

Social work practice and identity in joined-up teams: Some findings from a research project

Nick Frost¹ and Mark Robinson²

***Abstract:** This paper draws on an ESRC project that explored how multi-disciplinary teams work together in their practice with children. The specific aim of this paper is to examine the role of the social worker in such teams by focussing on some of the possibilities and tensions. It is concluded that, despite the many challenges, social work has a positive role to play in developing the joined up policy and practice agenda.*

***Key words:** social work; identity; joined-up; teams; multi-disciplinary.*

Introduction

This paper explores the implications of the recent trend towards joined-up thinking for social work as a profession. In theoretical terms one could argue that this is the moment for social work, as the joined-up profession par excellence, which connects, liaises and communicates within and between the professions and the service user (Donzelot, 1979). Conversely, an equally powerful argument could be made that this is the end of a profession without a clear power base or set of ideas: social work will become marginalised as more powerful and coherent professions dominate multi-professional practice. This paper draws on evidence from a study of joined-up teams to consider these concerns and addresses the following questions: what is joined-up thinking? Is joined-up thinking a major force in contemporary UK policy? What impact does being in joined-up teams have on the social work experience? What are the theoretical and practical insights generated from the research?

The research, which was based at the University of Leeds, UK, was funded by the ESRC and known as the MATCh (Multi-Agency Team Work in Services for Children) project. The project aimed to investigate the reality behind the rhetoric of 'joined-

1. Senior Lecturer in Continuing Education.

2. Research Fellow, Leeds Social Sciences Institute

Address for correspondence: School of Continuing Education, University of Leeds, Woodhouse Lane, Leeds, LS2 9JT. n.frost@leeds.ac.uk

up thinking' that is central to the Children Act, 2004. In this context we reflect on the experiences of the social workers based in the sample teams – four of the five multi-agency teams researched included social workers. Of the five teams, one had a youth crime focus. Another was community-based and worked with young people. The third was health based and concerned with child development. Another health based team worked with children injured in accidents, and the final team was nursery based and did not include a social worker. The research aimed to reflect on the perspectives and experiences of all professionals working in multi-agency teams. Attention was focussed on the impact on their professional knowledge, as well as learning and their ways of working.

Methods

The research project was a qualitative, multi-method study involving three phases. Phase one of the project included gathering documentary evidence from the teams and observing team meetings. Phase two consisted of interviews with team members to explore issues arising from analysis of evidence from the meetings and documentation. The third and final phase involved team members in focus groups responding to vignettes based on critical incidents from their workplaces around decision making and knowledge sharing. The interview and focus group material was analysed using NVivo software. A formative feedback session was also held with representatives from all of the five teams. The multi-method approach allowed exploration of the complex interplay of both structural systems related to employment and line management and participants' professional affiliations and personal feelings.

What is joined-up thinking?

It can be argued that 'joined-up' thinking constitutes a major shift in the approach to professional work in the public sector. The exact meaning of 'joined-up' thinking remains unclear and contested. Certainly, assessing its implementation in policy terms is not straight forward. Traditionally, professionalism has been defined by what is specific and particular to a profession. For example, Sims, Fineman and Gabriel (1993) argue that professionalism can be defined as follows:

1. a systematic body of knowledge and monopoly powers over its applications
2. a self-regulating code of ethics, emphasising values such as respect for the confidentiality of the client

3. the sanction of the community at large
4. control over the profession's qualification and entry procedures
5. an altruistic orientation ... (Sims, Fineman and Gabriel, 1993, p.283)

What defines professionalism, therefore, is what is specific to the profession rather than what links it with other professions. It follows that joined-up thinking is potentially destabilising of traditional professionalism - shifting the emphasis towards what professions have in common, rather than what distinguishes them.

