extent to which professionals can become interprofessional will be influenced by personal and professional characteristics as well as their organisational structures (Molyneux, 2001; Widmark *et al.*, 2015). While the professional groups in this study try to take a holistic approach arguing that the child is at the centre of the process, the explanatory model (see Table 2.2) will expose different perspectives which can cause tensions between professionals (Frost and Robinson, 2007).

In moving to an interprofessional position professionals are being asked to accept that they do not always hold a unique and specific body of knowledge (Irvine *et al.*, 2002). The willingness of professionals to shift their perceptions of their professional characteristics will be influenced by their professional confidence and the extent that they see themselves of equal status to the other professions (Hudson, 2002). Perceptions of professional identity will have a strong influence on how professionals negotiate to meet their own needs as well as reciprocating to develop a base for joint working (Loxley, 1997; Hudson, 2002; Widmark *et al.*, 2015). Lupton (2001) observes that negotiation and collaboration does not take place on a level playing field and differences in status, skill, knowledge and access to resources will mean that

some professionals will have more influence than others. However, more generally, there appears to be a reluctance to acknowledge the different power and status relationships within IPW (Hart, 2011)

2.4.6 Communication and Information Sharing

IPW has an emphasis on communication, information sharing and collaboration (Day, 2006; Laming 2003, 2009; Munro, 2011). How professionals communicate is central to effective collaboration and there is a recognition that communication is not simply confined to the exchange of information (Widmark *et al.*, 2015). Good communication between professionals is the essential ingredient or 'glue' that promotes collaborative working and underpins interprofessional relationships (Sargeant, Loney and Murphy, 2008, p.232). Dialogue between professionals needs to be reciprocal with both sides listening to and taking account of the perspective of the other professional (Widmark *et al.*, 2015). While there has been a particular focus on the communication between individual professionals this needs to be practiced and supported at all levels in the organization (Meads and Ashcroft, 2005; Robinson, Atkinson and Downey, 2008).

2.5 Theoretical Framework of Interprofessional Relationships

Two contrasting frameworks have developed to help explain how professionals perceive and manage interprofessional relationships. Contact theory which has been closely linked with IPE considers the conditions needed to facilitate positive contact between professionals whereas Realistic Group Conflict theory (RGCT) focuses on the existence of differences

between professionals and how to manage these. Both these theories are of relevance to this research study.

2.5.1 Contact Theory

The contact hypothesis has been developed to explain and support intergroup relationships (Mandy, Milton and Mandy, 2004; Sargeant, Loney and Murphy, 2008; Bridges and Tomkowiak, 2010; Hewstone and Swart, 2011). It proposes that if professionals from different disciplines have more contact they will begin to understand each other. The assumption is that this will lead to a positive shift in stereotypical attitudes where hostility is reduced and similarities and differences acknowledged (Carpenter and Hewstone, 1996; Mandy, Milton and Mandy, 2004; Carpenter and Dickinson, 2008; Hewstone and Swart, 2011). However, as the theory has developed questions have been raised as to whether contact is enough and what conditions need to be in place for it to impact beneficially on intergroup liaison (Hewstone and Brown, 1986; Sargeant, Loney, Murphy, 2008; Ajjawi *et al.*, 2009; Carpenter and Dickenson, 2016)

Allport (1954) identified four conditions that had to be met to facilitate positive intergroup relations and reduce prejudice (Hewstone and Swart, 2011). The groups need to hold equal status within the situation, have a cooperative approach to working together, share common goals and be supported by their institutions. Contact is viewed as falling into two categories. Direct contact which would involve face-to-face encounters and indirect contact which either involves being influenced by another ingroup member's contact with the outgroup or imagined contact where a group uses mindfulness to

appraise the outgroup (Crisp *et al.*, 2009; Turner and Crisp, 2010). With both forms of contact it is suggested that group members not only consider what they feel about the outgroup but also what the outgroup may feel about them (Hewstone and Swart, 2011; Barr, 2013). Together these perceptions will impact on how professionals come together in TAC.

Over time a range of dependent variables have been added to Allport's four conditions (Hewstone and Brown, 1986; Bridges and Tomkowiak, 2010; Hewstone and Swart, 2011; Mohaupt *et al.*, 2012). Pettigrew *et al.* (2011) review of studies identified three key variables that influence intergroup contact. These were knowledge, anxiety reduction and enhanced empathy. Some studies have identified the importance of knowledge about the roles and practice of other professions for effective collaboration (Watkin *et al.*, 2009; Thomson *et al.*, 2015). This encompasses an awareness of similarities and differences, the development of common goals and interprofessional understanding (Hewstone and Brown, 1986; Sargeant, Loney and Murphy, 2008). Pettigrew *et al.*, (2011) found that knowledge was a far less significant mediator than the affective attributes of anxiety reduction and enhanced empathy. The desire to reduce anxiety between groups about the threat they pose to each other is seen as a way of managing the ingroup/outgroup comparisons identified in social identity and social categorisation theory. It is argued that a reduction in anxiety will promote more understanding between groups by enabling the development of mutual respect, trust, empathy, forgiveness, and a readiness to work together (Sargeant, Loney and Murphy, 2008; Pettigrew *et al.*, 2011).

The personal role of the individual in contact theory can prove very influential. In building self-esteem and group-esteem the individual professionals will band together to highlight their qualities and goals at the expense of the other professions (Mandy, Milton and Mandy, 2004; Ajjwai *et al.*, 2009) This can lead to the other professionals reinforcing stereotypical views (Thomson *et al.*, 2015). Bainbridge and Wood (2012) suggest that knowing about people outside of their professional role will enhance interprofessional interaction and where the individual is more secure in their identity the potential to develop cross group friendships or relationships arises (Bartunek, 2011; Pettigrew *et al.*, 2011; Thomson *et al.*, 2015). The consequence of professionals liking each other can be a shifting of attitudes not only of that individual but also their profession to the whole outgroup where the groups have some degree of similarity or shared goals (Hewstone and Brown, 1986; Pettigrew *et al.*, 2011). However, this does not necessarily follow and in some cases while professionals get to know and like each other through joint working they appear to retain their stereotypical views (Pettigrew and Tropp, 2011). Mandy, Milton and Mandy (2004, p.165) suggest that stereotypes are manifestation of more powerful archetypes that counter experience by seeking to organise and interpret this according to existing patterns. If this is the case then breaking down stereotypes is likely to be far more difficult than anticipated This raises questions as to how to manage attitudes and stereotypical views towards IPW and whether these can be side stepped by the behaviour of professionals in the here and now of direct contact.

Hean and Dickenson (2005) have suggested that if too many conditions are applied to the contact hypothesis it will cease to become of value as a framework to understand, predict and promote intergroup relationships. There is some debate as to the importance of Allport's four conditions along with dependent variables to achieving positive results (Barnes *et al.*, 2000; Hean and Dickenson, 2005; Thomson *et al.*, 2015). Some theorists suggest that all four conditions need to be present and even if just one condition is missing then intergroup contact is unlikely to change attitudes and stereotypical views (Barnes, Carpenter, and Dickinson, 2000; Thomson *et al.*, 2015). Others argue that it is the equal status of the groups and common goals that are the most critical conditions needed to promote interprofessional relationships (Bridges and Tomkowiak, 2010). Overall studies that have sought to test the contact hypothesis show that intergroup contact 'typically reduces prejudice' even if the evidence of contact conditions is weak (Pettigrew *et al.*, 2011, p.271). It would appear more analysis is needed about the nature of the contact, the extent to which the theory takes account of relevant causal factors, and whether there are other factors that will contribute to more positive intergroup perceptions. The conditions of contact are relevant for the four professional groups in this study and will influence how they feel about working together.

The contextual factors of intergroup contact appear to be underplayed in the literature (Foster and Macleod Clarke, 2015) and it could be argued that this should be the starting point for contact hypothesis. Much of the research centres on students and professionals within health settings and is focused on micro interactions with little consideration of the broader political and

socio-economic environment (Hean and Dickenson, 2005; Hammick *et al.*, 2007). Any analysis of intergroup contact needs to consider how professional habitus will be influenced by organisational conditions and power dynamics within this wider context (Hewstone and Swart, 2011).

Barr (2013) suggests that any framework for understanding interprofessional relationships and the impact of intergroup contact should be grounded firmly within the realities of practice. The reality of practice for TACs centres on communication, information sharing and working together to support positive outcomes for children. While the role of communication is integral to contact theory it receives very little detailed analysis conveying a sense that under the right conditions professionals will automatically display these skills.

Sargeant, Loney and Murphy, (2008 p.233) observe that much of the literature seems to assume that professionals 'intuitively knew how to work together effectively in teams' rather than acknowledging that the development of positive relationships 'takes work'. The engagement in joint activities appears to be a way of breaking down barriers between different professional groups (Pettigrew *et al.*, 2011; Barr, 2013; Meyers and Lees, 2013). In some circumstances contact does not yield positive results and even where there is a shift in attitude overriding stereotypical views persist (Brown and Hewstone, 2005; Carpenter *et al.*, 2008; Foster and Macleod Clarke, 2015). It could be that contact theory is too simplistic for the modern world of IPW where professional identities are restrained and redefined in a culture of managerialism and government directives (Evetts, 2011; Muzio and Kirkpatrick, 2011; Pullen-Sansfaçon and Ward, 2014).

2.5.2 Contact theory and interprofessional education

Participants in this study were in the early stages of their career and had undertaken professional training to qualify in their chosen profession. To understand the significance of professional identity and attitudes for IPW it is necessary to consider their origins and whether these change over time through IPE and contact with other professionals. Three sets of studies were reviewed that added knowledge to how pre and post registration professionals viewed their own professional characteristics, the characteristics of other professions and the role of IPE.

Contact theory has been a key driver in IPE programmes and IPE is widely regarded as one way of developing contact between professionals to improve communication and relationships between professionals (Carpenter and Dickinson, 2016). The aspiration is that by bringing different professionals together they will learn about each other's role and modify their stereotypical views thus facilitating more effective collaboration (*ibid*). Most of the studies reviewed below utilised contact theory in the implementation and evaluation of the IPE programme. In relation to this research project there are several limitations to the review of studies. Most of the studies that have evaluated the impact of IPE on professional attitudes focus on students in different professions within the health sector. Professionals in the health service work within a clearly defined hierarchical structure and this is likely to influence and possibly reinforce attitudes towards specific professions. This was reflected in both Tunstall-Pedoe (2003) and Lindqvist (2005, 2009) studies which used terms such as caring and subservience in their measurement scales. Although social workers were included in three pre-

registration (University of West England ,2004; New Generation, 2006; Bell and Allain, 2011) and three post registration studies (Carpenter *et al.*, 2006; Watkin *et al.*, 2009; Pollard, Miers and Rickaby, 2012) health visitors and police officers were only included in one study (Watkin *et al.*, 2009). Early years professionals were not included in any study. However, the findings of these studies contribute to a general understanding of IPW. A further limitation of the studies reviewed is that participation was voluntary possibly reflecting a positive attitude towards IPW which could reflect bias in the findings. Similarly, the studies relied on the self-reporting of respondents and it was not possible to check the validity of these views. Appendix 2: provides a summary of the studies discussed below.

2.5.2.1 Professional attitudes of pre-registration students

Studies which used Brown *et al.* (1986) professional identity scale to measure the attitude of students at the beginning of their professional course all found that students had already formed a strong sense of their own professional identity prior to commencing their training (Hind *et al.*, 2003; Hean *et al.*, 2006; Coster *et al.*, 2008). These findings were supported by other studies which took a baseline measure of students' attitudes towards interprofessional learning (Tunstall-Pedoe, 2003; Pollard, 2004; Lindqvist *et al.*, 2005). Drawing on the principles of SIT (Turner, 1999) this is to be expected as different professions will attract individuals with specific traits (Hall, 2005). The stereotypical views that students hold prior to commencing their training will shape how they interact with and perceive the other professions (Foster and Macleod Clark, 2015).

Studies which have sought to measure whether interprofessional learning (IPL) has changed the attitude of professionals towards each other have produced mixed results. Three studies (Tunstall-Pedoe, 2003; Mandy, Milton and Mandy, 2004; and Lindqvist *et al.*, 2005) looked at the impact on attitude of an interprofessional module in the first term of pre-registration courses by measuring both pre and post course attitudes. Tunstall-Pedoe found that professional attitudes became stronger whereas attitudes towards other professionals became less positive. In the Mandy study the two professional groups held stereotypical views of each other prior to IPL. Following the course physiotherapists' scores for podiatrists became significantly more negative whereas podiatrists' views of physiotherapists did not change significantly. In contrast Lindqvist *et al.* (2005) found that although participants view of their own characteristics either remained the same or changed very little there was a positive shift in their views about the characteristics of the other professional groups and participants were enthusiastic about IPL. These findings were supported by Jacobsen and Lindqvist (2009) who found that following the IPL professionals viewed other professionals as more caring than before the intervention. Similarly, Ateah *et al.*, (2011) also reported more positive perceptions of other health professionals following an IPE intervention.

Two studies reinforced how perceptions of status can negatively impact on interprofessional relationships. This was evident in the Mandy, Milton and Mandy (2004) study where both physiotherapists and podiatrists viewed physiotherapy as having higher status. The second study (Ajjawi *et al.*, 2009) found that dental students felt marginalised and viewed as second class

citizens by medical students. These two studies only looked at two professions and this might have reinforced perceptions of unequal status making it more difficult for attitudes to change positively. Perceptions and comparisons of status is an issue that may be present for the four professional groups in this study. Bell and Allain (2011) asked social workers in their final semester to rate other professions including health visitors, police and early years professionals on the Professional Identity scale. The findings confirmed that social workers held both positive and negative stereotypical views of the other professions and used these to reinforce their own sense of identity. Conversely, Mohaupt *et al.*, (2012) study of students from different health care professional groups at the beginning and end of their prequalifying courses reported a more positive attitude towards the other professions and an increased awareness of interprofessional collaboration.

Two large scale longitudinal studies, The New Generation Project (Hean *et al.*, 2006, Adams *et al.*, 2006, Foster and Macleod Clark, 2015) and the University of West England Project (Pollard *et al.*, 2004, 2006, 2008)) also reported different findings. The New Generation Project found that although students continued to differentiate between the characteristics of different professions, thus maintaining stereotypical views, there was evidence of a slight moderation of these views by students who had engaged in the interprofessional modules (Foster and Macleod Clark, 2015). In contrast, the University of West of England found that while students continued to feel positive about their own professional and interprofessional skills following IPE they displayed a more negative attitude towards IPL and interaction

(Pollard *et al.*, 2006). Pollard and Miers (2008) noted that as students progressed on the course they became more critical of IPE despite showing more confidence in their skills in communication and IPW. This finding was in line with Hayashi *et al.*, (2012) study which reported a negative shift in attitudes towards other professionals but found that attitudes appeared to shift more positively towards the end of the course.

The overall results are thus mixed for pre-qualifying students suggesting that while IPE may not be a good predictor of improved professional attitudes there is evidence that it has the potential to influence professional perceptions of each other. There was some evidence that the shorter IPE interventions produced more positive results (Foster and Macleod Clark, 2015) but what is not clear is whether positive changes in attitudes are sustainable over time and how far students' attitudes change through interprofessional contact in the workplace. Knowledge of professional attitudes and stereotyping by pre-registration professionals contributes to an understanding of how early years professionals, health visitors, police officers and social workers position themselves in relation to other professionals in the early stages of their career.

2.5.2.2 Professional attitudes post qualification

Two small studies have explored whether IPE pre-qualification has impacted on subsequent collaboration between professionals (Derbyshire and Machin, 2011; Pollard, Miers and Rickaby, 2012). The findings of both studies showed that professionals felt they had benefited from exposure to IPL in their training and that this was more meaningful in a practice as opposed to

an academic setting. However, the first study made the point that often IPL does not occur with the professionals that practitioners find themselves working with once they are qualified. This suggests more thought needs to be given to the realities of practice and the different professionals who make up the work environment. In the second study practitioners noted the importance of personal qualities in successful collaboration implying that some attributes of collaboration come from within the professional as opposed to being acquired through a training course. A third study by Jakobsen, Hansen, and Eika (2011) compared the views of the same cohort of pre and post qualifying professionals to see if their learning objectives changed over time. There was a change from uni-professionalism to professional identity as the most important learning outcome as students became alumni. This led them to conclude that IPE strengthens professional identity and that this shift may be due to practitioners developing new perspectives as a result of increased experience. These findings were supported by Thomson *et al.*, (2015) who explored the attitudes of recent health care graduates towards interprofessional teamwork and communication. While this study took place in a strongly hierarchical clinical setting its findings reflected the significance of stereotypes with individual negative feelings being generalised to the whole profession. There was evidence of the depersonalisation of the other professions and problematic relationships with other professionals. Professional identity was more important than a workplace identity and independent professional goals appeared to overshadow intergroup goals. While it is not possible to generalise these findings to the professional groups in this study they do

highlight that IPE will not necessarily lead to professionals' adopting an interprofessional persona.

Three IPE studies of qualified practitioners have also utilised contact theory to explore how professionals perceive each other (Carpenter *et al.*, 2006; Watkin *et al.*, 2009; Furness, Armitage, and Pitt, 2012) The first two studies reported positive results in terms of the improving an understanding of different professional roles and interprofessional relationships. However, the Carpenter study found that this did not mean there was a change in stereotypical views. One explanation for this was that participants did not regard the individual professional as typical of their profession so tended not to generalise these positive perceptions to the profession as a whole. The third study (Furness, Armitage and Pitt ,2012) was designed to promote IPL within teams in health and care settings. Despite the initial enthusiasm of participants there was little evidence of improved IPW. The reasons for this were linked to the key contact variables, in particular, the lack of institutional support, low expectations and engagement of staff and the absence of a cooperative atmosphere.

The studies of IPE for post qualified professionals again provided mixed views about the impact of IPE. Other theorists (Brown and Hewstone, 2005; Barr, 2013; Cox *et al.*, 2016) suggest that evidence of a causal link between contact theory and IPE programmes is somewhat tenuous. Similarly, there is limited evidence of the relationship between attitudes to IPW and the value of IPE (O'Carroll, McSwiggan and Campbell, 2015) so it is difficult to determine whether the strengthening of professional identity in the workplace is a result of IPE and whether it contributes positively or negatively to IPW. Systematic

reviews of IPE have found some evidence that IPE promotes positive interactions between professionals but evidence of positive changes in professionals' perceptions and attitudes towards each other is limited (Hammick *et al.*, 2007; Thistlethwaite, 2012; Lapkin, Levett-Jones and Gilligan, 2013).

The studies in this review suggest that IPE at pre-qualification level had given post-qualified practitioners more confidence when working with other professionals and that professional identity had been strengthened. It could be argued that professional identity is key to how professionals' position themselves in the interprofessional arena (Calhoun *et al.*, 2002).

Professionals need to be able to confidently present their own profession to other professions and hold their place in the team (professional identity), and work as a team in practice (interprofessionalism) (Howell, 2009 p.445).

Positioning by professionals is particularly important for successful collaborative practice and for the four professional groups in this study this will link to their perceptions of their own status and that of the other professions.

2.5.3 Realistic Group Conflict theory

While contact theory focuses on the conditions needed to promote positive intergroup relationships RGCT turns the argument around to consider whether differing objectives or goals can act as a barrier to effective joint working (Hind *et al.*, 2003; Mandy, Milton and Mandy, 2004; Thomson *et al.*, 2015). RGCT suggests it is the salience of ingroup identity that drives intergroup behaviour whereas contact theory seeks to explain this behaviour

in terms of 'interpersonal, intragroup and intrapsychic phenomena' (Jackson, 1993, p.396). Developing this argument Jackson (1993) goes on to suggest that direct contact with outgroup members and a focus on changing intra-individual factors such as attitudes will have little impact on intergroup relationships. Contact theory has placed great emphasis on the interpersonal qualities of group members with a focus on developing mutual understanding and reducing prejudicial attitudes. In contrast RGCT takes a wider perspective by considering both the rise and decline of intergroup conflict.

Sherif (1966) developed RGCT as a theory to explain intergroup hostilities supporting this with a series of studies designed to test how different groups react in competitive situations (Jackson, 1993, Sherif, 2015). Where groups find their engagement frustrating and where one group's gain is another group's loss then hostility and negative stereotyping of the outgroup is likely to arise. Conflicts of interest between groups not only creates antagonistic intergroup relations but also strengthens the identity of the in-group (Jackson 1993). This is perpetuated as groups in conflict will keep their distance and overtime negative views become standardised providing the basis for ongoing hostility (*ibid*). RGCT argues that animosity can be reduced when mutually desired superordinate goals are established that can only be achieved if the different groups co-operate together (Sherif, 2015). The theory focuses on how goals which can be independent, mutually exclusive or superordinate operate to produce or reduce intergroup hostility (Jackson, 1993, Thomson *et al.*, 2015). The individual group goals will link to the purpose of their group and its explanatory model. The four groups in this study have different profession specific goals but ultimately share a

superordinate goal to promote the welfare of the child. The willingness to engage in intergroup contact will be dependent on whether the reasons for collaboration are so compelling that they can override actual and perceived intergroup differences which give rise to negative stereotyping, hostility and competition (Gaunt, 2011).

The role of competition for resources and group status are key factors in RGCT (Filindra and Pearson-Merkowitz, 2013). The unequal division of resources not only of wealth but power and status leads groups to make comparisons between themselves and other groups (Tajfel and Turner, 1979). The wider social context and the history between groups will impact on intergroup relationships. While Sherif (1966) tends to dismiss previous contact with outgroup members as of no importance Gaunt (2011) argues this can have a mediating effect. These different perspectives could reflect the nature of the competition between groups and Sherif (2015) found that often one particular issue can dominate intergroup relationships to such an extent that it becomes a 'limiting factor' to the resolution of other conflicts. This has relevance to interprofessional collaboration where the different professions have differing roles in respect of the child's welfare.

Where groups have been able to build on and replicate successful cooperation some theorists suggest this can provide a cumulative effect on more positive intergroup relationships (Jackson, 1993). Although RGCT largely rejects the interpersonal impact of group members the emotional wellbeing of the group needs to be considered as a factor when there are conflicts of interests between groups. Group membership generates a feeling of self-worth and this is maintained by the group having a distinct identity

(Correl and Park, 2005). The more a group feels threatened the more likely intergroup anxiety will lead to negative stereotyping and bias against the outgroup (Gaunt, 2011). The more conflict people perceive the greater the polarisation of their intergroup attitudes (Brown *et al.*, 1986). This in turn may mean that contact between groups can impact negatively on relationships especially where there is unequal status and power differences (Pettigrew *et al.*, 2011).

Status reflects a group's relative position in society and is an outcome of intergroup comparison (Tajfel and Turner, 1979). Its impact is not straightforward as it needs to be considered within the social context of the groups involved. Where hierarchy of status appears to be institutionalised and legitimised through rules and procedures then the groups involved may not question their relative status. This may mean that there is agreement as to the status of the dominant group in relation to the other subordinate groups. Where there are several subordinate groups with similar characteristics the potential for conflict between them is likely to arise as each group questions its position in the hierarchy (Tajfel and Turner, 1979). A further issue identified by Tajfel and Turner is the impact of low subjective status on not only the group as a whole but on group members. Where the group and its members do not feel valued or important then this will have a negative effect on their social identity and in turn this will weaken their contribution to positive intergroup relationships.

Contact theory argues that positive intergroup relationships require professionals and groups to come together on an equal footing. RGCT recognises that in the reality of practice groups will come together with both

actual and perceived differences in status. Even where the outgroup is viewed positively, hostility can arise if there is a perception of conflict (Jackson, 1993). This helps explain why despite evidence of good working relationships overall stereotypical views appear to be hard to change.

RGCT appears to embrace the realities of practice but tends to focus on how groups function as opposed to considering how group identity is developed and maintained. Tajfel and Turner (1979) seek to address this by placing the theory within an interpersonal - intergroup continuum reflecting an individual's belief system about 'the nature and the structure of the relations between social groups in their society' (p.35). They identify the two extremes of this continuum as 'social mobility' and 'social change'. At the 'social mobility' end behaviour is influenced by the belief that if an individual is not satisfied with their membership of a group they have the ability to change this either by moving to another group or possibly affecting change within in the group. At the 'social change' end individual behaviour is constrained by the marked stratification of groups within society. Individuals will cease to act as individuals based on their personal characteristics and interpersonal relationships. They will assume a group persona in their intergroup relationships reflecting the group norms and attitudes. It, thus becomes very difficult for the individual to move from one group to another which in turn will reinforce identification with the group and feelings of hostility towards other groups. Where groups are positioned on this continuum will determine how able they are to reconfigure themselves in response to outside pressures to work collaboratively. While contact theory has a role to play on this continuum and can influence the direction of travel an understanding of

RGCT can offer a broader perspective on intergroup relations. However, literature focusing on RGCT in relation to IPW is limited and reference to this theory tends to be made in relation to contact theory as opposed to a separate theory that has a strong contribution to make to an understanding of interprofessional relationships. Recognising and working with differences between groups to develop common goals may provide a better framework for IPW than the contact hypothesis (Sargeant, Loney and Murphy, 2008)

2.6 Conclusions of Literature Review

The literature review has highlighted some of the anomalies between the policy, theory and practice of IPW reflecting a lack of understanding of the importance of professional perspectives to effective collaborative working. There is little evidence that policy initiatives have considered or built on theories underpinning professional identity and intergroup relationships to promote more effective collaborative working.

The changing nature of professions from autonomous beings to one of a shared identity with the organisations in which they are located has created a dual identity and a need for professions to consider the attribute of interprofessionalism as a professional characteristic. The literature makes links between social identity and social categorisation theory to explain how an individual will take on the characteristics of their profession and differentiate between themselves and other professions. Studies highlighted that students enter their chosen profession with a strong sense of professional identity and that this is maintained as they become qualified practitioners. However, there was limited evidence as to how practitioners in

the early stages of their career viewed their own identity, the identity of the other professions and the impact of these perceptions on IPW.

The literature review explored the concept of IPW drawing on models of interprofessional collaboration, contact theory and studies of IPE, and RGCT to understand perceptions of professional identity and interprofessional attitudes. Much of the literature focused on professions in the health sector and little is known as to how qualified professionals on the front line of children's services feel about their own identity in relation to the other professionals they work with. The review suggests that the four professional groups in this study operate in an uncertain political and organisational environment where their professional security is compromised by their semi-professional status, managerialism, the requirement to work collaboratively, the vagaries of government policy and media scrutiny.

The literature review provides an understanding of IPW mainly in health settings. While some of this knowledge is transferable to children's services there is a gap in the literature as to how professionals in front line children's services perceive their own identity and their intergroup relationships. An understanding of these perceptions is particularly important to the development of effective IPW. The study aimed to address this gap by exploring the perceptions of professional identity and interprofessional working of early years professionals, health visitors, police officers and social workers. The next chapter outlines the aims and objectives and discusses the methodology of the research study.

Chapter 3: Methodology

3.1 Introduction

This chapter will outline the aims and objectives of the study and discuss the underpinning theoretical framework and choice of methodology. It will then consider the research design and methods.

3.2 Aims and objectives of the research study

The aim of the research was to understand the role of professional identity in IPW to support more effective collaboration between the four professional groups (Early Years Professionals, Health Visitors, Police Officers and Social Workers). The objective was to explore:

1. How participants view their own professional identity and that of their peers.
2. How participants view the professional identity of the other three professions.
3. How participants experience working together.

3.3 The Research paradigm

The starting point for the research was a consideration of how the research objectives fitted with the key research paradigms and their differing epistemological and ontological views on the nature of reality. A research paradigm is a set of beliefs which influences 'what should be studied, how the research should be done and how results should be interpreted' (Bryman, 1998, p.4). Research is interested in the ontology of the world view of things searching for patterns and themes that add to the epistemology about the phenomena (Hammond and Wellington, 2012). Historically,

research has divided into two camps based on ontological and epistemological positions, which lend themselves to the quantitative and qualitative divide (Creswell, 2009; Bryman, 2008). Table 3.1 below presents these two paradigms.

Table 3.1 Differences between the underpinning philosophies of Quantitative and of Qualitative Research

Underpinning philosophical assumption	Quantitative Research	Qualitative Research
Ontological (nature of reality)	Objectivism One external reality which is independent of individuals. Social phenomena are beyond individual influence.	Constructionism Reality is multiple and relative as the world is socially constructed. Social phenomena and their meanings created internally through social interactions.
Epistemological (nature of and acquisition of knowledge)	Positivism Knowledge is objective and hard data can be collected, described and measured through experiments and surveys. A scientific approach assumes the natural world and social world are the same. The researcher is objective and detached from the participants. Deductive - looks for cause and effect, tests hypothesis, seeks to generalise and predict.	Interpretivism Knowledge is subjective and relies on interpretation of soft data such as interviews, focus groups, and observation. The natural world and social world are not the same. A scientific approach cannot capture its meaning. The researcher and participants are interdependent/subjective. Inductive - uses data to explore, explain and understand reality. Theory building.

A third position emerged in the 20th century, namely, mixed methods research, which adopts a pragmatic view of combining and connecting both quantitative and qualitative methods to provide a more comprehensive and complete picture of the research topic (Tashakkori and Teddlie, 2003; Bryman, 2008; Creswell and Plano Clark, 2011). These paradigms will now be considered in relation to the research study with a discussion as to how they have informed the choice of methodology.

3.4 The Positivist Paradigm.

Quantitative research is based on a belief in a single reality and adopts a natural science model which is deductivist and objectivist (Bryman, 2008; Hammond and Wellington, 2012). It takes a positivist perspective which assumes the world is 'real' and that it is possible to determine knowledge by following scientific procedures of inquiry. Theory has an underpinning role with an emphasis on hypotheses testing (Bryman, 2008). Quantitative methods seek facts in terms of relationships and variables that can be measured and compared numerically (Neuman, 2006; Denzin and Lincoln, 2013).

The positivist approach to social world research can provide a description of the experience of a phenomenon, however, it cannot give meaning or capture underlying emotions or thoughts. As a research tool to explore and understand views and beliefs it is limited (McLaughlin, 2007). It is also argued that it is not possible for research into human beings to be totally value free as the views and objectives of the researcher will influence the research design and participants' responses will be influenced by their unique experiences (Alston and Bowles, 2003; Johnson and Onwuegbuzie, 2004). The researcher was a member of one of the four professions in the study and despite trying to 'bracket out' preconceived ideas and knowledge this experience had some impact on how the research was designed, conducted and analysed (Kafle, 2011).

Post-positivists question whether reality can ever be fully understood, leading to a shift from a deterministic to a probabilistic perspective which allows for uncertainty and doubt (Robson, 2011, p.23). Although the aim is to arrive at

a single reality, post-positivists take a more flexible approach recognising that social world research takes place in a context where there may be more than one reality, measures may be fallible, and results will be influenced by variables such as cultural experiences and the individual's view of the world. Post-positivists argue that a view can be constructed by identifying patterns and themes through the triangulation of different measures (Trochim, 2006).

The objective of the research study was to explore professionals' perceptions of their own professional identity, the other professionals and IPW. A quantitative approach could meet this goal by using a questionnaire with attitudinal scales which could be measured, compared and analysed (Kumar, 2014; Bryman, 2008). The use of a questionnaire would provide some distance between the researcher and the participants thus supporting the positive principle of objectivity (Bergman, 2008; Bryman, 2008).

While positivists place emphasis on deduction and matters of meaning, Bryman (2008) argues that quantitative research is often more driven by exploration than hypothesis testing than theorists have suggested. Although the study was not looking to test hypotheses it was influenced by theory and knowledge about professions and stereotypes which shaped the research design. The advantage of the quantitative approach would be that it could capture, measure and compare the perceptions of professionals relatively easily. Quantitative research tends to be associated with larger sample sizes and would enable a target sample to be determined that was manageable in terms of data collection and analysis (Creswell, 2009). The findings could be put alongside what is already known about the topic and contribute to a greater insight into professional relationships (Kumar, 2014).

Professionalism and interprofessional relationships are dynamic concepts and a major limitation to a quantitative approach was that the findings would provide a 'static picture' of the professionals' perceptions which could not capture what Gubrium and Holstein (1997) term as the naturalism and emotionalism of the professional's inner social reality. In this study, the findings from the Likert scales, while generating valuable data, would not provide insight as to why these professionals held the views that they reported and how they experienced their role (Ivankova, Creswell and Stick, 2006). The questionnaire would, thus, provide an incomplete picture of the phenomenon.

3.5 An Interpretative Paradigm

The limitations of a quantitative approach led to a consideration as to whether a qualitative approach would be able to meet the research objectives. A qualitative approach is based on the interpretivist paradigm. It takes the view that the world is socially constructed and its meaning is determined through the subjective views of participants (Creswell, 2009). In contrast to the single reality of the positivists, the paradigm assumes a relativist ontology with multiple realities. The researcher does not find or discover knowledge, they construct it (Merriam, 2014). Knowledge emerges and is developed as participants describe and give meaning to their experiences within a context (Lincoln, Lynham, and Guba, 2013).

While interpretivist paradigms focus on experience, understanding and meaning, they are informed by three key philosophical approaches, namely constructionism, symbolic interactionism and phenomenology which give a

different emphasis to specific aspects of the research (Meriam, 2014).

Theorists emphasise the importance of identifying the underpinning philosophical approach as this will influence the choice of methodology, type of analysis and subsequent findings (Koch, 1995; Flood, 2010; Dowling and Cooney, 2012). The study, therefore, considered the relevance of the three interpretivist paradigms.

3.5.1 Social Constructionism

Social constructionists take the view that meanings are constructed by people through their interpretation of their experiences (Crotty, 1996). Truth is seen as relative and it is dependent on one's perspective (Baxter and Jack, 2008). These views will be formed through the individual's interaction with others and through historical and cultural norms that operate within their lives (Creswell, 2007) giving rise to multiple meanings where there is no objective reality. However, critics argue that analysis is too focused on the individual and fails to look more widely at how social structures outside of individual consciousness impact on how a person experiences and interacts with their world (Alston and Bowles, 1998; Alvesson and Sköldbberg, 2009).

3.5.2 Symbolic Interactionism

In contrast, the understanding of context is central to symbolic interactionism. This means that an interpretation of beliefs needs to move beyond the individual to consider the impact of social structures (symbols) on interactions and in turn how interactions impact on social structures. Blumer (1986) defines symbolic interactionism as a process where human beings react towards things according to the meaning they give them and this

meaning is based on their social interaction with others. Self-identity, which incorporates the individual's view of the world, is a product of society and behaviours reflect the complex networks of interaction that human beings engage in (Stryker, 1987).

3.5.3 Phenomenology

While social constructionists and symbolic interactionists seek to understand and explain how individuals view their world, phenomenology goes further in its interpretative approach. The two key philosophical approaches to phenomenology can be traced back to Husserl and Heidegger (Koch, 1995; Flood, 2010; Tuohy *et al.*, 2013). Husserl (1859 -1938) was interested in the psychological processes of 'perception, awareness and consciousness' through which a person attaches meaning to their existence in a world of objects, relationships and language (Smith, Flowers and Larkin, 2009, p.16). He questioned whether an understanding of the world is dependent on the objectivity of empirical science and suggested that human experience and perceptions are key to making sense of this world (Fade, 2004).

Heidegger (1889-1976) built on Husserl's ideas moving from a descriptive to an interpretative stance to develop a hermeneutic and existential approach. The focus shifted to the person's experience of 'dasein' or being in the world (Crotty, 1996; Fade, 2004; Smith, Flowers and Larkin, 2009). This looked beyond description to understand the nature of being, the person in context, and the inter-relationship between the subjective experience of the individual and the underlying factors that account for the experience (Larkin, Eatough, Osborn, 2003; Kafle, 2011). Hermeneutic phenomenology is based on the

principle that descriptive accounts derive from interpretation which will be informed by preliminary assumptions about the meaning of the event or experience that we are trying to understand (Willig, 2008). Past experience, context, language and culture all contribute to how a person views and is involved in the world around them (Smith, Flowers and Larkin, 2009). For Heidegger there was an 'indissoluble unity' between the person and the world reflecting a symbiotic relationship between the two (Koch, 1995, p.831).

Finlay (2009) argues that although the two underpinning philosophies of Husserl and Heidegger remain distinct the move from description to interpretation should be seen as a continuum. As phenomenological methods have developed it appears that the boundaries between the two approaches have become blurred (Dowling, 2007). In contrast to a traditional approach this hybrid approach considers and interprets the participants' lived experiences within its situated context as opposed to defining it within an acultural universal world (Tuohy *et al.*, 2013). Rather than seeking to simply establish the constituents of the phenomenon the new approach is interested in how people make sense of it within their subjective world (Crotty, 1996).

Despite the different emphasis in the interpretative process social constructionism, phenomenology and symbolic interactionism all share a commonality in wanting to understand the lived experience of human beings which is the focus of this study. Similarly, they all interconnect reflecting a systemic system where a shift in one area will result in changes in the other two (Payne 2005). This is particularly relevant in this study as the professionals' views of their identity and the other professions reflect a social

constructionist perspective that is influenced by the socio-economic-political context which underpins symbolic interactionism. Together they will impact on how professionals perceive and interpret their world. The stronger interpretive stance of phenomenology was considered as the most appropriate to best support the research project by moving from a constructivist and descriptive account of professional views to one that can give meaning to these views at a deeper level by striving to get to the 'essence' of the individual's experience. The 'essence' can be defined as the core feeling an individual holds which will underpin how they construct and make sense of their world (Crotty, 1996).

3.5.4 Methodological Approaches to qualitative research

Three key approaches to qualitative research, namely, case studies, grounded theory and phenomenology (Creswell, 2007), were reviewed to assess which approach would best meet the objectives of the research study. In all these approaches the investigator is the primary instrument of data collection and through analysis seeks to elicit meaning from the data (Merriam, 2014).

3.5.4.1 A case study approach

A case study was considered as it could provide a focus on a specific team to explore how professionals view their day-to-day experiences and interactions with other professionals within the context of working together (Creswell, 2007; Hammersley and Atkinson, 2007). The case is the unit of analysis and potential data sources would be documentation, interviews, focus groups, and direct and participant observations (Baxter and Jack,

2008) which could yield rich data and enable the researcher to view the phenomenon through multiple lenses and triangulation (Alston and Bowles 2003; Merriam, 2014). Identifying a team around the child (TAC) or setting where the four different professional groups come together was likely to be problematic as many encounters are ad hoc and transitory in nature. More significantly, case studies tend to be small studies and this method would have limited the breadth of the research which wanted to capture the views of up to 40 professionals in each profession.

3.5.4.2 A grounded theory approach

Grounded theory research focuses on building theory from the data (Glaser and Strauss, 2009) through comparative analysis of the data with a view to forming substantive theories to explain the everyday experiences of the participants (Merriam, 2014). It takes a symbolic interactionist perspective where reality reflects the individual's interpretation of the interaction they have within a complex network of social structures (Machin, Machin and Pearson, 2011). It also draws on a constructivist approach as theory is developed and co-constructed by the researcher and participant (Charmaz, 2014). The focus is on the meaning that participants give to their experiences, going 'back and forth' between 'data collection, coding and memoing' in a systematic way applying induction, deduction and verification to enable interpretation and the generation of theory from the data (Alston and Bowles, 2003, p.208). Data is collected through a variety of methods, most notably observation, interviews, focus groups and document analysis. These theories may then be generalised to inform more formal theory which can be used to effect changes in practice. A grounded theory approach

would be of value if the purpose of the research was to go beyond exploring a phenomenon to develop an explanatory theory or model that could be used to inform the complexities of IPW. The cross-sectional nature of this study with a sample area across London and the South East of England raised issues as to whether it would be possible to generate theory with confidence due to the diversity of roles and settings of the four professional groups. However, the objective of this research was not to create hypotheses or theories about the perceptions of professionals and collaborative working but simply to develop an understanding and interpret the meaning of their experiences.

3.5.4.3 A phenomenological approach

A phenomenological approach makes a clear distinction between the views of participants and those of the researcher (Biggerstaff, 2012). The person's interpretation of their experience and the interpretation of these views by the researcher give rise to what is termed the hermeneutic circle (Crotty, 1996; Smith, Flowers and Larkin, 2009). This process can go back and forth, becoming more interpretative as the analysis develops and is finalised (Moustakas, 1994; Willig, 2008; Smith, Flowers and Larkin, 2009).

An interpretative phenomenological approach underpinned by a phenomenological paradigm was evaluated to be consistent with the research aim. The objective was to get to the essence of the experience of being a professional and to make sense of this the research needed to be located in their day-to-day world (Koch, 1995; Dowling and Cooney, 2012). It wanted to go further than description and sought to uncover the perceptions

of professionals to interpret how they experienced and gave meaning to these within an interprofessional context. It wanted to not only look at how the experience appeared but also at the many layers that contributed to an understanding of the professionals' 'dasein' or 'being in the world' (Dowling, 2007; Flood, 2010; Tuohy *et al.*, 2013). An ideographic approach was, therefore, needed to combine both a descriptive and interpretive element (Standing, 2009; Smith, Flowers and Larkin, 2009; Dowling and Cooney, 2012).

A limitation of this approach is that it is heavily reliant on the quality of the interaction between the participant and the researcher. Willig (2008) also suggests that in seeking to understand the participant's cognition (ideas and beliefs) it can be difficult to separate the knower from the known, thus creating an interdependence between the researcher and the researched, which may influence the opinions of the interviewee (Bergman, 2008). Professionals will come with pre-existing views and beliefs which will shape their perceptions of their own practice and their views of other professionals. Similarly, the researcher will have a set of beliefs from previous life and practice experience. This highlights the importance of the researcher bracketing out preconceived ideas and this is discussed later in relation to the pre-reflective stage of the interview (See Chapter 5, Section 5.2) and the IPA analysis of the interviews (see Chapter 3, Section 3.9.12 and Chapter 5, Section 5.3). While the researcher will seek to interpret the data, the emphasis should be on the validity of the individual's subjective account of their experience and the meaning they attach to it (Fade, 2004).

3.5.5 The contribution of a qualitative approach

As stated, the study wanted to explore professionals' perceptions of identity and IPW. Whereas quantitative research could measure perceptions against predetermined categories, the aim of the interpretivist approach was to explore the thought processes that underpin these perceptions. The objective was to understand how individuals see themselves and the other professions within a context that is continually being constructed and interpreted (Bryman, 2008). The advantage of a qualitative approach through semi-structured interviews was that it captured the lived experience of participants (Denzin and Lincoln, 2011) by enabling professionals to talk about their own beliefs and experiences of being a professional and working with other professionals within the TAC framework. However, the semi-structured interview would not generate clear numeric data recording specific beliefs and attitudes. As with a quantitative approach it was felt that a qualitative approach on its own would provide an incomplete picture of the phenomenon.

3.6 The Pragmatist paradigm

Pragmatism holds a worldview that singular and multiple realities exist and rejects the positivist /constructivist divide by utilising both objective and subjective lines of inquiry to generate knowledge about the real world (Feilzer, 2009). The interpretation of these multiple perspectives will be influenced by the underpinning theoretical positions of both the quantitative or qualitative approach (Johnson and Onwuegbuzie, 2004; Bryman, 2008; Bergman, 2010). Although the two paradigms can appear diametrically opposed, they share a common purpose as both are interested in capturing

the individual's point of view (Denzin and Lincoln, 2013). They both seek to use theory to support the research taking deductive and/or inductive approaches (Bryman, 2012). Some theorists suggest that the two paradigms are part of a reflective research cycle or continuum which can encompass both standpoints starting from the generation of ideas and working round to testing of theories (Johnson and Onwuegbuzie, 2004; Gorard, 2007).

The pragmatist paradigm takes an epistemological stance, which focuses on which research methods work best and an ontological stance that can embrace both singular and multiple realities. It offers a middle position both philosophically and methodologically which rejects the traditional dualisms of the positive and non-positivist paradigms such as objectivism versus subjectivism or realism versus constructivism (Harvey, 2009). This essentially frees the researcher to consider how best to achieve the research aims by utilising the strengths of different methods to give multiple perspectives (Creswell and Plano Clark, 2011). However, there is some unease amongst theorists as to whether pragmatism can be viewed as a paradigm with a unified philosophical position of two essentially incompatible beliefs (Morgan, 2007; Bergman, 2011; Christ, 2013). Morgan (2007) prefers to define pragmatism as a pragmatic approach where the focus moves from an epistemological stance to the actual behaviour, the beliefs behind this behaviour and the impact of this behaviour. In essence, this captures the aims of this research study. The following table, illustrates how a pragmatic approach to research can work in practice.

Table 3.2 A Pragmatic approach

	Qualitative approach	Quantitative approach	Pragmatic Approach
Connection of theory and data	Induction	Deduction	Abduction – Mixing/merging data by moving back and forth between induction and deduction making links between theories and observations and actions.
Relationship to research process	Subjectivity	Objectivity	Intersubjectivity – captures the shared meaning, taking into account the duality of a single real world and the unique interpretations individuals give to that world. Mixing and merging methods to provide a comprehensive interpretation of the phenomenon.
Inference from data	Context	Generality	Transferability – how and whether knowledge generated can be utilised in other settings and/or to explore the phenomenon in more depth.

Adapted from 'A Pragmatic Alternative to the Key Issues in Social Science Research Methodology' (Morgan, 2007, p.71)

3.6.1 Critical Realism

Critical realism shares some commonalities with pragmatism and tries to justify and explain a multi-methods approach by developing a methodological pluralism that can accommodate both the positivist and the interpretivist paradigms (Danermark *et al.*, 2002; Christ, 2013). The critical realist argues that a positivist or constructivist approach to research on its own is 'too superficial, unrealistic and anthropocentric' (Alvesson and Sköldbberg, 2009, p.16). In common with positivism, they are focused on an objective world looking for patterns, generalizations and commonalities. The assertion of critical realists is that an external world/reality exists

independently of our knowledge while at the same time there is a dimension that includes a constructed reality which arises out of a desire to understand and make sense of the world (Danermark *et al.*, 2002; Christ, 2013). The social world is seen as a dynamic entity which changes and develops all the time. Generative mechanisms will produce social phenomena that can only be identified through the impact they make (Bhaskar, 1989). The different meanings that people attach to different experiences are explained by the fact that individuals will experience different parts of reality (Fade, 2004). This enables critical realists to interpret both objective data (through quantitative statistical data analysis) and subjective data (through qualitative discourse analysis of data) as the basis of their scientific inquiry (Bryman, 2008; Christ, 2013).

While critical realism developed out of a recognition that positivism fails to take account of how social reality is constructed, a weakness of the approach is that it still places an emphasis on reality rather than how it is conceived, on the factual world as opposed to the social world (Alvesson and Sköldbberg, 2009). The contribution of the personal account of the lived experience is used to make a connection between the social reality and the underpinning mechanisms that operate in the objective world. It focuses on establishing causal explanations rather than reflecting on the meaning attributed to things and events (Fleetwood and Ackroyd, 2004). Examples of this can be found in this study in terms of the concept of professional identity and power which were reflected in the professionals' ratings of their own and the other professions' professional characteristics (see Chapter 4, Section 4.13). Similarly, in the interviews in terms of the concept of being a

professional (See Chapter 5, Table 5.1 and the concept of justice (see Chapter 5, Section 5.6.9).

For the four professions in this study the link between causality and the interpretation of actual experiences can be placed within systems theory providing a framework to understand the complexity of IPW (Hood, 2014). Payne (2005) defines systems as structures with boundaries that can either be closed with no interchange across boundaries or open systems where boundaries can be crossed but the essential component remains the same. Systems theory is particularly relevant to professionals working with children as it not only advocates a holistic approach to the child but also recognises how different professionals working together is integral to the complexities of the task (Munro, 2010). Similarly, the synergy of a system will mean that professionals react and adapt to both external and internal mechanisms of causality thus supporting a critical realist approach. For this study, it could provide a framework to understand how the four professional groups position themselves not only in terms of their own profession but also in relation to each other and how this impacts on their experience of IPW.

3.7 The choice of methodology

The overriding principle for the choice of methodology was that it should be driven by the research questions to ensure that they are addressed in the most effective way (Teddlie and Tashakori, 2003; Bergman 2011). It was recognised that a 'what works' principle needed to be underpinned by a theoretical basis to support the design of the study and to provide credibility to the analysis of the research findings. Taking into account the preceding

discussion, a decision was made to adopt a mixed-methods approach drawing on and combining data from different sources to provide a more complete picture of the phenomena (Bowling, 2009; Creswell and Plano Clark, 2011).

Taking a pragmatic approach, a theoretical lens incorporating both critical realism and interpretative phenomenological analysis was used to support the analysis of quantitative and qualitative data. A critical realist approach supported the analysis of data from the questionnaire providing a snapshot view of professional perceptions. An example of this would be where a concept or characteristic of a profession such as a professional qualification is identified. The reality of the professional qualification is that it gives credibility and status to the profession and requires its members to achieve a specific standard of academic ability (see Chapter 2, Section 2.3). However, an interpretation of the data will also reflect how professionals construct their own meaning and value to this concept in the light of their professional and interprofessional work experiences. Critical realism helped contextualise the study by considering both the conscious and unconscious mechanisms that influence both the objective and subjective world of professional perceptions. An interpretative phenomenological analysis of the semi-structured interviews added depth to this analysis through the understanding and interpretation of how professionals experience and perceive their world.

3.8 The Research Framework

A case study and cross-sectional framework were considered as designs that would achieve the research objectives. Case studies can be used as a framework for both quantitative and qualitative research and are often used as the basis for different types of research such as grounded theory and phenomenology (Alston and Bowles, 2003; Creswell, 2007). Identifying systems where the four professional groups in the study were likely to consistently come together was difficult due to the range of different TAC models and the diversity of settings where the professionals worked.

Bryman (2012) suggests that the distinction between a cross-sectional study and a case study lies in the unit of analysis. In this study the unit of analysis was the qualified professional and professionals were located in different areas and settings rather than in one particular team. A cross-sectional approach usually takes a quantitative approach to collecting data with two or more variables at a given point in time. The analysis establishes the relationship between these variables and identifies patterns of association. This fitted with the objectives of this study to explore the views and attitudes of the different professional groups through a questionnaire. However, on its own it left a gap in terms of an understanding as to why participants held particular views (Bryman, 2012). This gap could be addressed through the addition of a qualitative method of semi-structured interviews and a cross-sectional mixed-methods design was chosen as it could best meet the research objectives.

While the term mixed-methods is used to describe research that combines both quantitative and qualitative data there is a distinction between research

that uses multi-methods and research that mixes methods (Tashakkori and Teddlie, 2003). This is influenced by the purpose of the research, the research design and the function of integration (Bryman, 2006). Symonds and Gorard (2008) suggest that the difference lies in how the different strands of the research connect. Where the two data sets findings continue to be viewed independently despite integration into the study then it would be described as taking a multi-method approach. The data sets can be used to triangulate or explain the findings but a deeper exploration of the combined data sets will be limited (Bryman, 2006). In contrast, in a mixed-methods approach, at some point in the process, the different types of data will merge together (Saunders *et al.*, 2016). The two data sets will then become intertwined in the overall analysis and interpretation of the findings enabling a fuller exploration of the phenomenon.