Joined-up thinking has, however, been a central theme of social work with children, arguably at least since the death of Maria Colwell in 1973 (Parton, 1985). There is also a long history of thinking about and operationalising 'working together' in child protection (Hallett and Birchall, 1992; Birchall and Hallett, 1995). Nevertheless, a recently completed research review (Frost, 2005) reveals that the growing literature on joined-up thinking and social work remains stronger on rhetorical calls for increased joined-up thinking than on providing clear ideas for improving process and outcomes. There are a few conceptual frameworks for establishing, managing and delivering 'joined-up services' (see Easen et al., 2000, Atkinson et al., 2001). There is also some research evidence on how multi-agency teams are changing their ways of working. For example in health care, Ovretveit (1993) describes four organisational types of 'formal teams' (fully managed, coordinated, core and extended, and joint accountability) and alternative methods of working such as 'network associations'. Onyett et al., (1994) find that implementation rather than conceptual issues cause most of the difficulties with multi-professional team working. However, we found little in the literature on the processes of decision-making in the delivery of welfare services, other than Engestrom's (1999) work within the field of Activity Theory.

Joined-up thinking in contemporary UK policy

The 'New Labour' government, elected in 1997, had a stated commitment to 'joined-up' thinking as central to the reform of welfare services. This was a major plank in the 'modernisation' platform aiming to improve the effectiveness and efficiency of public services. Specifically, in terms of work with children and families, joined-up thinking recognises the inter-related nature of family and children's needs in the fields of health, social care, criminal justice and education. The emphasis on 'joined-up' policy in initiatives such as the Crime and Disorder Act, 1998, that led to the youth crime service, and Meeting the Childcare Challenge (DfEE, 1998), that led to early years partnerships, has been more recently foregrounded in the Green Paper 'Every Child Matters' (DfES, 2003) and the Children Act, 2004. Here the 'joined-up' agenda informs a raft of reforms including: children's trusts; a shared assessment framework; workforce reform; and the five outcomes identified in 'Every Child Matters' that are

increasingly becoming central to policy development.

These policy reforms indicate that 'joined-up' thinking forms a major part of New Labour discourse, and is central to their project. This project is presented as displacing the old fragmented bureaucracy with a 'new' dynamic, reformed service (Jordan, 2000). There are, of course, critics that question the desirability of both the process and the outcomes of joined-up thinking. From a theoretical perspective, Allen (2003) argues that social welfare research on joined-up thinking is under-pinned by two theses. He identifies these as:

- The 'systemic move' thesis that suggests joined-up thinking is needed to fill gaps in welfare service provision arising from a lack of inter-organisational co-ordination.
- The 'epistemological move' thesis that argues joined-up thinking is needed to overcome deficiencies in the institutional division and distribution of welfare knowledge.

Both these positions, Allen states, blame the overall system for previous social welfare failures, and present joined-up thinking as a progressive solution resulting in a more effective, less fallible, welfare system. Allen on the other hand, influenced by discourse theory, argues that some versions of joined-up thinking are conceived as practices that can 'see everything', 'know everything' and 'do anything', and thus they produce a 'holistic power' to discipline and control every aspect of welfare recipients' lives.

Allen argues that this all knowing power, once produced, is seen as infallible. However, it inevitably does not work as hoped and this leads to the creation of secondary 'joined-up powers' that blame individuals and exclude those to blame from welfare resources. These secondary powers match the social discipline enforced by one welfare agency (e.g. the responsibility to work enforced by the employment service) with legal rights under another agency (e.g. the right to housing from social landlords), so that breach of the former leads to exclusion from the latter. This example of joined-up thinking therefore works against the interests of welfare recipients. Allen is therefore against the move to increased co-ordination on these grounds. Allen's position shares characteristics with what Sullivan and Skelcher (2002) identify as a pessimist position on partnership working, in which, it is argued, 'collaboration takes place in order that stakeholders may preserve or enhance their power, prioritising personal or organisational gain above all else' (Sullivan and Skelcher, 2002, p.39).

Other researchers are sceptical from an empirical perspective. For example, data does not necessarily uphold the argument that increased co-ordination leads to positive outcomes for children. In perhaps the most scientifically sophisticated study of this issue, two US based researchers, Glisson and Hemmelgarn (1998), utilised a quasi-experimental, longitudinal design to assess the effects of increasing inter-organisational services coordination in American public children's services agencies.

The research team collected both qualitative and quantitative data over a 3-year period describing the services provided to 250 children by 32 public children's service offices in 24 counties in the state of Tennessee.