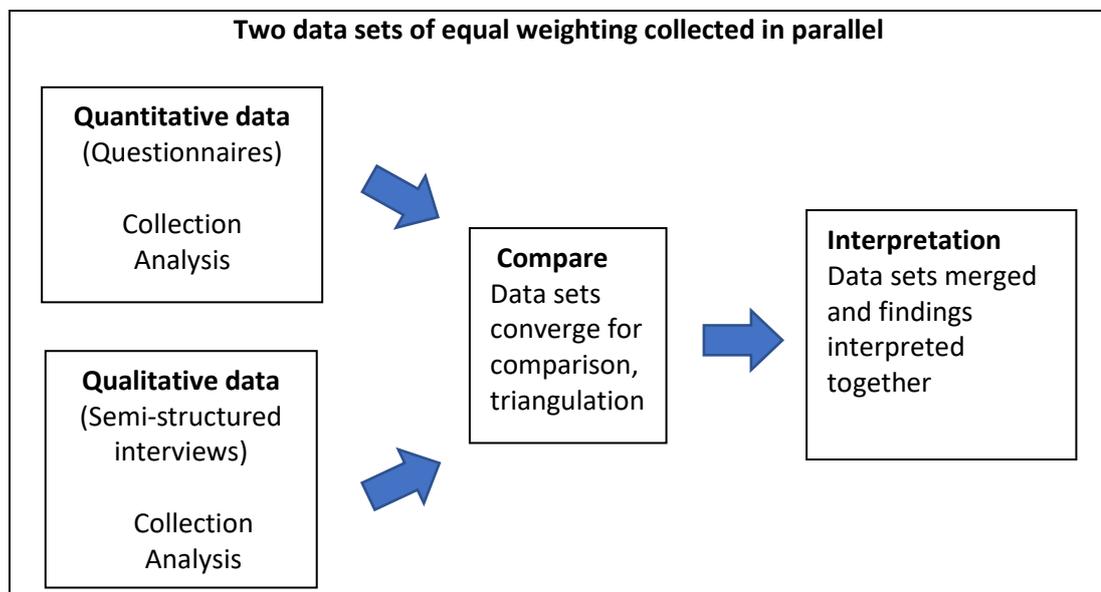
In this study the contribution of the quantitative and qualitative sets of data to answering the research questions was evaluated to determine when to collect the different data sets and as to how far one set would inform the other. Mixed-methods research requires the researcher to consider what data is being collected, how it is collected and in what order (Tashakkori and Teddlie, 2003; Creswell, 2009). The study wanted to collect data on the professionals' views of their own professional identity, their views of the other professions and their experiences of working together. This was to be collected by two different methods, namely the questionnaire with Likert type questions which would generate a set of descriptive, factual and measurable data and semi-structured interviews where professionals could provide an emic perspective of their views and experiences.

The two methods were complementary as they addressed different aspects of the phenomenon as well as affording the opportunity for triangulation and providing a more comprehensive picture (Onwuegbuzie and Collins, 2007; Bryman, 2012). Both data sets provided answers to the research questions but one set was not dependent on the other and they were viewed as carrying equal weight.

This meant that a sequential design was not appropriate as neither set of data was to be used to inform the collection and analysis of the second set (Creswell and Plano Clark, 2011; Östlund *et al.*, 2011). In a parallel approach data is timed to be collected 'concurrently or at roughly the same time' and the different sets of data were all collected within a set time frame (Creswell *et al.*, 2011, p.7). A parallel relationship assumes that although the samples of both the quantitative and qualitative components come from the same population of interest, they are separate samples (Onwuegbuzie and Collins, 2007). While the two data sets had equal weight and participants could have been asked to select whether they wished to complete a questionnaire or attend an interview it was not possible to predict the response rate and whether this would generate acceptable numbers for each component. The number of questionnaire respondents required to enable statistical analysis needed to be much greater than the number of interviews that could be realistically achieved. The collection of quantitative data was less time consuming, easier to administer and enabled the incorporation of an interview request at the end of the questionnaire without the necessity of further approval from participants' organisations.

Collins, Onwuegbuzie and Jiao (2006) draw attention to the fact that in many mixed studies one of the samples will be a subset of the other describing this as a ‘nested relationship’ (p.277) with one sample larger than the other. Creswell (2009) makes the distinction between a concurrent nested and a concurrent triangulation design. In a concurrent nested design the prime set of data will guide the research and the smaller set of embedded data will be used to ask different questions and expand on the results of the larger set. Whereas, in the concurrent triangulation design two or more data collection methods are used to complement, compare and corroborate findings. The analysis of each data set is undertaken completely independently ensuring that results are not compared or integrated until both sets of analysis are complete (Leech and Onwuegbuzie, 2009). Figure 3.1 below present the mixed-methods design adopted in this study.

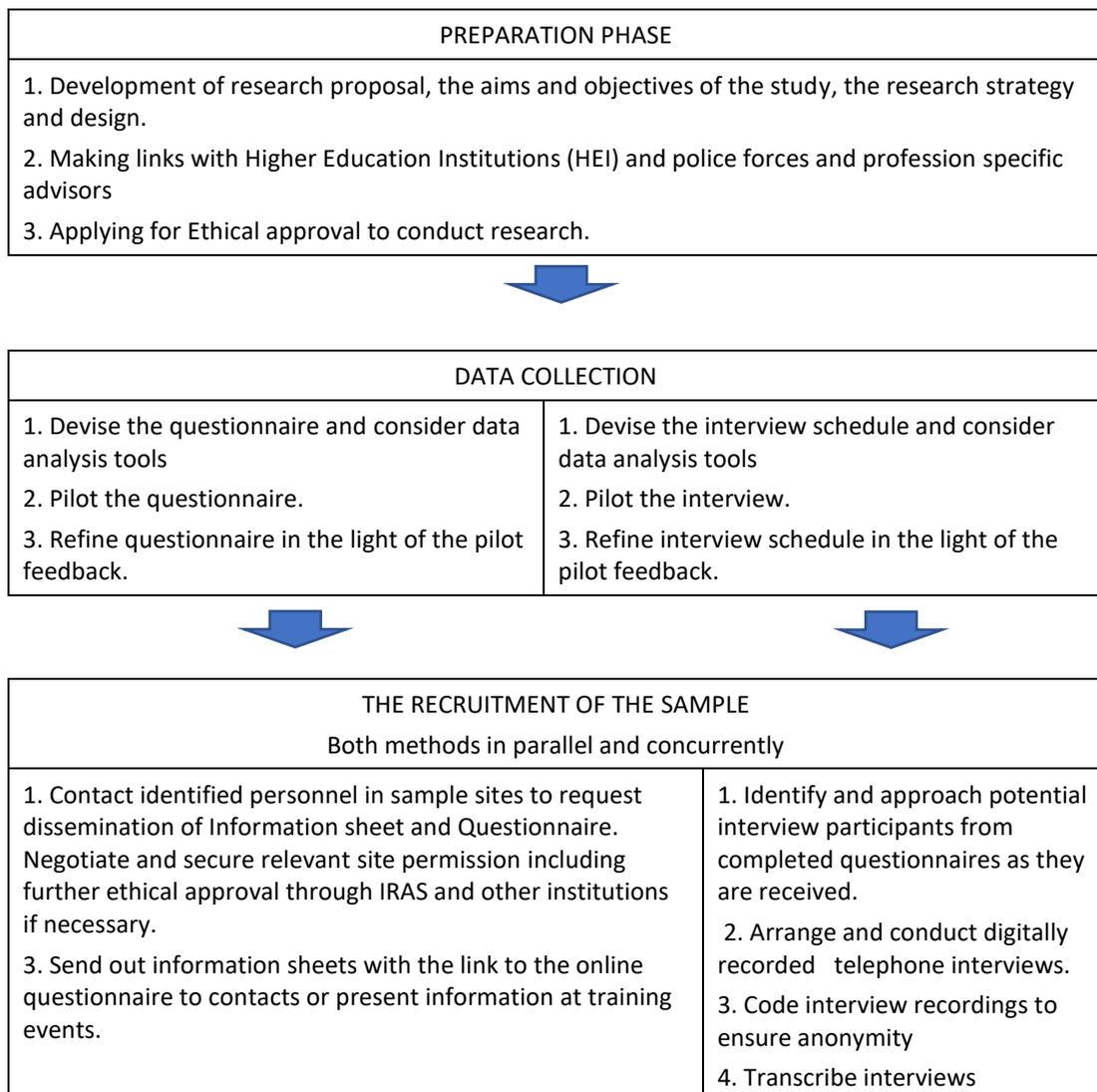
Figure 3.1 The Research Design



3.9 The Research Process

Figure 3.2 provides a flow chart summarising the research process from the preparation phase, through the collection of both quantitative and qualitative data to the analysis and interpretation of the findings. This section then outlines the ethical framework before describing the sampling strategy. It will then present the mixed-method approach starting with the quantitative approach followed by the qualitative approach. It will conclude with a discussion as to how the two data sets can be compared and the findings merged to enable a deeper level of interpretation.

Figure 3.2 Flow Chart of the research process



<p>4. Monitor responses to the questionnaire in order to follow up interview offers.</p> <p>5. Review and extend inclusion criteria, applying to FREC to approach more establishments and social media sites.</p> <p>6. Disseminate information to new sites and ask existing sites to send reminders about the research to potential participants.</p> <p>8. Make decision to close the questionnaire.</p>	<p>5. Continue interviews until required number achieved or no further interview offers</p>
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DATA ANALYSIS	
<p>Quantitative and Qualitative data to be analysed separately starting with the interviews to avoid the interpretation of data being influenced by the results of the questionnaire</p>	
<p>1. Clean data to eliminate repeat submissions, incomplete submissions with insufficient information or submissions which don't meet the criteria.</p> <p>2. Transfer data to SPSS for analysis to generate descriptive statistics (demographic details, responses to the Likert scale questions on professional characteristics, professional identity and IPW and their participation in teams around the child.)</p> <p>3. Undertake Analysis of Variance (ANOVA) to compare mean ratings of each profession to Likert scale questions.</p> <p>4. Present, interpret and discuss findings</p>	<p>1. Undertake IPA of individual interviews.</p> <p>2. Collate analysis of individual interviews into professional groups identifying and interpreting themes</p> <p>3. Compare the four data sets identifying superordinate and sub themes.</p> <p>4. Test analysis for reliability by independent researcher review of interview transcripts, themes and issues.</p> <p>5. Review findings in the light of independent researcher feedback.</p> <p>6. Present, and discuss findings</p>



MERGING THE DATA
<p>Compare and connect findings from both samples</p> <p>Merging the two data sets for interpretation of the overall findings</p> <p>Discussion</p>



RECOMMENDATIONS AND CONCLUSION
<p>1. Consider the implications of the findings from the research questions making links between the literature and policy to identify the contribution of the research study to existing knowledge on how professionals work together with recommendations for future practice.</p> <p>2. Write up and disseminate findings to contribute to the development of IPW.</p>

3.9.1 The Ethical Framework

The Research Governance Framework (DH, 2005) sets out the general ethical principles that should guide research and its prime aim is 'to ensure

that participants are protected from any risks associated with the research' (McLaughlin, 2007, p.56). Alston and Bowles (2003, p.21) list five ethical criteria that researchers need to apply. These are the principle of autonomy which includes informed consent and confidentiality, non-maleficence, beneficence, fairness and justice and a positive contribution to knowledge. To uphold these principles, researchers need to act with integrity throughout the research, to ensure that the wellbeing of participants is maintained (McLaughlin, 2007).

The research study was approved by the Faculty of Health and Social Care Research Ethics Committee (FREC) at Kingston University (see Appendix 3.1. Ethics Approval letter). Further approval to access health visitors (two university ethics committees and the N.H.S. Integrated Research Application System (IRAS)) and police officers (one Research Unit protocols for external research) was secured prior to recruitment of participants. Procedures for handling, processing, storing and subsequently destroying data were compliant with the *Data Protection Act* 1998. Digital recordings, transcripts and field notes were coded to prevent identification of participants. Computer data storage, which was password protected, was arranged to protect anonymity and confidentiality was maintained in the reporting of the findings. All participants were professionals and while it was unlikely that participation would cause them distress they were advised of help lines they could access if the research raised any concerns for them. They were also reminded that the interview would be confidential and anonymous but should they disclose anything that could place someone at significant risk then this would need to be passed to the appropriate authority.

When considering the ethical principles underpinning the research the issue of informed consent for the online questionnaire and the interview warranted more attention. Ethical issues around the nature of informed consent for online questionnaires have been raised with some theorists questioning whether it should be assumed that the submission of an online questionnaire implies informed consent (Whitehead, 2007; Hesse-Biber and Griffin, 2013). Miller and Bell (2012) more generally question the notion of informed consent. They point out that what the participant thinks they are consenting to at the beginning of the research may not resonate with the outcome of the research. The researcher made it clear that the submission of the online questionnaire implied that the respondent had given their consent and understood the purpose of the research (see Appendix 3.2: Information sheet).

Questionnaire responders who had expressed an interest in participating in an interview received a second information sheet outlining the purpose of the interview (see Appendix 3.3. Interview Information Sheet). This included a request to sign a consent form. However, while most confirmed they were willing to be interviewed few returned the signed consent form. A further request was made to participants at the start of the interview to return a completed consent form but many failed to do this. Although written consent was desirable, there was concern that potential interviews would be lost if this was a non-negotiable requirement of participation. The literature on the issue of gaining consent notes this can be problematic for researchers and there are different perspectives on this (Gelinas, Wertheimer, Miller, 2016). From an ethical perspective the key issues centre on whether participants

are fully informed about the research, the voluntary nature and anonymity of their participation, and whether there is any risk of harm. Where these conditions are met and there is no risk of harm the principle of implied consent by participation can be applied (Royse, 2010). However, implied consent does not give the same assurances as written consent to the researched or the researcher. Researchers need to ensure that participants fully understand what participation means and their right to withdraw consent at any time during the interview. To address this the issue of consent was discussed again before the interview with participants' understanding that participation in the interview implied consent.

A further ethical issue arose about the role of gatekeeping in the project. HEI's and employers were contacted about the research and a request was made to pass on information to potential participants within their organisations. The purpose of this approach was to ensure that organisations were aware of the research and in agreement for their members to be approached. The use of a third party to disseminate the information was felt to reduce feelings of pressure to participate and endorsement of the organisation was likely to encourage participation. However, sample populations can be lost where an establishment is unwilling or reluctant to forward details of the research to potential respondents (Hayes, 2005) and this raised some issues for the research project.

The involvement of HEI senior academics or senior managers of employing authorities added an organisational level of consent to research participation (Miller and Bell, 2012). The person in authority had the power to decide

whether practitioners could be given the opportunity to participate. It was quickly apparent that this had to be negotiated and consent issues arose at several levels before access to potential participants was achieved (Reeves, 2010). There were several types of responses. Some organisations were willing to send out information to potential participants while others required that the research study should first gain approval from their internal research ethics committees or IRAS. Some organisations either did not respond to the request or refused to pass on details to potential participants thus denying them the opportunity to participate in the study. Potential respondents were also lost in several organisations due to their inability to decide who had the authority to give permission or the failure of a lower tier manager to send out details of the research. Attempts to negotiate with these decision makers raised a further issue as to how far and how many times the researcher could approach a gatekeeper without this appearing coercive. Following an initial request where organisations did not respond, two further requests were made and these follow up requests achieved responses from two HEIs. Where an organisation had been in contact and a discussion had taken place about the research a negative response was accepted and no further contact was made. Negative responses were justified with comments suggesting employees were too busy to take part, that there were too many requests to be involved in research projects and that it was their task as managers to choose which research projects their staff could participate in. This conveyed a paternalistic attitude on behalf of organisations and the extent to which organisations acted as gatekeepers raised ethical issues of choice and control. The difficulty in gaining support from some organisations meant that

other ways of contacting potential respondents had to be considered. FREC was approached for permission to recruit through specific social media sites and permission was granted.

3.9.2 Sampling Strategy

The sampling frame was four groups of professionals (early years with professional status, health visitors, social workers and police officers working in child abuse investigative units (CAIT)) in London and the South East of England who had recently qualified from an HEI or in the case of the police, police officers who had recently taken up a post working in child protection. The four professional groups were chosen as they play a significant role in the promotion and protection of the welfare of children under five years of age. They come together in different combinations in different networks and TACs on the continuum of needs and services to support children (CWDC, 2009). The inclusion criteria for early years professionals, health visitors and social workers was a post graduate qualification along with around six months to two years post qualification experience. A post graduate qualification was selected as professional bodies and the current government recognise that post graduate professionals are likely to be better equipped to meet the complexities of the work place bringing with them a higher level of critical reflection and academic rigour (Social Work Task Force, 2009; CWDC, 2009; Health Visitors Implementation Plan, DH, 2011). Police officers' training is not delivered as a higher academic qualification and although some officers are graduates the numbers were insufficient to include this as a criterion. The inclusion criteria for police officers rested on around six months to two years of experience in a child protection team. The

actual time any of the professionals had been in post was prefixed with the word 'around' to give some flexibility and to allow potential participants to select themselves in or out of the study. The aim of the inclusion criteria was to capture the views of relatively new professionals who would be able to provide a fresher perspective on working together than more experienced professionals. As the study progressed it became clear that there was a lack of clarity and blurring of boundaries by some participants between the duration of their experience and the date of qualification as a professional. Participants, especially early years professionals and police officers, who had a lot of relevant experience did not always fit neatly with the inclusion criteria (See Chapter 4, Section 4.3). Recruitment difficulties led to the inclusion of responders who had slightly more experience than the two years specified and a few who were qualified at graduate as opposed to post graduate level. This decision was made on the basis that they were self-selected and wanted to express their views. However, professionals with many years post qualification experience were excluded from the study.

Recruiting professionals from multi-sites or organisations created challenges in terms of accessibility to potential participants. A random sampling strategy was not accessible and ethical issues meant that contact with potential responders had to be negotiated and approved with their respective establishments prior to professionals being given the opportunity to take part in the study. A non-random purposive sampling approach was employed, which targeted specific populations with the aim of collecting a set number of responses (Kumar, 2014). A criticism of this approach is that it relies on the subjective judgement of the researcher in selecting the sample

and as such raises issues of bias and generalisability of the findings. However, this study was not seeking to generalize results but to gain insight into the views and experiences of the four professional groups (Onwuegbuzie and Collins, 2007). A non-random sampling strategy was appropriate for both the collection of quantitative and qualitative data and this took a purposeful homogeneous approach (Alston and Bowles, 2003). The qualified professional was the unit of analysis and the traits of interest were professional identity and IPW.

The sampling strategy considered the size of sample the researcher wanted to achieve. The study aimed to recruit an overall sample of 160 participants to complete the questionnaire comprising of 40 early years professionals, 40 health visitors, 40 social workers and 40 police officers. A minimum sample size for adequate statistical analysis was thought to be around 30 so this sample would be large enough to enable statistical analysis (Alston and Bowles, 2003). Within this sample of 160 participants the aim was to complete ten interviews in each professional group. This number of interviews was selected as it represented 20% of each sample group and was felt to be manageable within the data collection phase. It was recognised that the number of interviews would prove challenging in terms of the time involved in both conducting the interviews and the detailed analysis required in IPA. However, the research design wanted to give equal weight to both sets of data and, therefore, aimed to recruit a larger sample than is normally recommended for IPA (Smith, Flowers and Larkin (2009) to help balance the findings from both data sets.

A quota sampling approach was adopted and the initial plan was to continue recruiting until the required sample had been achieved. HEIs and heads of command of police services in London and South East England were asked to forward details and the link to the questionnaire to potential respondents who met the inclusion criteria. Initially a limited number of establishments in London (5 HEIs and one police force) were approached and later extended to other HEI's and police forces in the South East of England to increase the sample size. Recruitment difficulties led to a revised recruitment strategy which involved recruiting participants through their employers (Local Authorities and NHS trusts) and through profession specific media sites (the Senate-Health Visitors and School Nurses (HVSN) forum, the Community Practitioners and Health Visitors Association (CPHVA) and the Community Care magazine).

Quota sampling was also applied to the collection of data through interviews. Invitations for interviews were followed up as soon as possible by monitoring responses to the questionnaire. If the numbers of potential interviewees exceeded the required number at any monitoring point the plan was to take a stratified random sampling approach (Bowling, 2009). However, offers of interviews were limited and participants were selected on the basis of the date they returned their questionnaire with the first ten willing to be interviewed in each group being selected.

3.9.3 Recruitment strategy

A recruitment strategy was designed to ensure the right balance between the two data collection methods that was efficient and could be achieved without

repeated contact with host organisations. Responders to the questionnaire were asked if they would be willing to participate in an interview (see section 0 above) and potential interviewees were contacted as soon as possible after the submission of the questionnaire. This had practical advantages in containing the time span of data collection and minimised the chance of potential interviewees being lost due to long delays between the completion of the questionnaire and the interview. A disadvantage to this approach was the possibility that the completion of the questionnaire might influence how participants responded in the interview.

As stated above potential participants were approached in three different ways: through their former HEI, via their employers or via social media sites. However, the reluctance of some organisations to pass on information to potential participants limited the accessibility of the proposed sample (see section 3.9.2). Other organisations, most notably Early Years courses at HEI's and the five police forces, were particularly helpful in disseminating information and sending out reminders to potential respondents. The HEI where the researcher was employed gave permission for the research to be presented to early years professionals at a graduation event and at a training event for social workers. However, recruitment proved more challenging than anticipated. The following table 3.3 summarises the questionnaire target number and the actual sample once the data had been cleaned and responses from respondents who did not meet the criteria eliminated.

Table 3.3 Questionnaire Sample

Professional	Original target	Revised target	Actual respondents
Early Years	40	30	32

Health visitor	40	30	39
Social Worker	40	30	28
Police officer	40	30	25

3.9.4 The Questionnaire

The questionnaire contained three domains covering demographics, professional identity, and working in TAC. Demographic information about gender, age, qualification and length of time in post was collected at the beginning of the questionnaire. Section two adapted two pre-validated attitudinal scales to gather information on how professionals viewed their own professional identity and the identity of each other. Section three asked responders about the types and frequency of TAC meetings they had attended and included a further adapted pre-validated attitudinal scale on how they felt about team working (see Appendix 3.4. Perceptions of Professional Identity Questionnaire).

Several quantitative studies researching how professionals perceive their own identity and view other professions have used self-assessment Likert scales (Hind *et al.*, 2003; Pollard, Miers and Gilchrist 2004; Hean *et al.*, 2006; Coster *et al.*, 2008). Most have adapted the Professional Identity Scale developed by Brown *et al.* (1986) as this can be used with a range of different profession such as the ones in this study. None of the original questionnaires had been used with the combination of the professional groups in this study nor had they been used with qualified professionals.

This study used a validated version adapted by Barnes, Carpenter and Dickenson (2000) refined by Hean *et al.* (2006) to form the 'Student Stereotyping questionnaire'. Participants were asked to rate their own

characteristics (academic ability, professional competence, interpersonal skills, leadership abilities, the ability to work independently, be a team player and make decisions, practical skills and confidence) on a five-point Likert scale. They were also asked to rate the characteristics of all four professional groups.

The second set of scales was also adapted from the 'Professional Identity Scale' (Adams *et al.*, 2006) and respondents were asked to rate their level of agreement with nine statements about their profession. The questions were rephrased to reflect that respondents were qualified professionals and one question was changed to capture how professionals felt they were perceived by the public. The third set of scales was adapted from the 'University of West England Interprofessional Questionnaire' communication and teamwork scale (Pollard, Miers and Gilchrist, 2004). Several questions were amended to reflect the role of training and the context of the team around the child. The 'neither agree nor disagree' rating was eliminated to get a clearer picture of the respondents' views in both the Professional Identity scale and the Interprofessional communication and teamwork scale. The scales were tested for reliability using the Cronbach Alpha Coefficient.

The questionnaire relied on Likert scales to discover the views and attitudes of respondents. Likert scales are not a measure of attitude per se but a demonstration of where a respondent sits in relation to other respondents in terms of their intensity of feeling towards an issue (Bryman, 2008). A further limitation of Likert scales is the assumption that each statement is of equal value (Kumar, 2014), however, they produce ordinal data. While it was useful in determining an overview of the perceptions of professionals' it failed to

address and provide any insight into the complexity of their views and attitudes towards professional characteristics, identity and working together.

3.9.5 Piloting of the questionnaire

Van Teijlingen and Hundley (2001) make a distinction between conducting a pilot study which is a trial run for the research project and piloting a specific research tool such as a questionnaire or interview structure. The purpose of the pilot is to test out the feasibility of the study or the research tool by trying it out on participants similar to the target population. While there are advantages to conducting pilot studies these are time consuming and can impinge on the sample population raising issues as to whether participants from the pilot study can be included in the full study. This research study took the more limited approach of piloting the questionnaire. The aim of the pilot was to gain feedback on how the research method was presented to the participants, the time involved to either complete the questionnaire or take part in an interview, whether the questions were clear and easy to follow, and whether the results met the objectives of the research study (Peat *et al.*, 2002).

The pencil-paper questionnaire and information sheet were piloted via email as attachments. In addition, the online questionnaire was piloted depending on participants' preference. Feedback was sought from a group of seven practitioners including academics and researchers who had a qualification and/or experience of working in one of the four professions. Only five people provided feedback: two health visitors, two social workers and one police officer either in writing (4) or verbal (1). The feedback highlighted that the two

respondents who completed the pencil-paper questionnaire did not read the information sheet. There were several explanations for this, for example, these respondents are familiar with research protocols, felt the research title was self-explanatory and wanted to minimise the time spent on this task. Those who had read the information sheet reported that it was clear and they understood the purpose of the research and what was expected of them. A decision was made for the internet link to the questionnaire to be provided at the end of the information sheet to ensure that potential participants would read it before accessing the questionnaire.

Two respondents queried the first section in relation to demographic details expressing concern about having to give their place of work and questioning the reasons for collecting data related to age and ethnicity. The questions on place of work and ethnicity were removed as it was recognised that it was unlikely to add value to the study. The age bands were simplified to reflect every ten years as the age of the professional may be a relevant variable for consideration. The questionnaire used pre-validated Likert scales and respondents reported that these were clear and easy to complete. Feedback on the time taken to complete the questionnaire revealed that it had taken slightly less than then the estimated 20 minutes. As respondents were familiar with this type of questionnaire it was felt this may have enabled them to complete the questionnaire more quickly. On balance, it was felt that around 20 minutes remained a realistic time frame so this was left as the suggested completion time in the information sheet.

Feedback was also provided by a research academic who assisted in transferring the pencil-paper questionnaire into an online questionnaire. This

prompted the restructuring of the questionnaire to capture not only the individuals' views of their own profession but their views of their own profession's characteristics as well. It also led to a change in the sequence of questions so that experience and views of team working sat together in the questionnaire.

3.9.6 Administering the questionnaire

The questionnaire was an online questionnaire administered through Survey Monkey ®. There are advantages and disadvantages to using the internet to collect data. Hesse-Biber and Griffin (2013) suggests it enables the researcher to expand the location of their questionnaire and provides a time and cost-efficient way of generating a sample. This can lead to higher response rates compared to other data collection. However, this mode alone will not necessarily increase response rates and the presentation of the research through a known contact of the potential respondent was likely to influence engagement in the research (Fan and Yan 2010; Bryman, 2012). Similarly, Whitehead (2007) and Hunter and Corcoran and Leeder (2013) found that unsolicited emails impact negatively on response rates. The increased use of the internet has contributed to the phenomenon of questionnaire fatigue and it is acknowledged that this may have a detrimental effect on response rates (Fan and Yan 2010; Bryman 2012).

Bryman (2012) discusses the importance of informing participants of the time it will take to complete questionnaires to avoid potential respondents either selecting themselves out or not completing the entire questionnaire. Hunter, Corcoran and Leeder (2013) raise issues of repeat submissions, incomplete

questionnaires and whether respondents may misrepresent their views. The notion of people assuming an internet persona and whether this influences findings is considered by Whitehead (2007). She suggests the evidence is inconclusive but raises the issue of bias through enhanced disclosure. The issue of repeat or incomplete questionnaires was addressed by screening and cleaning the data when the questionnaires were collated for analysis.

The online questionnaire was set up to ensure the anonymity of respondents unless they were willing to take part in an interview, in which case they were asked to provide contact information. Where the completion of the questionnaire gave anonymity it was not possible to verify the inclusion criteria of the participant. It was assumed that the dissemination of the questionnaire through recognised organisations and specific media sites meant that participants met the sampling criteria. Respondents' questionnaires were reviewed for authenticity by checking dates of qualification, job title and length of time in post.

3.9.7 Analysis of the Questionnaire data

The purpose of the questionnaire was to collect data on professionals' views of their own professional identity, the identity of the four professions and their experience of working together. Although the questionnaire sample was smaller than intended (32 early years professionals, 39 health visitors, 25 police officers and 28 social workers) it was possible to undertake parametric testing to make comparisons between the four professional groups. Using SPSS, descriptive statistics were generated which provided a profile of the respondents in each profession giving demographic details, their responses

to the Likert scale questions on professional characteristics, professional identity and IPW, and their participation in TAC. The mean ratings and statistical significance were calculated using a One Way Analysis of Variance (ANOVA) with a Gabriel post hoc analysis. While the T-test can compare the means of two different groups it cannot be used when there are multiple groups and this study wanted to compare four professional groups. The data met the conditions necessary for ANOVA, namely that the dependent variable was normally distributed, there was homogeneity of variances and independence of observations (Field, 2013). As an exploratory tool, in this research, it could be used to build a general picture of how the professional groups rated different professional characteristics in their own and the other professions. However, it could not differentiate between the specific professions to show how one profession compared against another. This required further post hoc analysis and the 'Gabriel's test' was chosen as the groups were of unequal sample size.

3.9.8 The Interview Sample

As stated above, interview participants were recruited through the questionnaire. Those who expressed an interest to participate in an interview received an interview information sheet (Appendix 3.3. Interview Information Sheet) and were asked to confirm their willingness to participate. The use of online forums and the extension of the number of HEI's to meet the sample quota meant that not all respondents and potential interviewees were located in London and the South East of England. Some respondents had moved to other parts of the country since qualification and were based further afield in the South West and East of England. This limited the opportunity to conduct

the interviews face-to-face so most interviews were conducted on the telephone. The following table 3.4 summarises the interview target number and the interviews completed.

Table 3.4 Interview sample

Professional Group	Original target	Completed interviews
Early Years	10	5
Health Visitor	10	10
Social Worker	10	10
Police Officer	10	11

Despite 15 early years professionals offering to participate it was only possible to conduct five interviews. Potential interviewees were contacted up to three times but many failed to respond. Eleven police officer interviews were included in the sample as a late decision was made to include a pilot interview as it had produced rich data that was relevant to the study.

3.9.9 Development of the interview schedule

The purpose of the interviews was to enable participants to express their views and feelings about their professional identity, their views about the other professions in the study, and their experience of working together. A semi-structured interview format was considered the best approach as this provided an outline of the desired topics while giving the participants the freedom to talk about the issues that were important to them (Alston and Bowles, 2003). The interview schedule was designed to be flexible to accommodate different responses by probing or prompting participants to develop their answers or allowing participants to move back and forth between the questions in a way that made sense to them (Smith, Flowers and Larkin, 2009). A schedule was developed as a guide for the interview

with open questions about the professional's role, their views of the other professions, their experiences of meetings and collaborative working, and the value of training for IPW (Appendix 3.5. Interview Schedule).

3.9.10 Piloting the interview schedule

Two pilot semi-structured interviews took place and these were telephone interviews. The pilot interviewees had both completed the online questionnaire. One of these was an experienced practitioner who did not meet the 'recently qualified' criteria for the study and the second interviewee was a police officer who did meet the criteria. The pilot interviews confirmed that the key areas could be covered within one hour, that the respondents felt the questions were clear and relevant, and that they had the opportunity to discuss the issues that mattered to them. Thus, the interview schedule was not revised and the second pilot interview could be included without contaminating the data (Van Teijlingen and Hundley, 2001).

3.9.11 Conducting the Interviews

The researcher completed all the interviews and the plan was for these to take no more than an hour and to be either face-to-face or via the telephone. With the agreement of the participants the interviews were digitally recorded and were subsequently transcribed. Telephone interviews were considered as an option as the geographically wide sample area meant that it was impractical to conduct the interviews face-to-face. Telephone interviews were arranged at the convenience of the participant and most took place in the morning in an office environment where colleagues were often present. This may have influenced how participants responded to the questions as they

would be aware that colleagues could hear what was said. A further limitation of telephone interviewing is that non-verbal cues can be missed. These cues can often convey opinions as effectively as words (Bryman, 2012). Similarly, the lack of face-to-face interaction can inhibit the flow of the interview and the ability of the researcher to probe answers (Alston and Bowles, 2003). There are different views as to whether telephone interviews can lead to bias. Bryman (2012) puts forward the view that the fact that the interviewee cannot see the researcher will mean that they will not be affected by the characteristics of the interviewer and will be more confident in expressing their true views. However, he presents mixed evidence from studies where the findings of face-to-face and telephone interviews were compared. Results are inconclusive with some studies demonstrating few differences and others showing that face-to-face interviews took longer and generated more data. All but four of the interviews were conducted via the telephone and there did not appear to be any discernible difference between the data collected.

3.9.12 Analysis of the Interview data

The interviews were digitally recorded and later transcribed by the researcher. Consideration was given as to whether to use a computer assisted software package such as NVivo to support the data analysis. The advantage of this would have been that it is an efficient way to organise and manage data through coding, sorting, matching and linking (Bazeley and Jackson, 2013). However, the study wished to adopt an interpretative phenomenological analysis (IPA) of the interviews and a computer assisted analysis would not adequately capture the different ways that people express

ideas (Welsh, 2002). Similarly, the process of coding would create a distance between the researcher and data, and while it would be possible to identify phrases and themes the context of the data would be lost (Dixon, 2014). It was, therefore, decided to conduct the analysis manually. While this undoubtedly made the process much longer it did enable a greater familiarity with the data to develop through frequent readings of the transcripts.

The study adopted a phenomenological approach to the analysis of the interview data, the principles of which are outlined in Section 3.5.3. There is some debate as to how prescriptive a phenomenological method should be (Flood, 2010; Pringle, 2011), however, to ensure consistency and rigour an IPA framework was developed following that of Smith, Flowers and Larkin (2009). This is summarised in Appendix 3.6 and is discussed below. All 36 interviews were analysed individually, collated in profession specific groups (steps 1-8) before bringing the data sets together (step 9) and finally reporting and discussing the findings (step 10). The large sample size and the depth of analysis required in IPA meant that the analysis of the interviews was quite protracted and took many months. However, it did enable recurrent themes within the profession specific data sets and in the combined data sets to be identified with confidence.

Step 1: Pre-reflective Phase

The researcher sought to develop an 'open phenomenological attitude' which embraced reflexivity as opposed to reduction to balance issues of potential bias and influence (Finlay, 2008, p.8). For the researcher to be acknowledged as a 'legitimate participant in the research process' it was necessary to reflect on personal experiences, preconceived ideas,

knowledge and findings from other studies (Priest, 2003, p.56) and to develop a strategy to manage these. Prior to each interview an interview record form was created and the first section of this recorded personal and professional issues that needed to be acknowledged and put aside to minimise research bias both in the interview and subsequently at the start of the data analysis (Appendix 3.7 Interview record form - working example and Chapter 5, Table 5.1).

Step 2: Immersion in the data

At the start of the analysis the original audio recording was listened to again alongside the reading of the transcripts to check for accuracy, to note any idiosyncrasies such as hesitation, laughter and attitude and to get a sense of the participant through hearing their voice. Brief notes were made on the Interview record form of anything that was felt to be of significance.

The next step was reading and re-reading the interview transcript to become familiar with and immersed in the data to get a sense of the structure of the whole interview and how different parts linked together (Smith, Flowers and Larkin, 2009). Reading the interview transcriptions also highlighted the contribution of the researcher to the interview and allowed for reflection on the inter-relationship between the researcher and the participant (Storey, 2008). The key points emerging in the interview were noted on the Interview record form (Appendix 3.7. Interview record form – working example and Chapter 5, Table 5.1).

Step 3: Exploratory noting

The third step was to return to the transcript to look more closely at what the interviewee was saying. Smith, Flowers and Larkin (2009) suggest making

notes alongside the transcript under three headings, namely descriptive, linguistic and conceptual. Descriptive comments picked up on the key events, issues and responses while linguistic comments looked at the use of language such as pronoun use, fluency, repetition, tone and the use of phrases and acronyms. The conceptual comments were more interpretative and questioning of what the participant was saying. Within these headings, for this study, the analysis also sought to identify points of relevance and interest to the research questions, surprises and contradictions (See Appendix 3.8. IPA sheet – extract of working example and chapter 5, Table 5.1)

Step 4: Identifying themes

Identifying themes is a twofold process which is often referred to as the double hermeneutic and requires further application of the hermeneutic circle (Koch, 1995). Exploratory comments were reviewed to identify themes that emerged from the participant's interpretation and then the researcher's own interpretation was added to the participant's perspective (Smith and Osborne, 2004; Wagstaff and Williams, 2014). The researcher then returns to the participant's interpretation to review the evidence for both interpretations. An example of this can be seen in the analysis of the views of social work participants who laughed when they were asked to give their views of police officers (See Chapter 5, Section 5.6.9). They linked this to their poor perception of the interpersonal skills of police officers while the researcher saw this interpretation as going beyond interpersonal skills to reflect a nervousness amongst social workers about the power and control exercised by police officers. Returning to the transcripts it was possible to

support this interpretation with evidence that some social workers felt intimidated by the police. Storey (2008) cautions against over emphasising the interpretative aspect of the process as this can mean that the subjectivity can be lost. To counter this, it was important to be able to evidence the link from the interpretation or theme to the participant (Priest, 2003; Storey, 2008; Smith, Flowers and Larkin, 2009).

Some phenomenologists advocate going back to participants with the transcript to get their views on what they have said and/or having a team of analysts to check for validity and reliability (Standing, 2009; Wagstaff and Williams, 2014). However, Silverman (2013) suggests that asking participants to review their transcripts is likely to create a new set of data as they then comment on what they have said. The number of interviews in this study and the delays in completing and transcribing the interviews made it impractical to go back to the participants. To check for validity and reliability a sample of eight interview transcripts (two from each profession) was reviewed by an independent researcher who identified themes and emerging issues. These concurred with the researcher's analysis although the independent researcher felt more attention should be given to participants' comments about the role of organisational structures in perceptions of identity and IPW. The transcripts were, therefore, reviewed again taking the feedback into account.

Step 5: Reviewing and ordering themes

Following the development of themes, further synthesis was needed to place the themes into clusters identifying superordinate /overarching themes and sub themes. Initially the themes emerged in the order as to when they were

addressed during the interview. These were then sorted into groups of similar themes noting their prevalence, context and function. Smith, Flowers and Larkin (2009) suggest reviewing the themes for oppositional relationships as well as considering their commonalities. This adds richness to the analysis and recognises that people's views are complex and may appear contradictory (See Chapter 5, Section 5.8). Data themes which did not appear to fit in specific categories or did not appear relevant were also categorised for further scrutiny.

Step 6: Analysing each interview: Repeating steps 1-5

The analysis of the second and subsequent cases was inevitably influenced by the themes that emerged in the first interview. Pringle *et al.* (2011) note there are two ways to approach this. Firstly, the analyst can carry forward and build on the themes identified in the first or subsequent interviews. This approach can compromise the interpretation of the ideographic account of each participant with the analyst looking for themes as opposed to allowing them to emerge. The second approach is to return to the pre-reflective stage to set aside the findings of the first and subsequent cases to enable each new case under analysis to be viewed afresh from the individual's perspective (Smith, Flowers and Larkin, 2009). In this study each new case was first individually analysed, although it was recognised that the more interviews that were analysed the more difficult it was to separate out the opinions that had been expressed in earlier interviews and the emotions this had generated in myself as the researcher (See Chapter 5, Section 5.2)

Step 7: Looking for patterns across the profession specific data set

The next stage was to review the full data set for the profession and this involved going back and forth to the individual case analysis to check for

themes, significant issues and idiosyncrasies. The focus was on recognising patterns across the cases and reviewing superordinate and subthemes to illustrate themes, commonalities and differences within the data set. The aim was to interpret and make sense of the individual and collective views of the participants in the specific professional group (Smith, Flowers and Larkin, 2009). The findings were then collated in tables to show the link between the individual case data and the overarching themes.

Step 8: Repeat steps 1-6 for the other three profession specific data sets

The data from each individual professional group needed to be analysed separately to reflect the professional perspectives appertaining to the specific profession before considering them alongside the other professional groups.

Step 9: Bringing together the four data sets

The findings of the profession specific data sets were compared following the same procedure as highlighted in step 7. In merging the four data sets two levels of interpretation were evident, namely, how the professionals viewed the phenomena and how the researcher interpreted these professional views (Willig, 2008; Smith, Flowers and Larkin, 2009). By merging the four data sets it was possible to provide an overview of the professionals' view of their 'lived world' as a professional and within an interprofessional context (Pringle *et al.*, 2011). There was also the opportunity to go back to the profession specific data to reconsider the meanings that professionals gave to their experiences (Tuohy *et al.*, 2013).

Step 10: Present and discuss the findings

The final step was to summarise the findings and to present these in a succinct and clear way before moving on to merge them with the quantitative findings.

3.9.13 The analysis of the quantitative and qualitative data sets

The two sets of data were collected during the same phase of the research and analysis of either did not take place until the questionnaire had been closed and all the interviews had been completed. A decision was made to analyse the interview data first. The reason for this was that the questionnaire data would produce hard facts which would identify specific views and themes amongst the responders whereas the interview data was subjective and required interpretation. There was concern that if the questionnaire was analysed first the results may contaminate the analysis of the interviews as the researcher may subconsciously look for similar themes as opposed to allowing them to emerge.

This combination of the two sets of data improved the overall quality of the data allowing similarities and differences, consistencies and inconsistencies, and emerging themes to be compared and connected between the data sets (Creswell and Plano Clark, 2011). This type of analysis is often referred to as the triangulation of the data. The concept of triangulation has shifted over time from being viewed primarily as a validation strategy to one which can facilitate a deeper understanding of the phenomenon by viewing different perspectives through different data collection methods (Flick, 2004). It enables phenomena to be seen and interpreted through more than one lens (*ibid*). Despite some concerns as to whether triangulation can be achieved between methods supported by different epistemological and ontological paradigms (Olson, 2004; Hammersley, 2008; Denzin, 2012) it has become a recognised method to combine a realist and constructivist view in social research. It is seen less as a triangular arrangement where different sets of

data are evaluated to test for validity and convergence with theory to more of a process that views the data through a crystal lens recognising the complementarity of the different layers and multiple perspectives of the data sets (Hammersley, 2008). Denzin (2012) develops this idea further to suggest that mixed-methods research should use triangulation in order to step outside of traditional modes of analysis to develop a stronger interpretative stance. In this study, the interpretation of the data sets took place at two levels. Separately the findings from the scaled questions and interviews provided complementary information about the professionals' views but the merging and interpretation of the two data together developed a richer picture of their lived experience than each set of data on its own. Hammersley (2008) suggests researchers need to recognise the limits to what a particular data set can show and that triangulation can interpret data but cannot guarantee truth or completeness. In terms of validity, patterns and themes can be compared and it may be possible to say from the evidence that it was likely that these findings were valid but these could not be determined with absolute certainty. The validity and reliability of the findings also needs to consider other factors that might have affected the research study such as the context and researcher bias in both the design of the study and in the interpretation of the data (Bryman, 2008).

3.10 Researcher bias and reflexivity

Researcher bias is a key issue for research studies and needs to be acknowledged and addressed. The position of the researcher in terms of profession, experience, attitudes and beliefs will impact on the process of the research and its analytical stance (Berger, 2013). The researcher is a

registered social worker and worked as a lecturer in social work with pre and post qualification social work students. An interest as to how different professionals perceive each other and work together has arisen out of many years of collaborative working in children's services. This is coupled with an awareness that despite the policy rhetoric IPW remains challenging for the professionals involved.

The researcher informed participants of her background as a registered social worker but also stated that her involvement in the research was solely in the role of a researcher (Alston and Bowles, 2003). There was an awareness that a social work identity was likely to influence how respondents engaged within the interview. Participants who felt positively about social workers or identified with the profession were likely to feel more comfortable in the interactions and be more willing to share experiences. Similarly, where participants held strong negative views the fact that the researcher was a social worker may have influenced what they chose to say and how they expressed their views. Some of the participants, namely, early years professionals and social workers, had attended the same university where the researcher was employed and this commonality potentially influenced the interview interaction with participants being more or less willing to share their views. The researcher was also known to some of the social work respondents in a professional capacity. Again, this may have affected how they engaged in the interview and whether they could share their honest views. While the impact of the researcher on the participants needs to be acknowledge it was also important to recognise that the views expressed

reflected the reality of these professionals which included how they viewed and interpreted the persona of the researcher.

Phenomenology and IPA pay particular attention to the role and influence of the researcher. While the researcher aims to suspend their own beliefs and assumptions and bracket these (Crotty, 1996; Willig, 2008; Smith, Flowers and Larkin, 2009; Kafle, 2011) there is an acknowledgement that it is not possible to be completely value free (Bergman, 2008; Berger, 2013). In this study the IPA process required the researcher to continually question and critically reflect on her role as a researcher to minimise bias and provide credibility to the research by evaluating responses from the perspective of an objective outsider (Berger, 2013). An example of this would be during the interview and analysis of one of the police officers who expressed strong negative views about social workers (see Chapter 5, Section 5.6.6). When applying the hermeneutic circle, going back and forth between the officer's interpretation of social workers and my interpretation of his interpretation I was aware that I had allowed my own perception of the tensions between police officers and social workers to cloud my overall view of the interview. By consciously putting these feelings to one side I was able to go back and re-evaluate his views to recognise that he also made some positive comments about social workers.

3.11 Conclusion

This chapter has considered the aims and objectives of the research and reviewed the research paradigms to identify a pragmatic mixed-methods approach as being best suited to achieve the aims and objectives of the

study. A cross-sectional design was chosen and data sets were collected concurrently through a questionnaire and semi-structured interview. The questionnaire analysis described and compared the mean ratings of the four professional groups and the interviews were analysed within an interpretative phenomenological framework. The data sets were analysed separately before being mixed and interpreted together to provide a more comprehensive picture of the phenomenon. The next chapter two chapters present the findings from the interviews and the questionnaire.

Chapter 4: Findings from the Questionnaire

4.1 Introduction

The title of the questionnaire was 'Perceptions of Professional Identity' and its objective was to find out how professionals viewed their own professional characteristics and identity, those of their peers and those of the other three professions. The questionnaire covered four areas namely; demographical details, questions relating to the professionals' rating of their own professional characteristics, those of their peers and those of the other three professions, two questions relating to professional identity and then four questions about participation in meetings (see Appendix 3.4 'Perceptions of Professional Identity' questionnaire). The questionnaire was administered online through Survey Monkey ® and participants received an email invitation with details of the research project and a link to the questionnaire.

This chapter first presents a profile of the respondents followed by the findings from the questionnaire. These are then considered taking a critical realist approach to identify themes and issues which will be further discussed in chapter six when the data from both the questionnaire and interviews will be merged and interpreted.

4.2 Profile of Respondents

One hundred and twenty-four professionals completed the questionnaire and respondents were mostly located in London and the South East of England. Respondents were not asked to identify their geographical location but it was evident from respondents offering to be interviewed that a few early years

professionals, health visitors and social workers were based in other parts of Great Britain. This possibly arose because a professional who trained in London and the South East had secured employment outside of the area or due to the use of online forums to boost recruitment. There was no discernible difference between the responses of participants within and outside the original geographical sampling area.

4.2.1 The Gender of Respondents

The following table presents the number of male and female respondents per profession.

Table 4.1 Gender of respondents in each profession

Profession	Gender		Total
	Male	Female	
Early Years	2 (6%)	30 (94%)	32
Health Visitor	1 (3%)	38 (97%)	39
Police Officers	8 (32%)	17 (68%)	25
Social Worker	3 (11%)	25 (89%)	28
Total	14 (11%)	110 (89%)	124

The higher percentage of female respondents for early years professionals, health visitors and social workers reflects the greater number of women in these professions (See Chapter 2, Section 2.3.2). While the percentage of male and female police officers does not reflect the gender divide of 73% of police officers being male (Great Britain, Home Office (HOSB) 30.09.13) it does reflect that slightly more female police officers (54%) work in child/sex/domestic/missing persons units (HOSB 2010).

4.2.2 The Age of Respondents

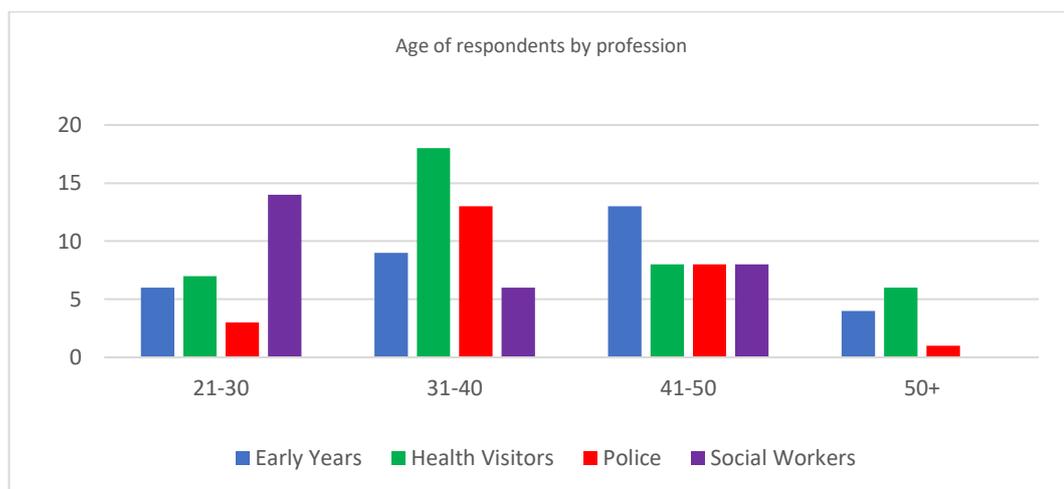
The questionnaire asked respondents to indicate which age band corresponded to their age. Most respondents were less than 41 years old (see Table 4.2) with 37.1% within the 31- 40 age bracket. This is to be expected as the sample was recruited from professionals in the early stages of their career and there was less likelihood of individuals aged over 51 joining these professions.

Table 4.2 Age of Respondents

Age Band	SPSS code	Frequency	Percent	Cumulative percent
21-30	0	30	24.2	24.2
31-40	1	46	37.1	61.3
41-50	2	37	29.8	91.1
51+	3	11	8.9	100.0
Total		124	100.0	

The following graph presents the age range of respondents in each profession.

Graph 4.1 Age range of respondents by profession



The graph reflects that there were more social work respondents in the 21-30 age group compared to the other professions. As health visitors required

a nursing qualification prior to qualification as a specialist community public health nurse (SPCHN) it is not surprising that their numbers are higher in the age group 31-40. While there were no social workers in the sample over 50 years of age this did not reflect that in England for the year ending 30.9.16 24.1% of starters in the profession were between 50-59 years of age (Department of Education, 2017).

4.3 Profile of Employment

The questionnaire asked respondents several questions about their current employment. Table 4.3 presents the job title of respondents. Early years professionals reported more pre-qualification experience in different posts and gave a variety of post-qualification job titles. These were grouped together to reflect the range of roles.

Table 4.3 Job title of professionals

Profession	Job Title	Frequency
EYP	Manager of Nursery or Children’s Centre	15
	Early Years Professional or Teacher	4
	Consultant/ EYP coordinator	2
	Senior nursery worker	5
	Nursery Nurse /childminder	6
Total		32
HV	Health Visitor	39
Total		39
POL	Police Officer	9
	Detective Constable	11
	Sergeant	4
	Inspector	1
Total		25
SW	Social Worker	24
	Newly Qualified Social Worker	3

	Senior Youth Worker	1
Total		28

Police officers equated their job title with their rank as an officer rather than their specialist role although just under half of them (11) added that they worked in child abuse investigation teams (CAIT). Similarly, six of the social workers added the team they worked in to the job title of Social Worker.

Responders were asked whether this was their first job since qualification and how many years they had been in their current role. Early years professionals and police officers appeared more likely than health visitors and social workers to have had other jobs since qualification.

Graph 4.2 First job since qualification

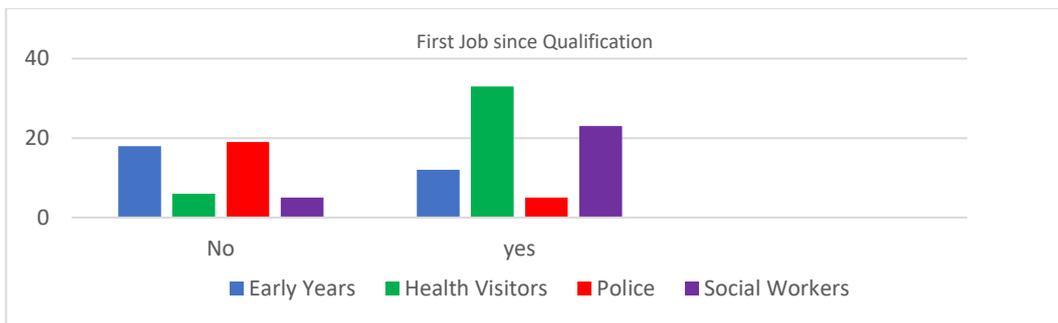


Table 4.4 presents the length of time professionals had been in their current post.

Table 4.4 Length of time in current post

Length of time in current post	Profession				Total
	EYP	HV	POL	SW	
Less than 1 year	3	8	0	0	11
1-2 years	11	29	14	25	79
2 -3 years	1	2	2	3	8
3- 4 years	2	0	2	0	4
Over 4 years	15	0	7 *	0	22

Total	32	39	25	28	124
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* there was a lack of clarity as to whether responses referred to time in the police force as opposed to time in CAIT teams

Nearly half of the early years professionals, although recently qualified, had been working in their role for over 4 years and had continued to work there while undertaking their studies. There was a lack of clarity in just under a quarter of the police officers' responses as to whether they were recording when they joined the police force or when they became a child abuse investigator. This created uncertainty as to how long these police officers had been working in CAIT teams. The responses suggested that early years professionals and police officers had more direct profession specific pre-qualification experience than health visitors and social workers. This was likely to influence their current perceptions of professional identity and working together.

While the profile of some of the police officer respondents did not neatly fit the research project's aim to capture the views of professionals in their first few years of post-qualification employment a decision was made to include them in the analysis of the questionnaire. The rationale for this was that unlike the other professionals' police officers do not require a professional qualification to practise but are required to successfully complete a two-year probationary period. Once they have gained experience in general policing there is the opportunity to move into different specialisms and this means that police officers could opt to work in CAIT teams some years after completing their probationary period or following experience in other specialist areas. Their career path was, therefore, different to the other

professional groups and required flexibility in their inclusion within the study. More importantly, it was felt that respondents who self-selected themselves into the study, despite possibly not fully meeting the criteria, wished to express their views and had an important contribution to make. While potentially this could reflect a bias in the views of these officers the study could accommodate this as it was interested in the perceptions of professionals regardless of how they were formed.

4.4 Profile of Qualifications

The questionnaire went on to ask responders when they gained their professional qualification and whether they had any other qualifications. Table 4.5 presents the length of time early years professionals, health visitors and social workers had been qualified at the time they completed the questionnaire and Table 4.6 presents the qualifications they gained.

Table 4.5 Number of years as a qualified professional

Length of time as Qualified professional	PROFESSION			Total
	EYP	HV	SW	
Less than 1 year	12	28	3	43
1 -2 years	10	9	18	37
2 - 3 years	5	2	6	13
3 - 4 years	2	0	1	4
Over 4 years	1 *	0	0	0
Total	30 (2 missing)	39	28	97

*Equivalent Qualified teacher status

Table 4.6 Professional Qualifications of Early Years Professionals, Health Visitors and Social Workers

Profession	Qualification	Frequency	Total
Early Years	BA in Early Years studies/childhood with Professional Status	15	30 (2 missing)
	BA Qualified Teacher status (transferable qualification)	1	
	Post Graduate (PG) diploma in EYP status (Entry requirement of first degree)	14	
Health Visitors	BSc Specialist Community Public Health Nursing (SCPHN)	5	39
	PG Diploma in SCPHN (Entry requirement of Nursing qualification at degree level or equivalent)	34	
Social Workers	BA /BSc (Hons) in Social Work	13	28
	Masters in Social Work (Entry requirement 2 nd class honours degree)	14 + 1PG diploma)	

As noted at the time of the study there was no qualification requirement to join the police force although the table below (Table 4.7) highlights that over half of the police officers held non-related academic qualifications and/or had undertaken relevant courses since joining the police force.

Table 4.7 Qualification held by Police Officers

Qualifications held by Police Officers	
Qualifications before joining the Police	7 Police Officers stated they had a degree, two of which were in Law and one officer also had an MSc and PhD.

Qualifications gained as a Police Officer	Frequency
No qualifications listed	13
Certificate in Policing	1
NVQ level 3 in Policing	1
Detective Foundation course/Professional Investigative Training (PIP)	2
Objective structured Performance Related exams (OSPPE) Sgt level	2
OSPPE Inspector level	2
Serious Child Abuse Investigation Development Programme (SCAIDP)	4

One police officer explained the absence of a formal professional qualification as follows:

'Police training and qualification is based heavily on active role training and knowledge rather than academia. This commences with a two-year probation of training, assessment and examination as well as skills evaluation exercises to qualify as a police constable. Following this there is a vast array of specialisms which each have tailored practical training with examination testing and skills assessment attached. Child Abuse investigators are qualified detectives (a specialism) who undergo specific training for a CAIT role' (Respondent 91, Pol).

While there is a marked difference between the police and the other three professions in the weighting of practical experience it is important to note that the professional qualifications of early years professionals, health visitors and social workers all involve placements where they gain experience in the role and are assessed on their ability to apply their skills in practice.

4.5 Professionals' perception of professional characteristics

Five questions asked respondents to rate their own professional characteristics and the professional characteristics of their own profession and the other three professions. These questions were replicated from the 'Student Stereotyping questionnaire' (Hean *et al.*, 2006) which had been adapted from Barnes *et al.* (2000) questionnaire for post-registration students and tested using Pearson R to ensure test-retest reliability (See Chapter 3, Section 3.9.4). Respondents were asked to rate the nine professional characteristics on a five-point Likert scale (very low, low, medium, high, very high) in terms of their own abilities and then for the four professions in the study including their own profession. To facilitate statistical

analysis the Likert scale ratings were coded as follows; very low - 0, low - 1, medium - 2, high - 3, very high - 4.

To determine how these perceptions might impact on how professionals work together in teams around the child (TAC) the mean heterostereotype ratings given to each professional group were compared. Although the samples were small it was possible to do some parametric testing. One way Analysis of Variance was used to calculate the statistical significance of the differences between mean ratings with a Gabriel's test post hoc analysis to identify the differences between specific professional groups (see Chapter 3, Section 3.9.7). The statistical significance between the groups is recorded in the tables below and the statistical significance within the groups are included in Appendices 4.1- 4.7.

4.6 Perceptions of own Professional Characteristics

Table 4.8 presents the mean scores for professionals' self-rating of their characteristics. Early years professionals rated their own professional characteristics highly. The highest mean score was 3.38 for the ability to work independently with interpersonal skills and the ability to be a team player slightly lower at 3.34. The two lowest means (academic ability 2.97 and leadership abilities 2.81) were at the top end of the medium range.

Health visitors' highest mean rating was 3.37 for interpersonal skills followed by a mean of 3.34 for their ability to be a team player. Their two lowest mean scores were 2.26 for leadership abilities and 2.50 for their level of confidence. Police officers rated the ability to be a team player as their strongest professional characteristic with a mean score of 3.48. Interpersonal

skills and the ability to work independently both had means of 3.32 while the two lowest mean scores were 2.48 for academic ability and 2.64 for confidence. Social workers' highest mean score was 3.18 for the ability to be a team player followed by 3.11 for interpersonal skills. Their two lowest mean scores were 2.21 for leadership abilities and 2.32 for confidence.

Table 4.8 Mean scores for professional's self-rating of their characteristics

Professional Characteristic	EYP (n32)	HV (n39)	POL (n25)	SW (n28)	Statistical significance between groups
Academic ability	2.97*	2.71*	2.48*	2.57*	.041
Professional competence	3.22*	2.87*	3.16*	2.75*	.003
Interpersonal skills	3.34	3.37	3.32	3.11	.289
Leadership ability	2.81*	2.26*	2.68*	2.21*	.001
Independent working	3.38*	3.29*	3.32*	2.86*	.009
Team player	3.34	3.34	3.48	3.18	.334
Ability to make decisions	3.22*	2.89*	3.08*	2.75*	.048
Practical Skills	3.28*	2.87*	3.00*	2.61*	.001
Confidence	3.00*	2.50*	2.64*	2.32*	.008

Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4.

*The mean difference is significant at the 0.05 level.

A comparison of the ratings that each professional gave to their own professional characteristics shows how professionals positioned themselves in relation to the other professional groups. Early years professionals' and health visitors' identification of interpersonal skills as their most important attribute allowed them to first define their professional identity through their personal qualities as opposed to police officers and social workers who appeared to identify more closely with the notion of joint working by rating the

ability to be a team player as their most significant attribute. It could be argued this sets the scene for how professionals saw their role and place in the hierarchy of IPW. For early years professionals and health visitors their perception of their leadership skills compared to their other characteristics suggests that they were unlikely to embrace the responsibility of a leadership role. This created a marked division between the four professional groups with early years professionals and health visitors more likely to see themselves in a supporting role in the interprofessional arena. Social workers were something of an anomaly as they also self-rated leadership as their lowest characteristic despite this being a core competence within their statutory work with children. Unlike the other professionals, police officers did not give the lowest ratings to their leadership skills suggesting that they were the profession most willing to assume a leadership role. This separated them out from the other professions reinforcing perceptions of their power and authority in IPW.

Table 4.9 below shows which profession had the highest and lowest mean score for each professional characteristic. Early years professionals were the most positive professional group in terms of their self-ratings. This was supported by the post hoc analysis which identified significant differences between early years professionals and social workers for professional competence, leadership, independent working, practical skills and confidence, between early years professionals and police officers for academic ability, and early years professionals and health visitors for leadership (see Appendix 4.1 Post Hoc Analysis, Question 9).

Table 4.9 Profession with highest and lowest mean score for self-rating of each professional characteristic

Professional characteristic (Mean)	Prof with highest score	Prof with lowest score
Academic Ability	EYP (2.97*)	POL (2.48*)
Prof Comp	EYP (3.22*)	SW (2.75*)
Interpersonal Skills	HV (3.37)	SW (3.11)
Leadership Skills	EYP (2.81*)	SW (2.21*)
Independent Working	EYP (3.38*)	SW (2.86*)
Team player	POL (3.48)	SW (3.18)
Decision making	EYP (3.22*)	SW (2.75*)
Practical skills	EYP (3.28*)	SW (2.61*)
Confidence	EYP (3.00*)	SW (2.32*)

Numbers in each group EYP 32, HV 39, POL 25, SW 28

*The mean difference is significant at the 0.05 level

Graph 4.3 below presents a comparison of the mean ratings for each profession's self-rating of their professional characteristics. The mean ratings of the four professions were not significantly different for interpersonal skills or the ability to be a team player suggesting professionals held similar views about their level of skills in these areas. Compared to the other professions early years professionals' self-ratings were higher than the other professions apart from interpersonal skills where their mean ranked just below health visitors who had the highest score and in the ability to be a team player where along with health visitors they ranked below police officers but above social workers (see Table 4.9).

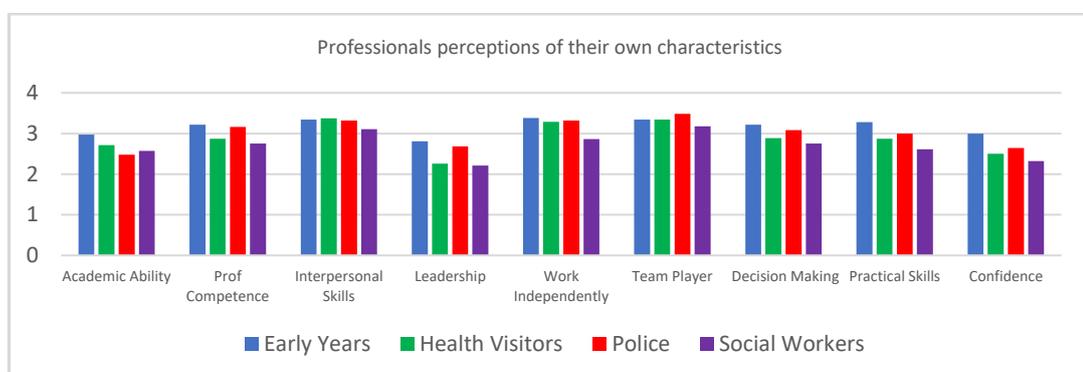
Health visitors' self-rating for interpersonal skills was the highest of all four professional groups. In relation to their ratings of the other seven professional characteristics the health visitors' self-ratings were consistently higher than social worker self-ratings but lower than early years

professionals and police officers apart from academic ability where their mean score for academic ability was higher than police officers.

The police officers' mean rating for academic ability was the lowest of the four professions. This reflects that police officers do not require formal professional qualifications in contrast to the other professionals who all hold professional qualifications at degree level or above. Police officers had a more positive view of their own professional characteristics compared to social workers in particular, but also to health visitors.

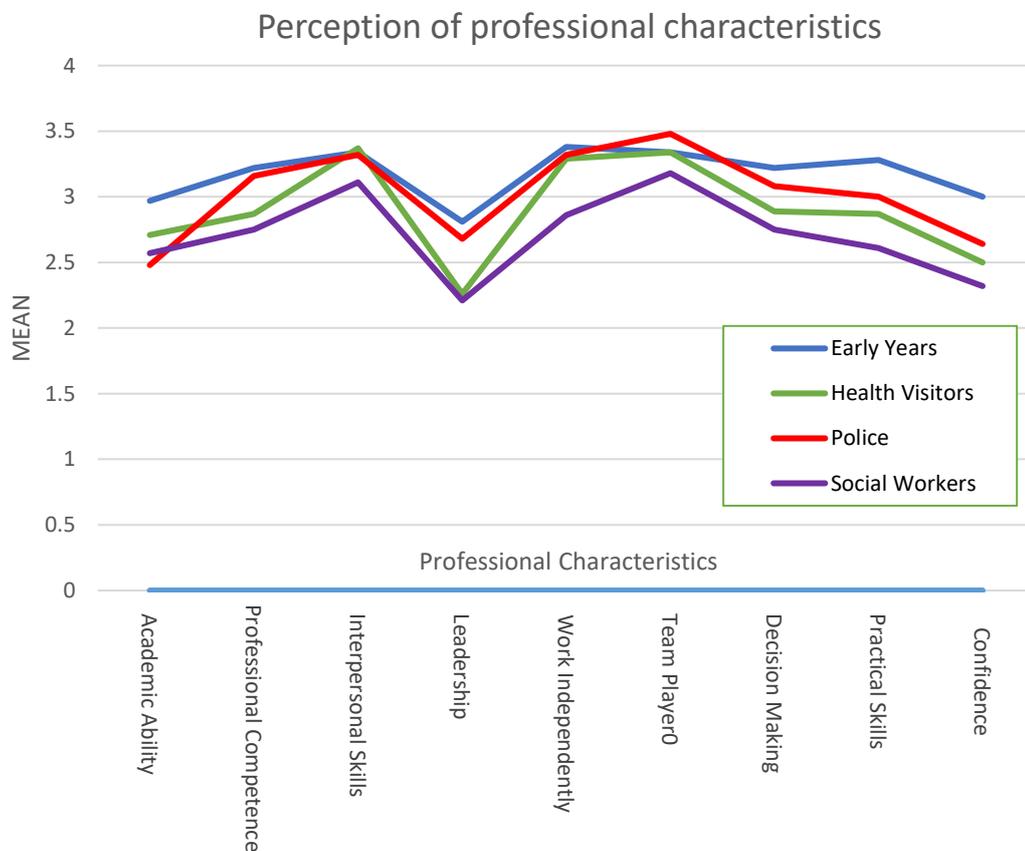
Apart from academic ability social workers consistently rated themselves lower than the self-ratings of the other professional groups. As noted above there is a significant difference between the self-rating of social workers and early years professionals for five professional characteristics and there was also a significant difference with police officers' self-rating for professional competence (see Appendix 4.1 Post Hoc Analysis, Question 9). Overall the analysis points to differences between the self-ratings of professional characteristics with early years professionals displaying the strongest confidence in their identity and social workers the weakest.

Graph 4.3 Professional perceptions of their own professional characteristics



Graph 4.4 below compares the overall trajectory of the nine characteristics for each profession. As discussed above it illustrates that early years professionals, health visitors and social workers rate their leadership qualities lower than their other professional characteristics. While police officers rate leadership above their academic and confidence characteristics there is a marked dip in their perception of their leadership skills. The lower confidence of all professionals in their leadership abilities could be linked to uncertainties about organisational support and confusion around professional accountability and interprofessional responsibility (Barrett and Keeping, 2005; Gopee and Galloway 2009).

Graph 4.4 Comparison of the trajectory for each professions' self-rating of professional characteristic



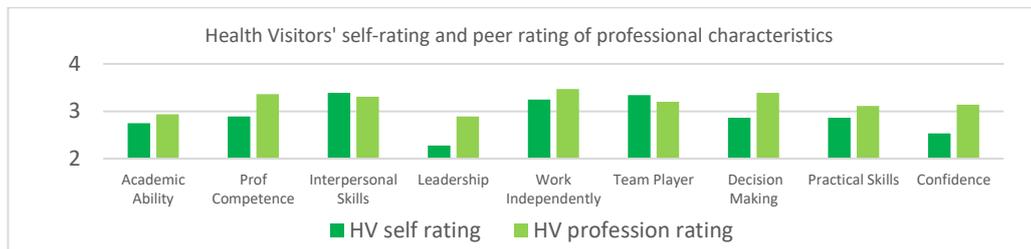
4.7 Professionals' perceptions of their own professional characteristics and the characteristics of their profession

The following four graphs illustrate how each profession's mean self-rating of their professional characteristics compared to how they rated the characteristics of their own profession, in other words how they compare to their peers.

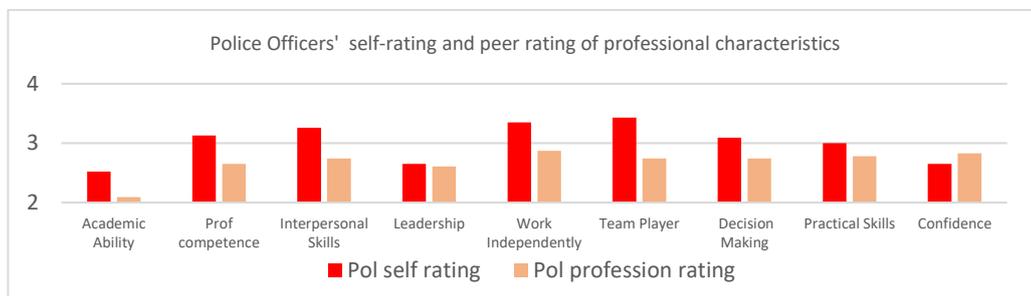
Graph 4.5 Comparison of Early Years Professionals' self-rating and peer rating of professional characteristics



Graph 4.6 Comparison of Health Visitors' self-rating and peer rating of professional characteristics



Graph 4.7 Comparison of Police Officers' self-rating and peer rating of professional characteristics



Graph 4.8 Comparison of Social Workers' self-rating and peer rating of professional characteristics



The graphs show that police officers were the only profession who consistently rated their own professional characteristics (apart from confidence) above those of their peers.

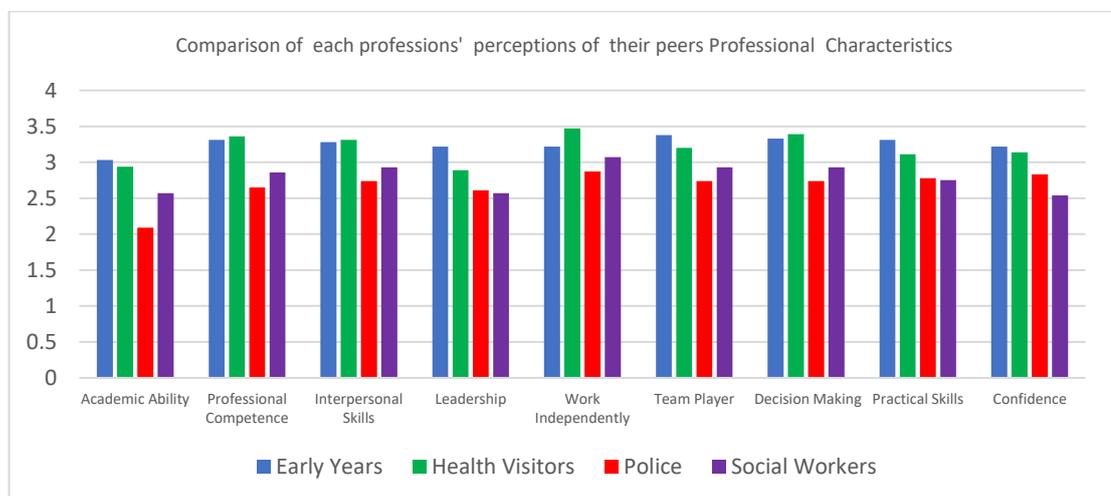
All the professionals rated their own interpersonal skills higher than that of their own profession. Apart from early years professionals, where the self-rating was slightly lower, the professionals also rated their personal ability to be a team player higher than their profession. A paired t-test was undertaken to see if there was a significant difference between how professionals rated their own characteristics and those of their own profession (see Appendix 4.2 Question 9, Paired t-test). For early years professionals and social workers there was no significant difference apart from the rating of leadership where both professions rated their profession's skills in leadership as higher than their own. Health visitors also showed a significant difference in their perception of leadership, rating their profession's characteristic as higher than their own. Health visitors and police officers showed a difference between their self and profession ratings for professional competence and the ability to make decisions. While health visitors rated these traits as higher for the profession in contrast the police officers rated their own

characteristics as higher than their profession. As well as professional competence and decision-making police officers also showed a significant positive difference in their self-rating of interpersonal skills, independent working, and the ability to be a team player. The implications of these findings are discussed in chapter 6.2.3.

4.8 A comparison of perceptions of Professional Characteristics

Four questions (10-13) asked professionals to rate the characteristics of all four professions including their own to enable a comparison to be made between them. This section first presents a comparison of how each profession viewed its professional characteristics by rating its peers. The following four sections correspond to the four professions and the findings are presented in two parts to show how each profession views the other professions followed by a comparison as to how each profession perceives their own profession's characteristics in relation to their perception of the characteristics of the other professions. These findings are discussed further in chapter 6.2.5.

Graph 4.9 Comparison of each professions' perceptions of their peers Professional Characteristics



4.8.1 Perceptions of Early Years Professionals professional characteristics

Early years professionals consistently rated their professional characteristics more highly than they were rated by the other three professions. While there was no significant difference between the mean ratings of the four professional groups for the interpersonal skills of early years professionals there was a significant difference between the ratings of early years professionals and the other three professions in relation to the other eight characteristics. Table 4.10 presents the mean scores from each profession in relation to the nine professional characteristics.

Table 4.10 Mean scores for each professions' rating of Early Years Professionals professional characteristics showing statistical significance between groups

Professional Characteristics of EYP	EYP (n32)	HV (n36)	POL (n21)	SW (n25)	Statistical significance between groups
Academic ability	3.03*	2.47*	2.27*	2.16*	.000
Professional competence	3.31*	2.75*	2.27*	2.68*	.000
Interpersonal skills	3.28	2.94	2.81	3.00	.075
Leadership ability	3.22*	2.44*	1.95*	2.12*	.000
Independent working	3.22*	2.78*	1.95*	2.36*	.000
Team player	3.38*	2.78*	2.41*	2.68*	.000
Ability to make decisions	3.33*	2.67*	1.86*	2.04*	.000
Practical Skills	3.31*	2.89*	2.38*	2.92*	.000
Confidence	3.22*	2.80*	2.00*	2.50*	.000

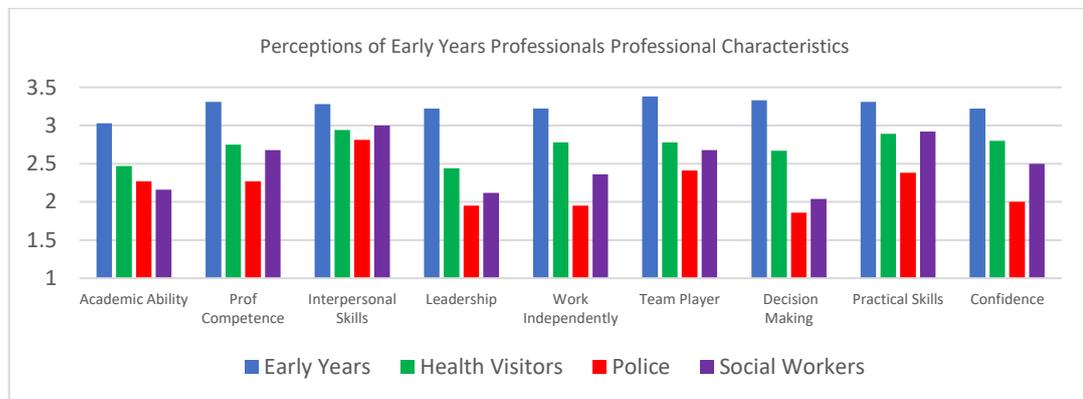
Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4.

*The mean difference is significant at the 0.05 level.

Police officers' mean scores of early years professional characteristics were the lowest of all the professional groups apart from academic ability. Health visitors' mean scores were the highest apart from practical skills where the social worker mean was slightly higher. The other professions consistently

rated early years professionals lower than the early years rated themselves (See Appendix 4.3 Gabriel Post Hoc Analysis, question 10).

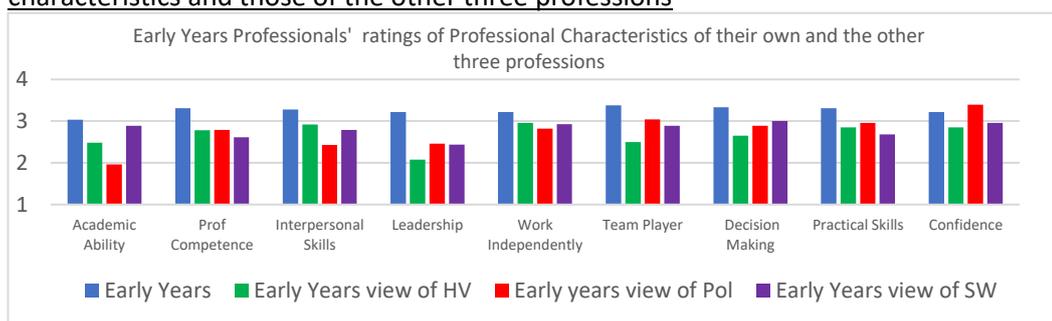
Graph 4.10 Perceptions of Early Years Professional Characteristics



4.8.2 Early Years Professionals' view of their own profession's characteristics and those of the other three professions

Graph 4.11 below illustrates how the early years profession's ratings of their own profession compared to their ratings of the other professions. Early years professionals only once rated another profession's professional characteristic above their own and this was for the confidence of the police officers. Police officers were rated lowest for academic and interpersonal skills, health visitors lowest for leadership, the ability to be a team player and decision-making, and social workers lowest for professional competence and practical skills.

Graph 4.11 A comparison of how Early Years Professionals view their own profession's characteristics and those of the other three professions



4.8.3 Perceptions of Health Visitors' professional characteristics

Health visitors consistently rated their professional characteristics more highly than they were rated by the other three professions. The mean ratings for health visitor interpersonal skills or practical skills did not show significant differences between the four professions. There was a significant difference between the professions in relation to the other seven professional characteristics.

Table 4.11 Mean scores for each professions' rating of Health Visitors' professional characteristics showing statistical significance between groups

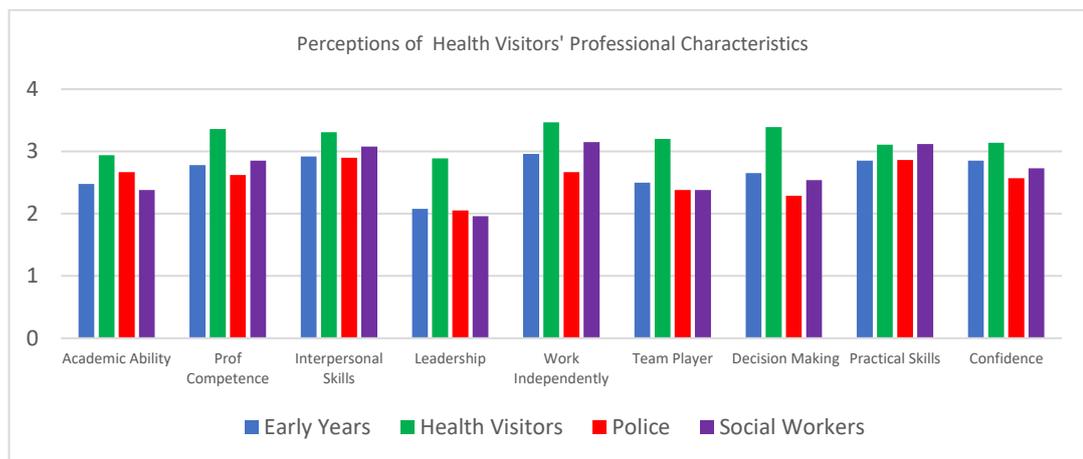
Professional Characteristics of Health Visitor	EYP (n27)	HV (n36)	POL (n21)	SW (n26)	Statistical significance between groups
Academic ability	2.48*	2.94*	2.67*	2.38*	.004
Professional competence	2.78*	3.36*	2.62*	2.85*	.000
Interpersonal skills	2.92	3.31	2.90	3.08	.061
Leadership ability	2.08*	2.89*	2.05*	1.96*	.000
Independent working	2.96*	3.47*	2.67*	3.15*	.000
Team player	2.50*	3.20*	2.38*	2.38*	.000
Ability to make decisions	2.65*	3.39*	2.29*	2.54*	.000
Practical Skills	2.85	3.11	2.86	3.12	.337
Confidence	2.85*	3.14*	2.57*	2.73*	.003

Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4.

* The mean difference is significant at the 0.05 level.

Gabriel's post hoc testing showed that differences were statistically significant apart from social workers and health visitors ratings on health visitors' independent working and health visitors and early years professionals ratings in terms of health visitors' confidence (see Appendix 4.4 Post Hoc Analysis, Question 11).

Graph 4.12 Perceptions of Health Visitors' professional characteristics

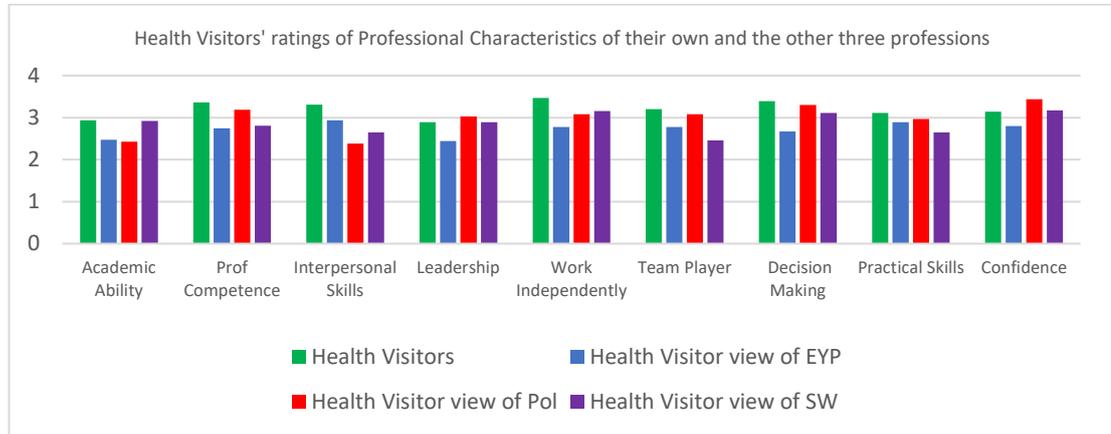


4.8.4 Health Visitors' view of their own profession's characteristics and those of the other three professions

Health visitors rated their characteristics higher than they rated the other professions apart from confidence where they rated the police officers as more confident and social workers as slightly more confident than themselves. Looking at the other three professions health visitors rated police officers the highest in terms of confidence, professional competence, leadership, the ability to be a team player and decision-making. They rated police officers the lowest in terms of academic ability and interpersonal skills. Early years professionals were rated the highest for interpersonal skills and lowest for professional competence, leadership, working independently, decision-making and confidence. Social workers were rated the highest for

academic ability and working independently and the lowest for their ability to be a team player and practical skills.

Graph 4.13 A comparison of how Health Visitors view their own profession’s characteristics and those of the other three professions



4.8.5 Perceptions of Police Officers’ professional characteristics

In contrast to early years professionals and health visitor perceptions of their own professions’ characteristics police officers mean ratings of their professions’ characteristics were not the highest ratings of the four professional groups.

Table 4.12 Mean scores for each professions’ rating of Police Officers’ professional characteristics showing statistical significance between groups

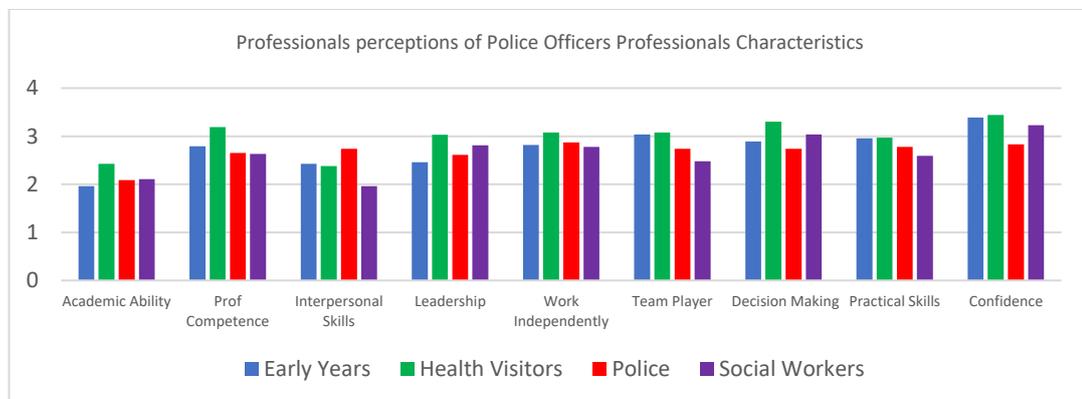
Professional Characteristic of Police Officers	EYP (n28)	HV (n37)	POL (n23)	SW (n27)	Statistical significance between groups
Academic ability	1.96*	2.43*	2.09*	2.11*	.005
(Professional competence	2.79*	3.19*	2.65*	2.63*	.001
Interpersonal skills	2.43*	2.38*	2.74*	1.96*	.002
Leadership ability	2.46*	3.03*	2.61*	2.81*	.028
Independent working	2.82	3.08	2.87	2.78	.332
Team player	3.04*	3.08*	2.74*	2.48*	.009
Ability to make decisions	2.89*	3.30*	2.74*	3.04*	.039
Practical Skills	2.96	2.97	2.78	2.59	.131
Confidence	3.39*	3.44*	2.83*	3.23*	.003

Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4.

* The mean difference is significant at the 0.05 level.

Police officers' ratings for their interpersonal skills was the only category where their profession rating was the highest of all the professions. The three other professions rated police officers' decision-making and confidence as higher than the police officers' own profession rating and health visitors and social workers rated the police officers' leadership abilities higher than the police officers' own profession rating. Health visitors' ratings for police officers' characteristics, apart from interpersonal skills, were higher than the ratings given to police officers by early years professionals and social workers. There was a significant difference in their mean ratings of police officer characteristics compared to the other professional groups apart from the ability to work independently and for practical skills (see Appendix 4.5 Gabriel's Post Hoc Analysis, Question 12).

Graph 4.14 Perceptions of Police Officers' professional characteristics

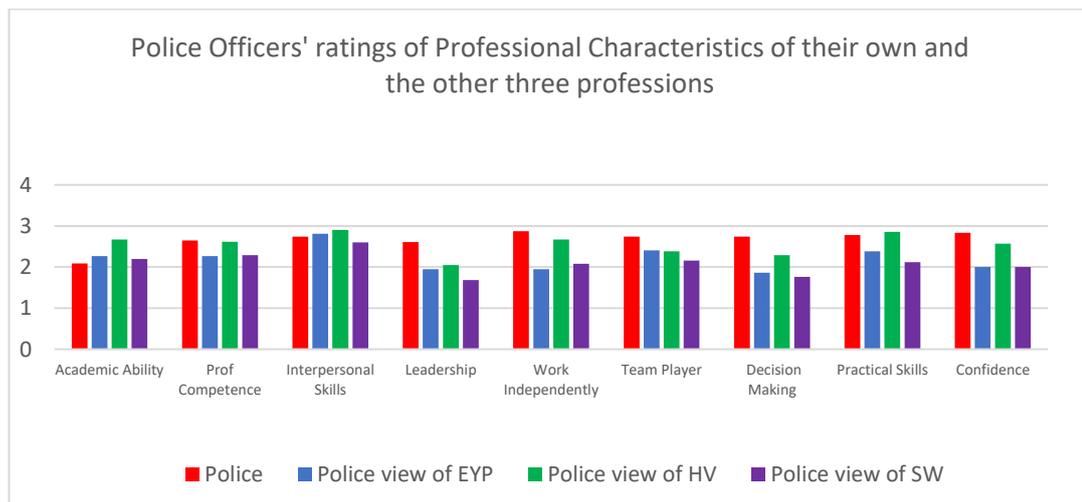


4.8.6 Police Officers' view of their own profession's characteristics and those of the other three professions

Graph 4.15 below presents how police officers' ratings of their own professional characteristics compared to their ratings of the other three professions. Police officers' mean rating of their interpersonal skills was

lower than their ratings for health visitors and early years professionals but higher than their rating for social workers. Police officers consistently rated health visitors' characteristics more positively than the professions of early years (apart from the ability to be a team player) and social work. In comparison to their own ratings police officers rated the social workers' characteristics of academic ability, interpersonal skills, leadership, the ability to be a team player, decision-making, and practical skills as the lowest of the four professions.

Graph 4.15 A comparison of Police Officers' view of their own profession's characteristics and those of the other three professions



4.8.7 Perceptions of Social Workers' professional characteristics

Similar to the police officers, the social workers' mean ratings of their professions' characteristics were not the highest ratings of the four professional groups. Social workers' own ratings (see Table 4.13 below) were the highest for interpersonal skills, professional competence and the ability to be a team player although the mean rating for interpersonal skills was not statistically significant. Social workers' mean ratings for academic ability, decision-making and confidence were higher than the police officers'

rating but lower than the ratings of early years professionals and health visitors. Health visitors rated the social workers' leadership skills more positively than the social workers rated their own profession. Both early years professionals' and police officers' mean rating for the leadership abilities of social workers were lower than the social workers' own score. The police officers' mean ratings for leadership abilities and independent working for the social workers were considerably lower than their scores for the other three professions.

Table 4.13 Mean scores for each professions' rating of Social Workers' professional characteristics showing statistical significance between groups

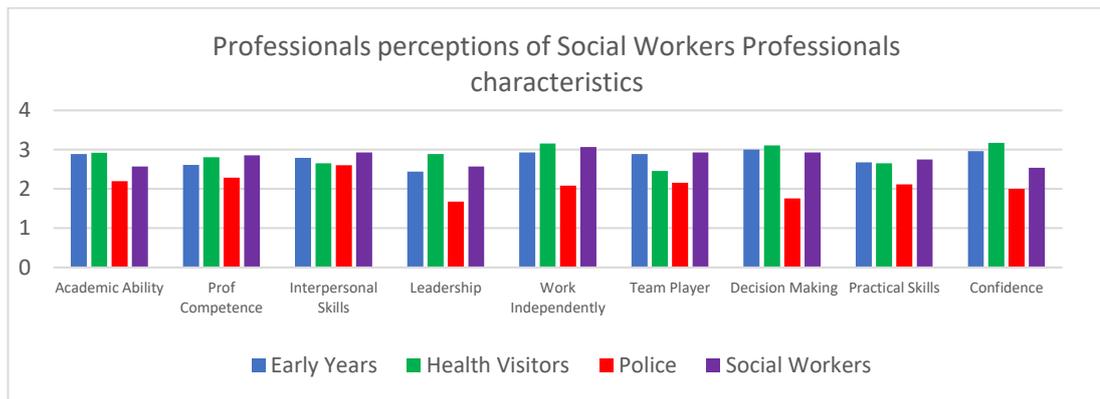
Professional Characteristic of Social Workers	EYP (n28)	HV (n37)	POL (n24)	SW (n28)	Statistical significance between groups
Academic ability	2.89*	2.92*	2.20*	2.57*	.000
Professional competence	2.61*	2.81*	2.29*	2.86*	.006
Interpersonal skills	2.79	2.65	2.60	2.93	.316
Leadership ability	2.44*	2.89*	1.68*	2.57*	.000
Independent working	2.93*	3.16*	2.08*	3.07*	.000
Team player	2.89*	2.46*	2.16*	2.93*	.000
Ability to make decisions	3.00*	3.11*	1.76*	2.93*	.000
Practical Skills	2.68*	2.65*	2.12*	2.75*	.006
Confidence	2.96*	3.17*	2.00*	2.54*	.000

Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4.

*The mean difference is significant at the 0.05 level.

Graph 4.16 presents the four professions' ratings for the professional characteristics of social workers. The difference between the groups was statistically significant with the police officers' mean ratings highlighting the difference between the perceptions of the police and the other professions (see Appendix 4.6 Gabriel's Analysis Post Hoc Analysis, question 13).

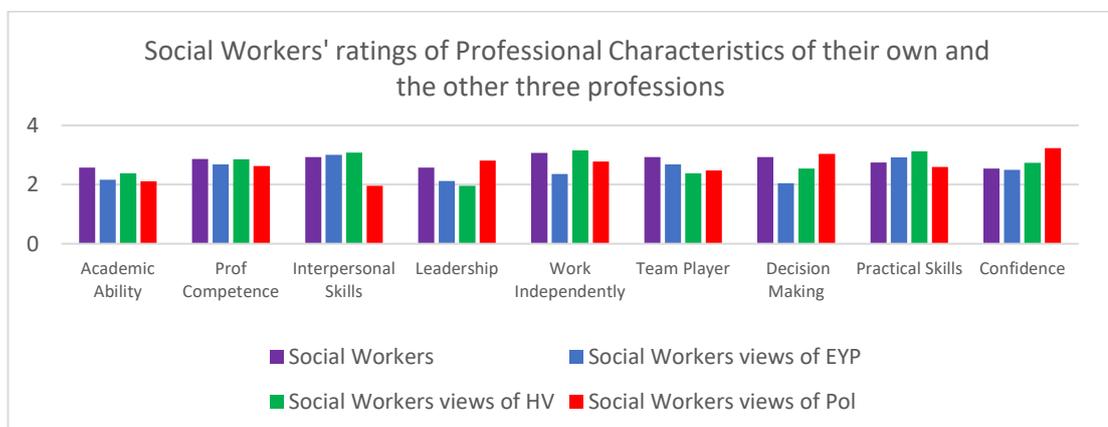
Graph 4.16 Perceptions of Social Workers' professional characteristics



4.8.8 Social Workers' view of their own profession's characteristics and those of the other three professions

Academic ability and professional competence were the only professional characteristics where social workers rated their own profession as higher than the other three professions. The mean ratings for police officers' leadership skills, decision-making and confidence were higher than the other professions but their mean ratings of the interpersonal skills of police officers was lower than for the other professions. The early years' characteristic of decision-making was rated by the social workers as the lowest of all the professional characteristics. Graph 4.17 presents these results.

Graph 4.17 A comparison of how Social Workers view their own profession's characteristics and those of the other three professions



4.9 Summary of findings on perceptions of professional characteristics

Table 4.14 Summary of mean ratings showing how professionals view their own, and their peers' professional characteristics and how these are rated by the other professions

Early Years professionals

Professional characteristics	Own rating (32)	Rating of Peers (32)	Other Professions' rating of EYP characteristics		
			HV (36)	POL (21)	SW (25)
Academic Ability	2.97	3.03*	2.47*	2.27*	2.16*
Professional Competence	3.22	3.31*	2.75*	2.27*	2.68*
Interpersonal Skills	3.34	3.28	2.94	2.81	3.00
Leadership abilities	2.81	3.22*	2.44*	1.95*	2.12*
Independent working	3.38	3.22*	2.78*	1.95*	2.36*
Team Player	3.34	3.38*	2.78*	2.41*	2.68*
Ability to make decisions	3.22	3.33*	2.67*	1.86*	2.04*
Practical Skills	3.28	3.31*	2.89*	2.38*	2.92*
Confidence	3.00	3.22*	2.80*	2.00*	2.50*

Health Visitors

Professional characteristics	Own rating (39)	Rating of Peers (36)	Other Professions' rating of HV characteristics		
			EYP (27)	POL (21)	SW (26)
Academic Ability	2.71	2.94*	2.48*	2.67*	2.38*
Professional Competence	2.87	3.36*	2.78*	2.62*	2.85*
Interpersonal Skills	3.37	3.31	2.92	2.90	3.08
Leadership abilities	2.26	2.89*	2.08*	2.05*	1.96*
Independent working	3.29	3.47*	2.96*	2.67*	3.15*
Team Player	3.34	3.20*	2.50*	2.38*	2.38*
Ability to make decisions	2.89	3.39*	2.65*	2.29*	2.54*
Practical Skills	2.87	3.11	2.85	2.86	3.12
Confidence	2.50	3.14*	2.85*	2.57*	2.73*

Police Officers

Professional characteristics	Own rating (25)	Rating of Peers (23)	Other Professions' rating of Police characteristics		
			EYP (n28)	HV (37)	SW (27)
Academic Ability	2.48	2.09*	1.96*	2.43*	2.11*
Professional Competence	3.16	2.65*	2.79*	3.19*	2.63*
Interpersonal Skills	3.32	2.74*	2.43*	2.38*	1.96*
Leadership abilities	2.68	2.61*	2.46*	3.03*	2.81*
Independent working	3.32	2.87	2.82	3.08	2.78
Team Player	3.48	2.74*	3.04*	3.08*	2.48*
Ability to make decisions	3.08	2.74*	2.89*	3.30*	3.04*
Practical Skills	3.00	2.78	2.96	2.97	2.59
Confidence	2.64	2.83*	3.39*	3.44*	3.23*

Social Workers

Professional characteristics	Own rating (28)	Rating of Peers (28)	Other Professions' rating of SW characteristics		
			EYP (28)	HV (37)	POL (24)
Academic Ability	2.57	2.57*	2.89*	2.92*	2.20*
Professional Competence	2.75	2.86*	2.61*	2.81*	2.29*
Interpersonal Skills	3.11	2.93	2.79	2.65	2.60
Leadership abilities	2.21	2.57*	2.44*	2.89*	1.68*
Independent working	2.86	3.07*	2.93*	3.16*	2.08*
Team Player	3.18	2.93*	2.89*	2.46*	2.16*
Ability to make decisions	2.75	2.93*	3.00*	3.11*	1.76*
Practical Skills	2.61	2.75*	2.68*	2.65*	2.12*
Confidence	2.32	2.54*	2.96*	3.17*	2.00*

Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4. * The mean difference is significant at 0.05

Table 4.15 below summarises how each profession rated the other professions overall and how these professions ranked against each other.

The rankings show that early years professionals and health visitors see police officers and social workers as the strongest professionals in the group and this reflects their statutory role. In contrast, police officers rated social workers as having the weakest professional characteristics.

Table 4.15 Mean Ratings for Professional Characteristics showing how professionals ranked the other professions

Profession	Self-Rating for Professional Characteristics	Peer rating for Professional Characteristics	Rating of other three professions for Professional Characteristics			Ranking of other 3 professions
EYP	EYP	EYP	HV	POL	SW	1.SW
	3.17	3.26	2.67	2.75	2.80	2.POL 3.HV
HV	HV	HV	EYP	POL	SW	1.POL
	2.90	3.20	2.72	2.99	2.86	2.SW 3.EYP
POL	POL	POL	EYP	HV	SW	1.HV
	3.02	2.67	2.21	2.55	2.10	2.EYP 3.SW
SW	SW	SW	EYP	HV	POL	1.HV
	2.70	2.79	2.49	2.68	2.62	2.POL 3.EYP

Mean ratings as coded: Very low - 0, low - 1, medium - 2, high - 3, very high - 4.

These findings are discussed in Chapter 6.2.5.

4.10 Perceptions of Professional Identity

Perceptions of professional characteristics are integral to professional identity. An objective of the study was to explore how the strength of professional identity influences IPW. Questions 14 and 15 asked respondents how far they agreed with statements about their professional identity (see Chapter 3, Section 3.9.4). To facilitate statistical analysis the Likert scale ratings were coded as follows; strongly disagree - 0, disagree - 1, agree - 2, strongly agree - 3. The scores of the three negative questions namely, 14b: I am often ashamed to admit that I am a member of this profession, 14c: I find myself making excuses for belonging to this profession, and 14d: I try to hide that I am a member of the profession were reversed. Table 4.16 below presents the mean ratings by each profession for the statements on professional identity.

Table 4.16 Means scores for each professions' ratings of Professional Identity

Statement	EYP (31)	HV (37)	POL (25)	SW (27)	Significance
14a. I have strong ties with members of my profession	2.13	2.19	2.16	2.04	.756
14b. I am ashamed to admit to being a member of profession -Reversed	2.71*	2.60*	2.24*	2.29*	.010
14c. I find myself making excuses for being a member of profession - Reversed	2.68*	2.51*	2.32*	2.00*	.002
14d. I try to hide I am a member of this profession -Reversed	2.73*	2.59*	2.48*	2.22*	.006
14e. I am pleased to belong to this profession	2.65*	2.70*	2.24*	2.22*	.005
15a. I can identify positively with members of my profession	2.52*	2.38*	2.04*	2.21*	.006
15b. Being a member of this profession is important to me	2.68*	2.46*	2.15*	2.25*	.006

15c. I feel I share characteristics with other members of the profession	2.45	2.14	2.12	2.18	.097
15d. The public hold my profession in high regard	1.56*	1.76*	1.56*	0.68*	.001*

Mean ratings as coded: Strongly Disagree - 0, Disagree - 1, Agree- 2, Strongly Agree- 3.

*The mean difference is significant at the 0.05 level.

The mean ratings of all four professions showed that professionals felt they had strong ties and shared the same characteristics with their professions and there was no difference between the views of the different professions. There was a significant statistical difference between the professions with regards to the other questions about professional identity. Early years professionals displayed more confidence in their professional identity than the other professions, most notably the police officers and social workers (see Appendix 4.7 Gabriel’s Post Hoc Analysis, question 14 and 15). Health visitors appeared the second most positive group about their professional identity. There was a marked significant difference between how the professions felt they were viewed by the public with social workers rating the public’s view of their profession as significantly lower than how the other three professions felt they were perceived. Graph 4.18 below presents how each profession rated the statements on professional identity compared to the other professions

Graph 4.18 Perceptions of Professional Identity



*Likert scale ratings were reversed for the following questions.

14b. I am often ashamed to admit that I am a member of this profession

14c. I find myself making excuses for belonging to this profession

14d. I try to hide that I am a member of the profession

4.11 Participation in Meetings

Collaborative working between different professional groups is usually agreed, planned and reviewed through interprofessional meetings which focus on the needs of the child. Questions 16 and 17 asked respondents whether they had participated in a range of TAC meetings and how many times they had attended meetings within the last three months. Table 4.17 presents the different types of meetings and the frequency of attendance by each profession.

Table 4.17 Types of meetings and attendance by each professional group

Type of Meeting	Attendance	EYP	HV	POL	SW	Total	Statistical significance between groups
CAF/TAC meetings	No	14	3	13	4	34	
	Yes	16	34	7	23	80	
	Total	30	37	20	27	114	
	Mean	.53*	.92*	.35*	.85*		.000
Child in Need meeting (CIN)	No	15	2	8	4	29	
	Yes	12	35	13	23	83	
	Total	27	37	21	27	112	
	Mean	.44*	.95*	.62*	.85*		.000
Child Protection (CP)Strategy	No	18	12	2	6	38	
	Yes	9	24	22	21	76	
	Total	27	36	24	27	114	
	Mean	.33*	.67*	.92*	.78*		.000
Initial CP Conference	No	17	7	4	9	37	
	Yes	11	29	19	18	77	
	Total	28	36	23	27	114	
	Mean	.39*	.81*	.83*	.67*		.001

Type of Meeting	Attendance	EYP	HV	POL	SW	Total	Statistical significance between groups
CP Plan Core meeting	No	19	2	13	7	41	
	Yes	8	35	6	20	69	
	Total	27	37	19	27	110	
	Mean	.30*	.95*	.32*	.74*		.000
CP review meeting	No	17	2	9	8	36	
	Yes	10	33	14	19	76	
	Total	27	35	23	27	112	
	Mean	.37*	.94*	.61*	.70*		.000

Mean as coded No - 0 Yes 1

*The mean difference is significant at the 0.05 level.

There was a statistically significant difference between the professions in terms of their attendance at the six different types of meetings. Early years professionals had the lowest mean score for attendance at all types of meetings apart from CAF/TAC meetings where the police officers had the lowest score. Health visitors had the highest attendance of all the professional groups across the range of meetings apart from strategy meetings and initial child protection (CP) conferences. Police officers had the highest mean score for attendance at strategy meetings followed by social workers. Health visitors had attended more initial CP conferences compared to the social worker respondents in this study. Police officers do not normally attend CAF/TAC, CIN or CP core group meetings so the police responses in these categories were higher than anticipated. These figures may suggest that police officers may have been unsure of the type of meetings that they were attending. Early years professionals were less involved in CP meetings than the other professions

Professionals were then asked how many meetings they had attended in the last three months. 45 of the 109 responders to this question (16 early years professionals, 7 health visitors, 16 police officers and 6 social workers) stated that they had not attended any TAC meetings in the last three months. Health visitors recorded attending the highest number of meetings followed by social workers. Together they attended the most number of meetings in three months totalling between 1 and 6 (see Appendix 4.8. Question 16: Number of meetings attended in the last three months).

4.12 Communicating and working in teams

The concept of the TAC is that professionals collaborate within a framework of an actual or virtual team as required to address the needs of the child. The final two questions (questions 18 and 19) in the questionnaire required responders to rate statements about their ability to communicate and work together with other professionals. This set of scales was adapted from the 'University of West England Interprofessional Questionnaire' communication and teamwork scale (see Chapter 3, Section 3.9.4). The scales were tested for reliability showing a Cronbach's alpha coefficient of 0.776 (number of items 9) suggesting a good level of reliability.

The Likert scale ratings were coded for statistical analysis as follows; strongly disagree - 0, disagree - 1, agree - 2, strongly agree -3. The scores were reversed for the four negative questions namely; 18c. I have difficulty in adapting my communication style (oral or written) to particular situations and audiences, 18d. I prefer to stay quiet when other people in a TAC meeting express opinions that I don't agree with, 19., I feel uncomfortable putting

forward my personal opinion in TAC meetings and 19c. I feel uncomfortable taking a lead in a TAC meeting.

Table 4.18 presents the mean scores for each profession on their perceptions about communicating and working in teams. There was no statistical significant difference between the professions in how they experienced working in teams.

Table 4.18 Mean scores for each professions' Perceptions about Communicating and Working in teams

Statement	EYP	HV	POL	SW
18a. My training has enabled me to feel comfortable in justifying recommendations/advice face to face with more senior people.	2.14	2.00	1.76	1.88
18b. My training has helped me feel comfortable in explaining an issue to people who are unfamiliar with the topic.	2.25	2.16	1.90	1.96
18c. I have difficulty in adapting my communication style (oral or written) to particular situations and audiences - Reversed	2.1	2.19	2.14	2.11
18d. I prefer to stay quiet when other people in a TAC meeting express opinions that I don't agree with - Reversed	2.00	2.13	2.1	1.88
19a. I feel comfortable working in TAC meetings	2.09	2.16	1.95	2.08
19b. I feel uncomfortable putting forward my personal opinion in TAC meetings - Reversed	1.95	1.83	2.00	1.84
19c. I feel uncomfortable taking a lead in a TAC meeting - Reversed	1.54	1.56	1.79	1.36
19d. I am able to become quickly involved in TAC meetings	1.91	1.86	2.05	1.92
19e. I am comfortable expressing my own opinions in a TAC meeting even when I know that other people don't agree with me	1.91	1.89	2.05	1.84

Mean ratings as coded: Strongly disagree - 0, Disagree - 1, Agree - 2, Strongly agree - 3

Likert scale ratings were reversed for the following questions:

18c. I have difficulty in adapting my communication style (oral or written) to particular situations and audiences.

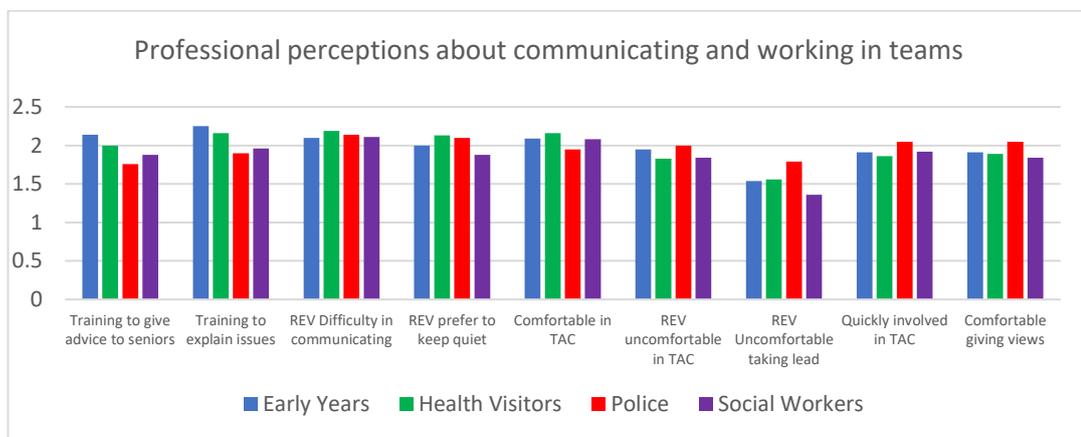
18d. I prefer to stay quiet when other people in a TAC meeting express opinions that I don't agree with.

19b. I feel uncomfortable putting forward my personal opinion in TAC meetings.

19c. I feel uncomfortable taking a lead in a TAC meeting.

The four professional groups all appeared to feel reasonably confident in their ability to communicate in meetings although they were less comfortable in taking the lead role compared to the other aspects of team working. Graph 4.19 below provides a comparative view as to each professions' perception of their ability to communicate and work in teams.

Graph 4.19 Professional Perceptions about communicating and working in teams



*Likert scale ratings were reversed for the following questions.

18c. I have difficulty in adapting my communication style (oral and written) to particular situations and audiences.

18d. I prefer to stay quiet when other people in a TAC meeting express opinions that I don't agree with

19b. I feel uncomfortable putting forward my personal opinion in a TAC meeting

19c. I feel uncomfortable taking a lead in TAC meetings

4.13 Summary of emerging themes in the questionnaire findings

The questionnaire was designed to provide data about the phenomenon of being a professional. A clear picture emerged in the analysis of the differing views of the professionals about their own characteristics, their peers and the other three professions. This is summarised above in table 4.14.

Professionals identified strongly with their profession and stated they were confident in their ability to communication and work in teams. However, a picture emerged of four professional groups who do not all share the same

level of confidence in their professional abilities, have different perceptions about each other's level of competence and do not come together with equal status.

A critical realist analysis was then applied to identify causes and conditions that might explain how the participants constructed their own professional identity within an interprofessional context (see Chapter 3, Section 3.6.1) To do this it was necessary to draw on existing knowledge of how professionals operate in the real world (Roberts, 2014) and care had to be taken to separate out personal experience and opinions to minimise bias. Self-belief, othering, power and authority and working together emerged as concepts that underpinned the professionals' sense of being and in turn their perception of IPW. Within these concepts themes were identified which explained how professionals arrived at their sense of identity and demonstrated how the different facets of professional identity interacted and were dependent on each other.

Self-belief was supported by the findings that all the professional groups rated their own interpersonal skills as higher than that of their profession, suggesting a level of personal confidence which would impact on their ratings of other professional characteristics. As well as personal qualities, the significance of a professional qualification, the ability to participate in teams and meetings, identification with the profession and perceptions of public image all conspired to create the professionals' sense of occupational value. Othering refers to how the professionals viewed the traits of the other professions and how they positioned themselves in relation to the other

groups. This links to the context of professional practice and underpinning theories of identity. The concept of power and authority emerged from the professionals' views on leadership and decision-making which are influenced by policy directives and differing organisational structures. The concept of working together reflected inferences from the data in terms of how professionals see their role and competence in relation to the other professions and what is known about working arrangements between different professional groups. These concepts and themes arising from the questionnaire will be discussed in chapter 6 alongside the interview findings.

Chapter 5: Interview Findings

5.1 Introduction

This chapter will provide an Interpretative Phenomenological Analysis (IPA) of the findings from the interviews. It starts by considering the pre-reflective stage of the interviews followed by an example of IPA supported by a critical realist analysis to illustrate how the interviews were analysed. A profile of the interview participants is then presented followed by the findings. These are grouped to reflect the topics covered in the semi-structured interviews (see Appendix 3.5) which aimed to explore:

1. How professionals viewed their own professional identity and that of their peers.
2. How professionals viewed the professional identity of the other three professions.
3. How professionals experienced working together.

The chapter will conclude with a brief summary of the findings and an identification of the emerging themes and concepts for discussion together with the findings from the questionnaire in chapter six.

5.2 The pre-reflective stage of the interview

Prior to each interview I spent time as the researcher reflecting on my own perceptions of the interviewee's profession with a view to putting these to one side to minimize any potential bias (See Table 5.1 below and Appendix 3.6). As a social worker I came to the research having worked closely over a number of years with health visitors, police officers and to lesser extent with early years professionals. However, I have not been in frontline practice for

over ten years and I am very aware that the structure of services has changed alongside stronger policy directives for closer collaboration between the different professions. A conscious effort was made to bracket out my own pre-conceived ideas about the profession in question and to separate out my past and current views of professional roles in children's services. This process worked well prior to the interview but putting it into practice once the interaction started with an individual professional was more challenging.

Although the objective was to start each interview afresh with an open mind as the interviews were completed a sense of anticipation arose according to the profession of the interviewee. Early years professionals, health visitors and police officers were all critical of social work practice. I was aware that I needed to detach myself from my social work identity and maintain a neutrality as a researcher both in the interviews and subsequently in the analysis. I was conscious that I personally had conflictual feelings about what I was hearing. On the one hand, the criticism of the social work profession was hard to take, struck at the core of my professional identity and made me feel quite defensive. On the other hand, I felt many of the comments were justified, confirming my own disillusionment with the profession while making me feel quite disloyal to my peers.

5.3 The analysis of the interviews

The interviews were analysed following the process of IPA detailed in Chapter 3, Section 3.9.12. An example is presented below to illustrate how this worked in practice and to reflect the different levels of interpretation. The same interview is then considered within a critical realist framework to

support the analysis and provide a context to the views of the participant.

The example was chosen as it reflected a straightforward interview where the professional expressed views clearly. While this might appear mundane not all interviews will provide rich data but together they build an overall picture of phenomenon.

Table 5.1 An example of IPA of an interview with an early years professional.

<p><u>Step 1 -Acknowledgment of pre-conceived idea</u> My previous contact with EYPs limited. I was aware of EYP status but had no experience nor evidence to form an opinion on how this had impacted on their professional role and identity. I, therefore, approached the interview with an open mind.</p>
<p><u>Step 2– immersion in data by listening to the recording and reading and re-reading the transcript</u> This helped give a sense of the interviewee and it was possible to ‘note’ some key words (Intimidated, confidence, credibility, judgement, coordinated, continuity, pivotal), key phrases and key topics (Development of profession, qualification, knowledge of child, awareness of roles, frequent changes in staff (SW and HV), attitude to the other professions, status, attendance at meeting and SW caseloads)</p>

<p><u>Extract 1</u> <i>‘when I first started my interprofessional meetings I felt a little bit intimidated... they made me feel like I was not really relevant, although probably more often than not I would know the child a lot better than the other professionals in the room...but having finished my degree and now my EYP I feel that my profile has been raised and I am now regarded more credibly by other professionals’</i></p>
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<p><u>Step 3 - Exploratory noting (descriptive, linguistic, conceptual)</u></p> <p><u>Descriptive</u> The EYP is reflecting on: 1. the change in her own perception and the perception of the other professionals of her role/status following qualification. 2. That of all the professionals she holds the best knowledge of the child</p> <p><u>Linguistic</u> Use of words ‘intimidated’ and ‘not really relevant’ convey feelings of previous inferiority and disregard. ‘<i>More credibly</i>’ suggest the EYP feels her standing has improved but is not clear how far this has been raised and whether it is equal to the other professions</p> <p><u>Conceptual</u> The significance of a professional qualification to professional identity/confidence Knowledge of the child</p>
<p><u>Step 4 - emergent themes</u> Role/value of professional qualification Positioning within interprofessional network Advocate for child</p>

Extract 2

'I feel my relationship as a professional with the HV is getting better and better and better...They're visiting us in our settings and we are seeing a lot more of them so I'm probably closer to the HVs than some of the other professionals to be fair'

Step 3- Exploratory noting (descriptive, linguistic, conceptual)

Descriptive

EYP discussing contact with HVs and placing them above other professionals.

Linguistic

'getting better and better and better' Repetition reinforces that this EYP values contact with HVs.

'visiting us in our settings' suggests that EYP sees this as HV recognising and valuing EYP expertise and contribution.

Conceptual

Similarities/contact as basis for development of professional relationship.

Step 4 – emergent themes

EYP and HV as closely aligned professions.

Extract 3

'We know a few of them but no it's not the same relationship that we have with HVs. It's not a negative relationship but it certainly more distant. You don't chat to them quite as much as I would the HV...I think I respect what SWs do and I know that if I need them they are contactable and approachable but I don't ever think I would get the same relationship with them because of the dynamics and geography of where they are in comparison to me'

Step 3- Exploratory noting (descriptive, linguistic, conceptual)

Descriptive

On being asked about her views of SWs, the EYP immediately compares it to her contact with HVs. She is suggesting there is a greater gap between EYP and SWs in terms of their physical location, the nature of their interaction and in their professional role and status

Linguistic

'not a negative relationship but it certainly more distant' This contrasts to the earlier positive description of the EYPs *'closer'* relationship with HVs.

'don't chat' implies the relationship with SWs is formal and perfunctory with no concept of getting to know them.

'because of the dynamics ...in comparison to me' Here the EYP is expressing uncertainty about EYP status compared to the SW suggesting a power differential with the EYP as the weaker partner

Conceptual

Comparative status of professions

Step 4 – emergent themes

EYP as lower status profession

Role of contact in developing professional relationships

Role of power in IPW

Extract 4

'They sent a report but I very rarely see the police at these meetings I have to say. Probably due to, again it is very difficult to get everybody in one room all at the same time, especially for a profession like theirs when obviously they've got a lot of other cases as well'

Step 3- Exploratory noting (descriptive, linguistic, conceptual)

Descriptive

EYP have limited contact with the police and don't see them as playing an active part in the child care network.

The EYPs comment about arranging meetings *'again it is very difficult to get everybody in one room all at the same time'* may also reflect the EYPs' experience of not being invited to meetings or being unable to attend due to other work commitments. It raises issues about the meeting culture and the attendance of the different professions.

Linguistic

'obviously they've got a lot of other cases as well' suggesting the police have more important things to do and are more important than EYPs.

Conceptual

Absence/ separation of the police from the welfare network of professionals.

Step 4 – emergent themes

The importance and contribution of different professions to meetings and IPW

Step 5- Reviewing, reordering, comparing and connecting themes. Applying the hermeneutic circle.

The extracts separately focused on how the EYP felt about her experience in interprofessional meetings, her relationship with health visitors, social workers and her contact with police officers. During the interview the EYP reiterated several times how valuable her qualification was in terms of her confidence when working with other professionals. She felt it had placed her on a more equal footing with other professionals and gave some good examples of collaborative working. This challenged the initial analysis in Extracts 1 and 3 which suggested that the EYP may still be uncertain about her status. The interview was, therefore reviewed again to check for consistencies and inconsistencies in its interpretation.

This revealed that while the EYP was very positive about her contribution to IPW she still positioned herself as lower in the hierarchy talking of the social worker *'as the head of it all'* and stating

'they are the ones that make the decisions... they co-ordinate all the other professionals to keep the plan on track'

While she did not appear to have a problem with this when considered alongside her comments about her relationship with social workers it did raise questions as to the strength of her professional identity when compared to the other professions. As the interview progressed the EYP began to talk more about her own role and less about the other professions thus reinforcing the value of her own profession.

The themes emerging from these extracts were collated with other themes arising in the interview and covered:

The role of EYP

The impact of a Professional qualification

EYPs perception of their status and position within the interprofessional network
EYP perception of the other three professions
Professional relationships and contact
EYPs and meetings.

The analysis then followed Step 6-8 (see Chapter 3, Section 3.9.12) with each EYP interview being analysed following the process identified above. All the EYP interviews were collated to identify emerging patterns and themes by applying the hermeneutic circle

The IPA was then considered through a critical realist lens which looked for the causal mechanisms that contributed to the interviewee's perception of the identified concepts. The early years professional talks about how her qualification has made her feel '*more credible*'. Credibility is intertwined with identity and in this interview reflected the concept of professional identity. To understand how the professional made sense of identity it needs to be placed in both a historical and current context. Historically caring for children was viewed as a low status occupation with widely held stereotypical views as to the value and expertise of those who work with young children (Gasper, 2010). The early years professional is acknowledging this when she talks of her pre-qualification experience. As a researcher I was aware of changes in child care policy to raise the profile of the early years' service (see Chapter 2, Section 2.3.1) and this helped me understand why this interviewee attached so much importance to her early years professional status. A qualification is regarded as a core characteristic of a profession (Banks, 2004) and for this interviewee acquiring professional status has given her currency as a professional. Elsewhere in the interview she considers the qualification itself and is able to identify how it improved her level of confidence when working with other professionals. Critical realism seeks to look at the different layers

of causality and as a researcher with knowledge about IPW and professional hierarchies I was uncertain as to whether this professional's confidence in her professional identity was as strong as it appeared and would be replicated in other interviews. In arriving at her sense of identity she talks of being '*more credible*' suggesting she may not feel totally credible and she stills see the social worker as being in charge of everything rather than viewing collaborative working as a joint enterprise. I was aware that I needed to bracket out my knowledge and views to ensure that in my interpretation of the views of the professional the personal significance of 'the lived experience' is not lost (Standing, 2009, p20). This explains why the analysis of the interviews demanded a lot of reviewing within individual interviews and across interviews to ensure that the interpretation was supported by evidence from the transcripts.

5.4 Profile of the Interview Respondents

Thirty-six interviews were conducted with 5 early years professionals, 10 health visitors, 11 police officers and 10 social workers. A profile of the respondents is presented in table 5.2 below.

Table 5.2 Profile of Interview Participants

	Early Years Professionals	Health Visitors	Police Officers	Social Workers
Number of Interview participants	5	10	11	10
Gender				
Female	3	9	8	9
Male	2	1	3	1
Age Band				
21-30	0	2	1	5
31-40	3	3	6	1

41-50	2	2	3	4
50+	0	3	0	0
Number of years as qualified professional or CAIT police officer				
Less than 1 year	1	7	0	3
1-2 years	3	3	1	6
2-3 years	1	0	1	1
3-4 years	0	0	2	0
Over 4 years	0	0	4	0

The small number of interviews in each professional group meant that while it was possible to identify similarities and differences in the views of participants there was little value in specifically quantifying these. Where all the participants shared a common perspective this was noted either by collectively referring to the profession or using the term 'all'. Where more than half of the participants in a group displayed similar views the term 'most' or 'many' was used and where less than half shared the same opinion the term 'some' or 'several' was used. Where three or less shared a view this was referred to as a 'few'. Individual comments which did not concur with the rest of their professional group are presented as such to reflect this difference.

5.5 How participants viewed their own professional identity and that of their peers.

Perceptions of professional identity were reflected in the views that participants held about their own professional role and their confidence in their professional status. The first interview question asked professionals how they felt about their own role when working with other professionals. I had anticipated that this would help them feel at ease and enable a rapport

to develop as they talked about an area of practice they knew well. However, there was often a long silence before professionals responded and some professionals appeared defensive in their tone conveying a sense that they felt it was fairly obvious what their role was and that I, as a social worker, should know this. This led me to rephrase my first question by adding '*I was wondering if*' to soften my approach. Professionals appeared to find this less threatening but I was mindful that while the responses reflected how professionals presented their role and confidence in their professional identity these views may have been influenced by the fact that they were aware that I was also a member of one of the four professions in the study. In turn, I had to continually ensure that as the interview progressed I took a neutral approach as a researcher and disengaged with my identity as a social worker.

5.5.1 The Professional role

In the context of this study of working together in teams around the child (TAC) all the professionals noted the child as the focus of their activity. For early years professionals, health visitors and social workers this centred on the promotion of the child's wellbeing although the focus was different for each professional group.

For early years professionals who focused on child development from an educational and care perspective and health visitors who focused on child development from a health perspective the centrality of the child in their role was paramount.

'I think my role is to be an advocate for child. It's always in the interest of the child from the early year's point of view' (EYP4)

'we are coming at it always from the child's point of view' (HV8)

Social workers focused on the overall welfare of the child and were keen to point out that this was through a holistic approach which was complex, multi-faceted and determined by the level of need of the child.

'In social work our thresholds are very high and a lot of schools don't understand what we do and don't accept it' (SW2)

In contrast to the other professions, it became clear that the focus of police officers was not the child but the crime.

'As police officers' we're talking about criminal activities, violence and crime not welfare' (Pol7)

When social workers and police officers reflected on their role in more depth it became apparent that there was a shift from the focus on the child to the interaction with the professionals trying to support that child.

*'The most important person in any investigation is not the child it's the professional, ...Yes, it's **the** most important thing in Child Protection in my opinion' (Pol9)*

5.5.2 Professional confidence and status

Professional confidence and perceptions of status were underlying themes throughout the interviews. Most professionals talked confidently about their role within their own profession, but this did not necessarily mean they felt confident in the interprofessional arena where status was a comparative measure.

5.5.2.1 Early Years Professionals

Early years professionals had a strong sense of their role in direct work with children and displayed a high level of confidence in their skills and ability to fulfil this role. While they felt they had a part to play in multi-professional arenas they were conscious that this did not always match the expectations of other professions.

‘if you work with young children at a nursery you are tended to be seen as the lowest, of the lowest position you could possibly have’ (EYP3)

There was a sense of disappointment that other professionals did not recognise their professionalism nor have knowledge of their professional status. This in turn led them to self-rate themselves as lower than other professionals

‘We were asked to rate the status of various professionals out of one to ten. How would you rate a Doctor? How would you rate a lawyer? Everybody was saying very high numbers and then what would you rate an EYP and nobody dared say anything so I suggested a two’ (EYP4)

This comparative exercise was recounted by identifying the traditionally established professions rather than equating the early years profession with professions where they might have more in common such as those in this study. The use of the word ‘*dared*’ suggested that early years professionals were fearful of rating themselves as this could have consequences for their sense of identity. If they rated themselves too highly their status may be subject to attack by the other professions and if they rated themselves too low it would force them to acknowledge their lower status. It appeared that the early years professionals’ strong sense of professional identity within

their own profession did not translate easily into the interprofessional arena. It raised issues about their perception of their occupational value in relation to the perceived value of the other professions.

In the realities of practice early years professionals illustrated two types of responses to their perceived lower status. On the one hand, they displayed a tenacity in ensuring they had their say.

'Our role in a child's life can be quite pivotal and that sort of gives me the confidence to think well I will speak out' (EYP2)

On the other hand, an element of subservience crept into their approach which to certain extent pushed them to the periphery of the network.

'I think we just kowtow to the other agencies and just sort of let them get on with it' (EYP4)

The use of the word 'kowtow' conveyed a sense of frustration by this professional that the early years profession was too eager to defer to the other professions. The implication was that this obsequious approach merely confirmed the perceptions of the other professions that early years professionals were not equal partners and were positioned much lower in the professional hierarchy.

5.5.2.2 Health Visitors

Health visitors talked about how their role had changed from one of medical subservience as a nurse to having more autonomy. They articulated their role with confidence reflecting that theirs was a specialised targeted service focusing on health issues. Several of the more recently qualified expressed concern about their relative inexperience and the pressures of working with

other professionals. Some health visitors appeared to struggle with what they saw as core professional qualities of assertiveness and confidence.

'I try and be as assertive, acting as an advocate for my clients, as I possibly can but I do sometimes feel a wee bit intimidated' (HV2)

At times health visitors needed to shore up their confidence when presenting their views.

'I think well no hang on a minute, I'm a professional too and I am seeing it's good, so just stick to your guns' (HV5).

A few health visitors were indignant that they were still seen as '*just weighing babies*' (HV8) and felt it devalued their role as highly trained professionals.

Health visitors rated their profession as higher than the early years profession but recognised that there were some commonalities between their roles. They saw themselves as having less status than social workers but although they acknowledged the power of police officers they did not view them as an integral part of the TAC.

5.5.2.3 Police Officers

The police officers saw their role as undertaking a criminal investigation to deal with the immediate risk. They frequently referred to investigations as jobs which is the usual terminology for police tasks. This served to keep safeguarding work with children firmly within the overall police remit rather than thinking of it as a more specialised multi-professional way of working.

'Ultimately it is not my job as a police officer to deal with the long-term risk to the children' (Po19)

Police officers portrayed an unquestioning belief in the importance of their role defining their qualities as being strong and powerful, confrontational, decisive and assertive. They assumed this was how they were perceived by other professionals.

'I just think other professionals feel our role, we are more important'
(Pol2)

They saw their role as taking charge to resolve situations.

'One of the things I learnt very quickly... is that regardless of how many other professionals have had an input with the family it will be considered that it's the police's role to make decisions' (Pol5)

While they saw themselves as taking control some of the police officers did not see this as meaning that they should take responsibility for managing hostile families and separated themselves out from other police colleagues.

'Sometimes the requirement may need a bit of muscle, they're forgetting the makeup of our teams. We don't wear a uniform, we don't carry weapons, we don't bash doors in ourselves. There is some confusion about what child protection officers can do We can't be there just because they are scared of conflict' (Pol5)

They identified their core competencies as managing immediate risk and addressing the criminal element of safeguarding children. They set themselves apart from the other professional groups.

'The thing is as police officers we have great powers, cos we are what we are. We are independent' (Pol9)

The comments of a few police officers suggested that not all of them were as confident as they appeared. This was expressed in terms of low morale,

sensitivity to bad press and the lack of public and managerial acknowledgement of good performance.

'The results that my team alone have had this year are absolutely fantastic ...achievements putting really horrible, nasty people away for a long time. You just don't hear it. You don't know what we are doing'
(Po13)

There was a sense here of feeling undervalued, misunderstood and stuck with an image that no longer applied. The desire for positive affirmation could be viewed as an expression of professional insecurity. However, these police officers were in the minority and the majority consistently displayed a clarity and confidence in their role and in their interaction with other professionals.

Police officers saw themselves as having a higher status than all the other professional groups although a few felt social workers were following them closely behind. The police officers, discussed their role and status in terms of the whole profession frequently using the term 'we' to describe their powers, views and actions. This conveyed a level of confidence in their organisations which reinforced their status and power. This contrasted to the other three professions who tended to talk about their role using the prefix 'I' suggesting they assumed an individual as opposed to a collective accountability for their actions (see Chapter 6, Section 6.2.2)

5.5.2.4 Social Workers

The social workers conveyed that they felt confident and competent in their practice. Core qualities were identified as the need to be assertive, to have good listening skills, the ability to support other professionals and to be able to manage conflict. None of the social workers appeared to question their

own judgment even when challenged by other professionals. Where other professionals disagreed with them this was put down to a lack of understanding on their part.

'I just came out of the meeting feeling everyone was not very happy with me, and I felt like they did not understand the process.... all the other professionals felt like I was trying to shirk my responsibilities to the child and that was quite frustrating' (SW1)

However, underneath this aura of confidence elements of professional insecurity were apparent. Social workers were sensitive to the fact that other professionals felt their expectations of the social work role were not met.

'I don't think you would find one professional group that would be an advocate for social work which is bad' (SW2)

There were comments in all professional groups about the difficulty of the social work role. While these tended to be presented as admiration for the person who was prepared to be a social worker, one social worker questioned this sentiment.

'A lot of people say 'oh I couldn't do what you do', other professionals. And I don't know how to take that exactly' (SW10)

This social worker appeared to be trying to weigh up whether this was a compliment or a way of devaluing the social worker by implying the job was so difficult it was not worthwhile and would not attract people of high calibre.

Some social workers did not seem to want to look too closely at how other professionals might see them. They sought to play down their role and attributed difficulties to the misconceptions of others. One social worker

concluded the interview with the following comment using humour to take the sting out of it.

'I think everyone has their own pressures and tensions and I think it would be good if everyone understood that a bit more. We are just social workers (laughs)' (SW2).

Although most social workers saw their role and status in Child Protection (CP) cases as being closely allied to the police and regarded themselves as more important than health visitors there was a sense that they struggled to maintain a professional confidence. Social workers were conscious of their poor image in society, the fact that other professionals were quick to criticise their practice and that they were viewed as the key protagonists in the narrative of blame that pervades in children's services.

5.5.3 The role of qualification and training

Professionals were asked how far they felt their qualification and training had prepared them for working in TAC. Early years professionals, health visitors and social workers all felt that holding a professional qualification gave them confidence and credibility in their role.

'having finished my degree and now my EYP I feel that my profile has been raised and I am now regarded more credibly by other professionals' (EYP2)

Both early years professionals and health visitors had to meet a range of standards in their training and referred to knowledge of child development, leadership skills and multi-agency working as core competencies. They both claimed to have more knowledge of child development than other professions. Social workers felt their qualification accorded them more

respect and carried more weight than other professions. They described their training as covering theory, assessment, negotiation and decision-making skills. Both health visitors and social workers identified gaps in their training in relation to their participation in meetings. Social workers would have liked this to include training on chairing meetings and more practically based issues such as working with other professionals and managing hostile families. Many felt they plugged this gap by drawing on transferable skills from previous work and life experience. Social workers were more critical than early years professionals and health visitors about the relevance of their training to the job they ended up doing.

*‘The subject areas were pretty spot on. I can’t criticise that, it’s just the practical areas, social work in society. ... we thought we don’t know what social workers do... about the day-to-day job, not just the theory’
(SW2)*

This social worker echoed the views of many of the social workers in saying despite having a social work qualification she entered the workforce feeling unprepared for the role.

For early years professionals, health visitors and social workers there was a sense that *‘you really start learning when you’re on the job’* (HV5)

The importance of learning on the job was echoed by the police officers

‘So everything I’ve learnt I’ve learnt on the job as it were. I rely heavily on my own interpersonal skills and generally being comfortable in expressing myself’ (Po14)

The police officers who were interviewed placed great score on practical experience to develop their core professional qualities.

'Most of the beneficial stuff is learnt in practice' (Po13)

They seem unperturbed that their role did not require academic qualifications and there was some cynicism about the qualifications of other professionals

'I base my opinions on the evidence that I see. I think it's tricky, with the police we don't have these degrees in social care. We are not experts in this...' (Po17)

Within the context of this discussion this comment was interpreted as meaning that the police officers did not feel that acquiring a professional qualification had equipped social workers with the necessary skills to assess and manage risk. When reviewing their own training police officers stated they would have liked more understanding around the links between the criminal and family courts and knowledge of specific conditions relating to children such as autism.

5.5.4 Pre-qualification interprofessional training

Most professionals reported that they had had very little exposure to other professional groups during their pre-qualification or police training. This was despite most training courses having modules or standards related to multi-agency working and safeguarding. One early years professional directly questioned the value of such training at prequalification level.

'I think there is probably too much emphasis on multi-agency working now... I am aware it does take up a lot of time. I think that actually it is quite a specialist skill and the people who are going to be involved in it are really the top of the tree' (EYP4)

While this comment possibly reflected where the early years profession positioned itself in the interprofessional arena it also exposed more generally

that frontline workers were more focused on their profession-specific role than embracing an interprofessional approach.

Where there had been some interprofessional training this often appeared unsatisfactory as professionals felt it was not with the most relevant professionals. As one social worker who took part in an interprofessional module with nurses, radiographers and physiotherapists observed

'They weren't really the people we work with in the real world' (SW8)

Several health visitors indicated that they would have liked more involvement with social workers during their training. However, for one health visitor who had attended joint lectures with social workers this had done nothing to facilitate the development of professional relationships.

'You tend to sit with people you know, don't you? (HV8)

She stated that the social work students were unwilling to mix and this caused ill feeling which was compounded by the fact that the health visitor students felt the training was too social work focused.

Police officers also indicated that they would have liked some input about the role of the social worker. Despite undertaking joint training as part of their induction into CAIT they stated they were unclear as to

'what is expected of a social worker... I have no knowledge of what is expected of them or how they work with a family if someone is not engaging, what do they do, what is expected of them, I dunno. That is frustrating for us cos we get the end bit and you think well why was that not done' (Pol2)

5.6 How professionals viewed the professional identity of the other three professions.

How professionals perceived their own professional identity was linked to how they viewed and compared themselves to the other professions.

5.6.1 Workloads

High workload was an issue raised by respondents in all four professions. Early years professionals were the only profession that did not comment on their own workload. There was a general view that social work caseloads were too high and a link was made between workloads and the perceived poor practice of social workers.

'I find social workers to be very overworked and the few that I have come into contact with most recently, I would say are ineffectual on that basis.' (EYP4)

Police officers and health visitors supported this view and expressed some concern about the demands placed on social workers

'Under pressure, I spoke with a SW last week who told me she was doing a report well past midnight in her own time' (HV9)

Both these professions noted their own high caseload and levels of stress and there was some ambivalence as to whether a high workload explained the perceived incompetence of social workers.

'I think that also they're clearly pressured and they're clearly busy and they're clearly working very hard. I think maybe sometimes when the ball is dropped it's unfair (Pause) Maybe?' (HV4)

Within this narrative it was perhaps easier for professionals to blame the social worker when things went wrong rather than look more widely at how

they managed their own workload and worked with other professionals.

Social workers acknowledged the work pressures on health visitors demonstrating some affinity with them.

'the pressure on them ...I think it's to do with large caseloads and like ourselves in children's services not being replaced when people leave' (SW8).

There was an air of resignation when professionals talked about either their own or the other professions' high workload and consequent stress and there was no sense that professionals felt they could challenge this within their organisations.

5.6.2 Early Years Professionals' views of the other professions

Contact between early years professionals and health visitors varied. Where health visitor clinics took place in children's centres there was face-to-face contact and some examples of effective joint working. Early years professionals working in nurseries stated they rarely saw health visitors putting this down to a shortage of health visitors and the need for parental permission for a health visitor to make contact. Overall early years professionals saw health visitors as competent in their role and their main criticism was that there was not enough of them.

Early years professionals stated they worked cooperatively with social workers and police officers when required and felt this was appreciated.

They were quite critical of social workers and would have liked more face-to-face contact, a quicker response, more feedback and more recognition of the early years' perspective on the child and family. However, one early years

professional recognised the danger of fixed opinions and acknowledged that views could change according to different experiences.

'The one I'm dealing with today that is the exception really, well organised, and I think very experienced so it seems that I have a very positive view certainly of the more recent ones' (EYP2)

Although experiences of contact appeared to be positive early years professionals felt other professionals tended to put them down and could not bring themselves to acknowledge their professionalism. One early years professional commented thus

'I do feel generally that EYPs are not overly respected you know, we have to come to meetings and we have to provide information. I don't think people expect a great deal from us in terms of insight' (EYP4).

Early years professionals implied that other professionals wanted factual information from them but did not credit them as being capable of interpreting it. There appeared to be a reluctance of professionals to see early years professionals as an equal partner in the interprofessional network. Other professionals saw them as having

'a slightly lesser role... There is a definite pecking order... It tends to be GPs and those are top rate. Then its SWs, then it's your HVs and then it's the nursery workers below that' (SW8)

5.6.3 Health Visitors' views of Early Years Professionals and Police Officers

Health visitors who were based in children's centres identified early years professionals as being the professionals they worked most closely with and described mutually beneficial working relationships. They were extremely positive about their skills and valued them as practitioners on the front line

who knew the child best and were willing to share information and work collaboratively. However, despite valuing their expertise they did not regard them as being on an equal professional footing.

'I think people believe they're part of as it were a wider service provision, but I think there's not always a belief that they're necessarily equal in terms of training, or experience, or skills' (HV4)

Health visitors had little contact with the police but half of them placed police officers alongside social workers as the most powerful professionals in conferences. In contrast, the remaining health visitors were quite critical of the police role. While acknowledging their *'very important role in safeguarding'* (HV1) it was felt that they did not always adequately fulfil their role in decision-making about notifications to other agencies of domestic incidents in households with young children.

'Who are the police to decide what's relevant and what's not?' (HV1)

This health visitor expressed her views with anger and felt the police were only interested in whether a criminal act had been committed and lacked the expertise to make judgments on the potential risk to children living in conflictual households. Reflecting on her views it appeared that not being able to see the bigger picture was a theme that emerged across the professions

5.6.4 Health Visitors' views of Social Workers

Most health visitors identified their contact with social workers as their most significant interprofessional relationship despite safeguarding children being a small part of their caseload. Social workers were viewed as being in control

of this contact and health visitors felt their role was not sufficiently respected or valued. The refusal of social care to accept referrals from health visitors was perceived as evidence that health visitors' judgment and expertise carried less weight than the social work viewpoint.

'I would not be making a referral if I didn't feel it was warranted' (HV9)

The tensions that were apparent around referrals to social care suggested the two professions had a poor perception of each other. There was an air of resignation around the outcome of referrals with some health visitors expressing resentment that these created a lot of work as social care frequently would insist on the health visitor completing a CAF as part of the referral process. One health visitor suggested referrals were often done more to cover their back rather than with the expectation that social care would take on a board their concerns.

'Sometimes you feel like you're going through a process that possibly won't lead to anything new happening at the end of it but it's much of a logging of the situation' (HV7)

While this attitude was understandable it raised concerns about the routinisation of procedures that were designed to be dynamic and enable professionals to share and discuss information.

There was a frustration that social workers did not appear to want to engage with health visitors and when they did they expected the health visitor to defer to their point of view. Areas of concern for health visitors were frequent changes in social workers, inconsistency in care planning, lack of information sharing and the difficulties in making contact or receiving a response from social workers. Such feelings of irritation were compounded by a general

view amongst health visitors that social workers held the power, were dismissive of the health visitor role yet expected them to take on tasks which they felt were inappropriate.

'I think sometimes there's a belief that we can be used in social care plans, and it's a bit tricky' (HV4)

The trickiness came from health visitors not wanting to be unsupportive and in conflict with social workers but equally feeling a need to maintain their professional boundaries and focus on the health of the child. While health visitors were very critical of social workers they tended to temper their perceptions by giving reasons as to why in their view social work practice fell short. Processes and workload were cited

'They're only human and as I say they have to be working to a process which doesn't always meet the expected outcome really' (HV7)

Having expressed fairly negative views about social workers most of the health visitors backtracked a little as the interview progressed and tried to balance these views with more positive comments. There were two possible reasons for this. Firstly, it may reflect a sense of professional etiquette where it was not seen appropriate to be too negative about another professional group. Secondly, the health visitors were aware that the researcher was a social worker and may not have wanted to appear too critical of the social work profession.

5.6.5 Police Officers' views of Early Years Professionals and Health Visitors

It became apparent in the interviews that most of the police officers were unaware of early years professional status and their contact was limited to

managers of nurseries and children's centres. They talked positively about this contact but it was not clear whether this reflected a higher professional regard or whether it was indicative of the early years professional being compliant in following procedures and the direction of other professionals.

'The nursery that I saw, they shared the information. I don't know whether they had an understanding about this or whether they thought it's a police officer asking I better give it' (Po16)

Police Officers did not appear to have much contact with health visitors outside of CP meetings and perceptions of their role linked to how readily they shared information. Several police officers were quite dismissive of their ability to contribute to CP investigations.

'I find most of it (what they present) is not relevant to the immediate risks (po17)'

A police officer gave an example of an investigation into a case of fabricated illness. The health visitor's input was not even considered and was bypassed in favour of getting the doctor's view even though

'it is quite difficult sometimes to get hold of the doctors, it's very hard '
(Po14)

This reflected a more general view amongst the police officers that health visitors were not key participants in the CP network and that their concern to maintain good relationships with the parents could compromise their assessment.

5.6.6 Police Officers' views of Social Workers

The police officers had most contact with social workers and conveyed that this was their most significant professional relationship. Although over half of the police officers stated they worked well with social workers it did not stop them all being extremely critical of what they perceived as poor practice in comparison with their own role. They appeared to have a low opinion of social workers but acknowledged their role as *'really pivotal'* (Pol1). This admission reflected an understanding by the police officers that safeguarding covered a broader spectrum than the criminal investigation which was often sandwiched between early social work interventions and long-term care planning to support the child. There was a recognition that both professions had something to give to each other.

'We are there to work together at the end of the day. To keep each other safe. We are there to help each other' (Pol2)

Keeping safe was not just about safeguarding children but also about logging a crime.

'Two sets of eyes... it's a good thing, two people looking at things differently... when for a police officer you can see there is evidence of neglect but sometimes the social worker will want to sit on it a little bit more and... we think well 'No'. At the end of the day the most important thing is that child. If there is an offence committed against it then let's change it for the better' (Pol2)

Despite working closely with social workers and having taken part in joint training the police officers conveyed a sense of bewilderment about the role of the social worker.

'I have never had any sense of what is expected of social workers ... to get that insight would be quite valuable to be honest... to know where they are coming from and why they do things in a certain manner'
(Pol2)

Similarly, police officers felt they were misunderstood by social workers.

'I am not sure they understand why we come across the way we do sometimes' (Pol2)

These feelings appeared to link to the differing approaches of the two professions. The police officers stated they were trained to react to immediate risk and were proactive in managing this. They expressed a frustration that social workers were slow to act and often let situations go on too long.

'When do you get to the point when you say enough is enough? ... For some reason it carries on and on... sometimes they let things continue and continue and continue. It seems wrong, the police think' (Pol2)

This created a sense of powerlessness for this police officer but other police officers described how they would take control and address the lack of action by social care by taking a Police Protection Order (PPO) and removing the child.

'We are very proactive... and if I need to use my powers of police protection I will do that' (Pol9)

The lack of action was seen by police officers as incompetence rather than the social worker having a role to think beyond the immediate scenario to the longer-term consequences for the child. They felt that the emphasis on managing risk with a strong focus on the long-term outcome for the child rather missed the point of CP work.

'We have had a couple of cases recently where children have been on plans a long time and things have got really bad... key things have happened that could have been fatal ... and there has been some drift and that's my other worry, that sometimes the social worker, because Mum is letting her through the door, they almost become a bit normalised... to the behaviour when they shouldn't' (Pol4)

All the police officers expressed concern about social workers' ability to assess and manage risk. They felt they either did not identify it or were so risk averse that everything was defined as risk. This caused some irritation on behalf of the police officers.

'I find sometimes, on the whole they are risk averse. I am not saying we should take risks but sometimes the risks are blindingly obvious but we go off on this wayward list on non-risks and I think it tends to make the situation muddier. We, as police officers are decisive and we can see the risks clearly' (Pol7)

Police officers questioned whether the social workers' role was fit for purpose when dealing with safeguarding issues.

'I am trained and experienced in dealing with confrontation... Social workers are trained to deal with compliance. Police officers are taught to never believe anybody. Social workers believe parents too much and there is far too much acquiescence and believing false compliance. One of the important things that came out of Baby P... that social workers are not trained for CP, they are there to help and nurture families not challenge and intervene' (Pol 9)

They found the social workers' more compassionate role towards parents difficult to understand. Several police officers questioned whether social workers were adequately equipped to work in the real world.

'their experience of life is not an inner-city council estate. So sometimes they are overwhelmed by going into an urban jungle and the aggression and violence that is' (Pol9)

This police officer was very direct in presenting his views conveying by the choice of words, the tone and the raised level of voice that he had little respect for social workers.

'the social workers are very young, and naïve as a consequence getting fresh out of university... without sounding rude a certain class of person becomes a social worker.... SWs are neither trained nor have the moral fibre or the stomach for sexual abuse' (Pol 9)

This police officer drew on his experiences of contact with social workers to justify his criticism of the social work profession. From a critical realist perspective his negative views appeared to go beyond a representation of his experiences to reflect more deep-seated prejudices and stereotypical attitudes not only to social work but also to a range of concepts such as age, class, education and moral values. His absolute self-belief in his professional capabilities enabled him to position himself and his profession above social workers. While many of the other police officers had voiced similar views the strength of feeling was quite overwhelming. This prompted me to return to the interview to check if my interpretation had been too influenced by his forceful approach. It appeared that his negativity had overshadowed some positive examples of joint working with social workers and in contrast to several of his peers he particularly valued social workers from ethnic minorities and acknowledged that professional expertise can vary in all organisations.

'And there are a number of SWs who are gifted and speak 2 or 3 languages. But in relation to our SWs. There are those I know I can rely on and there are those that I know I can't but that is the same in any organisation'(Po19)

This made me question why he had presented his views in the way he had with the consequence that his more positive comments got lost. His need to assert his views in the interview possibly reflected some of the power dynamics that he described when working with social workers whereby he expected the social worker to listen to him and allow him to take control.

The inability of social workers to make decisions and the need for them to consult their managers was a major source of frustration for police officers.

'The social workers should be making the decisions then going to the managers to support it and rubber stamp it' (Po14)

They did not appear to see this as being due to different decision-making structures and linked it more to what they saw as the social worker's lack of expertise and confidence.

'We are the ones that are out there ... it's our decision at that point and we don't need to be speaking to our managers to see if we should be doing this' (Po16)

This created something of an unequal relationship between frontline police officers and social workers and reflects the differing levels of confidence in professional competence within the respective professions. It gave police officers a sense of being at the top of the professional hierarchy.

'Sometimes I feel they are almost dependent on what we say for the decision-making' (Po17)

It was also seen as a way of the social worker shifting the responsibility from themselves to the police officer if an immediate decision on a course of action was needed.

The frequent change of social workers, inconsistencies in practice and the different working patterns were issues that also contributed to a negative view of social workers. The police officers' perception of the competence of the social work profession was closely linked to how far they felt social workers met the police agenda in terms of the intervention, following their lead and contributing positively to the desired outcome.

5.6.7 Social Workers' views of Early Years Professionals

Most social workers had little or no contact with early years professionals and were unaware of their professional qualifications. Where there was contact a clear view emerged. Early years professionals were not seen as being on an equal footing with other professionals but were viewed very positively in terms of a support role

'They are quite supportive and I think it's an area where things have improved. I have seen a shift in EYPs being far more keyed up, providing far more information and being willing to help' (SW8)

One social worker who had regular face-to-face contact with early years professionals was very enthusiastic about their role

'Yes, loads of contact.... we have quite close links...I find the service they give the families is amazing' (SW9)

Considering this social worker's view in more depth it reflected the importance of contact between professionals, the value of establishing

professional relationships and a reminder that effective service provision depends on direct work. The use of the word '*amazing*' also conveyed a sense that such a level of service from early years was unexpected. However, this positivity was expressed within a context of early years professionals being seen as less well qualified, unsure of the value of their contribution, lacking in confidence and feeling intimidated by other professionals.

'cos I don't think they see their role as important as other professionals at the meeting. I think it is because of the training they have had... Whereas I see, certainly their contribution as more valuable cos they know the child and the family' (SW8)

5.6.8 Social Workers' views of Health Visitors

Social workers wanted health visitors to be more involved in joint working and their reluctance to fully engage in multi-professional working created some tension between the two professions.

'They tend to say well we are health... They want to stick to their remit... in terms of additional work they tend to think they are not responsible for it' (SW6)

This social worker went on to say not all health visitors were like that but the comment raised issues about professional boundaries and whether interprofessional work should cross these. This also reflected the general feeling that health visitors tried to manage their lack of time and anxiety about children at risk by being keen to pass the responsibility to social care workers.

'It took a bit of persuasion to get her to agree to take on some of the things that we were actually suggesting. It was almost like, well that was

seen as a social services role rather than a health visitor role. Even though it was at the TAC level, the responsibility was still being pushed back to social care' (SW8)

In reflecting on their own frustrations of the health visitors' role some social workers did consider how health visitors might be feeling about the social work response.

'Whether there is a perception from their end that social workers aren't doing whatever it is they should be doing, I don't know' (SW4)

Both the professional groups had large caseloads and sought to protect themselves by establishing boundaries as to what they would and could do. One social worker gave a good example.

'So she (HV) sent a referral in to say Mum needed parenting classes. When we picked up the referral and spoke to the health visitor we said 'well you've done the right thing. You've identified what Mum needs so why do you need a Social Worker to do it?'" (SW6)

Here the social worker was questioning why the health visitor felt the need to ask the social worker to undertake a task that the health visitor could do. This was interpreted as showing a lack of professional respect for the social worker by expecting her to complete an intervention that was well within the health visitor's remit. This example highlighted that professionals in this study tended to practice with a profession-specific mindset where the concept of IPW did not extend to sharing tasks and blurring boundaries to achieve what appeared to be a common goal to support the child.

Several social workers felt that the health visitor's concern not to jeopardise their relationship with the family meant that they did not want to be seen as aligned with the social worker.

'I think health visitors don't agree with social workers because they need that good working relationship to go and see the family. I've seen it in CP conferences particularly, things that are a worry have not been addressed as they don't want to upset them (the family). I've seen it in TAC meetings as well' (SW3)

The comment reflects the perception that health visitors do not want to take responsibility for addressing issues with families and wanted to separate themselves from the actions of the social worker. It also raises the question of how professionals can work together with the same family when they hold such differing and critical perceptions of each other's relationship with the family. This will be discussed further in chapter six.

Social workers wanted health visitors to be more involved but there was a sense that they held back in meetings and by keeping their focus firmly on health tried to maintain a separate professional role.

5.6.9 Social Workers' views of Police Officers

The social workers conveyed that their most significant professional relationship was with the police and this focused on safeguarding issues and CP investigations. They expressed mixed views about police officers and at times these were contradictory.

When asked about the role of police officers several of the social workers' immediate response was to laugh. Rather than seeing police officers as a joke the laughter seemed to reflect a nervousness about the police role.

Many social workers appeared hesitant in their response, choosing their words quite carefully and being reluctant to say too much.

'It's the POLICE. They are very prioritised..... I want to say too much but that's a bit naughty' (SW 3)

The laughter preceded contradictory comments from social workers who appeared to struggle with a perception that police officers did not understand the social worker role with children at risk alongside a recognition that they had a very important role to fulfil in safeguarding the child. These feelings appeared complex and were linked to more general perceptions of the police. Social workers acknowledged the power of the police and expressed some feelings of intimidation.

'When you see a police officer with all their gear on you feel exposed, intimidated, to that' (SW6)

Social workers separated the police into uniformed officers and officers working within the CAIT noting that *'they are poles apart'* (SW2). While they felt CAIT police had some understanding of the social work role and generally worked well with social workers contact with uniformed police officers was often problematic.

'I do a lot of calling up police stations trying to work out who I need to speak to.... a lot of passing around with people not knowing what is going on. The front desk of a police station is not very easy to communicate with' (SW10)

Social workers felt that uniformed police officers had little time for them and were more focused on bureaucratic procedures.

'The problem is police stations, uniformed police officers It's when you call them and say I am a social worker and they say well what

you calling us for. And when something happens, an incident. They are the ones that don't call. They tend to send through a form... then forget about it. They don't really care where it goes' (SW6)

This social worker had forged strong relationships with the CAIT team and found being reduced to just another caller to the police station quite difficult. Social workers expressed concerns about what they perceived as the 'heavy presence' (SW3) of police officers who were reactive, direct and lacking in sensitivity in their contact with families.

'Different professionals come from different angles and sometimes when the police talk about families you think ARGH you can't talk like that' (SW3)

Social workers suggested the level of contact and cooperation they received from the police officers was directly linked to the police's objectives in the case.

'I get some police officers who are genuinely concerned about the children. They will phone you all the time. They are working well with you. But when they don't feel concerned it is very hard to get hold of them, to get any information from them, to get them to come back and respond to your questions. It all depends on how they feel about that certain child and the worry as opposed to how well they work with you' (SW9)

At times this left social workers feeling police officers were unhelpful and obstructive. This was further compounded by the refusal of police officers to share information on children unless it related to a S47 investigation. For this social worker, the response of the police did not feel like working together and created concerns about future contact.

'And you do find that somethings are just point blank refused and you are having a bit of a debate as to why won't you do this but you do that. It can make it quite difficult as the next time you have a case conference the police officer that is coming is the one that you have had a bit of an argument over the phone with. You think, oh gosh, I wonder what they think about me?' (SW9)

Some social workers were less worried about what the police officers thought and did not shy away from conflict if they felt it was in the interests of the child.

'I can think of several times in our office where there have been quite heated debates between social workers and the police. I have to be honest, in our team what the social workers say about the child goes and sometimes the police don't always agree with that'. (SW8)

Social workers saw themselves as the advocate for the child and questioned whether police officers appreciated the complexities of the social work role.

'Sometimes it is difficult for the police to understand the pressures, the realities of removing a child. And the practicalities that there are no placements and a lot of other issues in shall we remove a child or not?' (SW2)

Some social workers reported that on occasions the police had requested that the social worker undertakes an initial screening visit so the police can decide if they needed to be involved. Social workers were prepared to do this and felt it reflected the spirit of working together rather than police officers using them in a support role. It appeared once the threshold of referral to the police had been made that many social workers were happy to follow their direction on the case. Where joint investigations were undertaken they expected the police officer to take the lead responsibility for these.

When it came to making decisions at times there appeared to be more of a power struggle between the two professional groups. Social workers saw police officers as holding quite fixed and firm views which were not open to negotiation. They felt that police officers expected them to agree with them and where this was not the case difficulties arose between them.

A few social workers felt the police involvement with children at risk was limited.

'They are purely there for prosecution if necessary... so they don't have that day-to-day role' (SW5)

The separating out of the child from the criminal scenario had consequences which were not always in the best interests of the child. This marked a clear division between the police and the other professionals. A social worker gave the following example:

'Cos quite often we are saying you can't do that, you need to slow down and think of the child and be a bit less heavy handed with the parents. Cos a lot of what happens, there has been a physical chastisement and the parent who is a nurse gets a caution, and then they lose their job, and then they don't have any money. So, the big picture. You need to make sure there is balanced approach. That's not to say the parents should not be punished' (SW7)

Despite the protestations of the social worker the police saw it as their role to decide on the course of action. While the reality of the concept of justice appears to be accepted, a critical realist analysis suggests that police officers and social workers will construct their own social reality drawing on their differing criminal and welfare perspectives. For the social worker this involved seeing the concept of justice as being much wider than punishment

of the perpetrator. The application of justice also had to take account of its impact on the victim and the family. This example could be placed within the framework of realistic group conflict theory and highlights the difficulty that the two professions have in terms of establishing a superordinate goal that transcends the desired outcome of each profession. This is discussed further in chapter six.

Social workers had to refer decisions to their managers and at times this meant that the police officer would liaise with the social worker's manager as opposed to the social worker with whom they were working. While this appears to create a power imbalance between the individual social worker and police officer most social workers seemed untroubled by this and generally felt it worked well.

'We get on quite well with the police I think. If we think and make a decision and they say we ought to do this, they genuinely have very good reasons and we are generally happy to go along with that. And vice versa. If we disagree with them it is not normally an issue' (SW2)

Several social workers commented that their managers would defer to the police and tended to follow their lead.

'What I would say if the police made a decision that I didn't like and they haven't so far. I would speak to my manager. And what I've picked up is the manager would say well that's a police decision to do that and we move on' (SW6)

How far this was due to power dynamics, shared objectives or a desire to avoid conflict was not clear. However, there was evidence that the social workers and their managers were keen to work cooperatively with the police and were generally respectful of their point of view. In most interviews there

was an underlying theme expressed through the word 'generally' that social workers felt they worked well with the CAIT police officers.

5.7 How Professionals' experienced working together

Professionals talked about their experiences of working together and their views on the concept of working together, professional relationships, interprofessional training, communication and information sharing, and meetings are presented below.

5.7.1 The concept of working together

A common view emerged in all four professional groups that effective joint working required a shared understanding of different professional roles, a common agenda, a willingness to share information, the ability to value different perspectives and the interpersonal skills to work with other professionals. Professionals gave examples of both good and problematic joint working. Despite identifying facilitators of IPW professionals tended to externalise any difficulties they encountered. They articulated that there was a lack of clarity between them with regards to their specific roles and the most frequently cited complaint in all four professions was that other professionals '*lacked understanding*' about each other's role. Only one professional identified as having an interprofessional persona

'As a multi-agency professional I'm there and I'm accountable too and I think it's important that I do that to keep everybody on track' (EYP4)

However, this professional went on to suggest that the concept of working together was not about joint working and professional relationships but more about passing information to the key players in the network.

'I think most multi-agency working tends to stop at identifying a concern and forwarding it to the correct people' (EYP4)

Health visitors kept their focus firmly on health issues and tended to distance themselves from the concept of working together.

'We are separate in professional working' (HV6)

Working together for the police officers meant dipping in and out of networks according to their relevance to managing risk within a criminal context. One police officer clearly separated the tasks of working together to place the police on the periphery of a joint approach.

'I would say their priority is safeguarding the children, and we are looking at the criminal' (Pol1)

Social workers stated that generally collaboration with other professionals worked well but they expressed dismay over what they saw as the reluctance of health visitors to fully commit to this.

'Even health visitors it would be fair to say, who look at you in flabbergast' if you say 'working together' (SW8)

Many social workers saw the police input as being judgmental, factual and distant from the direct work to promote the welfare of the child. There was a sense that the police role did not always sit easily with joint working.

'We had a meeting where the police were involved and they were very much trying to focus on the parents' criminality.... and the SW was trying to focus on the child.... there are tensions...you have an officer trying to make an arrest and you have us trying to protect the child' (SW2)

They questioned whether the police could embrace the concept of working in partnership with families as their criminal investigative role separated them from the rest of the multi-professional network who focused on a welfare perspective.

Social workers received the most criticism from the other three professional groups in terms of their ability to work with other professionals. In contrast, social workers felt the concept of working together was misunderstood by other professionals. They suggested that once there were concerns about a child the other professionals saw their role as passing information to social care so that they could deal with it.

'My hunch is that they see it as a different role for them. They kind of see it as social services should be dealing with this rather than seeing it as their responsibility' (SW8)

This social worker went on to question in more depth what working together actually meant.

'What the government sets out in Working Together is very important. I'm not sure that other professions share that view as I am not sure that they know about Working Together. I think sometimes working together is solely the social worker and not necessarily everybody. I am not sure they buy into it' (SW8)

Each professional group appeared clear of their own professional remit, but uncertainty arose when several professionals became involved. This centred on who should complete the tasks required and was more about managing workloads and shifting responsibility rather than role confusion. There was a sense that professionals were working alongside as opposed to working together.

5.7.2 The lead professional role

IPW was based on the TAC model where one professional assumed the lead role (DfES 2003, DfES 2006). The role involves coordinating the network, chairing and minuting TAC meetings. In statutory cases this would be the social worker but in non-statutory cases it should be the most significant professional to the child and often falls to early years professionals or health visitors. The police would not take on the role of the lead professional but would take the lead in a criminal investigation and expected this to take priority.

'Generally I take the lead and I say come in with your bit after I've finished' (Pol8)

The responsibility of being the lead professional impacted on how professionals felt about working together. Health visitors had mixed views about Common Assessment Framework (CAF) meetings and while they acknowledged their value they felt these created a lot of work. In consequence, some health visitors were quite keen for other professionals to take this role. They often sought to pass this on to early years professionals.

'They usually take down the lead on some of the TAC meetings' (HV 8)

The 'taking down' could be viewed as a downgrading of the complexity of the case so that it did not warrant the expertise of the health visitor thus freeing them to do other work.

'because we don't have to type the minutes up then. Being lazy but ...'
(HV8)

The use of the word 'lazy' was a way of acknowledging that being the lead professional should be the health visitor's role but that the role was avoided

due to competing priorities and lack of time. However, where the health visitor and early years professional were both involved it tended to be the health visitor who represented both professionals at statutory meetings. While there were practical reasons for this it also reaffirmed the perception that the early years professional role was very much the direct work with children whereas health visitors had the expertise to attend multi-professional meetings. Similarly, police officers would at times delegate 'lead' tasks to social workers with the implication that social workers could be used in a supporting role.

'I've heard the view that if the social worker goes out and assess and if a disclosure is made then we will get involved. Which is common sense and if it will hold then we will go out' (Po18)

The delegation of roles and tasks from health visitors to early years professionals and from police officers to social workers was on one level an expedient exercise to manage workloads but also conveyed more complex relationships between the professions reflecting the existence of hierarchies and perceptions of autonomy.

All the social workers had difficulty reconciling the lead professional role with the expectations and responsibility it incurred especially in relation to meetings.

'At times it feels as though all the pressure is on me. It's supposed to be a multi-professional network but all the pressure is on myself to chair it, minute it, make the decisions' (SW9)

The role appeared to generate feelings of stress and irritation with other professionals.

'I find it frustrating to always be the lead. I understand why but cos I chair meetings I am putting in considerably more effort than other professionals and I would like them to carry more responsibility' (SW10)

Social workers expressed their views of the leadership role from a personal perspective and this reinforced a perception that they felt quite isolated from their profession and tended to take on an individual responsibility for their role as opposed to a collective professional responsibility. This is discussed further in Chapter 6, Section 6.2.2.

Despite these views the social workers saw a key part of this role as managing, supporting and nurturing other professionals.

'I was able to say to the health visitor who was a bit anxious... I can't be the lead professional.... If you want to chair it that's great but if you want me to do it on behalf of you that's great whatever is helpful' (SW3)

Some police officers viewed the social worker's lead professional role as getting in the way of the police role.

'I am quite strict as a police officer that when I am obtaining evidence, our primary role, I have a structure and way and I don't want the social worker to intervene in that' (Pol7)

However, a few police officers commented on the fact that social workers were joint trained but did not want to take the lead.

'We can both be a lead on it... but I know often, they won't lead. I think it's a confidence thing' (Pol10)

Part of the lack of confidence may well have come from the fact that most police officers were clear that they expected social workers to follow their directions.

5.8 Professional relationships

With the exception of the early years professionals, the building of relationships between professions was not high on the agenda of most professionals. This appeared to be largely due to the transient nature of personnel and the time this could involve. Perceptions of professional relationships were linked to how professionals connected together to support the child.

5.8.1 Relationships between Early Years Professionals and other professionals

Where early years professionals had regular contact and engaged in joint working with health visitors it appeared that positive, trusting interprofessional relationships developed. Early years professionals were less confident about their relationships with social workers providing only a few examples of positive collaboration. They appeared keen to develop professional relationships despite an awareness that this was not reciprocated by the other professions.

5.8.2 Relationships between Health Visitors and Social Workers

Only one health visitor reported having consistently good relationships with social workers and the majority indicated that their contact with social workers was problematic. Many of the health visitors questioned whether it was necessary to build relationships with other professionals to work effectively together. The knowledge of the case and the issues were regarded as far more important than knowing the professional.

'so long as they're aware and on top of issues and cases then it doesn't tend to be a problem if the same social worker doesn't turn up' (HV1)

The transient nature of social workers appeared to impact on the willingness of health visitors to invest time in building relationships and several expressed the view that while it might be beneficial they did not think it would be supported by management.

'I'm not sure how much of a priority that is seen to be' (HV7)

Despite being open about their own lack of investment in relationships with social workers many health visitors placed the responsibility for this onto the social worker. There was a general feeling that their role was not valued by social workers and that relationship building was not a two-way process.

'I'd love a social worker to come and spend a day with a health visitor because I really don't think they know what we do. It tends to be us as students who go and spend a day out with them but it's never reciprocated' (HV8)

One health visitor while recognising the importance of interprofessional liaising tended to depersonalise other professionals by consistently referring to them as 'contacts' as opposed to specific personnel. High workloads, different thresholds and the difficulty of getting hold of social workers or receiving a response created tensions and militated against developing relationships.

Many health visitors acknowledged the value of face-to-face contact with other professionals and this tended to occur in meetings as opposed to actual joint working with the families. Health visitors reported that if they did get to know other professionals it facilitated a better working relationship.

'I have got to know one or two and I was thinking about the relationships I have with them and you know it's a lot better when you get to know them... It just feels easier' (HV6)

However, this did not appear to change their general perception of difficult relationships with social workers. Feeling able to pick up the phone and speak to another professional was seen by both health visitors and social workers as an indication of whether there was a relationship between them.

'There is lots of health visitors where I can pick up the phone anytime' (SW2)

Several health visitors and social workers observed how the nature of the case and the behaviour of the family in question could influence relationships between professionals. Where there was a group of professionals working closely with the family and the family were making good progress this was reflected in stronger professional relationships. Where families played one professional off against another and professionals had differing perceptions about the family there was more likely to be difficult relationships between them.

5.8.3 Relationships between Police Officers and Social Workers

Police officers and social workers worked more closely together than with the other professional groups. However, Social Care and CAIT teams tended to cover large areas which meant that individual social workers and police officers would not necessarily come across each other that frequently. One police officer noted the importance of interprofessional relationships.

'If you look back at all the Serious Case Review reports that have been written into all the bad things that have happened in CP the central

tenet of child protection is the personal professional relationship of all those involved' (Pol9)

These relationships were complex and did not always mean that the respective professionals knew each other or worked together on a regular basis. Both professions reported that a significant amount of their contact was via the telephone, short-term, and that they did not know the person they were speaking to. Again, for social workers a measure of a relationship was reflected in how comfortable they felt in *'just picking up the phone'* (SW2) and not all social workers were comfortable about approaching the police with general queries. In contrast, police officers saw themselves as approachable and did not understand why other professionals were reluctant to contact them for advice.

Both police officers and social workers saw face-to-face contact between professionals as beneficial in building relationships, however, the current structures of organisations with personnel having a relatively short-term commitment to families meant that this was not seen as a realistic way of working. One police officer lamented the loss of meaningful professional relationships.

'With Social Care... you've not got that rapport because they change a lot... So we had J at E, we phoned her direct, things would happen, she knew us, she had a rapport with us... We need to break the barriers down where they physically see us more, it never happens, it's send us an email, send us a fax' (Pol11)

This police officer then went on to give an example of where informal discussion at a CP conference with a social worker he had known for some time led to the sharing of information which exposed a paedophile ring.

'We actually talked to another social worker there who happened to know the name and she said let me do some digging. She went out ... and talked to them and came back with another name who we then took over a Facebook account and then we found the guy' (Pol11)

This police officer was clear that this outcome was due to the trusting relationship he had developed with the social worker and the mutual willingness to invest time in this. For him this type of networking was no longer a common experience.

Police officers were much more positive than social workers about the relationship between them and more than half of the police officers felt they had good relationships with social workers. They tended to see themselves as being the stronger partner and two factors influenced how they rated the relationship, namely the calibre of social workers and whether they agreed with their proposed course of action. Differences of opinion between police officers and social workers often created a barrier to developing professional relationships. Different perceptions of risk clearly exposed that professionals were not always working to a shared agenda.

'We can't come in and say that's wrong we are going to do something about it when you have an organisation that's actually allowed that to happen' (Pol2)

In turn, social workers felt police officers could be quite intransigent.

'They see themselves as the ones who have the power and control. They don't always see other people's perspectives' (SW8)

The social worker gave an example where she felt the police had decided on a course of action and would not be dissuaded from this. The police were

'going to press charges against the child without actually seeing that the parents were part of the problem. I found with the police, on occasions the police have quite specific personal values. It seems that if someone over steps that value they will go all out to prosecute them. To criminalise them in some way' (SW8)

The differing views of the police officer and social worker were a reminder that despite working together the two professional groups did not share the same value base. It also illustrated that the police held the balance of power and explained why many social workers were quite cautious about their relationships with the police.

A few police officers, like the health visitors, questioned whether you needed a relationship with colleagues to work effectively together.

'No I don't think I need a relationship. I haven't thought because I haven't worked with a social worker before or that I don't work with them frequently that it affects how we work adversely' (Pol6)

This view was reflected by many of the social workers who felt the chance to build more of a relationship with police officers or indeed any professional was the exception. One police officer gave an example of where she had forged a professional relationship with a social worker. This had arisen as unusually they had worked quite regularly together. The police officer identified factors as why she thought this relationship had developed.

'A lot of it is communication. I went and visited the office and spoke face-to-face with her. We had telephone conversations. I think we were similar age as well. Similar mind set even though she's social work and

I'm police... and we both had the little girl's best interests at heart. And we both know that whatever happens criminally wise she is going to be safe. That's the one main goal I suppose' (Pol10)

This police officer expressed surprise that she had things in common with the social worker and was even more surprised when the social worker initiated contact with her following a long period of leave to update her on the case. While the police officer appeared to appreciate this, she was still generally very critical of social workers and saw her relationship with this social worker as atypical.

Social workers reported that they came across a lot of different police officers and that while they might work together on specific cases there was no sense of a shared relationship. Most of the social workers did not appear to attach any real importance to relationship building with other professionals but where this happened noted that it could be rewarding and beneficial to joint working. Only one social worker talked of having a close relationship with police officers and put this down to the following

'It's about accessibility and exposure. We are quite accessible and they are quite happy to talk to us and to get through to the CAIT team there is no switchboard... We talk very openly about open cases... on a daily basis. We have our strengths and weaknesses but we know each other well and it helps when we work together' (SW6)

While this social worker identified factors that promoted good relationships a key ingredient here was the personality of the social worker who was particularly outgoing and saw the benefits of relationship based joint practice. Several police officers and social workers also noted that it was the person's

interpersonal skills rather than their profession that was key to the relationship between professionals.

'I would say it depends on the person themselves, cos it is the person themselves that will either communicate and work closely with you. It does not necessarily follow about a profession' (SW8)

There was sense here that if the professional is able to look beyond the profession of the other person and base their views on the quality of the interaction between them then this will be beneficial to working together. It suggests that stereotypical views of different professions have created a resistance to relationship building. It also exposes an inherent contradiction in the views of many of the professionals who despite being fairly dismissive of the value of professional relationships can also acknowledge their contribution to collaborative working.

The procedure to remove a child from its family to manage immediate risk was a significant area of tension between police officers and social workers. Police officers were very clear that a Police Protection Order (PPO) was a police power and it was for them to make the decision as to whether to execute it or not. They felt social workers had no right to challenge this.

'We have the power without even consulting anybody else not even our supervising officer to remove that child... cos it's our power and no one will tell us what to do. So if you don't like it off you go' (Po19)

This power imbalance did not sit easily with social workers and several of them talked of feeling slightly intimidated by their police colleagues. Some police officers saw social workers' concern about this action as more about

the work it created for them in terms of placing the child rather than the impact on the child.

Social Services don't want that to happen because they will immediately have to start a Section 47 investigation' (Pol9)

This reflected different responses to risk with police officers being trained to remove immediate risk and social workers being programmed to keep children within their family. Both professions acknowledged that differing views about how to manage risk impacted negatively on relationships with each other.

A further frustration for the police officers was social workers' use of voluntary agreements with parents. They were much more sceptical than social workers as to whether parents/carers could be trusted to comply with agreements to protect the child. One police officer outlined a case which highlighted the different professional perspectives.

'There were concerns around the child and social services had put a working agreement in place, and that night the family breached that... I wanted to take a PPO and social services wanted to do another working together agreement and I was saying no, no, they have already breached one agreement. Why are you doing it again? It doesn't make sense... We took the PPO out and then social services placed them back with the family ... It did not solve anything' (Pol2)

In contrast, some police officers felt that social workers were over keen for them to take a PPO as it absolved them of having to make the decision and saved them from having to apply for an Emergency Protection Order (EPO)

'I have yet to see an EPO in action. It's cheaper for them to do a Police Protection than an EPO' (Pol7).

'I almost think they think it is a quick win... it's easier for them than taking out an EPO and going to court' (Pol6)

Several police felt it was inappropriate for them to be expected to use their powers where children were already known to social care and subject to a CP plan. However, social workers, themselves, saw a PPO as the simplest route to removing a child. Although one suggested that social workers *'should take some responsibility'* (SW5) and questioned whether social care should use the police in this way.

5.8.4 Relationships between social workers and the other professions

Social Workers noted the fragility of their relationship with other professionals.

'You can have a very good working relationship but it might take something quite small, it's not personal, but where there's frustration with the case it is seen as personal to the Social Worker' (SW4)

Compared to the other professional groups social workers appeared more likely to personalise issues with other professionals.

'We are not looking for personal friendships to develop but... when you meet frostiness, you think well what's all that about. Is it something I said, is it because I am newly qualified, is it something I do?' (SW4)

Many of the social workers saw themselves as having a responsibility within the TAC to promote good interprofessional relationships and tended to take the blame if these were not achieved. They appeared quite fearful of interprofessional discord and sought to address this by assuming the role of mediator between different professionals.

5.9 Post-qualification and multi-professional training

Professionals were asked about their experiences of post-qualification multi-professional training and its impact on professional relationships. As with pre-qualification training professionals appeared quite sceptical with regards to the value of training courses. All four professions conveyed a sense that they relied on their existing interpersonal skills to support their professional role and compensate for gaps in their training. Many professionals talked about the transferable skills they had brought to the role and the value of learning through practical experience. There was a general feeling that interpersonal skills could not be taught and were either already embedded in the professional's personality or were unlikely to be acquired.

'I think the person that you are, the life skills that you've encountered... the empathy that you have ... these are things that make you the person that you are in your job. I don't think any amount of training would make a difference because I think that person, the way they are, was made in childhood, and that comes with them into adulthood. I mean I can think of two colleagues, difficult to work with... they've been put on extra training by their managers... and it hasn't made the slightest bit of difference' (HV2)

This sentiment was also applied to working together and most professionals echoed the view of an early years professional.

'It would be very difficult to train somebody to be part of a multi-professional team' (EYP2)

Several police officers questioned whether training for themselves or social workers would make any difference.

'There are disagreements and there are some recurring themes but I am not sure whether training would completely affect them. The things

that cause issues are the day-to-day practical things that affects the efficiency of how we work together. We are two sets of organisations who are under immense duress' (Po13)

This police officer along with several other colleagues looked beyond the individual professional's training to consider the wider picture and how this impacted on interprofessional relationships. Budgetary constraints were cited by health visitors, police officers and social workers as having led to a reduction in interprofessional training opportunities. Several health visitors and police officers stated that managers would not support multi-professional training as it was not viewed as a priority. In some areas joint training had been replaced by online courses or in the case of health visitors the focus was on joint training with other health professionals such as nurses. The devaluing of training by management and the lack of time to undertake training was summed up by one police officer.

'If you say you are going on training it's viewed as a jolly. That's the mentality of it. The bigger picture of it. Hence every so often we will come up with the cases like Climbié which highlight it, where everything has failed. We write a big report on it - but does it really change anything?' (Po11)

Here the police officer was expressing a view that different professionals needed to undertake joint training as the sum of the whole was more than the parts but this was only recognised when there had been a serious safeguarding failure.

Social workers appeared to have more opportunities than the other professions to undertake multi-professional training and recognised the benefits of this in terms of meeting other professionals face-to-face.

However, they felt that other professionals did not take advantage of this opportunity to network. Early years professionals appeared to be quite proactive in joint training but one noted that although in multi-professional training she was treated as an equal professional this did not extend into her day-to-day relationships with other professionals. One health visitor who had attended quite a few multi-professional training events questioned the value of multi-professional training as health visiting was a nursing post. She said that she and her colleagues used the events to catch up with each other which meant they sat together and tended not to interact with the other professionals. Police officers did not usually attend multi-agency training and there was some criticism that when they did they appeared unmotivated and unwilling to engage with others.

'They didn't really interact with us. It was almost like they felt they had to be there cos someone had told them they had to be there rather than wanting to be there to enhance the multi-agency approach' (SW8)

This social worker implied that the police officers felt such training was beneath them while another social worker interpreted the reluctance of police officers to engage in multi-professional training as being due to their inability to explore and question their approach.

'I think a lot of them felt very challenged in the training... they said 'well we'd arrest the person' and they had quite fixed views on things. Whereas I was saying 'well I would probably encourage the child to speak to somebody'... to try and make it more child focused (SW1)

Multi-professional training appeared to be driven by social care and of the four professions it was the social workers who felt most positive about its

role. There was a sense that if it was not managed well it could do more harm than good.

'I did do some safeguarding training and at the beginning a warning was given out to treat all the different agencies with respect. And I said something and everyone turned on me to the point someone was told off ... there were real professional differences there' (SW7)

5.10 Communication and Information Sharing

Most of the professionals indicated that they felt good communication and information sharing depended on the person and their level of competence rather than their profession. Face-to-face communication was viewed as the most effective way of communicating but there was an acknowledgement that outside of meetings most communication was by telephone or through emails. There was a general agreement that information sharing between professionals could be improved.

5.10.1 Early Years Professionals and information sharing

Early years professionals talked of continually having to assert themselves with other professionals to ensure that their voice was heard despite knowing the child better than the other professionals.

'If information could be shared, and actually just being more open to listen to other practitioners apart from saying, "Well, we've decided... and this is how it's going to be' (EYP5)

They also felt that information sharing was not reciprocal and that they did not receive feedback or a recognition that their concerns were valid. One early years professional expressed concern that it appeared that no one took

overall responsibility for the sharing and interpretation of information. She gave an example of a referral about two children at risk.

'then there was a complete silence, we are supposed to get feedback!'
(EYP5)

Concerns escalated so the referrer followed this up.

'When I called social services to find out what was happening ...I was unable to talk to the Social Worker...eventually ... I was able to know. 'We've spoken to the Mum and the Dad and there's no issue so we're not going to do anything about it'. I said, 'But the family might leave' Her answer was, 'Well, eventually someone will pick it up somewhere else' To me that was quite a negative outcome' (EYP5)

Experiences of poor liaison reflected why most of the early years professionals and health visitors had little confidence in social workers to manage risk or work effectively with other professionals. They perceived the lack of information sharing as indicative of a lack of professional respect. It also raised issues more generally about the risks to children where communication and information sharing is not effective.

5.10.2 Health Visitors and information sharing

Health visitors expressed a range of views on information sharing between professionals but over half of them felt communication with social workers was poor. Inadequate systems and out of date contact lists within social care caused significant frustration to health visitors. In one area telephone contact had to go through the general contact system.

'I didn't think, in our role and working together, that we should be in that queuing system' (HV3)

This health visitor implied that by reducing her to just another caller to social care she was not recognised as an equal professional with a valuable role in the interprofessional network. Some health visitors commented that once you managed to make contact with the right person communication and information sharing often improved and a few felt that information sharing worked well and was integral to having a relationship with other professionals.

The main complaint of health visitors was that social workers did not respond to their calls and failed to keep them updated on cases. While some suggested this was due to the high caseloads others thought it reflected the social workers' lack of knowledge about the health visitors' role. One health visitor gave the following example

'Liaising with the health visitor isn't good. I did a new born and the baby had been removed and when I went back just to see the mother, the baby was back but social services hadn't been in contact...because I think, purely, the social worker wasn't aware of our role the baby was three and a half weeks old and hadn't seen a health visitor. When I'd brought it up "Oh, she said, the baby had been weighed". But that isn't just what we do!' (HV5)

This health visitor found it incredible that the social worker had failed to notify her that a baby that had been removed from its mother's care at birth had then been returned to her care. This was perceived not only as poor risk management but also a lack of understanding of the health visitor's role. Considering this view in more depth the devaluing of the health visitor role was likely to reinforce professional identity rather than foster an

interprofessional approach and helps explain why health visitors were often reluctant to engage in IPW.

Some health visitors stated they used emails to make contact and share information with other professionals. They felt this had improved communication, generated a quicker response and noted that it also provided an audit trail of the liaison between professionals.

'I can still call them if I wish to, if it's something I would rather talk about than put in an email. I still do that, but sometimes you have a conversation and I ask for them to clarify it in an email so I've got a record of it' (HV10)

While email was regarded as an efficient way of communicating there appeared to be an element of defensive practice involved to support accountability and avoid some of the tensions that can arise in direct contact. One health visitor who described difficult relationships with local social workers stated both professions used email to communicate even where it might have been helpful to have a telephone discussion.

Confidentiality was as important issue for health visitors and at times proved to be a barrier in sharing information with other professionals. There appeared to be an uncertainty and anxiety about what could be shared and in which context. Health visitors sought management advice before disclosing information to the police. A police officer recounted how this impacted on an investigation.

'when they are in the case conference environment they are fine, sharing information. When I contacted this particular health visitor and said I need to take a statement she said that's fine but again, she

actually did not know whether she could give me her notes or not. ...her manager said go through information governance' (Pol6)

This police officer also picked up on another key issue which related to the sharing of health records of children who moved between areas.

She had only presented her information from when this child was in N and it was not until I got the records that I could see all these injuries. We were missing all this information. I don't know whether it was that she felt she could not share all this information or whether she did not know it existed... (Pol6)

The police officer was open minded as to why this gap in information had occurred and was essentially highlighting that there needed to be more clarity around how information is collated and shared.

5.10.3 Police Officers and information sharing

Nearly all the police officers expressed concerns about information sharing. They felt health visitors were reluctant to share information with them and social workers were too busy to keep on top of it. The one exception to this was a police officer who held very positive views about working with all the other professional groups and tended to view the difficulties of working together as being due to collective issues such as lack of resources and high workloads rather than profession-specific attitudes.

Police officers felt information was not pulled together quickly enough and there was often a 'laissez faire' approach by social workers and other professionals to addressing risk.

'They say we can't make that decision we've got to check with our bosses... they have known about that case months... and sometimes

that information is not pulled together quick enough... Maybe it's just a lack of communication between the services, within the services.... If we never find out the information we are never going to know if there is a concern in the first place' (Pol2)

The failure to pool information from the relevant agencies in this case and to act on this explained why police officers expressed considerable frustration with social workers. Police officers regarded information sharing with the police as a key social work role.

'I feel their role is to tell me everything they know about the family... so I can help to assess the risk... to come up with a plan that would protect the child' (Pol4)

Police officers rated the competence of social workers in terms of their ability to fulfil this role. The following example reflected working together at its best.

'I dealt with a meeting this week ... We shared the information quite well and were able to come to an agreeable plan, timeframe, to engage all the relevant parties, be they witnesses or suspects... We've also got contact details so we can keep each other informed throughout. In fact, we have already exchanged emails and organised further enquiries' (Pol3)

Like the other professions police officers used email to communicate.

Although they noted the benefits of email contact several police officers expressed concern about what was lost in this method of communication.

'Like any professional when you have to sit there and type something out, ... you miss things off ... you just put the bare details ... They don't necessarily come and ask any more questions that they have or you may have and things like that get missed off or not shared' (Pol11)

There was a concern that although professionals could pick up the phone this would not necessarily happen and that key information that could emerge in a face-to-face or telephone conversations would get lost. Many of the professionals conveyed that most of their direct contact with other professionals occurred in meetings which possibly reflected the growing dominance of email as the mode of communication.

5.10.4 Social Workers and information sharing

Most social workers felt communication and information sharing between professionals could be improved. They cited barriers to information sharing such as the lack of trust and face-to-face contact with other professionals, issues of confidentiality and protocols on behalf of the police and health, and a delay by social workers themselves in sending out minutes from meetings. Social workers reported that the police would not provide information unless it was a CP case and this had repercussions on working relationships.

'That can be a bit awkward. When I asked them for Section 7 information they sent me an email to give out to all my colleagues saying when they would give out information and when they wouldn't. Stating they will do it for child protection but they won't do it for child in need... they are aware what they are doing' (SW9)

Social workers found such attitudes unreasonable and not in the spirit of working together. It reflected a power imbalance where information sharing was not a mutually reciprocal process with a lack of appreciation by police officers of the use of information in a preventative capacity. One social worker described information gathering as follows

'a painful job trying to liaise with them and trying to get information. ...There seems to be a barrier to giving us that information... They aren't very good at coming back to you' (SW8)

Social workers based in initial response teams appeared to rely heavily on telephone communication for new referrals and this tended to be with professionals who they did not know. However, one social worker based in a multi-agency safeguarding hub comprised of social workers, health, education and the police illustrated a more effective model of joint working where information sharing worked well.

'We all sit together and the idea is to share information on a need to know basis so that a decision that is made is much more rounded' (SW4)

Overall social workers felt other professionals were reluctant to engage with them due to a general lack of confidence in their role. This again raised the importance of trust between professionals if they are going to work together.

5.11 Working together in meetings

Professionals were involved in a range of TAC meetings and different professionals came together in different meetings. Early years professionals, health visitors and police officers were all critical of how social care organised statutory meetings. They cited poor venues, lack of notice, the timing, the length and size of meetings, the provision of reports and timely minutes as areas that needed to be improved. Badly organised meetings and differing views as to the purpose of the meetings led to a poor perception of the social workers involved and at times set the scene for difficulties between professionals. All the professionals acknowledged that the underlying

principle of TAC meetings was to provide an equal forum for all professionals to share information, discuss and make joint decisions to promote the welfare of the child.

'The meetings are there solely so you do joint working. Solely so that everyone has their say.' (Pol2)

However, in practice, professionals did not see the meetings as an equal forum and both police officers and social workers saw themselves and were seen by others as the key drivers. Police officers saw the police as taking

'Quite an important role in these meetings. They are viewed as taking the responsibility, the lead in most' (Pol2)

Some professionals questioned what they saw as a meeting culture.

'I think some people go to meetings just for the sake of going to the meeting' (HV2)

There was a feeling that meetings were too governed by procedures and were not always the best way forward.

'It kind of feels like a big old waste of time sometimes you know? Trotting out to these meetings on a six-weekly basis because that's what it says you have to do regardless of whether you feel anything is going to have changed, or that there is any need for the meeting' (EYP4)

The frequency of meetings was viewed as meeting the needs of professionals rather than the family.

'I think sometimes heightened anxiety from other professionals will mean that they will try and have meetings more often than perhaps the family and I think is necessary' (HV5)

High workloads were cited as an issue that impacted on meeting attendance, preparation and follow through for health visitors, police officers and social workers. Professionals tended to separate out their experiences of meetings into the formal child protection meetings with an independent chair and the other meetings that were usually chaired by the lead professional.

5.11.1 Child Protection meetings

A few professionals questioned the purpose and content of CP meetings. One police officer who had attended a lot of CP meetings queried whether they were achieving their aims.

'seeing the monstrosity that we have created across the board, rightly or wrongly you could argue that either way we need to be scrutinising what we are doing with these plans as it is creating so much work for these organisations, burying yourself in jobs that you can't manage. The ones that you do need to manage are being overlooked' (Pol 7)

A social worker echoed this view by noting that while social workers responded well to initial CP concerns they were unable to sustain the same level of intervention in the longer-term as newly identified CP cases then became the priority.

'I think they think we deal with the initial referral very well. But the longer-term stuff ... the caseloads are so high, there is so much to do, once the initial risk is reduced, it's not always great and I think other professionals find that frustrating' (SW2)

All the professionals noted the importance of a good chairperson to effective collaborative working.

'I think it is important that the chair allows everyone to have a voice but then also that things are kept focused so professionals don't start running away from the point and also the child, as they can do' (HV6)

There were several examples of police officers demonstrating support for social workers where the chairperson had been critical of the social worker's assessment.

'The chair... had a right old go at the poor old social worker... It was so bad that after the meeting I rang the social worker and I said 'Look J, I am sorry that she treated you like that, I don't think it was right' (Pol4)

This response reflected that professional relationships are perhaps stronger than professionals think. It suggested that police officers and social workers could bond and support each other in the face of criticism. However, the reference to the *'poor old social worker'* alongside a genuine concern conveyed a perception of social workers as professionals under pressure who lack equal credibility within the professional hierarchy.

5.11.2 Decision-making in CP meetings

Many professionals felt that decision-making in meetings had improved in recent years. Decision-making was seen as being dependent on professionals having a shared agenda, shared goals and a willingness to work together.

'If you've got professionals working against each other these multi-professional meetings don't work... You may not necessarily totally agree with what one another thinks but I think there has to be some common ground.... It is when these professionals don't agree that I think things breakdown' (EYP2)

Professionals outlined how they felt decisions were made at CP conferences. The chair of the conference was regarded as the ultimate decision-maker and social workers pointed out that they did not make conference decisions. There was general agreement that there usually appeared to be a hierarchical approach with either the police officers or social workers being asked to give their opinion first followed by other professionals. The views of health visitors appeared to carry less weight and one police officer suggested this was due to their conflicting loyalties.

'They tend to be asked somewhat down the line and I think if they know the family quite well they feel, maybe not loyalty as such, but their role is quite different to ours, so especially if the parents are present they don't want to break that bond' (Po18)

Professionals reported that most cases were clear cut and although at times there was dissent this was not common. Both police officers and social workers felt that most other professionals followed their lead and tended to agree with their recommendations. While police officers wanted other professionals to agree with them they also wanted to feel that there had been some discussion and debate about the issues.

'So other professionals generally follow what social workers or the police say... I would like to see other professionals being more challenging and more robust not only with the families but also with the other professionals' (Po19)

There was a feeling in all professional groups that often the case conference decision had been made prior to the meeting. One police officer gave an example of where he felt the conference was being used to rubber stamp a decision already made by social care.

'They were arguing that she had changed now and she should get her back. While I can't comment on that all I could say was...she is still going out shoplifting, she is still leaving her child outside in the buggy to do her stuff.... she may well be changing but to me she is saying the right things but not doing it.... Sometimes you feel they have made a decision ...they are trying to restore the family, I don't disagree with that, but sometimes it's not going to work' (Pol11)

The mother had already had two children removed from her care due to her drug addiction. A third child was then removed at birth but the case conference made the decision to return the baby to the parent. While the police officer challenged the view of other professionals he left the conference feeling that he had not been listened to. It also highlights a further concern voiced by many police officers about what they saw as the over optimistic views of professionals about the ability of parents to change.

Several social workers felt that many professionals in conferences and meetings did not know how to manage disagreement and assess different points of view. Where police officers stuck to their views this was interpreted as an unwillingness to consider other viewpoints. For most professionals, and police officers in particular, disagreement equated with a bad conference. Several health visitors also felt it was difficult to challenge the views of the key professionals and suggested that voicing other than the common view would be *'very hard not to even when you felt quite strongly'* (HV4). It appeared that all the professional groups found disagreement difficult to handle.

5.11.3 Meetings chaired by the lead professional

The role of the lead professional was discussed in section 5.7.2. A key issue in these meetings was the writing and timely circulation of the minutes. In statutory meetings (apart from CP conferences) it appeared to fall to the social worker to compile and circulate the minutes of statutory meetings. Social workers felt that the unwillingness of other professionals to contribute to these tasks reflected a lack of accountability and commitment to multi-professional working.

'I don't feel confident or competent to actually take minutes as well as chair the meeting... If you ask other professionals if they mind taking some notes I think that does not always go down very well' (SW4)

Social workers recognised that taking the minutes often impacted adversely on their chairing and management of the meeting. They felt unable to challenge this and reported that this dual role was expected of them by their own agency as well as the other agencies involved. In contrast, while health visitors might undertake this role where they were the lead professional, they sought to delegate it and did not see minute taking as an appropriate use of their professional time.

'At the end of the day I am a very expensive admin if I do it myself'
(HV8)

This view raised issues about the status of the respective professions within their organisations. The delay in receiving minutes was considered bad practice by professionals who noted that sometimes they only received these just before the next meeting and this had implications for joint working in the interim period.

'Some of the things I know were said in the meeting seem to disappear' (HV10).

This led to criticism of social workers and caused the other professionals to question their competence. Social workers explained the delay in circulating minutes as due to other work priorities.

'You have the meeting which is high priority then it gets high jacked by other priorities. Cos minutes don't arrive and I guess we are the same, when you have got something in writing you are more likely to act upon it' (SW8)

Another social worker made a strong link between writing up minutes and excessive caseloads.

'It's not good practice to be writing up minutes just before the next meeting comes around. I know that is common practice. Everything is urgent really. You must meet your core assessment deadlines so I am working in my own time... What is safe and what is not safe to leave and what is the consequences for others? How far beyond the call of duty are you supposed to go?' (SW4)

This social worker was essentially saying her job was impossible within normal working constraints and that the inability to keep up with the role impacted on collaborative practice. The burden placed on the lead professional conveyed a weakness in the TAC model.

5.11.4 Early Years Professionals and Meetings

Early years professionals were more involved in non-statutory meetings with Education and CAF meetings with health visitors. Attendance at CIN and CP meetings would depend on their involvement with the child, whether the

person convening the meeting felt they had a contribution to make and whether they could be released from their frontline caring role.

'They do attend meetings from time to time. To be honest if we think to invite them. They are not automatically invited' (SW8)

There was uncertainty as to where early years professionals were positioned in terms of statutory meetings. Where the other professionals had worked with them in meetings the comments were very positive.

'They always seem very professional. I have never had any issues with them. They seem pretty confident to be honest and usually very helpful' (Po14)

'They are generally very good at reporting any information to us. They always bring it to meetings. They are always very good at sharing' (SW1)

However, a view persisted amongst the other three professional groups that early years professionals would find meetings intimidating and did not have the skills to cope.

'I've seen some that haven't coped very well and haven't had any preparation for it really... their opinion is very much based on the nursery day. And I don't necessarily think they're able to give the decision part but they do' (HV3)

'They often have less of an understanding of the process, what's expected of them. I think it can be quite daunting... they find it a quite difficult process... I think they can feel quite anxious' (SW2)

These views reflected a more widespread stereotypical view of child care workers. Early years professionals, themselves, felt more positively about their role in meetings and were not always as intimidated as other professionals implied.

'Probably... I would know the child a lot better than the other professionals in the room. I am credible, I have got relevant things to say' (EYP2)

5.11.5 Health Visitors and meetings

Health visitors reported that most of their contact with other professionals was within meetings which were seen a key information sharing forums.

'We don't have anything that brings us all together as professionals you know, out of those meetings' (HV3)

One health visitor also questioned how other professionals viewed their role in meetings.

'You often feel your role is relevant but undervalued at times... it's sort of fifty-fifty really as to whether you are going to be asked to be involved or whether they just think you are another member of a relevant health profession that needs to come along' (HV1)

For this health visitor, invitations to meetings were sometimes seen as a tick box exercise and along with her peers she had mixed views as to whether social workers valued her contribution.

'So it didn't matter what we took in terms of preparation to that meeting, we'd reached a stalemate. It seemed like meetings had gone on for such a long time that things that seemed significant to us weren't being picked up... are we just putting the meeting in for the sake of ticking that box...are we really actually making any difference between the sessions? I think you need to be looking at other ways, don't you?' (HV3)

Her interpretation was that these meetings were time consuming and did not achieve their purpose as the other professionals did not appear to take on board the concerns of the health visitor. In questioning whether there were

other ways of working I wondered if the health visitor was wanting to put some responsibility on me as a social worker or whether she was just posing a general question. In interpreting the health visitor's comments it suggested that the concept of stalemate applied not only to the case and the quality of discussion in the meeting but also to the relationship between the health visitor and the social worker. The health visitor went on to criticise social workers for resisting referrals by expecting the health visitor to undertake further work with the family and to complete a CAF form. This suggested a power differential between the professions. It also raised the issue of finite resources and the tensions this created between two professions that were trying to manage their workloads by passing responsibility to each other. As a researcher I could see both sides of the argument but as a social worker I was aware that I would have been considering whether I felt the level of risk warranted the expertise of a social worker. This brought me back to the pre-conceived idea that I had attempted to bracket out that health visitors were often seen as the infantry and social workers the cavalry in child protection.

It appeared that attendance at CP conferences gave health visitors a sense of status where they felt they participated as equal professionals. Some health visitors were more willing than others to move from being totally focused on health to consider a wider perspective on the child's situation.

'Well I think it is equal because we're all, we're all doing our part. It's not any one person doing one role' (HV9)

Police officers had mixed views around the contribution of health visitors to meetings ranging from

'I am kind of indifferent to them. Being brutally honest they don't strike me as being relevant to the meetings we go to' (Pol7)

to more positive views

'I personally find them quite useful and helpful... they are quite a good barometer in terms of what's happening' (Pol3)

These differing views appeared to link to how willing health visitors were to share information within meetings and most of the police officers cited this as a problem. Some police officers reported that health visitors appeared disorganised at meetings and this view was supported by several social workers who felt it reflected their high workload.

Health visitors don't tend to be well organised.... they don't tend to come with written information. Maybe its cos they have so many children that they work with ... it's like 'well I need to look at my file to see when I saw them, they don't tend to know off the top of their head...they are not as familiar with the cases' (SW1)

At times health visitors appeared to surprise conference participants with their assertiveness when it came to issues around the child's health.

'It's never been a problem them expressing their point of view... well they do when it comes to some decisions, but medical, they take the lead' (Pol5)

5.11.6 Police Officers and meetings

Police officers' attendance at meetings was limited to strategy meetings, LADO meetings, and initial and final CP meetings. Half of the police officers interviewed reported that they did not attend conferences and this role was delegated to dedicated conference liaison officers. This division of roles appeared to be due to the high number of meetings and the demands that it

placed on police time. While some of the other professionals were unaware of the status of conference officers a few social workers were rather dismissive of their input.

'The people who come and read out I don't think they are police officers they are case conference officers' but they are quite authoritative, when they speak other professionals can look a bit nervous ... They tend to be quite firm in their views, they tend to know what they are saying, they tend to be well prepared but all they do is come to case conferences' (SW1)

There appeared to be a sense of irritation of the power of these representatives which reinforced for social workers that the actual police officers they worked with were on the periphery of joint working and not really signed up to a shared agenda.

Police officers were clear that their key focus was around criminal activity not welfare.

'One of the frustrations was that you would go to these meetings and spend 15 minutes talking about police matters and then the rest would be discussing general welfare... For my role it's not to pick apart well they need to go to the opticians... That's not what we are here for. These are the risks, this is the risk to the child, now what are we going to do to manage these risks... I don't always think that is the best use of time cos as police officers we're talking about ... crime not welfare (Po17)'

This police officer expressed frustration at a system that seemed unable to identify and manage risk but was able to create a perception of risk to justify its processes. As well as questioning their role in these meetings some police officers queried how effective these meetings were in multi-

professional risk assessment with professionals being reluctant to move beyond their own professional analysis to take a more holistic view.

'I think it is the ability of the group to agree on the total risks rather than the individual focusing on their own expertise cos the strength of the meeting comes from people's experience across the board... to say 'well that is the real risk'. You don't always get that as it is quite a hard thing, people are risk adverse and don't always know how to deal with it' (Pol2)

5.11.7 Social Workers and meetings

For social workers the convening, attending and chairing meetings was a significant role. Meetings were viewed as a place to update and share information, to review care plans and to make decisions. A few social workers expressed concern that professionals did not always raise information within the meeting but would then bring it to their attention later. They saw this happening where they felt professionals did not want to upset the family they were working with.

While meetings were a forum for participants to express their views, some social workers felt they were not the place for professionals to have disagreements. To overcome this problem most of the social workers talked about the importance of pre-meeting liaison and discussion with the other professionals. This was to ensure that there were no surprises in the meeting and that the professionals were aware of the issues and in agreement as to how to manage them. For some social workers the possibility that professionals might disagree with each other appeared to cause a lot of anxiety and they felt this was more likely to happen when professionals did not know each other.

'It can often be quite difficult cos you have these meetings and a lot of professionals don't know each other, they don't know each other's involvement well. We should have professional meetings before as well... It can be difficult ... you get someone say something and then someone says 'Oh no I don't think it's like that'. That's not the time to be having those conversations really. That can cause tensions. (SW2)

5.12 Summary of Interview Findings

The chapter has drawn extensively on quotes from professionals to capture their 'lived experiences' of being a professional working in an interprofessional arena. The interviews were designed to explore the perceptions of professionals about working together across the welfare continuum, however, it quickly became clear that the professionals wanted to focus on their role in child protection. This created an imbalance in the reporting of the views of the four professions as it was the police officers and social workers who were most involved in CP work. Early years professionals and health visitors talked about their own role in the context of working with social workers while police officers focused mainly on their views of social workers. Social workers were preoccupied with their relationship with health visitors and police officers. These relationships reflect the reality of joint working on the frontline in CP but are not to deny the significance of the early years professionals.

IPA was used to get to the 'essence' of the professionals' experience of being a professional within an interprofessional context and this was reflected in a sense of professional self-worth. This underpinned the emerging themes from the interviews which centred on the importance of

professional identity to intergroup interaction, professional relationships and attitudes towards collaborative working. Concepts of occupational value, organisational structures and goals, power, conflict and a blame culture were also identified as factors that impacted on the professional's interpretation of their experiences. The next chapter brings these findings together with the data from the questionnaire to discuss their significance to IPW.

Chapter 6: Discussion of Research findings

6.1 Introduction

This chapter brings together the findings from both the questionnaire and semi-structured interviews to discuss what they reveal about the professionals' perception of their identity, the identity of the other professions and working together. The questionnaires were administered prior to the interviews, however, the interviews were analysed first to reduce researcher's bias in data analysis. The interviews revealed how the professionals interpreted their views and experiences and these were interpreted further by using a double hermeneutics approach. A critical realist analysis was used to make links between the quantitative and qualitative data and helped understand some of the contradictions in the findings. The most notable of these was in the questionnaire findings where all the professional groups displayed a confidence in their professional identity. The reality of professional identity is that the individual will closely identify with their profession taking on its characteristics (Tajfel and Turner, 1979) however, as they move away from considering their own profession in isolation they are likely to construct a reality which allows for an interpretation of this identity in comparison with other professions.

A critical realist analysis of the data identified three concepts, namely, professional identity (incorporating self-belief and othering), working together and power which contributed to an understanding of the research findings.

An exploration of these enabled a comprehensive picture to emerge of the 'essence' of the lived experience of being a professional in the

interprofessional arena. This chapter will first discuss the professionals' perception of their professional identity and how they made sense of this identity compared to the other professional groups. The second section will consider the professionals' experiences of working together drawing on the salience of professional identity, contact theory and realistic group conflict theory (RGCT) within a framework of power. These findings will be discussed in relation to aspects of working within the TAC model covering goal setting, the organisational context, positional power and status, professional relationships and interpersonal skills followed by the role of affiliative and transformative power in the leadership role, information sharing, decision-making and working in TAC meetings. The third section will bring together the findings to determine the 'essence' of being a professional working with other professionals. The chapter will conclude by identifying the contribution of the findings to new knowledge and theory, the implications to collaborative working and recommendations for future practice.

6.2 How professionals viewed their own identity and that of the other professions

The findings in this study support the evidence in the literature (Hall, 2005) that different professions attract individuals with specific traits which will be consolidated and refined as the person identifies with their chosen professional group (Halford and Leonard, 1999). However, professionals were not asked why they chose a particular profession and the reasons for this may reflect other factors such as occupation opportunity both in terms of individual capability and employment availability on the choice of careers (Evetts, 2011). The literature suggests that individuals already had a strong

sense of professional identity at the start of their pre-registration training (Hind *et al.*, 2003; Hean *et al.*, 2006; Coster *et al.*, 2008). This was then reinforced through the acquisition of profession-specific knowledge and a professional qualification or in the case of the police the satisfactory completion of their probationary period. In this study, it was the least academically qualified profession, namely police officers, who displayed the most confidence in their professional identity. While the other professions felt their qualification gave them credibility and entry to the profession they supported the view of police officers that it was practice-based experience that equipped them to fulfil their professional role. Although expert knowledge was at the core of a profession (Robotham and Frost, 2006) the relative status and power of a profession was derived from the confidence with which practitioners positioned themselves and conducted their activities in the interprofessional arena.

Professionals in this study, who were in the early stages of their career, demonstrated that they had established close ties and shared the same characteristics as their profession (see Table 4.16). It appeared that this strong sense of professional identity was consolidated as professionals established themselves in the workplace through what is often termed a process of socialisation into their respective professions (Adams *et al.*, 2006). This process of positive identification with a profession will be to the detriment of the other professions creating a climate of comparison and competition (Turner, 1999). The ratings that professionals gave to the characteristics of the other professions (see Chapter 4 Section 4.8) supported this view and the interviews consistently reflected that

professionals rated their own professional attributes more favourably than those of the other professions. The literature suggests that as the process of socialisation continues professionals will either become so entrenched in their own professional identity that their views of the other professions become more discriminatory (Hind *et al.*, 2003) or they will become so secure in their identity that they feel less need to uphold in-group status and find it easier to collaborate with other groups of professionals (Bartunek, 2011). There was no evidence in this study that the socialisation process had reached a stage where professionals were able to accommodate an interprofessional persona within their professional identity. The different professional groups upheld their own identity by being critical of the role of the other professions and managed interprofessional relationships by keeping their distance and depersonalising the other professions (Thomson *et al.*, 2015). The discussion in the literature tends to polarise the impact of professional identity into either an inhibitor or facilitator of IPW (Sloper, 2004; Hudson, 2007; Green, 2013) rather than consider how professionals can work together despite their different characteristics to achieve positive outcomes for children (Fitzgerald and Kay, 2008). Professionals in this study highlighted a middle ground where in the reality of practice the focus on achieving a desired outcome could become more important than upholding professional identity (see Chapter 5, Section 5.6.9 and 5.7.2).

6.2.1 The context of professional identity

Professional identity is shaped by the context in which the professions operate and links to perceptions of their professional role. While membership

of a profession creates a feeling of self-worth (Correl and Park, 2005) the profession also needs to be validated by the political, organisational and social structures within which it operates. In this study perceptions of occupational value were important to professionals and while they displayed confidence in how they enacted their professional role they were less secure about their external image.

89% of the participants were women (see Table 4.1) and most of them worked in the public sector. Although the issue of gender was not raised explicitly in this study the perception persists that caring for children is women's work (McGillivray, 2011) and less important than other professional roles which are predominantly fulfilled by men (Jackson, 2006). The majority of early years professionals, health visitors and social workers are women. Their experiences of working in what still is a patriarchal society (Dominelli, 1996) will have been shaped by a perception that their roles are less valued than those of their male counterparts who are more likely to be represented in the top tiers of managerial posts (National Minimum Data Set for Social Care, 2016). Some research studies have found that where professions are largely made up of women hierarchical structures have reinforced gender specific attitudes defining and measuring female roles in terms of subservient and caring characteristics (Lindqvist, 2005, 2009; Frost and Robinson, 2007). This may help explain why professionals who appeared quite assertive within their profession were unable to maintain this outside of the profession and adopted an air of resignation about the failure of their organisations, the government and media to support their role.

In contrast, although 68% of the police officers in this study were female, they identified with a traditionally male dominated environment and overall police officers displayed a stronger self-belief than the other three professions. Police officers have a unique place in society to uphold law and order and this greater sense of professional authority was evident in the research findings. It was apparent they saw themselves as taking control and were allowed to take control when the professional groups worked together.

The professions recognised that they were not autonomous (Evetts, 2011) and that their remit was dictated by policy directives which required them to collaborate with other professionals (*Working Together to Safeguard Children, 2015*). The changing attitude of government had implications to their professional confidence creating ambiguity around perceptions of status and the value of their profession (Bourdieu, 1991; Hogg *et al.*, 1995; Evetts, 2015). While the raising of the profile of the early years profession and health visiting in the early 21st century generated a stronger sense of identity, both professions still displayed uncertainty as to how they were viewed by other professions and the wider society. Similarly, although police officers presented a strong professional identity some of them were less confident about the support they received at a political and organisational level. The views of social workers in terms of how they rated their professional confidence compared to their ratings of the other professions (see Graph 4.17) were the most concerning and these mirrored the government's ambivalence towards their profession (Dickens, 2011; Parton, 2016).

Professionals' perceptions of how they were viewed by the public (see Graph 4.18) impacted on their sense of self-worth and occupational value. Health visitors were the most confident about their public perception and while early years professionals recorded the strongest professional identity their ratings of their public perception reflected an awareness that their profession was not viewed as positively in the public domain. Although police officers' ratings of their public image were the same as the early years professionals' they countered this in the interviews by portraying a stronger confidence in how they were viewed by other professions and society. In comparison to the self-ratings given by the other professions there was a marked dip in social workers' perception of the regard that the public held of their profession. Despite social workers talking positively about their skills in the interviews, the two data sets reflected an underlying insecurity about their professional identity. They struggled to maintain a positive identity in what for them was often a hostile interprofessional and public environment. The social workers appeared to deny these perceptions had any emotional impact on their identity and sought to rationalise them by suggesting their role was misunderstood. There was a sense that they retreated into their professional identity rather than seeking to address issues which were likely to impact on their role and authority within the interprofessional network.

The significance of contextual factors to professional identity has been largely overlooked in the literature (Foster and Macleod Clarke, 2015). Although the role of professional confidence in professional and interprofessional practice has been noted in the literature (Fitzgerald and Kay, 2008) there is less evidence that the underpinning emotions of the

workforce are considered when policies and practices are reviewed (Munro, 2010). Similarly, while biennial analyses of Serious Case reviews (SCRs) identify how IPW with children needs to develop (Sidebotham *et al.*, 2016) little attention has been paid to the impact of professional identity on interprofessional collaboration (Morrison and Glenny, 2012) and the fragility of interprofessional relationships (Quinney and Hafford-Letchfield, 2012). Professionals in this study failed to make a connection between their own professional identity and an interprofessional identity to support IPW.

6.2.2 Individual and collective professional identities

The findings from the questionnaire identified how professionals rated the characteristics that contributed to professional identity and the interview findings provided more insight into how these characteristics influenced professional perceptions. An overall sense of identity reflected the interplay between the personal and collective identity of the profession (Jenkins, 2004; Sims, 2011). Professionals appeared to use the terms 'I' and 'We' interchangeably but on closer analysis early years professionals, health visitors and social workers predominantly discussed their interactions with other professionals from a personal perspective using the index word 'I' whereas police officers more frequently attributed views to their profession using the word 'We' (See Chapter 5, Section 5.5.2). This suggested differences between the professions in terms of the dyadic relationship of individual and collective identity which impacted on how both the individual and the profession exercised their professional characteristics when working with the other professions.

Giddens (1991) argues that in constructing an identity an individual will do this in a way that enables them to maintain control of self. Using this as a starting point, from a critical realist perspective it was possible to consider how different interpretations of individual and collective identity impacted on the professionals' overall professional security. In this study, it appeared to link to the individual's sense of belonging to their profession (Hogg *et al.*, 1995). Police officers demonstrated the strongest self-identity. Despite consistently rating their individual characteristics, apart from confidence, as higher than their peers (see Graph 4.7) they demonstrated in the interviews that they had the strongest allegiance to their profession. Their personal and collective identities were entangled to the point that it was difficult to distinguish between the two (Jenkins, 2004). In contrast, the other professions rated their personal characteristics as being lower than their profession as a whole. This reflected a weaker professional identity where the individual felt they had less autonomy and looked to the profession to determine how they performed their role. Despite this feeling of dependency it appeared that these three groups of professionals did not enjoy the strong professional support from their professions which police officers experienced. For health visitors and social workers in particular, the use of the word 'I' reflected that they felt the onus of responsibility was on them as individual practitioners as opposed to their profession. There was a sense that although the individual shared a collective identity this did not mean that the profession would support the professional. While this reflected working within cultures where professional accountability was seen as an individual responsibility it undermined the overall strength of professional identity

creating some insecurities for professionals. This was compounded by the loss of professional autonomy to employing organisations and the growth of managerialism where professional identities have become subsidiary to organisational goals (Evetts, 2011; Muzio and Kirkpatrick, 2011).

For early years professionals, health visitors and social workers the gap between the personal and collective professional identity appeared to impact on their confidence within the interprofessional arena. In this study, the individual's perception of their identity within their profession was more significant to collaborative working than the identity of the profession as a whole. Professionals were all too aware of the consequences of what is often termed 'the politics of outrage' (Greer and McLaughlin, 2011) where the government, organisations, the media and public have been quick to blame individual professionals for child welfare tragedies. They managed this by keeping focused on their professional role. The implications of this is that professional practice is driven by a need to defend actions and is more likely to focus on the single professional role to the detriment of interprofessional relationships (Driscoll, 2009).

6.2.3 Professional identity and status

Perceptions of status and professional identity were themes throughout the study and are discussed later in terms of the professionals' perceptions of each other, how they positioned themselves in the network and the power relationships between them (see Sections 6.2.5, 6.3.2, 6.3.4). While professional identity arises out of profession specific knowledge and attributes, status is a relative concept arising out of comparison with other

professions (Tajfel and Turner, 1979). The concept of status encapsulates the worth and standing of the profession in society. In this study the professionals constructed a reality which could accommodate perceptions of status at several levels, namely within the profession, between professions and within society. Within the profession status was bolstered by a strong identification with the core professional characteristics (see Graph 4.3) but between professions it was determined in two different ways which at times were contradictory. Status was either a marker of where the profession was positioned in the hierarchy or as an assessment of competence in a professional role. In this study social workers were accorded status due to their statutory role but in terms of their ability to fulfil this, their status was compromised by a high level of criticism from the other professions and society (see Chapter 5, Section 5.5.2.4 and 5.6.6). Similarly, while the study findings reflected the positive role of early years professionals the other professionals undermined their status by viewing them as a less able profession. This explains why early years professionals positioned themselves as lower in the hierarchy despite their greater confidence in their professional characteristics (see Chapter 4, 4.8.1 and Chapter 5, Section 5.5.2.1).

Perceptions of status did not necessarily mean that professionals could not hold their own in TAC and all the professionals in the study stated that they were confident in their ability to express their views if they were concerned about a child. With the exception of police officers, professionals were less confident about their professional identity and status in an interprofessional context suggesting that these concepts related to how professionals

positioned themselves within and between their professions (Calhoun *et al.*, 2002). The findings showed that a strong professional identity did not necessarily equate with a positive perception of status. Despite the questionnaire data revealing that early years professionals followed by health visitors recorded the strongest professional identity when both the questionnaire and interview findings were considered together a clear hierarchy of professions emerged. Early years professionals were viewed as having the lowest status, and social workers and police officers were viewed as having the highest status.

6.2.4 Professional identity and IPW

Professionals tended to view IPW as a separate task rather than an integral part of their professional identity and although they engaged with TAC this was often underpinned by an unconscious 'silo mentality' (Sidebotham *et al.*, 2016). This was evidenced in the way each profession sought to maintain their professional boundaries and pass on responsibilities and tasks rather than focusing on a joint resolution. SIT would explain this approach as due to the different professions' need to protect their in-group autonomy (Barr *et al.*, 2005). This, in turn, is likely to inhibit the development of team identity, meaningful interprofessional relationships and common shared goals (Cilliers and Greyvenstein, 2012). However, this study suggests that while underpinning theory can contribute to an understanding of group processes there remains a gap between a theoretical analysis and how real people manage and experience intergroup behaviour. While SIT helped explain why intergroup interaction was often problematic the more positive examples of

practice suggested that the personal characteristics of the professionals and their interpersonal skills were far more important than their perceptions of identity.

6.2.5 Professionals' perceptions of the other professions

The questionnaire provided a clear picture as to how each of the four professional groups rated each other (see Table 4.10 - 4.13) and the interviews gave more insight as to how each professional group viewed the other professions (see Chapter 5). Professionals held strong opinions about each other reflecting the entrenchment of stereotypical views which underpinned their sense of identity and interprofessional collaboration (Payne, 2006). The interview findings raised questions about the knowledge and understanding professionals had about each other's professional roles and the extent to which contact between the professions influenced their views of each other. Despite completing ratings for the early years professional characteristics in the questionnaire it became clear in the interviews that many of the other professionals did not know who they were and were not aware of the early years professional status qualification.

The lack of clarity about the roles of each profession gave rise to different expectations of each other creating misunderstandings and conflict. It is possible that professionals felt that knowing more about other professional groups would compromise their own unique professional persona reflecting a view in the literature that professionals are far more reluctant to let go of characteristics that define their professional identity than has been assumed by policy makers (Lupton, North and Parves, 2001; Goodman and Clemow,

2010). The sense of identity and credibility they had acquired through a distinctive body of knowledge (Irvine *et al.*, 2002) and skills set (Hudson, 2007) would be undermined if professionals acknowledged that the other professions shared some of this expertise. This had implications for the ability of professionals to establish joint goals and values to enable effective collaboration (Hudson, 2007).

Professionals compared their own role and skills to the other professions by prejudging their attributes, questioning their level of competence and blaming them for intergroup difficulties. This reflected in-group/out-group behaviour (Tajfel and Turner, 1979) with intergroup relationships being underpinned by the need of each profession to assert their position within the interprofessional group (Jenkins, 2004; Filindra and Pearson-Merkowitz, 2013). The extent to which each profession felt this was necessary was linked to how they perceived the space they occupied and its relative value within the group (Bourdieu, 1991; Hogg *et al.*, 1995).

A comparison of each professions' perception of their professional characteristic (see Graph 4.9) separated the four professions into two distinct groups with early years professionals and health visitors being closely aligned in terms of rating their professions as having the strongest characteristics and police officers and social workers recording lower ratings. While this reflected their level of professional confidence it could also be linked to their role on the welfare continuum of services from early intervention preventative provision through to child protection (*Every Child Matters* (ECM), (DfES, 2004). The increased complexity of CP work (Hood,

Gillespie and Davies, 2016) and the challenges this presents to both police officers and social workers could explain why these professionals appeared less confident in their professional characteristics.

Early years professionals and health visitors shared some commonalities in terms of knowledge, values, role and confidence in their professional identity. Although the health visitors' ratings for early years professionals suggested that they had a higher regard for their role than for the other two professions it was clear in the interviews that they viewed early years professionals as a subsidiary and less able profession to their own (see Chapter 5, Section 5.6.3). Health visitors positioned themselves as the stronger partner in joint working and did not see early years professionals as a threat to their own identity so possibly found it easier to rate their characteristics more positively than they rated the other professions. In contrast, for early years professionals, the fact that health visitors shared some similarities with them created a situation of competition where early years professionals wanted to assert and justify their position. This was reflected in the variable ratings they gave health visitors compared to the other professions (See Graph 4.11). Early years professionals come to IPW as a new profession and the study findings suggest they have yet to establish their place within the interprofessional network.

Police officers and social workers shared a statutory role to protect children but unlike the other two professions did not share a similar focus and value base (see Chapter 5, Section 5.5.1). The ratings police officers gave for the professional characteristics of social workers (see Graph 4.15) did not reflect

an equal relationship between the two professions and this was confirmed by the social workers' perception of the police officers where they rated them the highest for the key attributes of leadership, decision making and confidence (see Graph 4.17). These findings were supported in the interviews where both professions reported difficulties between them in contrast to the early years professionals and health visitors who appeared to work quite well together.

The findings provided a comparative picture of how each profession ranked the other three professions (see Table 4.15). In the interviews the police officers identified social workers as the key professional for non-criminal matters (see Chapter 5, Section 5.7.1) yet their low ratings of social workers in the questionnaire raised questions about professional attitudes, the perceived competence of social workers and the role of professional attributes in the establishment of hierarchies within IPW. Both police officers and social workers held a clear statutory responsibility in CP and they were the two professions who worked most closely together. The rankings suggested that confidence and trust between the professions was an issue reflecting professional differences in knowledge and skills, the professional role and identity, and power and status (Baxter and Brumfitt, 2008). The difficulty in reconciling a criminal and welfare focus (see Chapter 5, Section 5.6.9) created tensions between the professions which then impacted on perceptions of power and status and attitudes towards each other. Power and status are closely associated with decision-making (*ibid*) and there was evidence in this study that professionals including social workers tended to look to the police officers to take the lead and make decisions. While the

pivotal role of social workers was acknowledged by police officers (See Chapter 5, Section 5.6.6) this did not mean that they accorded them a high status in the interprofessional arena. The low rankings of social workers suggested police officers either had a poor perception of their competence or that negative stereotypical attitudes were so ingrained that they could not acknowledge the social work role. In contrast, police officers gave higher rankings to both health visitors and early years professionals despite having little contact with them. This raises the question as to whether police officers' ratings of social workers reflected a genuine assessment of their role or whether it reflected a need to assert themselves as the more dominant partner. Social workers ranked health visitors as having the strongest professional characteristics and appeared more able than police officers to acknowledge the strengths and weaknesses of the other professions in the questionnaire (see Graph 4.17) and in the interviews.

Overall both health visitors and police officers ranked each other's professional characteristics as the highest of the professional groups (see Table 4.15) yet it was clear in the interviews that these professions had little contact. In practice, this could mean that the professions, with their distinct remits, posed little threat to each other so there was no need to protect ingroup identity. Where there was contact, this was usually around information sharing and proved problematic due to confidentiality issues. (see Chapter 5, Section 5.10.2). Both professions named social workers as the profession with whom they worked most closely and were extremely critical of their practice. This suggests that a more likely explanation is that

their higher rankings of each other was a reflection of the negative views that both professions expressed towards social workers.

The notion of IPW did not sit easily with the professionals in this study and only one professional defined himself as being an interprofessional. How-far-in or how- far-out of the TAC professionals positioned themselves varied according to whether the TAC came together as non-statutory or statutory collectivity and whether the focus was about ongoing welfare matters or child protection (Gilbert, 2007). Apart from social workers it appeared that the other professions sought to keep their professional expertise separate only aligning it when necessary. Although it could be argued that they were all moving in the same direction (*ibid*) there was a reluctance to accommodate an interprofessional persona. Professionals in this study did not appear to make links between the underpinning theory of IPW and their day-to-day practice and did not appear to conceptualise an 'interprofessional space' (Muzio and Kirkpatrick, 2011). They looked foremost to their profession for affirmation of their role and this in turn strengthened their own professional identity. Despite being unable to shift from a professional to an interprofessional focus professionals stated they generally worked well together and gave some good examples of effective collaborative working.

In this study there appeared to be a mismatch between how professionals experienced the reality of practice and how they wished to portray a united front in terms of effective IPW. There were several possible reasons for this. Firstly, the researcher identified herself as a registered social worker who had previously worked as a frontline manager in children's statutory services.

This could have tempered the views that professionals chose to express, making them more guarded or more positive depending on their perception of social workers. Similarly, their views of each other would be influenced by the context of intergroup contact where policy directives dictated a positive attitude towards IPW (Evetts, 2015).

6.2.6 The role of training and IPE

IPE at both pre and post registration level is widely seen as a way of bringing different professionals together and addressing in-group/out-group differences through shared learning and interaction (Barr, 2013). While there continues to be a strong emphasis on the role of IPE in promoting more positive outcomes in IPW (Thistlethwaite, 2012; Lapkin, Levett-Jones and Gilligan, 2013; Barr *et al.*, 2016) some studies are more sceptical suggesting the relationship between attitudes to IPW and the experience of IPE appears weak (O'Carroll, McSwiggan and Campbell, 2015). This uncertainty reflects that evaluations of IPE tend to be focused on the training experience and provide limited insight into how IPE impacts on outcomes for service users (Reeves *et al.*, 2010).

Professionals in this study gave clear reasons as to why they were resistant to IPE citing budgetary constraints, staff shortages, workloads and a lack of managerial support. This was compounded by the fact that multi-professional training did not always reflect the professions they worked with and where this occurred there was limited interaction between professionals. The lack of interest in IPE may also reflect more deep-seated stereotypical attitudes towards the other professions and an unwillingness to get to know them.

Social care were the main drivers of multi-professional training and the other professions appeared reluctant to take part in this claiming it was too social work focused and not relevant to them. It also appeared that part of their resistance was due to their low opinion of, and unwillingness to engage with social workers. In consequence where IPE occurred it served to strengthen professional identity rather than developing knowledge and understanding about other professional groups (Jakobsen, Hansen, and Eika, 2011; Thomson *et al.*, 2015).

Opportunities for different professions to interact in a learning environment appeared to be diminishing and were undervalued. There was a general view that interpersonal skills, which underpinned all their professional characteristics and ability to work with other professionals could not be taught or learned. The low priority given to multi-professional training reflected that professionals and their organisations had little understanding of its potential value to IPW and the trend appeared to be for profession-specific training which was likely to consolidate the professionals' sense of identity.

6.3 The concept of working together

The concept of working together meant different things to the different professions with a variable level of commitment. While policy guidance states that safeguarding is 'everyone's responsibility' (*Working Together to Safeguard Children, 2015, p.9*) the requirement to refer issues of concern to social care led early years professionals and health visitors to view working together as sharing information and passing the responsibility on to social

workers. Police officers saw their role in working together as receiving information from other agencies and taking charge of the criminal element of child welfare. They expected social workers to take responsibility for everything else. These different professional roles created a clear professional hierarchy with different professionals holding the power at different points on the welfare continuum (Barrett and Keeping, 2005). In this study it left social workers feeling that working together was a rather hollow concept and essentially their responsibility.

There is a fundamental dichotomy in the literature on IPW as to whether professionals work together within a hierarchical or equal framework. The literature repeatedly suggests that for collaboration to be effective professionals should come together on an equal footing (Molyneux, 2001; Barrett and Keeping, 2005; Gopee and Galloway, 2009). The preferred model of IPW appears to be one where power is shared between professions within non-hierarchical structures (Lupton, North and Parves, 2001; Bridges and Tomkowiak, 2010). In children's services this model has been developed as the team around the child (TAC) and promotes the idea of equal partnerships between the professionals involved (Limbrick, 2009).

6.3.1 The TAC model

Collaboration between the four professions took place within a TAC framework which included day-to-day liaison between individual professionals as well as joint activities, informal and formal meetings. The principle of the TAC model to provide a coordinated service around the child is sound (*ibid*) but in practice, it is suggested that coordination centres on

acknowledging each professions' specialist contribution as opposed to developing an integrated response (Hood, Gillespie and Davies, 2016). This was the case for the professionals in this study who worked together from a professional perspective but failed to create boundary spanners to establish common links to support the development of a TAC identity (Kaz, 2012). Professionals found it difficult to conceive of an interprofessional characteristic within their professional identity and tended to equate the development of an interprofessional persona with the loss of professional autonomy and uniqueness (Hudson, 2007; Goodman and Clemow, 2010). However, on a practical level, professionals were much more concerned about the extra work an interprofessional role might create for them if boundaries and tasks became blurred.

TAC's were viewed as short-term solution-focused teams where the opportunity and motivation to develop intergroup relationships was limited. The fragmented nature of these networks (Daniels *et al.*, 2010) was highlighted by the lack of explicit shared goals and the ambiguity of the lead professional where one professional is expected to assume responsibility for the case, coordinating and overseeing the actions of the other professionals without legitimate interprofessional authority. These issues are discussed in the sections below on goal setting and leadership. Although professionals expressed some misgivings about the TAC model there was a sense of collaborative inertia on behalf of the professionals (Kaz, 2012) who met the requirements of working together with a limited sense of commitment.

While some theorists' view the TAC model as a vehicle to develop an interprofessional approach (Day, 2006), others suggest it is little more than a transient network in which professionals maintain their professional identity and accountability while trying to coordinate their services to the benefit of the child (Morrison and Glenny, 2013). It could be argued that the TAC model creates an illusion of IPW. Although it appears to tick the boxes in terms of policy requirements for working together to safeguard children, the professionals in this study were more preoccupied with utilising their profession-specific expertise and holding on to their identity, status and power than adopting an interprofessional approach.

A critique of the TAC model needs to take account of the dimensions of power at play and how these link to professional identity and perceptions of the other professions (Engel, Prentice and Taplay, 2017). Differences in expertise, professional roles and credibility have created professional hierarchies where professions are not seen as equal and hold different status (Barrett and Keeping, 2005). This suggests that there needs to be more understanding as to what shared power means in practice and a recognition that different types of power operate in a relational context reflecting how professionals position themselves and interpret their role. Pratto (2016) identifies four types of relational power (positional, affiliative, dominative and transformative power) that are relevant to the TAC model and the role these play in the professionals' experiences are discussed below with a consideration of the two theoretical frameworks of contact theory and RGCT.

6.3.2. Positional power and status

Positional power underpins the power relationships between the professions and was used by professionals to determine their own habitus within the professional network (Calhoun *et al.*, 2002). By taking a position on their own role, status and contribution to the TAC alongside their expectations of the other professions, professionals sought to influence the process of IPW.

While status is seen as an outcome of intergroup competition (Tajfel and Turner, 1979) professionals in this study appeared to come to IPW with an already established understanding of their status and where they were positioned in the interprofessional hierarchy (see Section 6.1). This linked to how they defined their role when working together and their perception as to which profession should take responsibility for a particular task.

Professionals showed little awareness of factors that influenced intergroup interaction and appeared to mirror the general assumption in the literature that professionals intuitively know how to work together (Sargeant, Loney and Murphy, 2008).

6.3.3 Goal setting

Goal setting was of fundamental importance to how professionals worked together (Fitzgerald and Kay, 2008; Hewstone and Swart, 2011). The establishment of common goals has been identified in both contact theory and RGCT as a significant facilitator of positive intergroup interactions. For professionals in this study, it appeared to be an implicit rather than an explicit activity. RGCT emphasises the importance of explicit superordinate goals which need to be positively inter-dependent and sufficiently compelling to

override independent professional goals (Tajfel and Turner, 1979; Thomson *et al.*, 2015). The four professions acknowledged that they worked to different explanatory models within an overarching goal to support the welfare of the child although they were less clear as to the detail of this specific goal. In consequence, they were not able to translate this into strategies where they built on what they had in common as a basis for managing differences and sharing expertise (Leathard, 2004; Watkin *et al.*, 2009; Thomson *et al.*, 2015).

There was a clear divergence between the criminal focus of the police and the welfare focus of the other three professions. This led some professionals to question whether police officers could really sign up to working together as their priorities were different and often at odds with the long-term welfare of the child. The welfare/criminal justice binary appears to reflect wider social policy where boundaries between caring and controlling interventions have become blurred with a focus on blame and punishment (Rodger, 2012). The concept of justice was explored by some professionals in this study who questioned the rights of the child in this process and suggested that the prosecution of the offender was not always in their interests of the child (see Chapter 5, Section 5.6.9). Using a critical realist analysis approach, it was clear that professionals accepted the principle of justice but had different interpretations as to how this should be applied. Professionals were not saying that there should be no retribution for abusers but suggested that there should be some flexibility over the criminalisation of offenders where the outcome was to the detriment of the child. Early years professionals, health visitors and social workers conveyed an awareness that many parents

struggled to meet their parental responsibilities and were themselves marginalised and disadvantaged in society. They were, therefore, more likely to consider family-oriented interventions (Gilbert, 2012) whereas police officers as agents of the criminal justice system were more likely to define actions as right or wrong with the attendant consequences (Sharland, 1999). This created a tension between the rights and welfare of the child and a criminal justice agenda which gave priority to achieving targets for the prosecution of offenders (*ibid*). Given these differing perspectives, in this study it was difficult to envisage how professionals could establish a common superordinate goal (Sherif, 2015).

Goal setting was hampered by the fact that the professionals' knowledge of each other's role was not always well informed or based on the reality of practice. As well as differences between the welfare and criminal perspective this was reflected in different perceptions of risk and how to manage risk, both in the short and longer-term. Due to their focus on goal setting professionals appeared to assume if there was agreement on the overarching goal to support the child then intergroup processes would fall into place to achieve this (Sherif, 1966). However, inconsistencies in thresholds for intervention, problems around information sharing, task allocation and distribution, and differing professional objectives suggested that the professions found cooperation and goal setting difficult.

Theories of IPW focus more on how and whether individual groups can achieve agreed goals (Barrett, Sellman and Thomas, 2005) rather than the substance of the goals themselves. RGCT rejects the notion that groups

come together on an equal footing and recognises that intergroup conflict can rise and fall depending on the context and purpose of the interaction (Jackson, 1993). There was evidence that professionals used their power to manage these conflicts. When it came to the criminal element of child protection, police officers exercised dominative power to ensure that their investigation took precedence over other matters. However, other professionals would revert to a position of professional autonomy or 'silo' mentality where they felt their individual professional objectives were being usurped by another profession (Molyneux, 2001; Sidebotham *et al.*, 2016). An example of this was cited in the interviews where police officers managed the risk to a child by executing a police protection order (PPO) only to find that social care returned the child to its parents under a voluntary written agreement (See Chapter 5, Section 5.8.3). This suggests that even where there appears to be an agreed superordinate goal to safeguard the child conflict can still arise due to the different interpretations of the goal and the relative power of particular groups to achieve their professional objectives (Jackson, 1993). While contact theory would argue that by professionals coming together they will develop knowledge and understanding of each other's role to facilitate an agreed approach this did not appear the case in this study.

The different professional goals with a different understanding of risk created situations where the child could be subject to conflicting and competing interventions (See Chapter 5, Section 5.8.3). Professionals appeared more preoccupied with the impact of these tensions on their ability to work together as opposed to the confusion this was likely to create for children and their

families. This could be as the focus of the research was about perceptions of professional identity and IPW rather than the service users' experience of IPW. However, it reinforced the narrative of blame between professionals and the most frequently used word in the interviews when professionals talked about working together was the word 'frustrating'. Frustration was expressed by all four professional groups about the inability of the other professions to engage effectively in collaborative working yet little attention was given to how these differences impacted on the children and families they worked with.

The study raised questions as to whether the four professions could establish superordinate goals given their different professional remits. The different levels of power and authority between the professions and the criminal agenda of the police suggests that this is unlikely to happen. RGCT sees the establishment of superordinate goals as happening at a strategic level but this is unlikely to eradicate conflict between the groups as the power differentials will essentially stay the same (Billig, 1976). The findings suggested that it is the compatibility of different goals (Barrett, Sellman and Thomas, 2005) and the cooperative behaviours of the professionals which will influence the effectiveness of IPW (Pratto, 2016). RGCT would argue that it is only by recognising the impact of professional identity and the inevitability of conflict that groups will be motivated to establish mutually beneficial goals (Sherif, 2015). In this study, the impact of intergroup conflict on working together did not appear to be acknowledged either at a political, organisational or professional level and could well explain why the same issues keep arising in collaborative working (Morrison and Glenny, 2012).

This may simply reflect an overall lack of understanding of group dynamics, however, there was also a sense that if conflict was acknowledged it would need to be dealt with. While professionals shied away from this, RGCT seeks to address intergroup discord by taking the responsibility away from the individual professional and locating the responsibility for intergroup relationships firmly with the in-group identity (Jackson, 1993). This means RGCT is more likely to look at political and organisational policies and structures to understand how professionals work together.

6.3.4 The Organisational context

Political and organisational directives legitimise the status of professionals and require them to work interprofessionally to fulfil their statutory obligations to safeguard children (*Working Together to Safeguard Children, 2015*). For early years professionals, health visitors and social workers this power was enhanced by their qualification and membership of a profession which regulates its activities. The police officers' attestation to uphold law and order set them apart from the other professions giving them stronger and more independent powers in society. Professionals differed in their views of their responsibilities within the statutory framework. Social workers and the police officers were seen as having greater statutory responsibility and early years professionals and health visitors saw their role as passing on safeguarding concerns to these agencies.

While early years professionals were often the professionals who knew the child best they appeared to be an acceptance that they were on the periphery of the statutory network. In contrast, perceptions of the statutory

role of health visitors was more ambiguous. Health visitors sought to occupy the middle position by emphasising their superiority over early years professionals in terms of knowledge and professional skills. They effectively exercised positional power by defining their role in CP cases as one where they pass the responsibility to social care workers as the key agency. They reinforced this by keeping to their specialist health remit and being reluctant to blur boundaries by getting involved in more generic tasks. The police officers supported this stance as they did not view the health visitors as playing a significant role in CP. However, social workers saw health visitors as key players and wanted them to take a much greater role. They suggested their reluctance to get more involved in IPW was more about managing the anxiety that CP work can generate rather than a strategy to manage their high workloads.

Perceptions of power and associated behaviours are influenced by socio-historical factors which have given rise to stereotypical attitudes of professional identity and status versus the other professions (Engel, Prentice and Taplay, 2017). This was particularly evident for the early years profession. A strong theme emerged in the interviews that despite the professional confidence of early years professionals they saw themselves and were regarded as a lesser profession. There was a sense that despite the raising of the profile of early years professionals through enhanced qualification affiliated to the teaching profession (See Chapter 2, Section 2.3.1) the other professional groups appeared unable to accept that early years professionals contributed to IPW on an equal footing. Despite positive experiences of working with them the other professionals could not shake off

the stereotypical view that looking after children was of less occupational value than their own roles. In turn, early years professionals both acknowledged and accepted the lower status of their profession. For all the professions, past contact experiences with each other were likely to impact on current attitudes towards IPW (Gaunt, 2011).

RGCT places the responsibility with organisations and professions to establish an environment which enables different professionals to work harmoniously together and argues that it cannot be left to the individual professional to achieve this. Despite an increase in organisational control over the professions (Evetts, 2011; Muzio and Kirkpatrick, 2011) there was little evidence that organisations wanted to get involved in the frontline arrangements for interprofessional activity. This appeared to be left to the professions whose occupational value depended on their ability to mould their professional requirements to meet organisational expectations and targets (Evetts, 2011). Professionals, themselves, appeared less concerned about the impact of their organisations and the socio-economic/ political environment on their professional identity and day-to-day role than the literature suggests (Hewstone and Swart, 2011). Although they expressed concern about the lack of resources and organisational support they appeared to accept their working environment and did not seem motivated to challenge or change it.

RGCT suggests the basis of intergroup conflict lies with competition over scarce resources (Filindra and Pearson-Merkowitz, 2013). For professionals in this study the scarce resources were manpower and funding. Attitudes

towards IPW were influenced by perceptions of high workloads and role expectations of the other professions. Although the professionals conveyed a sense of powerlessness to address these issues a further interpretation of their experiences suggests they countered this by maintaining a profession-specific focus when working with other professions. This did not appear to be to the detriment of organisational goals and professionals reported that generally they worked well together. The lack of connection between professionals and their organisations mirrored the gap previously discussed between their individual and collective identities. While organisations dictated the terms and provided the framework for professional activity they appeared to have little understanding of the impact of professional identity on IPW (Driscoll, 2009).

In this study, the strength of the profession within the organisation was reflected in their approach to conflict management. The command and control structure of the police gave officers not only the ability to make front line decisions but also a willingness to escalate interprofessional disagreements to managerial level for resolution. The other professions appeared more reticent in using organisational structures to address difficulties. This interdependency of the professions and their organisations meant that problem-solving for social workers tended to be located with the individual professional and their frontline manager. This could explain why the issue of high caseloads did not appear to be adequately addressed. Senior managers did not want to compromise the position of the profession within the agency and in consequence exerted their power over the professionals to meet organisational requirements (Muzio and Kirkpatrick,

2011). It could be argued that this effectively weakened the identity of the profession and its members. Rather than adopting an RGCT model to manage IPW it appeared that intergroup relationships were based on the contact hypothesis with the onus on the individual professional to resolve difficulties. When it came to intergroup differences social workers were more likely to take responsibility for a resolution at an individual level and were less confident about management support. It appeared that it was the professions rather than the organisation that determined how the different professionals worked together.

6.3.5 Collaborative working

Affiliative power sits more easily with collaborative working as power is derived via association and/or alliances between professionals. Collaborative working took place within the TAC model but this did not necessarily reflect a strong alliance between the professions. In this study, the four professions did not find it easy to accommodate the perspectives of the other professions and a picture emerged of professionals working alongside each other from their own professional remit as opposed to working together. Some theorists suggest that the contradiction between a hierarchical or equal IPW framework has caused confusion amongst professionals as to their level of professional accountability (Hudson, 2005) and professional responsibility (Joynes, 2014). Professionals in this study were quite clear about their position within the interprofessional group and chose to maintain a strong sense of professional identity with clear accountability and responsibility to their profession and organisations rather than the interprofessional network.

However, the complexity of IPW was reflected in how affiliative power ebbed and flowed within the TAC depending on the nature of the tasks and the objectives of the different professionals.

Affiliative power has much in common with contact theory (See Chapter 2, Section 2.5,1) which focuses on the conditions needed to promote positive intergroup relationships. In contrast RGCT considers how power can be managed between professionals where alliances are influenced by competing objectives. Professionals used affiliative power to both promote and manage IPW and this was reflected in professional relationships, the leadership role, communication and information sharing, decision-making and participation in meetings.

6.3.5.1 Professional Relationships and Interpersonal skills

Professionals gave good examples of how positive relationships between different professionals had facilitated more effective collaboration. Self and peer ratings for interpersonal skills and the ability to be a team player suggested that professionals felt they had the skills to work together and appreciated the importance of team work (See Table 4.18). However, many professionals appeared to adopt a specific attitude or position to their association with other professions. This was evidenced by how they rated the professional characteristics of the other professions in the questionnaire (see Tables 4.11 - 4.14) and how they talked about the other professions in the interviews. Many of the professionals questioned whether you needed to know or have a relationship with another professional to be able to work effectively together. The exception to this was the early years professionals

and this may reflect that some of those interviewed worked in the private sector where their business depended on having good relationships with fellow professionals as well as their clientele. Many health visitors, police officers and social workers took a functional approach to interprofessional relationships seeing them as conduits for information sharing and attributing difficulties to the other professions.

Contact theory has been widely applied to understand and promote intergroup relationships (Pettigrew *et al.*, 2011). However, in this study the key conditions of the hypothesis namely, equal status, a cooperative approach to working together, shared common goals and institutional support (Allport, 1954) were not well evidenced. While professionals appeared to be in regular contact with each other the frequency and quality of the contact was probably not at the level envisaged by theorists as likely to make a difference. Most interactions outside of meetings took place via the phone or email between professionals who did not know each other. The structure of services made ongoing contact with the same professionals unlikely and the next intergroup contact would involve different personnel giving rise to a 'start again' mentality. The lack of organisational support for IPE reinforced a perception that agencies did not see relationship building between their respective professions as a priority or a tool to improve collaborative working.

As discussed in section 6.3.3 professionals struggled to establish shared common goals and take a cooperative approach to achieving these. Professionals did not view themselves as holding equal status and

perceptions of each other's competence, workload pressures, differing thresholds and professional responsibility, and organisational support all inhibited intergroup interactions (Horwath and Morrison, 2007). The findings challenge the assumption held in policy guidance and organisations that bringing professionals together will create positive relationships, effective collaboration and the development of new identities within an interprofessional group (Molyneux, 2001; Sargeant, Loney and Murphy, 2008; Khalili *et al.*, 2013). Professionals did acknowledge that where they had established a relationship it made contact easier but as reported in the literature (Pettigrew *et al.*, 2011) good individual experiences tended to be viewed as atypical. In consequence, the positive impact of these appeared to be relatively short-term and unlikely to shift ingrained stereotypical views (Mandy, Milton and Mandy, 2004; Carpenter and Dickinson, 2016).

The factors inhibiting the development of professional relationships in this study support a growing recognition in the literature that that contact is not enough to facilitate positive intergroup relationships (Sargeant, Loney and Murphy, 2008; Carpenter and Dickenson, 2016). The ability of professionals to work together was influenced by the professionals' sense of their own professional worthiness and their sense of professional confidence dictated the level of trust, understanding and communication between them (Barrett, Sellman and Thomas, 2005; Fitzgerald and Kay, 2008). However, RGCT would argue that it is the context within which professionals operate that is more significant to intergroup relationships and collaborative working.

While professionals accepted that they were required to work together (*Working Together to Safeguard Children*, 2015) their willingness to engage with the other professions was strongly influenced by their perception of their role and the other professionals within IPW. They used both legitimate and positional power to justify their level of involvement in IPW and managed potential conflict by taking an impersonal approach to their interactions with each other. While this distancing did not eliminate feelings of hostility towards the other professions it appeared to enable them to negotiate a collaborative approach without too much conflict. This shift from a reliance on professional relationships to a more functional approach is in line with RGCT which seeks to define and adjust group relationships through changes in operational structures and processes as opposed to trying to address this at the individual level.

Despite depersonalising their relationships, the four professions attributed difficulties between them as largely being due to the poor practice of others. They all rated their own and profession's interpersonal skills highly (see Table 4.18) and displayed confidence in their ability to use these in the workplace. The interview findings suggested that professionals regarded interpersonal skills as a personality trait rather than characteristic of professional identity or training. In line with the literature they recognised that it was often the personal qualities of individual professionals rather than the profession or the training that facilitated or inhibited joint working (Pollard, Miers and Rickaby, 2012). Early years professionals, health visitors and social workers all gave lower ratings to the interpersonal skills of the police officers (see Table 4.13) suggesting that perceptions of interpersonal skills

were influenced by power relationships and the context in which professionals came together. The three other professional groups acknowledged the power of the police and conveyed that at times they felt intimidated by them. This linked to their perceptions of the level of confidence displayed by police officers (see Table 4.18) which in turn reflected their power and authority. The lower ratings for interpersonal skills could be interpreted as reflecting how police officers used this power to achieve their objectives. Police officers were very clear that their focus was on crime as opposed to welfare. Evidence from the interviews showed that once they became involved in IPW they expected to take the lead, for their role to take priority and for other professionals to comply with their way of working (see Chapter 5, Section 5.5.5.3 and 5.7.2). Where this could not be achieved through negotiation they used dominative power to meet their objectives and this caused some disquiet amongst the other professionals if they felt it was not in the best interests of the child.

The police officers' strong sense of self-belief and the strength of their professional characteristics compared to the other professions (see Graph 4.13) enabled them to do this. The profession most likely to challenge the police was social work given their pivotal role in IPW. However, the social workers' own professional insecurities and the general lack of confidence in the social work role by the other professions enabled the police to exert considerable influence in the CP arena. This was further compounded by the reluctance of the professionals to acknowledge that conflict existed between them (Jackson, 1993).

6.3.5.2 The leadership role

Leadership is regarded as a core professional attribute and features in professional training courses, legislation and policy guidelines (*Children's Act, 1989; Every Child Matters (ECM), 2006; Working Together to Safeguard Children, 2015*). The TAC model of joint working relies heavily on one professional having a lead role (Robinson, Atkinson and Downey, 2008) despite the notion of the TAC as a non-hierarchical forum. Many professionals in this study found the role of the lead professional challenging and at odds with the reality of the practice environment. Enacting a coordinating role without the commensurate power and authority over the other professionals (Hudson 2005) created tensions between them reinforcing differences between the professions (Lawlor, 2008).

Taking on the lead role evoked strong emotions. Health visitors and social workers expressed resentment about the extra work it created, what they perceived as the unwillingness of other professionals to share some of the tasks and saw it as a role to avoid if possible. They interpreted the lack of adequate administrative resources to support this task as indicative of the value their agencies placed on them as professionals. Professionals who were part of the TAC but not the designated lead also used their perceived lower position in the professional hierarchy to their advantage by determining the contribution they were prepared to make to IPW and being reluctant to take on more generic tasks.

A strong professional identity did not mean that professionals held strong leadership skills and the leadership role was something that professionals struggled with compared to the other characteristics (See Graph 4.4). All four

professions recorded a marked dip in their ratings of their leadership abilities compared to their other characteristics. Early years professionals, health visitors and social workers self-rated their leadership qualities lower than their other professional characteristics but gave higher ratings to their peers implying that this was an area that they personally felt least comfortable with. In contrast police officers rated their own leadership abilities above those of their peers suggesting a level of confidence and willingness to take the lead at an individual level. These differing views could reflect differing structures of professional accountability where the individual police officer is expected to make immediate decisions whereas the other professions will defer back to a manager for guidance (Westwood, 2012).

All professional groups and social workers in particular, were less comfortable in taking the lead role compared to the other aspects of team working (see Table 4.17). Both health visitors and social workers rated police officers' leadership skills above their own profession and looked to them to take the lead when they worked together. However, social workers were required to take a lead role in statutory cases and where police officers became involved they were still expected to fulfil this role alongside the police lead on criminal investigations. Police officers rated the leadership ability of social workers particularly low compared to their rating of the other professions and the interviews revealed that having two lead roles could create tensions between the professions. Early years professionals and health visitors showed more confidence in the leadership ability of social workers suggesting a more harmonious relationship between these professionals.

The police officers conveyed a strong sense of self belief in their ability to assume a leadership role and the willingness of other professionals to allow them to assume this position. For police officers' the leadership role led them to shift from an affiliative power relationship to one where they exercised power in a more dominant way to meet their objectives. While the other professionals were less positive about the leadership skills of the police their acceptance of the police officers' role helped dissipate some of the power they held. This did not mean that power was equally shared but rather that it provided a base from which the other professionals could negotiate their own position and use their expert knowledge to help inform the intervention.

The leadership role of police officers only extended to criminal matters and they dipped in and out of networks accordingly. Some professionals saw their role as being on the periphery of the TAC and its short-term nature reduced the threat of the police to the other professions. It illustrated that power between professionals could rise and fall between them according to the specific task. The exchange of power enabled professionals to work cooperatively when necessary and the study provided some good examples of collaborative working.

In both the questionnaire and interview data social workers reflected a lack of confidence in their leadership skills and an awareness that the other professionals were critical of their role. This lack of confidence was quite worrying as it suggested that social workers might find it difficult to be assertive and manage disagreements. However, examples emerged in the interviews that suggested despite the social workers misgivings about their

leadership role they usually managed it quite well. This could be as social workers are trained to work in partnership and therefore, were able to adopt a less assertive approach to their role.

6.3.5.3 Information sharing

Effective IPW is underpinned by good communication (Sargeant, Loney and Murphy, 2008; Bridges and Tomkowiak, 2010) and professionals in this study were aware of its centrality to collaborative working. All professionals felt information sharing could be improved and placed the responsibility for poor communication and difficult intergroup relationships on the behaviour of the other professions (see Chapter 5, Section 5.10). Very few professionals self-reflected on their own role in these interactions and how these might have contributed to difficulties within the network. There was a sense that professionals were unable to conceptualise communication and information sharing as a collective activity.

The literature notes that communication between professionals needs to be a reciprocal activity with both sides respecting, listening to, and taking account of the perspective of the other professional (Fitzgerald and Kay, 2008; Widmark *et al.*, 2015). Perceptions of relational power were evident in information sharing between the professions and where there were difficulties this was interpreted as a lack of respect between professionals and a reflection of how each profession viewed their position within the professional hierarchy. Early years professionals appeared to find it easier to share information than the other professional groups and this could be as they did not feel in competition with the other professionals (Bartunek, 2011).

Professionals used their power to control what information they shared and at times health visitors and police officers hid behind information sharing protocols to restrict what they shared (See Chapter 5. Section 5.10). While the other professions did not feel social workers deliberately withheld information they suggested that their workloads and general lack of competence impacted on the efficacy of information sharing. There was also some resentment as to the power they held over accepting referrals from the other professions.

The literature draws attention to how professionals use information noting the importance of making sense of it through discussion and to inform decision making (Bleakley, 2013; Widmark *et al.*, 2015). Most of the opportunities for direct discussion between professionals occurred in meetings. Where professionals did engage in a dialogue it appeared there was a low level of disagreement on the course of action to support a child. This was explained as being due to the fact that it was usually clear as to what decisions needed to be made. On closer analysis it appeared that professionals were quite fearful of discord and were reluctant to engage in detailed discussions about the nature of the case. Despite being quite critical of each other they were keen to maintain a group equilibrium and judged the effectiveness of TAC meetings by the ease in which agreement could be reached. In consequence, the quality of discussion appeared to be compromised by an unwillingness of professionals to knotwork (Bleakley, 2013) and to think outside of the professional box to develop an interprofessional approach (Daniels *et al.*, 2010). At times, it appeared professionals adopted a position of reluctant compliance and seemed resigned to accepting the views of the

stronger partners in the network, namely social workers and police officers. Reviews of safeguarding practices continue to raise concern about the level of discussion between professionals (Laming, 2003, 2009; Munro, 2011; Sidebotham *et al.*, 2016) and this weakness was also evident in this study.

6.3.5.4 Decision making

The differing levels of autonomy of professionals within their organisations were evident in their decision-making. This created tensions between police officers and social workers (see Chapter 5, Sections 5.6.6 and 5.6.9) and RGCT would attribute this to the failure of organisations to address structural differences in decision making. The lack of an agreed shared protocol implemented by a third party with authority over both groups (Billig, 1976) appeared to put the responsibility on the individual professional to negotiate how to complete the task. These different decision-making structures also raised questions as to the level of confidence health and social care organisations have in their professionals and their status within the interprofessional group.

Police officers gave low ratings to the ability of social workers to make decisions (see Table 4.14.) and attributed this to their overall incompetence rather than different organisational processes. It caused them immense frustration when they were engaged in joint working as it delayed outcomes and put the onus on them to take control of the situation. While in the short-term police officers managed issues through the use of dominative power in the longer-term this generated power struggles between the professions due to their differing interpretations as to how best to support the child. These

interpretations were guided by the different roles of each profession and their perception of how to manage risk (see Chapter 5, Section 5.8.3).

At times dominative power gave way to transformative power, for example, when police officers agreed to take a PPO to support the social worker's role despite feeling that social care should initiate legal action (see Chapter 5, Section 5.8.3). The other professions also gave examples where they had stepped outside of their professional remit to support another profession. For example, social workers undertaking screening visits for police colleagues (see Chapter 5, Section 5.6.9) or health visitors offering to represent their early years colleagues at meetings (see Chapter 5, Section 5.7.2). This illustrated that although the priorities and power of the professions may be unequal the goals to protect the child could be compatible (Pratto, 2016).

6.3.5.5 Working together in TAC meetings

Alongside day-to-day liaison and joint working between individual professionals the TAC model relies heavily on meetings to share information, plan and review how to work together to meet the needs of the child (Healey, 2012). While the TAC model has received a lot of support in the literature (Morrison and Glenny, 2013) less attention has been paid to how professionals' experience these meetings. In this study, it appeared that TAC meetings have become so routine that their efficacy is rarely questioned. Professionals did not appear to understand the significance of these meetings in terms of how they made sense of and used the information they shared.

The questionnaire gave a snapshot of the TAC meetings professionals attended (See Table 4.16) and this contradicts the perception by social workers that health visitors were reluctant to get involved once the child's needs reached a level of statutory intervention. Both contact theory and RGCT recognise that perceptions do not have to be based on reality to have an impact on how different groups view each other. It is argued that where perceptions are not based on reality they are likely to generate more hostility between groups due to the perceived unfairness of these views. This appeared to be the case between health visitors and social workers in this study who both complained they were misunderstood by the other profession. This in turn bolsters prejudice and stereotypical attitudes which then become more difficult to shift even when there is evidence to the contrary (Brown and Hewstone, 2005; Pettigrew and Tropp, 2011).

Professionals all reported that they felt comfortable participating and giving their views in meetings (See Graph 4.19) This was reflected in their strong self-ratings of their ability to be a team player (See Table 4.18). While the professionals in this study gave positive examples of TAC meetings they expressed a high level of frustration about the organisation, purpose, level of debate and decision making in meetings. The TAC meetings described in this study appeared to mainly reflect a network approach where discussion focused on risk management and reducing it to terms that professionals could agree on.

Professionals distinguished between statutory meetings chaired by an independent chair and other TAC meetings chaired by the lead professional.

Attendance at CP meetings conveyed more status and the formality of these meetings appeared to temper attitudes towards other professionals. There was evidence that the presence of an independent chair could lead to professionals forming more supportive alliances to counter what could be perceived as a threat to their collaborative group approach (see Chapter 5, Section 5.11.1). More generally the chairperson was seen as using affiliative power to mediate between professionals to facilitate discussion and establish joint goals by ensuring that each professional was given the respect and time to express their views. In contrast TAC meetings chaired by the lead professional appeared more problematic (see Section 6.5.3.2) and the less formal setting allowed differing professional attitudes to surface. This was possibly due to the lack of authority held by the lead professional (Hudson, 2005) and the pretence that prevailed that professionals were coming together on an equal footing (Lupton, North and Parves, 2001).

The literature continues to advocate that professionals take part in these meetings on an equal basis (Bridges and Tomkowiak, 2010) and there appears to be a reluctance to acknowledge the differences in status and the power imbalance between professionals within IPW (Hart, 2011). In this study power imbalances underpinned many of these meetings and there was evidence that differences of opinion were pre-managed by social workers to avoid conflict. This use of dominative power by social workers possibly reflected that police officers usually only attended strategy and CP meetings, and the latter task was frequently delegated to dedicated conference officers. Professionals attended these meetings with a clear sense of their position in the hierarchy.

While it is suggested that professional confidence is allied to professional status (Hudson, 2002; Fitzgerald and Kay, 2008) the professionals' contribution to the meeting was influenced less by their status within the interprofessional group and more by their confidence in their own professional identity. The literature also notes that it is the sense of professional identity that is key to professionals presenting their own profession with confidence and holding their place within the interprofessional team (Howell, 2009). This creates a strong argument for professionals to maintain their own identity within the group as it appears to help them manage their interactions with more powerful professionals.

6.4 The 'essence' of being a professional working with other professionals

The research sought to get to the 'essence' of the experience of being a professional within an interprofessional context to develop more understanding about the role professional identity plays in IPW. The core of the 'essence' was the professionals' sense of self-worth as a professional within their profession. This was determined by how they constructed and interpreted their subjective world (Crotty, 1996).

An IPA analysis supported by a critical realist approach added a further level of interpretation to the professionals' perceptions of their professional identity and experiences of working together (Christ, 2013). The research findings are contingent on an understanding of this 'essence'. Professionals defined their professional identity in terms of the attributes of their profession in comparison to the other professions (Bourdieu, 1991; Turner, 1999) but

found it difficult to articulate the centrality of 'self-worth'. In line with the literature they identified the distinctiveness of their profession in terms of attributes, training and values, their status and position within professional hierarchies, and the salience of the outgroup (Webb, 2015). The concept of 'self-worth' emerged through an interpretation of the role professional confidence played in professional identity and IPW. It underpinned every aspect of professional identity. It could be that professionals were reluctant to acknowledge the significance of self-worth and confidence as they are emotional and relational constructs. The role of emotions has also been underplayed in the literature (Driscoll, 2009; Munro, 2010). In this study their reticence to talk about feelings was interpreted as professionals perceiving a display of emotions as a weakness and not being 'professional'. However, it appeared that feeling valued propelled a level of confidence that enabled professionals to hold their own in the interprofessional arena.

6.5 The contribution of the findings to existing knowledge about professional identity and IPW

The findings built on what is already known about the role of professional identity in IPW and added new knowledge. There have been few studies that have explored the perceptions of professional identity and IPW among professional groups working on the frontline of children's services. Much of the research focuses on students and professionals in health care settings and this study is possibly unique with its focus on recently qualified practitioners in early years, health visiting, the police and social work.

In terms of existing knowledge, the findings reinforced the concept of professional identity and its impact on intergroup interactions. It highlighted what is already known about facilitators and inhibitors of IPW, the most notable of these being around communication and information sharing, trust and respect for the other professions, relational power and the level of commitment to collaborative working. The findings also provided further insight into the contribution contact theory and RGCT can make to understanding the role of professionals in IPW.

The new knowledge generated reflected the increased complexity of team working in IPW (Bleakley, 2013; Hood, 2014). In summary, this covered the salience of professional identity in resisting an interprofessional persona, the role of professional relationships in IPW, the limitations of the TAC model and the resistance to IPE. The next section will consider the implications of this new knowledge and make some recommendations for future practice. It will then consider how the findings could be supported by the development of an RGCT model for IPW.

6.5.1 The salience of professional identity in resisting an interprofessional persona

Professionals attached great importance to their professional identity and this acted as a driver in their enactment of their role and interactions with other professionals. IPW was regarded as a separate task where they contributed their professional expertise as opposed to merging goals and skills to achieve an interprofessional approach. This could be viewed as a lack of understanding of the concept of interprofessionalism but it could also reflect

that professionals understood the concept too well and were not prepared to concede some of their professional autonomy, status, expertise and feelings of self-worth to a less well defined interprofessional persona. There was no evidence in this study that professionals were prepared to shift their sense of professional identity to accommodate an interprofessional perspective.

It could be argued that if professionals can achieve the desired outcomes for the child from a profession-specific approach then there is no need for professionals to move to an interprofessional identity. In this study professionals appeared to have adopted an IPW model where they worked alongside each other and reported that generally they worked well together. What appeared to be lacking was a sense of interprofessional responsibility. This impacted on sharing information and decision-making and created an undercurrent of hostility and blame.

Given the resistance to developing an interprofessional identity it is suggested that the professions should adopt an interprofessional characteristic as part of their identity. This would put the concept firmly on the agenda and encourage professionals to think about their role in relation to working with other professions. This could be supported at a theoretical level with policy makers, organisations and professionals having more awareness of the theory that underpins social identity, group dynamics and intergroup activity. If there was more understanding of how these factors impact on the day-to-day practice it may encourage professional to step outside professional boundaries to develop a shared approach.

6.5.2 The role of professional relationships in IPW

The findings highlighted that professionals did not view IPW as a joint enterprise and questioned whether it was necessary to develop professional relationships to work effectively together. This reflected a style of working that emerged in the findings where contact between professionals was often transitory, impersonal and perfunctory. The lack of motivation to forge professional relationships appeared to link to the need to maintain professional identity. It was surprising given the importance professionals attached to interpersonal skills and repeated evidence that good communication and trust between professionals requires strong professional relationships (Fitzgerald and Kay, 2008; Sidebotham *et al.*, 2016).

Trust between professionals underpins effective joint working and this can only be achieved by professionals having meaningful contact and developing working relationships. It is, therefore, essential that a mindset that dismisses the importance of professional relationships is changed. A restructuring of services into smaller areas and/or multi-agency teams would facilitate more frequent contact between the same professionals and enable them to get to know each other. However, as noted in the literature, contact on its own will not be enough to change attitudes (Carpenter and Dickenson, 2016) and this needs to be supported by a range of variables such as organisational support, a shared agenda and a commitment from professionals to improve their intergroup relationships.

6.5.3 Limitations of TAC model

While there is some critique of the TAC model in the literature (Horwath and Morrison, 2011) there appears to be an acceptance that it is the best way to achieve IPW with children. As discussed (see Section 6.3.1 and 6.3.5.2), shortcomings in TAC have been identified in terms of leadership, organisational support and the reluctance of professionals to collate information and engage in debate. TACs were seen more as a framework for sharing information and passing the responsibility to the other professionals rather than forums to explore how best to pool resources to meet the child's needs. The consequence of this approach was that the model does not always achieve the best outcome for the child and often leaves professionals feeling dissatisfied with IPW.

The current TAC framework could be strengthened in several ways. A key issue that needs to be addressed is the confusion around the leadership role and the lack of interprofessional accountability of professionals within TAC (see 6.3.5.2). This could potentially be addressed by appointing an independent person to manage all statutory TACs. A model similar to the French system of 'juge des enfants' (Martin-Blachais, 2013) where a judge is given the authority to oversee the direction of the case could clarify issues of power and authority between professionals.

If it is not possible to appoint an independent person, the lead professional needs to be given designated powers to legitimise their role by giving them the authority to direct and manage the other professionals in the team. This would acknowledge that this lead role is more than simply a co-ordinator and

clarify the lines of accountability and expectations of the professionals in the TAC. A clearer structure would make it easier for professionals to negotiate their position within the TAC and provide a safer environment to express and debate their views. It is also suggested that organisations need to provide more administrative support to TACs as the current practice of placing the onus on one person to chair, minute, engage in discussion and support the family seems unrealistic given the complexities of the issues facing TAC and the relational power between professionals.

TACs are a model used across the welfare continuum but the findings in this study focused on statutory TACs. Many of these were virtual teams coming together on an ad hoc basis. However, there may be the potential for the establishment of more actual teams to consolidate IPW around specific issues and facilitate more enduring contact between professionals. The development of a post qualification award in IPW incorporating knowledge and expertise from all four professions could lead to the development of a specialist interprofessional discipline to provide a more holistic and effective approach to IPW.

6.5.4 The role of contact and IPE

The literature on IPE draws heavily on the role of contact in developing positive relationships between professionals and connects this to perceptions of professional identity (see Chapter 2, Section 2.5). Despite uncertainty about the link between contact through IPE and improved interprofessional relationships there is a widely held belief that developing contact will improve communication and relationships between professionals (Carpenter and

Dickinson, 2016). In this study professionals and their organisations were quite dismissive of the potential benefits of IPE and this fitted with their disinterest in establishing relationships with other professionals. However, they did acknowledge that the most effective learning was through the practical experience of working with other professionals.

IPW relies heavily on the interpersonal relationships between the different professional groups so it is hard to accept that learning together is of limited value. The importance of IPE needs to be acknowledged with both organisations and professionals being prepared to invest time and resources in joint training that can improve knowledge about the other professions, the role of theory in IPW and the role of contact and relationship building in effective communication and collaboration (Lees, Meyer and Rafferty, 2013). Given the resistance the professionals displayed to traditional IPE it is suggested that more innovative methods to facilitate contact and learning need to be considered such as secondments to other professions, action learning sets and the appointment of consultants to train and advise specific TACs. A particular focus could be on how professionals manage their role in meetings drawing on both live and simulated activities, online resources and expert advice to develop an interprofessional confidence within these settings. This would then be reflected in the ability of professionals to express and debate their views as part of a collaborative group working to support better outcomes for children.

6.5.5. The development of an RGCT model for IPW

The literature review considered the role of RGCT in IPW (see Chapter 2, Section 2.5.3) and the discussion of the findings in this chapter has utilised this theory to support an understanding of the professionals' experiences of working together. RGCT would argue that the first step to managing conflict between groups is to acknowledge its existence with a recognition that its origins lie in perceptions of identity and a need to protect this in relation to other groups (Jenkins, 2004). It seeks to understand and manage the causes of intergroup discord by taking the responsibility away from the individual professional (Jackson, 1993). This is particularly beneficial for professionals working in IPW where there is a pervading culture of blame as it takes the onus off them as individuals and places it firmly with organisational structures and systems.

A central tenet of RGCT is that to reduce conflict groups must establish superordinate goals that are sufficiently compelling that they can override profession-specific objectives (Thomson *et al.*, 2015). In this study the complexities of IPW suggest that an RGCT model which relies heavily on superordinate goals may not be realistic given the unique nature of each child care case, the different organisational structures and profession-specific objectives. RGCT pays little attention as to where the responsibility for making superordinate goals lies (Billig, 1976). While the government would argue that these goals have already been made and implemented through policy (*Working Together to Safeguard Children, 2015*) goal setting at practice level is more complicated. It needs to take account of the fact that different professional groups are likely to interpret superordinate goals in

different ways to meet their own agenda. The study findings demonstrated that a general goal to promote the welfare of the child was insufficiently explicit and detailed to reduce conflict between professionals.

This suggests that in day-to-day practice an RGCT model for IPW would be better focused on managing difference and the conflicts that may arise. The focus needs to shift from establishing superordinate goals to managing the power differentials and conflicts of interest between professionals. This would involve a closer look at the different objectives of each professional group to establish how these can be achieved alongside each other. This would put less emphasis on developing an interprofessional approach and more on the independent contribution of each profession. This effectively would change the structure of IPW and as with suggested changes to the TAC would benefit from the appointment of an independent professional to oversee the process. The focus of RGCT would be on the establishment of a collaborative process which recognises that different professional agendas need to be managed and negotiated.

RGCT largely rejects the personal element of professional identity in IPW yet the evidence from this study suggests that the theory needs to give more attention to the attitudes and feelings of the different professionals. Findings in the literature review pointed to the importance of emotions of both the individual and the group in the caring professions (Lees, Meyer and Rafferty, 2013). Where a professional feels their identity is threatened then emotions will be running high. An RGCT model needs to take this into account and

may need to draw on aspects of contact theory to promote more positive relationships between professionals.

As stated RGCT looks to the profession and employing organisations to take responsibility for managing conflict between professionals. It was evident in this study that issues such as high workloads and feelings of being unsupported by the organisation contributed to the stress of professionals. This suggests that RGCT could have a role to play in making organisations aware of the impact of the work environment on the professionals' feeling of self-worth and ability to work with other professionals.

6.6 Conclusion

The final chapter will consider the strengths and limitations of the study including the impact of the researcher on the findings before going on to summarise the key messages from the research and identify areas for further research.

Chapter 7: Conclusions and Recommendations

7.1 Introduction

This chapter concludes the thesis by returning to the study aims and objectives. It will reflect on the strengths and limitations of the study before going on to summarise the key messages from the research and identify areas for further research.

7.2 The aims of the study

Four professional groups (early years professionals, health visitors, police officers and social workers) based mainly in London and the South East of England participated in the study which explored:

1. How participants view their own professional identity and that of their peers.
2. How participants view the professional identity of the other three professions.
3. How participants experience working together.

The purpose of the research was to develop a deeper understanding about the role professional identity plays in IPW to support more effective collaboration between the four professions. The study adopted a mixed-methods approach using a questionnaire and semi-structured interview to build a picture of professionals' views and feelings around their collaboration in teams around the child (TAC). The questionnaire findings provided measurable data on professionals' perceptions of professional characteristics, identity and ability to work in teams and enabled comparisons to be made between the professional groups. The interviews

gave professionals the opportunity to express their views and experiences in more detail and these were analysed using an interpretative phenomenological framework. The two methods complemented each other and the findings were presented separately in chapter four and five before being discussed together in chapter six.

7.4 The contribution of the thesis to IPW with children

The study took place within a broad policy context which delivers collaborative services through the TAC model. The thesis places the professionals' 'dasein' or lived experience at the heart of the analysis of IPW. By uncovering the essence of the professionals' core feeling about their identity it illustrates the importance of self-worth not only to the individual but also its contribution to effective collaborative working. It draws attention to the importance of the emotions, perceptions and attitudes that impact on how professionals work together.

Chapter two reviewed the empirical literature on what is known about professions and IPW in children's services with a focus on the development of professional identity and intergroup behaviour utilising contact theory and realistic group conflict theory (RGCT). The literature revealed that there has been little exploration of how professionals in front line children's services perceive their own identity and their intergroup relationships and how these views impact on working together. The research study sought to address this gap. Chapter three contributed to the debate on the research paradigms advocating that a pragmatic mixed-methods approach would capture factual data of professionals' views through a questionnaire and subjective data as

to why professionals held these views and how they experienced their role through semi-structured interviews.

Chapter four presented the findings from the questionnaire which showed that the four professional groups do not all share the same level of confidence in their professional abilities, have different perceptions about each other's level of competence and do not come together with equal status. Despite this they felt confident in their skills to communicate and hold their own when working in TAC. The findings in chapter five provided more insight into the attitudes and experiences of professionals highlighting that they saw IPW as hierarchical activity with a marked division of professional responsibilities. Professionals did not view IPW as a joint enterprise and questioned whether it was necessary to develop professional relationships to work effectively together. Despite professionals stating they generally worked well together they were critical of each other's practice and level of competence. There was evidence of tensions between them and where intergroup difficulties arose each professional group placed the blame with the other professions.

Chapter six went on to discuss the findings from the two previous chapters making links to the literature and identifying the implications and contribution of the study findings to what is already known about IPW with children. It also made some recommendations for future practice.

7.3 The strengths and limitations of the study

The study had both strengths and limitations and at times aspects of the design could be seen as both a strength and a limitation. The cross-sectional

mixed-methods design enabled data to be collected over a wide geographical area (See Chapter 3, Section 3.7) and the emergence of common issues that were relevant to IPW added credibility to the findings. However, these could not be generalised to TACs beyond this study due to the diversity of roles and settings of the four professional groups. This made it difficult to contextualise the study and on reflection more attention could have been paid to the impact of the different organisations/agencies on the individual professional.

The advantage of a mixed-method design was that it provided a more comprehensive picture of professionals' views and how those impacted on IPW although both data sets had some weaknesses. Recruitment difficulties and the different career path of police officers meant it was not possible to match the four groups as closely as anticipated in terms of their years of work experience. Participants self-selected themselves into the study suggesting that they had an opinion they wanted to express about IPW which may have introduced an element of bias to the findings. Many studies cited in the literature suggest caution in research that relies solely on the self-reporting of participants (Adams *et al.*, 2006; Pollard and Miers, 2006). The Likert scales in this study showed that police officers and social workers tended to give their profession slightly lower score ratings than early years professionals and health visitors (see Graph 4.9). While this suggested that these two professions were less confident in their professional identity than the other two professions it could also reflect that each professional group may have a different perception of the value of the score ratings. A further limitation of the Likert scales was that all the questions in each scale

received the same weighting whereas some characteristics might be seen as more important than others. However, the characteristics interlink to provide a general overview of how professionals position themselves within the interprofessional arena.

The semi-structured interviews enabled participants to talk about the issues that were important to them but the fact that the researcher was a social worker added another dynamic to the interview. The role of the researcher and reflexivity was discussed in Chapter 3, Section 3.9.12 and 3.10. It was difficult to gauge the impact of the researcher's profession on participants. In establishing a rapport with interviewees there was a sense that participants had difficulty seeing me as a researcher rather than a fellow professional. Although I tried to separate out my social work identity this relied on participants to do the same and it was difficult not to get drawn into case discussions (see Chapter 5, Section 5.11.5). Less attention was paid to my identity as a university lecturer and educator although this could have influenced the views participants expressed about IPE (See Chapter 5, Section 5.5.4 and 5.9). At times participants expressed contradictory views or back tracked on some of their more negative views of the other professions. (See Chapter 5, Section 5.6.4, 5.6.9 and 5.8). It is possible that professional etiquette and organisational allegiances also created some reluctance amongst professionals to acknowledge and address issues between them.

An interpretative phenomenological approach to the interviews had both advantages and disadvantages. IPA is very reliant on the way participants

present their views, how they make sense of their world, the choice of language they use to describe their views and the extent to which they can combine a descriptive account with an interpretative stance about their perceptions (Willig, 2008). As noted above this will be influenced by the participants interaction with the researcher and the rapport that develops. I was conscious in some interviews where participants were quite brief in their responses that my prompts to encourage a more in-depth reply were influenced by my own knowledge and experience of working with other professionals. While attention was paid to separating out personal and pre-conceived ideas to take an objective approach (Priest, 2003) there was an awareness that no research can be value free (Bergman, 2008). IPA with its emphasis on interpretation and reinterpretation by returning to the data supported an ongoing evaluation of my role as a researcher and the need to maintain a distance from the social work perspective (Berger, 2013). An independent researcher also reviewed a sample of the data across the four professions providing a further check for reliability and bias in the findings.

The double hermeneutic approach provided more depth to the views of the professional than a straight forward thematic analysis. However, it was very time consuming (see Chapter 3, Section 3.9.12) and delayed the completion of the study. The research wanted to address current issues in collaborative working and there was concern that its relevance might diminish over time. However, the key messages of the research are enduring and to date do not appear to have been affected by changes in policy, organisations or frontline practices. On reflection the sample size was far too ambitious for a PhD project completed by a sole researcher and if I was undertaking the project

again I would have limited the number of interviews to around five per profession. I would also focus on just three professions, namely health visitors, police officers and social workers as it appeared that early years professionals were not as actively involved in statutory TACs as had been anticipated.

A limitation of the literature on IPW is that it focuses mainly on professionals working in health settings. It also pays a lot of attention to the role of contact in IPE rather than exploring how professionals feel about working together and why this is not always as effective as it could be. The strength of this research is that it considers how another significant group of professions namely, those on the front line of children's services perceive their own identity and their intergroup relationships.

7.5 Key messages from the research study

Four key messages arose from the research. Firstly, the salience of professional identity to the individual professional and their resistance to developing an interprofessional persona. Secondly, for many professionals an impersonal style of working had developed where little value was placed on developing professional relationships with other professionals or engaging in IPE. Thirdly, the current TAC framework appeared to have some limitations with tensions arising between professionals in terms of their level of engagement, accountability and interprofessional responsibility. Fourthly, although professionals stated they generally worked well together there was a reluctance to acknowledge conflict between them and a narrative of blame underpinned collaborative working.

Chapter 6, Section 6.5 has discussed the contribution of these findings to existing knowledge about professional identity and IPW. It also considered their implications and made recommendations to address them including the development of an RGCT model of working. The recommendations centred on the need for a greater understanding of the theoretical concepts that underpin day-to-day practice. This would provide a base from which the TAC model could be reviewed, professionals could re-appraise their views about professional relationships and IPW, and organisations could provide a more supportive working environment.

7.6 Areas for further research

The research findings reinforced that there is a gap between the rhetoric of policy and the reality of interprofessional practice (Munro, 2011; Parton 2016), (See Chapter 1, Section 1.4 and Chapter 2, Section 2.4.1). The challenge is how to make a stronger connection between strategic planning with frontline practice that can then be translated into more effective collaboration. This requires more awareness of policy makers and organisations of the impact of professional identity, intergroup theory and a supportive environment on collaborative working.

The finding in this study that most professionals showed little interest in developing professional relationships with other professionals was unexpected. The study also showed that professionals were reluctant to work interprofessionally. However, these findings may not be replicated in other studies and further research exploring the views of professionals who work in TAC would enable a clearer picture to develop of IPW in children's services.

A consideration of the findings and their implications (see Chapter 6, Section 6.5) raises a general question as to what the term IPW means in practice.

For professionals in this study it was seen as contributing profession specific expertise and working alongside other professionals whereas the literature advocates a more seamless approach where expertise and boundaries become blurred. The extent to which the model of IPW or the professionals within it determine the efficacy of the approach merits further exploration.

Given the power differentials and ingrained stereotypical attitudes between the professionals in this study (see Chapter 6, Section 6.2.5 and 6.3) moves towards an interprofessional identity are likely to be resisted. More thought needs to be given to whether this is necessary to improve collaborative working or whether its effectiveness could be developed by reinforcing the specific contributions of the different professions. Research studies that could explore this and take into account variables such as professional identity, the role of contact, conflict theory, organisational cultures and policy directives would help clarify whether there needs to be a shift away from the traditional concept of IPW.

Professionals in this study all suggested that the most valuable training/learning occurred through practical experience and future research on how professionals work together would complement studies such as this one which has explored their perceptions of these experiences. During the interviews few professionals mentioned the effect of collaborative working on the children and families. The level of cooperation between professionals appeared to be linked to how far they shared the same objectives and how

they interpreted the best way to meet them. Professionals gave little attention to the impact of their relationships on the children and families they were trying to help yet it was clear that the different professional objectives of each profession could negatively impact on the child (See Chapter 5, Section 5.6.9 and 5.8.3). This is an area that would merit further research and could be used to understand how perceptions of identity and IPW can directly affect service users.

7.7 Concluding comments

The findings of this study have explored how professionals feel about their own identity, the identity of the other three professions and the experience of working together within the TAC framework. It has challenged the basic assumption of IPW that if professionals are required to work together they will develop an interprofessional persona. It has highlighted the significance of professional identity and the need for a greater understanding of how this impacts on intergroup relationships. It has also captured what it feels like to be an early years professional, health visitor, police officer or social worker on the frontline of children's services and provides real insight into the professionals' perceived experiences.

The study reflects the complexities of working within the TAC framework, the frustrations and tensions between professionals, and feelings of satisfaction when collaboration has been effective. Alongside a positive outcome for the child what mattered to the professionals was whether they felt valued and were treated with respect by the other professions, their organisations and society. The 'essence' of their professional identity was a feeling of self-worth

and this was central to their professional role and how they worked within the interprofessional arena.

The findings have contributed to a greater understanding of how professionals experience their role in the interprofessional arena and this understanding can be used to support the development of more effective collaboration. As with any research it opens up further research areas and of particular interest to myself as a social worker was the relationship between police officers and social workers. These professionals outlined both good and less good experiences of working together and I would like to explore these further with a view to establishing a greater understanding between these two professions as to how best to meet the needs of the child.

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APPENDIX 1:UK Legislation and Policy affecting young children 1989-2016

UK LEGISLATION AND POLICY AFFECTING YOUNG CHILDREN 1989-2016

YEAR	UK Policy and Legislation	Key Focus
1989	The Children Act, 1989	The welfare of the child is paramount and the rights of the child to be protected from abuse and exploitation are underpinned in this legislation. A key principle is that children are best looked after in their families and that social workers should work in partnership with parents/ carers to achieve this. Agencies have a duty to communicate, share information and collaborate together.
1991	Working Together under the Children Act 1989: a guide to interagency co-operation for the Protection of Children, (DH, 1991)	Provided statutory guidance on how different professionals should work together to safeguard children.
1999	The Protection of Children Act, 1999	Established a list of people who were considered unsuitable to work with children. Following the Bichard inquiry (2004) the Independent Safeguarding Authority was set up to manage a new vetting and barring scheme for adults working with children.
	Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, (DfES, 1999)	Updated 1991 guidance to improve interprofessional collaboration.
	Introduction of Sure Start programmes	Brought together early education, childcare, health and family support for young children in disadvantaged areas.
2000	National occupational standards introduced generally for business, industry and public sector.	For those working with children the aim was to drive up standards and competence of workforce.

	Framework for Assessment of child in need and their families, (DH, 2000)	Statutory guidance providing professionals with a systematic framework to identify a child's needs in three domains – child's developmental needs, parenting capacity, family and environmental factors.
	<i>The NHS Plan</i> , (DH, 2000)	Required health and local authorities to work together to improve health of the nation including services for children.
	The Children (Leaving Care) Act, 2000	Amends provisions under Children Act 1989 for children leaving care from aged 16 -21 to ensure that they don't leave care until they are ready and receive more effective support once they have left.
2002	The Education Act, 2002	Extended Schools to provide childcare, parenting support and other services.
	The Adoption and Children Act, 2002	To improve adoption processes both nationally and inter- country and to promote greater use of adoption.
	Inter-departmental Child care review. <i>Birth - three matters framework</i>	To support the growth of child care places particularly for preschool children in deprived areas with the establishment of children's centres to provide core services for young children that include good quality childcare, early years education, health services, family support, parental outreach and a base for childminders.
	Practice Guidance for Professionals working with disabled children (birth – two) and families, (DfE,2002)	Early support established for children with disabilities
	Safeguarding children, (DH, 2002)	Joint area review on local arrangements to safeguard children throughout England reported similar findings and recommendations to Lord Laming's Review the following year.
2003	Keeping Children Safe. The Government's Response to the Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report Safeguarding Children (DfES 2003).	Response to Lord Laming's 108 recommendations in the Victoria Climbié Inquiry (2003) to improve working practices of key agencies by addressing standards of professional practice, implementing better structures of accountability, managerial support and the sharing of information within and between agencies.
	Green Paper Every Child Matters (ECM),(2003)	Alongside the response to Lord Laming developed existing plans such as Sure start, Children's centres and the Common Assessment Framework. The focus was on preventive early intervention services through an interprofessional approach to improve the life chances of all children and targeting those needing extra support.

2004	The Children Act, 2004	Does not replace Children's Act 1989 but strengthens it by integrating services for children under the ECM agenda. Duty on local authorities and partners to co-operate to promote the wellbeing of children and young people.
	Every Child Matters: Change for Children, (DfES, 2004)	Implementation of policies to meet 5 outcomes of all children –being health, staying safe, enjoying and achieving, making a positive contribution and achieve economic wellbeing.
	National Services Framework for children, young people and maternity services, (DH, 2004)	Shift to services being designed and delivered around the needs of the child. The aim is to improve the health of children and reduce inequalities through early intervention Introduces Child Health Promotion Programme.
2005	Treasury Report. Support for Parents: The best start for Children, (2005)	Reviews government commitment to improve life chances of children by supporting parental responsibility through progressive universalism (support for all, with more support for those who need it most) and preventative services. Reaffirms policies on sure start, early education, children's centre, extended schools and the implementation of CAF.
2006	The Child Care Act, 2006	Establishes a framework for integrated education and care regulated through Ofsted. The improvement of the quality of staff links to the establishment of Early Years professional status.
	The Children and Adoption Act, 2006	Makes provisions and strengthens legislation regarding contact with children, family assistance orders, risk assessments and adoption orders.
	Children's Trusts and The Children and Young Peoples Plan, (DfES, 2006)	Brings together social care, health, police, education and other local services to provide and integrated services.
	Working Together to Safeguard Children: A guide to Inter-agency working to safeguard and promote the welfare of children, (DfES, 2006)	Updating of policy to strengthen procedures for agencies working together.
2007	Creation of Department for Children, Schools and Families (DCFS)	Takes lead government responsibility for children and families and continues with policy initiatives based on integration, prevention and positive outcomes for children.
2008	Children's Plan: Building Brighter futures. Next steps for the Children's workforce, (DCSF, 2008)	Places early years' foundation stage within statutory framework. Promotes strategies to meet ECM outcomes, the inclusion of child protection plans within Integrated children's system (ICS), the extension of health services under the child health promotion programme. The emphasis remains on integrated preventative services.

	The Children and Young Persons Act, 2008	Extends statutory framework for children in local authority care to improve the stability of placements, educational experience and attainment of those in or about to leave care.
	Lord Laming asked to conduct a second review of child protection in England and Social Work Task Force (SWTF) set up to review the profession	Response by the government in the light of the public outrage to the death of baby P. The reviews are to advise on child protection services and the reform for social work.
2009	The Apprenticeships, Skills, Children and Learning Bill (2009).	Strengthened Children's trusts and centres by placing them on a statutory footing. Promoted early education for two year olds. New requirement for annual publication of Child Protection statistics.
	The Government response to Lord Laming: One year on, (DCSF, 2009)	The government initially accepted all 58 of Lord Laming's recommendations in ' <i>The protection of children in England: A progress report (2009)</i> '. Along with the SWTF final report 2009 <i>Building a safe confident future</i> recommendations designed to address the standard of qualification, accountability, regulation and supervision of the workforce and the ability of professionals to work together.
	Association of Chief Police Officers and National Police Improvement Agency, <i>Guidance of Investigating child abuse and safeguarding children</i> , (2009).	Reflects the commitment of the police service to safeguard children and their duty to work with other professionals to achieve this.
2010	Working Together to Safeguard Children: A guide to Inter-agency working to safeguard and promote the welfare of children (DCSF, 2010)	Updates the guidance taking into account Lord Laming's recommendations (2009) and providing more detailed guidance on how agencies should work together.
	Social Work Reform Board set up	Tasked with implementing the recommendations of the SWTF and improving the quality of social workers through an overhaul of training and professional development.
	Change in departmental name for children's services	The new coalition government renamed the Department of Children, Schools and Families as the Department of Education but the remit was to remain broadly the same.
2011	Munro review of Child Protection procedures (2011)	Requested by the new coalition government due to concerns that the Child Protection system was too bureaucratic and prescriptive. Recommendations focused on restructuring the system to value professional expertise and to clarify accountabilities and responsibilities with other professionals for the provision of early intervention and child protection services. Improved training recommended for social workers to develop expertise and organisational support to

		promote effective social work practice. Munro advocates a shift from a compliance to a learning culture to support better outcomes for children.
	Troubled Families Programme	3 year programme providing intensive support to 'turn around' most disadvantaged families identified by there being no adult in the family working, children not being in school and family members being involved in crime and anti-social behaviour. Phase 2: 2015 – 2020 to include children under 5 and families experiencing debt, drug & alcohol addiction, domestic violence and mental and physical health problems. Department for Communities and Local Government funding provided as an incentive for the police, health, education and social services to work more closely together.
2014	The Children and Families Act, 2014	To provide more support for vulnerable children in relation to adoption and fostering, family court proceedings, children with special education needs and disabilities, and child care for working parents. For those with special needs a new single assessment process will be introduced with the Education, Health and Care plan (ECA) which will require professionals to collaborate together.
2015	Working together to safeguard children. A guide to inter-agency working to promote safeguard and promote the welfare of children (DfE.2015).	Policy guidance on working together updated to reflect reflect the changes in social policy towards children, to widen the scope of and clarify newer areas of risk to children such as child sexual exploitation, female genital mutilation and radicalisation. Aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children.
2016	The Childcare Act, 2016	To make provision for free early education/ childcare of 30 hours a week for 38 weeks a year for children under compulsory school age of working parents.

APPENDIX 2: Studies investigating interprofessional perceptions of students

STUDIES INVESTIGATING INTERPROFESSIONAL (IP) PERCEPTIONS OF PRE-REGISTRATION AND POST

REGISTRATION STUDENTS DRAWING ON CONTACT THEORY THROUGH INTERPROFESSIONAL LEARNING (IPL)

<i>PRE-REGISTRATION STUDIES</i>					
Study	Hind <i>et al.</i> (2003)	Tunstall-Pedoe (2003)	Mandy, Milton and Mandy (2004)	Lindqvist <i>et al.</i> (2005)	Jacobsen and Lindqvist (2009) (Danish study)
Focus	To understand health students' attitudes towards their own and other professional groups on entry to pre-registration courses.	Students' attitudes to pre-registration IPE and the extent to which IPL might improve mutual understanding and respect of different professionals.	To investigate changes in pre-registration physio and podiatry students' stereotypes of each other before and after a semester of IPE.	Evaluation of IPL student programme to investigate if case-based learning in cross professional groups is effective IPE tool	To evaluate if 2 weeks stay in IP training unit (ITU) on an orthopaedic ward changes students' attitudes towards other health professions.
Method	Questionnaire survey administered in lectures with 3 scales (Health care stereotype scale, Professional Identity scale, and Readiness for IP learning (RIPL)).	Questionnaire based on Health care stereotypes scale on entry to course and on completion of 10 week Common Foundation Programme (CFP) to evaluate students' attitudes to the course and each other.	Questionnaire using Health Team stereotype scale with 54 pairs of bipolar adjectives plus question on degree of extra curriculum activity. Administered before and after first semester IP modules	Small mixed groups of the 5 professions met for 9 weeks with a case scenario relevant to IP team working. Both intervention (I) and control (C) groups completed Attitudes to Health Professionals questionnaire (AHPQ) at start and end of programme.	Completed Attitudes to Health Professionals questionnaire (AHPQ) at beginning and end of 2 week ITU stay. Analysed results in relation to constructs of caring and subservience

Sample	933 students (medical 350, Nurses,390, Pharmacy,102, Physio, 67 & Dietetic, 24) with 80-83% response rate. Low response from Medics	175 students across 2 cohorts responded at both points included medical, physio, radiography and nursing students	First year students (Physio 85 & Podiatry, 45) new to health care education with no previous employment in health care professions	96/462 volunteered from medicine (27) nursing (21) OT (23). Physio (19) midwifery (6). 2 groups with 46 in Intervention and 50 in control group.	162 students undertaking 2week training between 4 th and 8 th semester (28, OT, 31 Physio, 69 nurses, 33 medical students)
Findings	All students identified strongly with their professions at start of pre-registration course and were willing to engage in IPL. Students viewing own profession positively also viewed other profession positively.	At start of course the majority viewed CFP positively with 70% of medics and 90% of Allied Health Professionals/Nursing feeling that learning together would enhance their own learning & lead to better patient care. At end of course felt less positive about this and some felt learning not relevant to them. Medical students less positive about other professionals and attitude of other professions to medics also less positive at end of course	Both groups had stereotypic perceptions of each other prior to IPE and viewed own profession more positively than it viewed the other. Post IPE physio scores for podiatrist were significantly more negative but Podiatrists scores for Physio's did not change significantly. There was no significant difference in the amount of extra curriculum social interaction between the two group.	Clear difference in student attitudes towards other professions at start of study. Post study students in I group tended to view other professionals as more caring than C group. Pre and post study views on subservience did not change significantly with nurses still being seen as most subservient and doctors the least. At end of course in I group OTs seen as less subservient but in C group seen as more subservience. Suggests IPL intervention had impact. Very positive feedback from I group with suggestions on how to improve course.	Before ITU stay doctors viewed as least caring and least subservient & nurses as most caring and most subservient. After ITU stay most professionals viewed as more caring (although doctors still the least caring) and less subservient apart from doctors who were seen as more subservient after the training. Doctors seen as team leader/decision makers. Each professional group viewed their own profession as the most caring. View of own profession did not change much.
Comment	Findings may reflect link between strong professional identity and willingness for IPL &	Students whose parents worked as health care professionals held	Presentation of findings suggest different perceptions of status	Importance of facilitators and good programme. Students were volunteers so were motivated to participate	Concludes that ITU stay impacts positively on student attitudes

	IPW. Could reflect students saw themselves as part of one group of 1 st year students. Limited contact at this stage with other professions may have affected their views of each other.	stronger stereotypical views. Relevance of IPE curriculum questioned. Lack of positive attitude change linked to missing contact variables. Findings from medics reflect lack of equal status/hierarchies. Suggest IPE improves awareness of IP relationships	between physio's & podiatrists. Findings considered through contact theory, RGCT and SIT. Limitations – small study. Suggests that stereotypes affected by archetypes that exert influence on experience by tending to organise it to pre-existing patterns.	in IPL and this may have impacted on results. Raises questions as whether pre-registration is best time to do IPE and The link between subservience and the hierarchical context of health.	
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PRE-REGISTRATION STUDIES					
Changes in attitudes toward interprofessional (IP) health care teams and education in the first and third year undergraduate students					
Study	Ajjawi <i>et al.</i> (2009) (Australian study)	Ateah <i>et al.</i> (2011) (Canadian study)	Bell and Allain (2011)	Hayashi <i>et al.</i> (2012) (Japanese study)	Mohaupt <i>et al.</i> (2012) (Canadian study)
Focus	To look at socio-factors that impact on experience of shared learning by medical and dental students.	To evaluate effectiveness of IPE to improve collaborative patient centred care	Exploration of UK SW students' professional stereotypes and implications to IP practice.	Changes in attitudes toward IP health care teams and education in the first and third year undergraduate students	To examine changes in pre-registration students' perceptions & attitudes to IP collaboration
Method	Semi structured interviews and 1 focus group with 5 medics. Analysis through theoretical framework of contact	3 groups: Control group (C) Classroom based Education (E) and Practice site immersion (I). Completed Student stereotypes rating questionnaire at 4	Exercises to test students' reactions to set of professional characteristics as applied to different professions they were likely to have contact with. Main exercise Professional	Uses 2 scales – Attitude towards Health Care teams scale and RIPL to measure student attitudes before and after IPL in 1 st year and 3 rd year. 1st year intervention was 2	Quasi-experimental design through IP simulation programme with a pre-/post-test measures of professional competence and autonomy and perceptions of collaboration

	hypothesis and Social Identity theory	points, before & after Classroom IPE, following Immersion in Practice and 4months post this.	characteristic questionnaire (Hean <i>et al.</i> 2006) plus student post-it notes identifying most positive and negative aspects of IP.	lecture style modules on Holistic Medicine/ team working studies and IPW. In 3 rd year intervention was small practice focused interactive groups of mixed professionals.	
Sample	21 students (9 medical, 12 dental) and 10 staff (7 medical, 3 dental)	51 students from Dentistry, Medicine, Nursing and Pharmacy	2 cohorts of SW students: In 2007 32 students in 8 small groups (2 for MA, 2 for BA and 4 mixed). In 2008 – 41 individual responses. All had completed 100 day placement and were half way through 2 nd Placement	364 students (1 st year - 118, 3 rd year 167) including nursing, laboratory sciences, physical sciences, and OT.	84 final year students from pharmacy technician, paramedic, nursing (50% of sample) OT assistant, and physical therapy assistant. All volunteers with no previous IPE experience.
Findings	Dental students felt marginalised and viewed as '2 nd class citizens' by medical students and staff. 3 themes: 1. Geographical - Dental school off campus so students had to come to medical school for shared learning. 2. Organisational - curriculum adapted from existing medical one, most teaching in large non interactive groups, small problem based groups better but case scenarios not relevant to dental students	Post IPE students rated all professionals higher than pre IPE ratings. Nurses rated high both pre and post IPE Ratings increased for post classroom based IPE but did not increase again following practice Immersion,	SW students held positive and negative assumptions of other professions and used these to reflect their own professional identity. Tended to be deferential /reverential to Doctors. In 2007 group exercise Doctors rated most highly and EYPs lowest. In 2008 individual questionnaire, police rated highest on leadership but lowest on Academic, Competence, Interpersonal Skills and independent working.	1 st year students did not respond positively to lecture style IPE. Similar findings to Tunstall-Pedoe (2003) and Pollard (2005) suggesting that early introduction of IPE may impact negatively on attitudes towards IPE and IP collaborative practice. 3 rd years students showed significant increase in positive response to training style of IPE with small interactive/activity based groups. Raises	Student were very positive about IPE and this view maintained after the workshop. There was significant positive change between the perceived need for collaboration and the actual collaboration. There was no significant change in understanding others but the effectiveness of this scale was queried. Results suggested that where Allport's conditions are met in the IPE programme this is likely promote positive change.

	<p>3. IP factors – lack of understanding of dentist’s role. Dental students felt they were not as good as medics and less well thought of by public. Medics felt dentists motivated by money. Medics did not think they would work with dentists when qualified.</p>		<p>SW own ratings were lowest for leadership& confidence & highest for interpersonal skills & ability to be a team player.</p> <p>Positives of IPW – holistic practice, sharing knowledge& expertise, pooling resources. Negatives of IPW – role conflicts, feeling undermined, rigidity of professional hierarchies & poor communication.</p> <p>Unclear how much views due to placement experiences or broader stereotypical discourses.</p>	<p>issues about type of training as well as timing.</p>	<p>However, there was no control group to support this.</p> <p>The role of facilitators, the support of the institution and the ‘equality of participants’ was noted.</p>
Comment	<p>Negative stereotyping developed early despite sharing a common curriculum before specialising. Simply bringing together students from different professions does not foster outcomes expected of IPL such as team working skills & understanding of other health professions.</p> <p>Need for facilitation, relevance, time and space for joint learning.</p>	<p>Project informed by contact theory. Supports IPE intervention for pre-registration students.</p>	<p>Student views in discussion about respecting contribution of other professions not matched in anonymous rating scales.</p> <p>Tensions identified around power/status, the need to defend identity versus the need to compromise and be flexible in IPW. Suggests SWs should promote an identity that is dynamic and responsive to changing context.</p>	<p>Study has some weaknesses as although it used validated scales it did not test for reliability. Study also draws on 2 different populations. However, it raises issues about high student expectations of IPE, the type of IPE and its timing and whether different approaches to IPE can be seen on a continuum of IPE.</p>	<p>Allport’s (1954) intergroup contact theory was used to help understand the nature of this IPE workshop and its reported outcomes.</p> <p>What is not clear is how the IPE and other variables impact on student’s attitudes and whether changes are sustainable.</p>

PRE-REGISTRATION STUDIES LONGITUDINAL STUDIES				
	The New Generation Project Longitudinal study (NGPLS)			
Study	Hean <i>et al.</i> (2006)	Adams <i>et al.</i> (2006)	Foster and Macleod Clark, (2015)	Coster <i>et al.</i> (2008)
Focus	Analysis of NGPLS baseline data on the stereotypical beliefs of undergraduate health and social care(H&SC) students	Factors influencing professional identity of 1 st year H&SC students and the different level of professional identity between students from different professions.	Whether students' stereotypical beliefs about the characteristics of health and social care professionals change over time and how far is this influenced by IPE	To investigate development of IP attitudes of health care students throughout pre-registration course with focus on IPL, Professional Identity (PI) and contact between professions
Method	Collection of baseline data from Intervention (I) group at beginning of Common Learning programme through questionnaire to elicit students stereotype ratings of 9 characteristics of a subset of the other professions. The mean heterostereotype ratings given to each professional group were then compared.	Measured Professional Identity (PI) using Likert scales Looked at accumulation of data into four models starting with demographic details, then adding in profession specific variables, experience variables and finally knowledge and cognitive flexibility variables	Compared 2 groups of students. An intervention group (I) who had undertaken a Common IP learning programme (CLP) with facilitated groups of different professionals and a comparison group (C) who were not exposed to IPE. Students completed Student Stereotype rating questionnaire at start of pre-registration programme then again in final term of final year. Students were divided into 4 groups each rating a different subset of professions	Annual longitudinal questionnaire at 4 points over course (entry, start of year2 &3 and on exit). Included RIPL scale, PI scale and a Contact index (to measure levels of contact with other students from different professional groups.
Sample	88.% response rate with 1256 completed questionnaires from 10 H&SC professions	88% response rate with 1254 completed questionnaires from 10 H&SC professions. Mean age 25.2 years. 82% female. Just under 16% had already undertaken a degree, diploma or professional course.	2 cohorts of students from medicine, midwifery, nursing, OT, pharmacy, physio, podiatry, radiography, social work & audiology took part; 2002 cohort was a Comparison (C) group of 672 students and 2003 cohort was an Intervention (I) group of 580 students who undertook assessed IPE	Pre- reg students at 3 HEI in dentistry, dietetics, medicine, midwifery, nursing, OT, pharmacy & physio. 1683 returned 1 st questionnaire and 312 all four. Mean age 25.1yrs, 78% female & 82%

			modules over 3 years. In both groups majority female (50% nurses) and under 21 although more in I group over 21.	previous experience in health care.
Findings	<p>Confirm students arrive with an established set of stereotypes about other professions.</p> <p>Midwives, SW & Nurses rated most highly on Interpersonal skills and being team players. Doctors, midwives & SWs perceived as having strongest leadership role. Doctors rated most highly on decision making. All professionals rated highly on confidence & professional competence.</p> <p>The comparison of profiles showed similarities between doctors and pharmacists and between SWs, midwives and nurses. Doctors and nurses perceived very differently on most characteristics.</p> <p>Students clearly distinguish between professional groups in terms of interpersonal skills, academic ability and being a team player. Other characteristics more alike/less distinct.</p> <p>Studies showed little change in perceptions from start of training, end of training and at post graduate level.</p>	<p>Physio's showed strongest PI and Social Workers the weakest. PI highest in students with greater cognitive flexibility, previous work experience, a better understanding of team working and greater knowledge of their own profession.</p> <p>Gender (but not age or family associations with H&SC) was a significant predictor of baseline PI. Has implications to intergroup relations and frequency and nature of interactions.</p> <p>Self-reported knowledge needs to be treated with caution.</p>	<p>Baseline findings for both groups showed clear variations in the way different professionals were perceived indicating stereotypical beliefs about each professions' characteristics. Confirmed other study findings on the existence of stereotypical views. Only minor changes observed in overall rating patterns at graduation but spread of ratings in both groups decreased implying that beliefs became less exaggerated. More ratings for the I group had decreased suggesting that IPE may have played a role in moderating the more extreme stereotyping of the other professions. Makes links between this and the role contact theory in IPE</p>	<p>Strong PI on entry but this declined over time for all groups apart from nursing. Small but significant positive relationship between strength of PI and readiness for IPL. Students who gained least from IPL had lowest expectations of IPL. Most students started with positive attitudes towards IPL but these declined for all professions bar nurses.</p> <p>Interaction between different professions was minimal and declined between Year 1& 2. Small positive correlation between contact and change in attitudes towards IPL.</p>

<p>Comment</p>	<p>Are differences between professions based on the reality of roles they fulfil or are they stereotypes? Do they reflect the public image of the profession, historical factors, gender or policy?</p> <p>Do stereotypes guide interaction with other groups a generate false expectations of other groups attitudes & behaviour and do studies extracting stereotypical ratings raise awareness of these issues and reinforce them?</p>	<p>On entry students likely to be highly motivated and have acquired sense of PI through the choice of profession. This may impact on results.</p> <p>Questionnaire administered in an IPE event which again might have had a positive impact.</p> <p>PI means different things to different professions resulting in different behaviours in practice.</p>	<p>Suggests that decrease in I group ratings due to students becoming more realistic about strengths and qualities of colleagues and that students in C group less equipped to reassess views. The maintenance of stereotypical beliefs reflects real differences in the characteristic of different professions. Different professions attract individuals with certain attributes.</p> <p>Notes difficulties in comparing studies due to use of different scales and different IPE models. Studies reflecting negative change tend to be of shorter IPE interventions.</p> <p>Possible bias in findings due to the difference between socio-demographic characteristics of the 2 groups in terms of age and the proportion of respondents belonging to each profession. Students exposed to IPE may be more motivated, non-responders may have been lost due to negative impact of IPE.</p>	<p>Finding that strength of PI declined between baseline and year 2 supported by Pollard studies (2005/6). Self-reporting may have resulted in students reflecting more enthusiasm for IPL as they felt it was expected of them.</p> <p>While strength of relationship between PI and RIPL is weak it is moving in a positive direction suggesting the value of IPL for students.</p>
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	PRE-REGISTRATION STUDIES LONGITUDINAL STUDIES			
	University of West England Project			
Study	Pollard, Miers and Gilchrist (2004)	Pollard, Miers and Gilchrist (2005)	Pollard <i>et al.</i> , (2006)	Pollard and Miers (2008)
Focus	Baseline findings of study to explore student attitudes to collaborative learning and working both before, during and after qualification and to consider implications to IPE	Pre- qualifying students' midpoint self-assessment of attitudes & perceptions of IPL and interprofessional working (IPW)	Comparison of attitudes and opinions concerning collaborative learning and working following a 3 year IPE intervention.	Participants' attitudes to collaborative learning and working after 9–12 months in professional practice. Makes comparisons to previous findings in the longitudinal study and highlights difference between qualification and practice points.
Method	Administered University of West England IP questionnaires (UWEIPQ) with 3 attitudinal scales (communication & teamwork (C&TW), IPL and IP Interaction) at 4 points- on entry, in 2 nd year, at qualification & 9months post qualification. Comparative analysis of demographic variables, of age, higher education experience, prior work experience in H&SC and choice of professional programme	4 th scale on IP relationships added to UWEIPQ. This was omitted from entry level questionnaire as not all students had previous IP experience	Compared findings from questionnaires at beginning, in 2 nd year and on qualification. Included a comparison group (C) of students who had previously completed a uni-professional course with no IPE. This group did not complete the IPL scale.	Posted final questionnaire (4 th point in UWE study) to practitioners in all cohorts who had 9-12months post qualification experience. The comparison group did not complete the IPL scale.
Sample	2 cohorts of 1 st year students who all took part in an IP curriculum in each year of study. Cohort 1 - Students from adult nursing, children's nursing,	723 completed 2 nd data collection point in year 2 after the IP module	Completed questionnaires at entry and qualification (n526) and at entry, interim (2 nd year) and qualification (n468)	The study followed the two IP curriculum cohorts, n 275 and the uni-professional cohort, n139 into practice

	<p>learning disabilities nursing, mental health nursing, midwifery, social work, occupational therapy, physiotherapy, diagnostic imaging and radiotherapy.</p> <p>Cohort 2 - Adult nursing, Children's nursing & Mental health nursing.</p> <p>Overall Response rate 90.4% - 852 students, majority female.</p>			
Findings	<p>Most students rated their C&TW skills positively and viewed IPL positively but held negative about IP interaction. SW & OT more negative about collaborative working relationships. Mature students & those who have worked in H&SC also fairly negative about IP interaction. May be that previous experience in low status roles reinforced negativity.</p> <p>No differences found between students in terms of self-assessment of C&TW or attitudes towards IPL on the basis of either demographic factors or choice of profession.</p>	<p>Although most students positive about their C&TW skills they were less positive than on entry. There was a negative shift in attitudes towards IPL and IP interaction although most felt positive about their own IP relationships. Mature students & those with higher education or previous H&SC experience were more positive than younger students.</p> <p>Demographic variables did not affect responses of different professional groups</p>	<p>Students on IP curriculum showed no significant change in their self-assessment of C&TW skills between entry & qualification but there was a negative shift in their attitudes to IPL and IP interactions.</p> <p>Drop in confidence in 2nd year scores of C&TW skills (especially for younger students & those without experience) may be due to overestimation of skills & idealised perception of collaborative working which changes with the reality of practice.</p> <p>Confidence regained towards the end of the course</p> <p>Most students positive about their own professional relationships at qualification & students on IP curriculum more positive about these than those on uni professional course.</p>	<p>All 3 groups were confident in their C&TW skills and reported their own IP relationships were satisfactory.</p> <p>Professionals who had experienced IPE throughout their pre-qualifying education were more confident than at qualification about their relevant skills, their IP relationships and other professionals' interaction. They were also more positive about their IP relationships than those educated on uni-professional curriculum and showed positive correlations between their perceptions of their own communicative skills and IP relationships.</p> <p>Between qualification & practice respondents from the IP cohorts became more critical of IPE but the experience of IPE appeared to produce & sustain positive attitudes towards collaborative working.</p>

			Students with previous experience of Higher education were comparatively more positive about C&TW skills but more critical of IP interactions. Female students more positive than male students about IPL.	Age and previous experience of higher education had a negative influence on professionals' attitudes. Mature students appeared to find it more difficult to adjust to the workplace possibly because their more extensive life and work experience meant they were more aware/critical of IP interactions.
Comment	Negative views of IP interaction could be explained by a greater awareness amongst graduate entrants and those with work experiences of status and power differentials between professional groups. The different entry qualifications of different professions may impact on perceptions of equality between student professional groups.	Different professional responses suggest IPE may not necessarily influence professional socialisation and IP interaction. The significance of collaboration may differ between different groups with consequences for IPE and attitudes.	Findings suggest IPE does not inhibit stereotypical attitudes but does have a positive effect on professional relationships. The strongest influence on students' attitudes on qualification appeared to be their professional course. IPE may make students more aware of barriers to IP collaboration and more critical of professionals' interaction.	IPE appeared to influence practitioners' confidence about their skills and IP relationships. They had a more sophisticated understanding of IP working. Limitation of self-reporting as students' negative perceptions of IPE did not match with other results suggesting more exploration needed. The sole use of a questionnaire did not give respondents the opportunity to expand/explain their views.

PRE -REGISTRATION IPE and POST-REGISTRATION STUDIES			
Study	Derbyshire and Machin, (2011)	Pollard, Miers and Rickaby, (2012)	Jakobsen, Hansen, and Eika, (2011) (Danish study)
Focus	Nurses view of pre-registration IPE and its impact on practice as a student and qualified practitioner	Professional views and perceptions of pre-qualification preparation for IPW in practice and the impact of IPE on IPW	Which learning outcomes relating to an IP training unit (ITU) were most important to students and alumni and whether these change over time

Method	In depth semi structured interview with an Interpretative Phenomenological Analysis.	Semi- structured interviews with 2 groups: one with & one without pre- qualification IPL.	Compared views at 2 points: First as student after 2 week stay in ITU& secondly with views as an alumni (- 4yrs after graduation) by: writing 3 short statements describing most important learning outcomes of ITU and completing 12 item questionnaire (likert scales) at each point.
Sample	8 newly qualified adult nurses who had been in post in a hospital setting for 6 months post qualification	1.Pre-qualification IPL and 1- 2years practice. (n 19) 2.No pre- qualification IPL and 5-6 years practice. (n10) Groups made up of adult nurses, midwives, physiotherapists & social workers and recruited from UWE longitudinal study	428 students from occupational therapy, physiotherapy & nursing who in 55 teams attended a 2 week course in ITU
Findings	Evidence of pre-existing stereotypes but positive change through IPE. Value of IPE not always appreciated until in practice but was found to have had positive impact on experience in practice with better understanding of roles & improved communication.	Suggest pre-qualification IPL can prepare individuals for effective IPW as qualified professional, however those without pre qual IPL also appeared skilled. This was possibly due to personal characteristics favourable to IPW and more experience. Those with pre-qual IPL showed greater awareness of the value of reflecting on practice, a more complex understanding of team working and their own role in this.	Students rated uni-professionalism the most important learning outcome, followed by Interprofessionalism (IP), Professional Identity and Learning environment. Alumni rated Professional Identity as the most important followed by IP, Learning environment, uni-professionalism. Study concluded perceived outcomes of learning experiences change in priority reflecting context of practice.
Comment	Very small study so findings cannot be generalised. Nurses noted lack of participation in IPE of key professional groups they were likely to work with. IPE needs to be contextualised in the reality of practice with relevant professionals and practice settings where IP working is positively embedded.	Noted that sometimes IPL as students can reinforce stereotypical views of the other professions. Effects of IPL mitigated by factors such as the quality of facilitation, supervision and academic and placement environments. Some professionals only realised value of IPL once in practice.	Significant decrease in statements categorised as uni-professional from students and alumni with concomitant increase in statements categorised as IP and Professional Identity. Makes link between a strong professional identity and having the confidence to work interprofessionally.

POST REGISTRATION STUDIES					
	Birmingham University Programme in Community Mental Health		Watkin <i>et al.</i> (2009)	Furness, Armitage, and Pitt, (2012) (TUILIP project)	Thomson <i>et al.</i> (2015) (Australian study)
Study	Barnes, Carpenter and Dickinson, (2000)	Carpenter <i>et al.</i> , (2006)			
Focus	Evaluation of 1year Programme of IPE for Mental Health looking at perceived differences in models of mental illness, attitudes and values, including stereotyping, professional identification and role clarity	Evaluation of 2yrP/T Post grad programme designed to enable health & social care professionals to work together to deliver CMHT services	To see if facilitated IPL could overcome some of the barriers to IP and interagency working in health led interagency child protection teams. Areas covered- roles, goals, decision making and conflict resolution.	Evaluation of The Trent Universities IPL in Practice (TUILIP) project to explore reactions to practice based learning, its impact and its sustainability.	To explore attitudes/experiences in relation to IP team working and communication with a focus on work situations and contact conditions
Method	Mixed methods 1.Questionnaires to measure attitudes to community care (ACCQ) and IP attitudes and extent to which certain attributes related to their own profession, the other professions, and their own profession as seen by others. Completed before the course, at the end of 1 st year and 2 nd year (cohort 2) 2.Participant observation of IPE session. 3.Group evaluation interview.	Longitudinal mixed method (questionnaires, observation, interviews) study over 5 years tracking 3 successive 2year college based programmes	Mixed methods with pre-validated team climate inventory completed at 3 points and a reflective statement on value of the programme after meeting 4. Facilitator had pre-meeting with each participant then 4 monthly two hourly meetings with team followed by a fifth meeting after a further 4 months.	Qualitative design guided by Kirkpatrick's evaluation framework. Participants interviewed about their experiences of, and opinions about, the initiative in their practice setting.	3 settings for groups of between 2-10: 4 profession specific focus groups took place in 2 settings and 4 interprofessional (IP) groups in a 3 rd setting. Discussion focused on the experience of IPE as a student and the experience of IPW since graduation Analysis of findings through SIT& RGCT lens & contact theory

Sample	<p>Cohort 1 – 25 (6 CPN, 8 OT, 4 SW, 7 others – included psychiatrist & psychologist).</p> <p>Cohort 2 – 46 (19 CPN, 10 OT, 6 SW, 8 others).</p> <p>Mostly women between 31-40 with mean length of 7 years post qualification experience.</p>	<p>Number of participants -111.</p> <p>Criteria – readiness for Post Grad education and a commitment to aims of programme.</p> <p>Over 2/3women.Largest group nurses (mainly CPNs) then SWs and OTs. Only 2 psychologists and 1 psychiatrist. Almost 25% dropped out before end of 1st year and 10% left after 1st year. Comparison group of 62 staff from 13 CMHT who were not on the programme.</p>	<p>Six teams with 8-10 participants from health, education police and social services. Total of 50 participants with up to 30 different professional titles.</p> <p>25/55 returned all 3 questionnaires and 38/55 returned the reflective statements.</p>	<p>Sample of 15 from 3 project sites (medical admissions unit, community-based women's services and a pair of GP surgeries</p> <p>Sample made up of facilitators, managers, practitioners, students and service users.</p>	<p>68 recent graduates (nursing 28, medicine 17, pharmacy 23) all within 2 years of graduating who worked in hospitals in 3 Australian settings.</p>
Findings	<p>Initial findings from the first two cohorts showed that the different professions largely shared the same attitudes and values concerning community care for people with MH problems. There was a high level of consensus on the relative status of different professionals and this did not change over the course. Similarly, although there was a significant reduction in professional identification during the 1st year this did not change participants' strong identification with their teams. There was</p>	<p>Students positive about IPL and partnership with s/users leading to increased knowledge/skills and confidence of multi- disciplinary working with better outcomes for S/users.</p> <p>Clear evidence of professional stereotyping and little evidence this changed during the programme. Students reported more role conflict than comparison group.</p>	<p>Improved participants' confidence, knowledge and understanding of different professional roles, team objectives & social relationships.</p> <p>No change in views on task orientation (how team monitors and manages activities).</p> <p>There was a recognition of what is and is not achievable in each agency and the need to express frustrations.</p>	<p>Thematic analysis undertaken then reviewed through lens of 'contact hypothesis'</p> <p>Initial reactions to IPL in practice positive but learning and impact minimal and sustainability unlikely.</p> <p>Variables relevant to contact hypothesis namely organisational support, positive expectations, and co-operation/working</p>	<p>Professionals recognised the importance of IP collaboration but identified strongly with their profession to the detriment of the IP team. There was an emphasis on individual rather than team responsibility and work place goals were often profession specific as opposed to IP.</p> <p>Evidence of stereotyping and the generalising of negative</p>

	evidence of IP stereotypes & mutual intergroup differentiation with SWs, CPNs and OTs, conceding superiority to psychiatrists & psychologists.		The importance of team members having time and space to reflect together on collaborative working was noted.	together were weak. Lack of time, low expectations and lack of positive results impacted on input of professionals	views about other professions. Hierarchical order of professions created conflict and reluctance to question decisions.
Comment	The study questions whether persistence of stereotypical views may be due to fact that they are accurate representation of reality and are reinforced on a daily basis in the workplace or they are a result of weak / or the absent contact conditions which are seen as facilitating more positive views of other professional groups.	See also Barnes <i>et al</i> (2000) Students found the course stressful on top of other pressures (work and home) Students started with positive attitudes to CMHT working but did not redefine themselves as generic MH workers and retained an appreciation of professional differences. Some evidence that lack of change in stereotypical views could be explained by students not seeing fellow programme members as typical' of their profession so views were not generalised.	Importance of the role of facilitator. Pressures of work meant some professionals did not fully take part. Suggests an increased understanding of professionals' roles and expertise is key to promoting effective discussion and problem solving. Suggests positive contact through time together (face to face) and working on specific tasks can improve IP relationships.	Programmes need to be responsive to the local context, have organisational support and recognise that change is challenging and time consuming. Commitment and support at all levels of the organisation are required to bring about even small changes in IP practice.	Change amongst Post Graduates hampered by pre-existing stereotypes when students return to workplace. Suggests nature of uni-professional training promotes uni-professional identity and makes collaboration difficult. Need to redirect identities and goals toward team identities and shared goals.

APPENDIX 3

Appendix 3.1 Ethical approval



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24 April 2012

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School of Social Work
Faculty of Health and Social Care Sciences
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Kenry House
Kingston Hill Campus
Sir Frank Lampl Building
Kingston upon Thames
Surrey KT2 7LB

Dear Christine

Thank you for your application to the Faculty Research Ethics Committee entitled:

"A mixed methods study of four newly qualified professional groups to explore perceptions of their own professional identity, views of each other and how they feel these factors impact on interprofessional working in relation to the *team around the child*."

On behalf of the Committee, I am pleased to give you a favourable ethical opinion concerning your proposal.

Please will you:

- contact Anouschka and me if you wish to make any changes to your proposal;
- let Anouschka and me know when your research is completed and written-up.

I wish you well with your research.

Please do contact me if you have any outstanding queries.

Best wishes,

A handwritten signature in black ink that reads 'Ian Byford'.

Dr Ian Byford
Chair of Faculty Research Ethics Committee

Appendix 3.2 Research Study Information Sheet



Faculty of Health and Social Care Sciences

INFORMATION SHEET

TITLE OF STUDY:

'Perceptions of professional identity and interprofessional working to promote the welfare of the child'

You are being asked to consider taking part in this research study. Please take time to read the following information about the project before you decide whether you wish to take part. Please ask me if there is anything that is not clear or if you would like more information.

Who is conducting this study?

My name is Christine Atkins. I am a researcher undertaking this project as part of my studies for a PhD. I am also employed as a senior lecturer in the School of Social Work at Kingston University.

What is the purpose of the study?

The research is exploring how the differing perceptions of professional status, training, knowledge and expertise impact on the role of the newly qualified professional in the *team around the child*. The study is focusing on four professional groups; early years' professionals, health visitors, specialist police officers and social workers who all have a role working together to safeguard children within the community.

Why have I been chosen?

You have been chosen either as a recently qualified early years' professional, health visitor, specialist police officer or social worker who has been in post approximately six months to two/three years or as a qualifying professional who has relevant prequalification experience through placements or employment but has not yet completed six months in your post qualification post.

Who else will take part?

Newly qualified early years' professionals, health visitors, social workers and recently appointed specialist police officers are the only participants in this study.

What am I being asked to do?

You are being asked to complete an online questionnaire which should take about 20 minutes. You will also be invited to take part in an interview of no more than an hour. You do not have to take part in an interview and you may just decide to complete the questionnaire. The interviews will explore in more depth your perceptions of professional identity and interprofessional working.

Will my taking part in this study be kept confidential?

All information that you provide will be confidential and all data will be anonymised for inclusion in the study so you will not be identified in any report. Procedures for handling, processing, storage and destruction of data will be compliant with the Data Protection Act 1998. All data will be stored securely either electronically (protected by secure passwords) or in a locked filing cabinet in the

Social Work office. Personal details will be stored separately to questionnaires and interviews which will be coded to ensure anonymity.

Consent to take part.

If you are happy to take part and complete the *e-questionnaire* the return of a completed questionnaire implies consent. The submission of the *e-questionnaire* is anonymous but if you are willing to be interviewed you will need to provide your contact details. I will then send you an information sheet about the interview and if you are still interested in taking part we will arrange a date for this. Prior to the interview you will be asked to complete and sign a consent form. Please remember even if you decide to take part you are free to withdraw at any time without giving a reason.

What are the possible disadvantages and risks of becoming involved?

While it is unlikely that the questionnaires and interviews will have an adverse impact it is possible that they may touch on sensitive issues for some participants. Should this be the case and you would like to discuss your feelings you should contact your staff support help-line line.

What are the benefits of taking part?

There are no direct benefits to taking part although it will offer you the opportunity to reflect on your experience of working together with other professionals in the *team around the child*. It is anticipated that the overall research findings will contribute to a greater understanding of interprofessional working, be used to develop more effective collaboration and in consequence achieve better outcomes for children in the future.

What happens when the study is completed?

The study findings will be collated, analysed and written up as my PhD dissertation. The findings will also be published in relevant professional and academic journals. All the data will be anonymised so that participants, their training establishment and place of work cannot be identified. A summary of the results of the study will be available to participants on request. Articles and presentations on the findings will be presented in appropriate forums to help improve and develop multi-agency practice in the *team around the child*.

How is the Project monitored?

The project is approved by the Kingston University Faculty Research Ethics Committee (FREC) and any changes to the project will need to be referred to this committee. It will be supervised by Dr Eleni Hatzidimitriadou, Reader in the School of Social Work, Kingston University. If you are concerned about any aspect of the study you should in the first instance contact me, Christine Atkins. If you remain concerned or wish to make a complaint please do so in writing to Dr Eleni Hatzidimitriadou, Reader in the School of Social Work Kingston University, Kingston Hill, Kingston upon Thames, Surrey KT2 7LB Tel:0208 547 5143 or E.Hatzidimitriadou@sgul.kingston.ac.uk

How do I complete a questionnaire?

To complete the *e-questionnaire* please click on the following link
<https://www.surveymonkey.com/s/8QPH2NK>

Thank you.

Appendix 3.3 Interview Information Sheet



Faculty of Health and Social Care Sciences

INTERVIEW INFORMATION SHEET

'Perceptions of professional identity and interprofessional working to promote the welfare of the child'

Thank you for offering to take part in an interview. Please take time to read the following information so that you understand what this entails and to ensure that you still wish to take part. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the interview?

The research is exploring how the differing perceptions of professional status, training, knowledge and expertise impact on the role of the newly qualified professional (early years' professionals, health visitors, specialist police officers and social workers) in the *team around the child*. The questionnaire asked you to complete a series of Likert scales on professional characteristics of yourself and the other professional groups, views on professional identity and views on working together in teams around the child. The interview would like to hear in more detail what you feel about your role in the *team around the child* and working together with the other three professions in this study.

The findings from the interviews combined with the data from the questionnaires will provide evidence of the views of professionals on factors that impact on working together. These perspectives will contribute to an understanding of the role of professional and interprofessional dynamics in *teams around the child* to improve outcomes for children.

What will the interview entail?

The interview will be arranged at a time and venue which is convenient to you. It will last no more than an hour. With your permission I would like to make a digital recording of the interview. After the interview I will then transcribe this so I have an accurate record of what you have said. If you do not want me to record the interview but are still willing to take part then that is fine and I will instead make notes of to what you tell me.

What questions will be asked?

I will ask you about your views of your own role and the role of other professionals in the *team around the child*. I will also be asking you about your experience of working together and whether you have taken part in any interprofessional training. The interview will be semi structured which means that you will not be constrained by a prescriptive list of questions and will have the chance to talk about the issues that are important to you. You will have the opportunity to talk about your overall experience in the *team around the child*.

Who else will take part?

Eight to ten professionals from each of the four professional groups (early years' professionals, health visitors, specialist police officers and social workers) will take part in an interview.

Will the interview be confidential?

All the information that you provide will be confidential and all data will be anonymised for inclusion in the study so you will not be identified in any report. Procedures for handling, processing, storage

and destruction of data will be compliant with the Data Protection Act 1998. All data will be stored securely either electronically (protected by secure passwords) or in a locked filing cabinet in the Social Work office. Personal details will be stored separately to the interviews which will be coded to ensure anonymity.

While what you say in the interview will be confidential I am sure as a professional you are aware that should you disclose something that could place someone at risk of significant harm this would need to be passed on to the appropriate authority.

Consent to take part.

If you are willing to be interviewed you will need to complete and return the 'Written Consent to Participate in an Interview'. You will be asked to complete the consent form again at the start of the interview. If you decide to take part you are free to withdraw from the study at any time without giving a reason.

What are the possible disadvantages and risks of becoming involved?

While it is unlikely that the interviews will have an adverse impact it is possible that they may touch on sensitive issues for some participants. Should this be the case and you would like to discuss your feelings you should contact your staff support help line or alternatively the researcher would be happy to provide details of appropriate independent support.

What are the benefits of taking part?

There are no direct benefits to taking part although it will offer you the opportunity to reflect on and share your experience of working together with other professionals in the *team around the child*. It is anticipated that the overall research findings will contribute to a greater understanding of interprofessional working, be used to develop more effective collaboration and in consequence achieve better outcomes for children in the future.

What happens when the study is completed?

The study findings will be collated, analysed and written up as my PhD dissertation. The findings will also be published in relevant professional and academic journals. Participants will receive a summary of the results of the study. Articles and presentations on the findings will be presented in appropriate forums to help improve and develop multi-agency practice in the *team around the child*.

How is the Project monitored?

The project is approved by the Kingston University Faculty Research Ethics Committee (FREC) and any changes to the project will need to be referred to this committee. It will be supervised by Dr Eleni Hatzidimitriadou, Reader in the School of Social Work Kingston University. If you are concerned about any aspect of the study you should in the first instance contact me, Christine Atkins. If you remain concerned or wish to make a complaint please do so in writing to Dr Eleni Hatzidimitriadou, Reader in the School of Social Work Kingston University, Kingston Hill, Kingston upon Thames, Surrey KT2 7LB Tel:0208 547 5143 or E.Hatzidimitriadou@sgul.kingston.ac.uk

If you would like any further information about the project please contact

Christine.atkins@sgul.kingston.ac.uk

If you are willing to take part in an interview please complete and return the attached Consent form.

Appendix 3.4 Perceptions of Professional Identity Questionnaire



Faculty of Health and Social Care Sciences

PERCEPTIONS OF PROFESSIONAL IDENTITY QUESTIONNAIRE

SECTION ONE: YOUR DETAILS:

(please tick the relevant box)

1. **Gender:** Male Female
2. **Age:** 21-30 31-40 41-50 51+
3. **Profession:** Early Years Professional Health Visitor Police Officer Social Work
4. **Job title:**
5. **Please give the date when you started work in this job.**

6. **Is this your first job since qualification** No Yes

7. **Please give details of your professional qualification.**

Qualification

Date of qualification:

8. **Please give details of any other professional qualifications that you hold.**

SECTION TWO: PROFESSIONAL CHARACTERISTICS

9. **How would you rate your OWN professional characteristics?**

(Please tick the rating that best describes your view)

	Very low	low	medium	high	Very high
<i>Academic ability</i>					
<i>Professional competence</i>					
<i>Interpersonal skills *</i>					
<i>Leadership abilities</i>					
<i>The abilities to work independently</i>					
<i>The ability to be a team player</i>					
<i>The ability to make decisions</i>					
<i>Practical skills</i>					
<i>Confidence</i>					

* e.g. warmth, sympathy, communication

10. How would you rate the professional characteristics of Early Years Professionals?

(Please tick the rating that best describes your view)

	<i>Very low</i>	<i>low</i>	<i>medium</i>	<i>high</i>	<i>Very high</i>
<i>Academic ability</i>					
<i>Professional competence</i>					
<i>Interpersonal skills *</i>					
<i>Leadership abilities</i>					
<i>The abilities to work independently</i>					
<i>The ability to be a team player</i>					
<i>The ability to make decisions</i>					
<i>Practical skills</i>					
<i>Confidence</i>					

** e.g. warmth, sympathy, communication*

11. How would you rate the professional characteristics of Health Visitors?

(Please tick the rating that best describes your view)

	<i>Very low</i>	<i>low</i>	<i>medium</i>	<i>high</i>	<i>Very high</i>
<i>Academic ability</i>					
<i>Professional competence</i>					
<i>Interpersonal skills *</i>					
<i>Leadership abilities</i>					
<i>The abilities to work independently</i>					
<i>The ability to be a team player</i>					
<i>The ability to make decisions</i>					
<i>Practical skills</i>					
<i>Confidence</i>					

** e.g. warmth, sympathy, communication*

12. How would you rate the professional characteristics of Police Officers?

(Please tick the rating that best describes your view)

	<i>Very low</i>	<i>low</i>	<i>medium</i>	<i>high</i>	<i>Very high</i>
<i>Academic ability</i>					
<i>Professional competence</i>					
<i>Interpersonal skills *</i>					
<i>Leadership abilities</i>					
<i>The abilities to work independently</i>					
<i>The ability to be a team player</i>					
<i>The ability to make decisions</i>					
<i>Practical skills</i>					
<i>Confidence</i>					

** e.g. warmth, sympathy, communication*

13. How would you rate the professional characteristics of Social Workers?

(Please tick the rating that best describes your view)

	<i>Very low</i>	<i>low</i>	<i>medium</i>	<i>high</i>	<i>Very high</i>
<i>Academic ability</i>					
<i>Professional competence</i>					
<i>Interpersonal skills *</i>					
<i>Leadership abilities</i>					
<i>The abilities to work independently</i>					
<i>The ability to be a team player</i>					
<i>The ability to make decisions</i>					
<i>Practical skills</i>					
<i>Confidence</i>					

** e.g. warmth, sympathy, communication*

14/15. To what extent do you agree with the following statements regarding your professional identity?

(Please tick one category that best describes your level of agreement with each statement)

Statement	Strongly agree	Agree	Disagree	Strongly disagree
<i>I feel I have strong ties with the members of my profession.</i>				
<i>I am often ashamed to admit that I am a member of this profession.</i>				
<i>I find myself making excuses for belonging to this profession.</i>				
<i>I try to hide that I am a member of this profession.</i>				
<i>I am pleased to belong to this profession.</i>				
<i>I can identify positively with members of my profession.</i>				
<i>Being a member of this profession is important to me.</i>				
<i>I feel I share characteristics with other members of the profession.</i>				
<i>The public hold my profession in high regard.</i>				

SECTION THREE: WORKING IN TEAMS AROUND THE CHILD (TAC)

16. Have you participated in any the following teams around the child?

(please tick the response that applies)

MEETING.	Yes	No
<i>CAF/TAC meetings.</i>		
<i>Child in Need meeting.</i>		
<i>Child Protection Strategy meeting.</i>		
<i>Initial Child Protection Conference.</i>		
<i>Child Protection Plan Core meeting.</i>		
<i>Child Protection Review meeting.</i>		
<i>Other –please specify</i>		

17. How many team around the child (TAC) meetings have you attended in the last THREE MONTHS?

18/19. To what extent do you agree with the following statements regarding working in Teams around the Child?

(Please tick one category that best describes your level of agreement with each statement)

Statement	Strongly Agree	Agree	Disagree	Strongly disagree
<i>My training has enabled me to feel comfortable in justifying recommendations/advice face to face with more senior people.</i>				
<i>My training has helped me feel comfortable in explaining an issue to people who are unfamiliar with the topic.</i>				
<i>I have difficulty in adapting my communication style (oral and written) to particular situations and audiences.</i>				
<i>I prefer to stay quiet when other people in a TAC meeting express opinions that I don't agree with.</i>				
<i>I feel comfortable working in TAC meetings.</i>				
<i>I feel uncomfortable putting forward my personal opinion in TAC meeting.</i>				
<i>I feel uncomfortable taking a lead in a TAC meeting.</i>				
<i>I am able to become quickly involved in TAC meetings</i>				
<i>I am comfortable expressing my own opinions in a TAC meeting even when I know that other people don't agree with me.</i>				

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Your response to this questionnaire will contribute to a better understanding of the professional issues that influence working together to safeguard children and will be used to promote better outcomes for children.

Are you willing to take part in a follow up interview? YES NO

If YES, please could you provide your contact details below?

Name:

Telephone no:

Email:

The researcher will send you an information sheet about the interview and a consent form. She will contact you within a month to arrange an interview.

Appendix 3.5 Research study Interview Schedule

'Perceptions of professional identity and interprofessional working to promote the welfare of the child'

Perception of own role

Thinking about your own experiences of working with other professionals how do you feel about your own role when working with other professionals /and in meetings.

Factors impacting on interprofessional working

Could you give an example of a meeting or situation where you felt the professionals worked well together?

Why do you think this occurred/ what factors contributed to this experience?

Could you give an example of a meeting or situation where you felt professionals did not work so well together?

Why do you think this was the case/ What do you think were the reasons for this?

Perceptions of other professionals

Thinking about the professionals in this study how do you feel they manage their role when working with other professionals.

Ask in relation to all the professions – EYPs, HV. SW. POL,

Role of training

Could you identify aspects of your training that you feel helped you to develop the skills needed to work together with other professionals

Can you think of areas of practice in your role in meetings around the child where you feel that you would have benefitted from more training or experience.

General Views

Have you any other comments you would like to make about working with other professionals in teams around the child

Appendix 3.6 Interpretative Phenomenological Analysis Process

Analysis of Interview data
Step 1 Pre-reflection, Acknowledging preconceived ideas, attitudes and beliefs.
Step 2 Immersion in Data Listen to audio recording, Reading and re reading the transcripts. Noting on record form issues arising.
Step 3 Exploratory noting- Descriptive, linguistic, conceptual.
Step 4 Identifying themes Summarising comments. Applying the hermeneutic circle.
Step 5 Reviewing and Ordering themes Superordinate and subthemes. Frequency, context and function. Comparing and Connecting themes, Similarities, polarisation, outliers. Applying the hermeneutic circle.
Step 6 Analysing each interview Applying process 1-5 to each individual transcript within the profession specific data set.
Step 7 Identifying patterns across the profession specific data set Recurrent themes, interconnections between themes. Applying the hermeneutic circle.
Step 8 Repeat steps 1-7 for the data sets of the other three professions
Step 9 Bringing together the four data sets Comparing and contrasting the different data sets. Identifying patterns, connections and recurrent themes within the whole data set. Applying the hermeneutic circle.
Step 10 Present and discuss the findings

Appendix 3.7 Working example of HV interview Record form

Pre- Interview	As former professional always worked closely with HV. An infinity – but felt they were the infantry and SWs the cavalry
Start of Interview	Quite formal and contained
<p>Post Interview thought</p> <ol style="list-style-type: none"> 1. Came over as mature professional but to me lacked warmth and passion. 2.No concept of relationships with other professionals 3. Initially positive about SW and Police but then quite critical. Does this reflect professional etiquette? Did the fact I was a SW impact on her presentation/views 4. Positive about EYP but clearly saw them as a lesser professional. 	
Process of Analysis	
07.05.14	Audio with transcript – noting key words and areas. Exploratory comments
29.09.14	Review of Exploratory comments and themes
28.10.14	Identification/Interpretation of participant and researcher of overarching themes checking back to transcripts for supporting evidence
3.11.14	Comparing themes with other HV, and reordering themes for all HVs. Review of HVs views and researcher interpretation
09.04.15	Summarising themes and comparing to other professional groups
Initial notes from listening to recording and reading transcript	
Key word	Key Areas
Valued - Undervalued Power Face to face Overwhelmed Caseloads Thresholds	Ambivalent views of other professionals Meetings – poor organisation but good structure MARAC as key IP forum, Gender Changing role of HVs Thresholds Role of supervision View of Police SWs – overwhelmed Unimportance of relationships with other professionals
Significant Comments	
Professional insecurity	‘You often feel your role is relevant but undervalued at times’
Re SWs	‘ I mean I’ve not got a thing against them they do a fantastic job but I think they are just overwhelmed at times’
Lack of relationship	‘so long as they’re aware and on top of issues and cases then it doesn’t tend to be a problem if the same SW doesn’t turn up’
Police notifications	‘Who are the police to decide what’s relevant and what’s not?’
Police remit	They ‘Deal with physical’ Queries interest in preventative role <i>‘if it doesn’t happen it’s not important’</i>
EYP – implication less able	‘They know their role, they don’t go beyond their remit. And I think they manage it very well, I find them very professional’

Appendix 3.8 Extract from IPA sheet

Emergent Theme	Original EYP Transcript - extracts	Exploratory comments - descriptive, <u>linguistic</u> , <i>conceptual</i>
Child centred	I think my role is to be an advocate for child, it's always in the interest of the child from the early years point of view.	Focus on Child
Professional confidence /competence Professional responsibility Multi professional responsibility	In terms of my role, I'm very comfortable with being confident and expressing my views and also keeping the other professionals, you know accountable you know and to follow the process And when I feel that things are being overlooked I will bring them back to look let's remember that we need to talk about this as well which I sometimes feel is a little bit beyond my role. But I think you know and I think it's important that I do that to keep everybody on track.	Self-confident Accountability Implication that other profs not doing what they should be doing I think it's important that I do that to keep everybody on track.
Status	I do feel generally that EYP are not overly respected you know, we have to sort of come to meetings and we have to provide information. I don't think people expect a great deal from us in terms of insight.	Other professionals look down on us Expertise not respected
Boundaries and responsibility Professional insecurities Power - hierarchies	My view is we are as flexible as we can be on behalf of the parent and the child and I think we just kowtow to the other agencies and just sort of let them get on with it. It is always the Police, the police reports you are not allowed to see every aspect of.	Focus on child <u>we just kowtow</u> - subservience Contradicts earlier comments – or implying EYP profession as whole don't take responsibility.? resents power of Police
IP working? Status/heirarchy Professional silos	It seems that you are a multi -agency team when it suits and will happily tell you off if you are obstructive or don't attend, but when they don't want you to attend or they don't want you involved then that's also fine.	EYP not listened to when it suits Resignation about other professionals' attitude

APPENDIX 4

Appendix 4.1 Question 9: Gabriel's Post Hoc Analysis showing statistical significance between the professions' mean ratings of their own professional characteristics

Gabriel's Post Hoc Analysis showing statistical significance between the professions mean ratings of their own professional characteristics						95% Confidence Interval	
Q9: Self rating of own professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
Academic Ability	EYP	POL	.489*	.183	.050	.00	.98
Prof. Competence	EYP	SW	.469*	.143	.008	.09	.85
	POL	SW	.410*	.152	.047	.00	.82
Leadership	EYP	HV	.549*	.159	.005	.12	.97
	EYP	SW	.598*	.172	.004	.14	1.06
Independent work	EYP	SW	.518*	.165	.012	.08	.96
		HV	SW	.432*	.158	.042	.01
Practical Skills	EYP	HV	.413*	.152	.043	.01	.82
		EYP	SW	.674*	.163	.000	.24
Confidence	EYP	SW	-.679*	.203	.007	-1.22	-.14

*. The mean difference is significant at the 0.05 level.

Appendix 4.2 Question 9: Paired T test differences

Paired Sample test	Mean	Std Deviation	Std error mean	95% Confidence Interval		t	df	Sig (2 tailed)
				Lower Bound	Upper Bound			
Pair 4 EYP Q9D-Leadership abilities Q10D-Leadership abilities	-.406	.837	.148	-.708	-.104	-2.746	31	.010
Pair 4 HV Q9D-Leadership abilities Q11D-Leadership abilities	-.611	1.103	.184	-.984	-.238	-3.325	35	.002
Pair 4 SW Q9D-Leadership abilities Q13D-Leadership abilities	-.357	.780	.147	.660	-.055	-2.423	27	.022
Pair 2 HV Q9B-Professional competence - Q11B-Professional competence	-.472	.810	.135	-.746	-.198	-3.497	35	0.001

Paired Sample test	Mean	Std Deviation	Std error mean	95% Confidence Interval		t	df	Sig (2 tailed)
				Lower Bound	Upper Bound			
Pair 2 POL Q9B-Professional competence - Q12B-Professional competence	.478	.593	.124	.222	.735	3.867	22	0.001
Pair 7 HV Q9G-The ability to make decisions Q11G-The ability to make decisions	-.528	.971	.162	-.856	-.199	-3.263	35	0.002
Pair 7 POL Q9G-The ability to make decisions Q12G-The ability to make decisions	.348	.647	.135	.068	.628	2.577	22	0.017
Pair 3 POL Q9C-Interpersonal skills Q12C-Interpersonal skills	.522	.730	.152	.206	.838	3.425	22	0.002
Pair 5 POL Q9E-The abilities to work independently	.478	.593	.124	.222	.735	3.867	22	0.001
Pair 6 POL Q9F-The ability to be a team player Q12F-The ability to be a team player	.696	.635	.132	.421	.970	5.254	22	0.000

Appendix 4.3 Question 10: Gabriel's Post Hoc analysis showing statistical significance between mean ratings of different professions for Early Years' Professionals

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Early Years Professionals						95% Confidence Interval	
Q10: Rating of EYP professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
Academic Ability	EYP	HV	.559*	.149	.002	.16	.96
	EYP	POL	.759*	.170	.000	.31	1.21
	EYP	SW	.871*	.164	.000	.43	1.31
Prof Competence	EYP	HV	.563*	.129	.000	.22	.91
	EYP	POL	1.040*	.147	.000	.65	1.43
	EYP	SW	.632*	.142	.000	.25	1.01
	HV	POL	.477*	.144	.007	.09	.86
Leadership	EYP	HV	.774*	.153	.000	.37	1.18

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Early Years Professionals						95% Confidence Interval	
Q10: Rating of EYP professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
	EYP	POL	1.264*	.174	.000	.80	1.73
	EYP	SW	1.099*	.168	.000	.65	1.55
	HV	POL	.490*	.170	.027	.04	.94
Independent wrk	EYP	HV	.441*	.150	.024	.04	.84
	EYP	POL	1.264*	.171	.000	.81	1.72
	EYP	SW	.859*	.165	.000	.42	1.30
	HV	POL	.823*	.167	.000	.38	1.27
Team Player	EYP	HV	.597*	.161	.002	.17	1.03
	EYP	POL	.966*	.183	.000	.48	1.45
	EYP	SW	.695*	.176	.001	.22	1.17
Decision making	EYP	HV	.667*	.174	.001	.20	1.13
	EYP	POL	1.470*	.198	.000	.94	2.00
	EYP	SW	1.293*	.191	.000	.78	1.80
	HV	POL	.803*	.191	.000	.30	1.31
	HV	SW	.627*	.184	.005	.14	1.12
Practical skills	EYP	POL	.932*	.206	.000	.38	1.48
Confidence	EYP	POL	1.219*	.201	.000	.68	1.75
	EYP	SW	.719*	.193	.002	.20	1.23
	HV	POL	.800*	.197	.000	.28	1.32

*. The mean difference is significant at the 0.05 level.

Appendix 4.4 Question 11: Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Health Visitors

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Health Visitors						95% Confidence Interval	
Q11: Rating of HV professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
Academic Ability	EYP	HV	-.463*	.163	.031	-.90	-.03
	SW	SW	.560*	.165	.006	.12	1.00
Prof Competence	EYP	HV	-.583*	.151	.001	-.99	-.18
	HV	POL	.742*	.163	.000	.31	1.17
	HV	SW	.515*	.153	.006	.11	.92

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Health Visitors						95% Confidence Interval	
Q11: Rating of HV professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
Leadership	EYP	HV	-.812*	.176	.000	-1.28	-.34
	HV	POL	.841*	.188	.000	.34	1.34
	HV	SW	.927*	.176	.000	.46	1.40
Independent work	EYP	HV	-.509*	.148	.005	-.91	-.11
	HV	POL	.806*	.160	.000	.38	1.23
	POL	SW	-.487*	.171	.031	-.94	-.03
Team Player	EYP	HV	-.700*	.185	.002	-1.19	-.21
	HV	POL	.819*	.197	.000	.29	1.34
	HV	SW	.815*	.185	.000	.32	1.31
Decision making	EYP	HV	-.735*	.193	.001	-1.25	-.22
	HV	POL	1.103*	.206	.000	.56	1.65
	HV	SW	.850*	.193	.000	.33	1.37
Confidence	HV	POL	.567*	.161	.003	.14	.99
		SW	.408*	.151	.045	.01	.81

* The mean difference is significant at the 0.05 level.

Appendix 4.5 Question 12: Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Police Officers

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Police Officers						95% Confidence Interval	
Q12: Rating of Police professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
Academic Ability	EYP	HV	-.468*	.136	.005	-.83	-.11
Prof Competence	HV	POL	.537*	.163	.007	.10	.97
	HV	SW	.560*	.156	.003	.14	.97
Interpersonal Skills	POL	SW	.776*	.196	.001	.25	1.30
Leadership	EYP	HV	-.563*	.194	.026	-1.08	-.04
Team Player	EYP	SW	.554*	.203	.043	.01	1.10
	HV	SW	.600*	.191	.012	.09	1.11
Decision Making	HV	POL	.558*	.204	.041	.01	1.10
Confidence	EYP	POL	.567*	.178	.011	.09	1.04
	HV	POL	.618*	.169	.002	.17	1.07

* The mean difference is significant at the 0.05 level.

Appendix 4.6 Question 13: Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Social Workers

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Social Workers						95% Confidence Interval	
Q13: Rating of SW professional characteristics	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
Academic Ability	EYP	POL	.693*	.164	.000	.25	1.13
	HV	POL	.717*	.155	.000	.30	1.13
Prof competence	HV	POL	.519*	.165	.012	.08	.96
	POL	SW	-.565*	.175	.010	-1.03	-.10
Leadership	EYP	POL	.764*	.189	.001	.26	1.27
	HV	POL	1.212*	.177	.000	.74	1.68
	POL	SW	-.891*	.188	.000	-1.39	-.39
Independent work	EYP	POL	.849*	.207	.000	.29	1.40
	HV	POL	1.082*	.195	.000	.56	1.60
	POL	SW	-.991*	.207	.000	-1.55	-.44
Team Player	EYP	POL	.733*	.205	.003	.19	1.28
	POL	SW	-.769*	.205	.002	-1.32	-.22
Decision Making	EYP	POL	1.240*	.203	.000	.70	1.78
	HV	POL	1.348*	.191	.000	.84	1.86
	POL	SW	-1.169*	.203	.000	-1.71	-.63
Practical Skills	EYP	POL	.559*	.194	.028	.04	1.08
	HV	POL	.529*	.182	.025	.04	1.01
	POL	SW	-.630*	.194	.009	-1.15	-.11
Confidence	EYP	POL	.964*	.202	.000	.42	1.50
	HV	POL	1.167*	.191	.000	.66	1.68
	HV	SW	.631*	.185	.005	.14	1.13

* The mean difference is significant at the 0.05 level.

Appendix 4.7 Question 14/15: Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Professional Identity

Gabriel's Post Hoc Analysis showing statistical significance between mean ratings of different professions for Professional Identity						95% Confidence Interval	
Q14/15: Rating of professional identity	Profession (I)	Profession (J)	Mean Difference (I - J)	Std Error	Sig	Lower Bound	Upper Bound
14bREV I am often ashamed to admit that I am a member of this profession.	EYP	POL	.46968*	.16460	.030	.0301	.9093
14cREV I find myself making excuses for belonging to this profession.	EYP	SW	.67742*	.18201	.002	.1909	1.1639
	HV	SW	.51351*	.17501	.023	.0469	.9801
14dREVI try to hide that I am a member of this profession	EYP	SW	.51111*	.14779	.005	.1159	.9063
14e I am pleased to belong to this profession.	HV	POL	.463*	.170	.042	.01	.92
	HV	SW	.480*	.166	.026	.04	.92
15a I can identify positively with members of my profession	EYP	POL	.476*	.141	.006	.10	.85
15b Being a member of this profession is important to me.	EYP	POL	.517*	.158	.008	.09	.94
	EYP	SW	.427*	.154	.037	.02	.84
15dThe public hold my profession in high regard.	EYP	SW	.696*	.203	.005	.15	1.24
	HV	SW	1.078*	.196	.000	.55	1.60
	POL	SW	.881*	.216	.000	.30	1.46

*. The mean difference is significant at the 0.05 level.

Appendix 4.8 Question 16: Number of meetings attended in the last three months

Number of meetings attended by Professionals in the last three months					
Number of TAC meetings in last 3 months	Early years	Health Visitors	Police Officers	Social worker	Total
0	16	7	16	6	45
1	5	5	1	2	13
2	4	8	2	5	19
3	1	1	0	6	8
4	0	6	0	0	6

Number of meetings attended by Professionals in the last three months					
Number of TAC meetings in last 3 months	Early years	Health Visitors	Police Officers	Social worker	Total
5	0	1	0	2	3
6	1	5	2	2	10
7	0	1	1	0	2
8	0	0	1	0	1
10	0	0	0	1	1
17	0	0	0	1	1
18	0	0	0	1	1
20	0	1	0	0	1
Missing	5	5	4	1	15
Total	32	39	25	28	124