The researchers focus on what they identify as 'organisational climate'. Attempting to capture the motivation and support for caseworkers, they use low conflict, cooperation, role clarity, and personalisation as measures of a positive 'organisational climate'. They also measure inter-organisational coordination and outcomes for children. Inter-organisational coordination was measured as follows:

Authorisation was measured as the number of separate authorisations required for a child to receive services from multiple services. The fewer required, the greater the co-ordination. Responsibility was measured as the number of individuals responsible for ensuring that needed services were delivered to a child. The lower the number, the greater the coordination. Monitoring was measured as the proportion of those monitoring services for each child who also provided service to the child. Because coordination requires a separation of these responsibilities, lower proportions represent greater co-ordination (Glisson and Hemmelgarn, 1998, p.410).

Their data suggest that 'organisational climate' is the primary predictor of positive service outcomes (the children's improved psychosocial functioning) and a significant predictor of service quality. In contrast, inter-organisational coordination had a negative effect on service quality and no effect on outcomes' (1998, p 401). They therefore conclude that:

Efforts to improve children's services systems should focus on positive organisational climates rather than on increasing inter-organisational services coordination. Many large-scale efforts to improve children's services systems have focused on inter organisational coordination with little success and none to date have focused on organisational climate (Glisson and Hemmelgarn, 1998, p.401).

There are clearly then critics both on theoretical and empirical grounds of joined-up thinking.

Experiences of belonging to joined-up teams

Within the MATCH research project, our data-set helped us reflect on the impact of the joined-up thinking agenda on the experience of social workers in joined-up teams, and the challenges to their professional identity and knowledge in these emergent settings. We illustrate the professionals' dilemmas by focusing on: team members' differing forms of professional knowledge as embodied in the explanatory models they apply to practice; the language they use; and information sharing. We also give some examples of how their dilemmas were addressed.

Differing explanatory models

As we have already indicated, professions draw on specific forms of knowledge to construct their professional discourse – their way of understanding and intervening in the world. These are, of course, deployed through the differential power and status of the professions concerned. We start with interview data from the team we researched that was concerned with youth crime. Here the intervention with young people depends crucially on explanatory models of crime and offending. Perhaps unsurprisingly, the social work and related professions we interviewed tended to draw on a social model – relating youth crime to social and or family background and advocated interventions that took this explanation into account. However, the professionals from law enforcement related backgrounds in the same team tended to place greater emphasis on the impact of crime, in particular on the victim, when discussing interventions. As differing professions draw on distinct explanatory frameworks to support interventions, it could be hypothesised that this is deeply problematic for joined-up teams. Let us explore how these issues play out in real life situations.

In the example below, illustrating the impact of ‘theoretical’ models on actual interventions, an exchange of views between team members arose over a proposed trip abroad for young offenders which polarised positions within the team. This incident is described here by a drugs worker:

There was a great deal of tension amongst quite a few workers about why these young people should be treated to a trip to Disneyland in Paris for the Christmas period ...

The worker then asks, ‘How do you work and maintain a professional capacity to endorse something you don’t actually believe in?’

Here we see a worker questioning how appropriate it is to take action that could be seen to reward offending behaviour. A social worker in the team reflects on this debate

People would have their views and it flares off every now and again, it did last time in terms of treats for kids ... a number of colleagues in the team were very, very hostile to the idea of young people being taken away..

The differences in professional models leads to conflict in a team, despite its shared ‘mission statement’.

These differences are perceived as profound by the police officer in the team:

Let’s put it this way I think it was only the Social Workers that said they [the young people] should be allowed to get something but ... I’ve got one or two on my side! Sometimes Probation are a little bit on the police side. Ones from the Social Services background tend to focus on the young person’s problems. I get this feedback sometimes from my colleagues and it’s all about the

young person, ... sometimes I don't think they speak about the victims and the complainants. I give my view, a balanced view.

Thus the police officer by implication distances himself from applying the social causation model directly to interventions: whilst the young offenders have 'issues', these should not be allowed to over-shadow the impact on the victim. Significantly the police officer conceptualises his view as being 'the balanced view'.

Being able to hold a 'balanced view', despite disagreement with other team members, was a key enabler of professionals' continuing participation. There are core values retained by team members that help maintain their identity in a complex multi-disciplinary environment, and this perhaps indicates that there is space for 'personalisation' within the organisational climate (Glisson and Hemmelgarn, 1998). We also found that professionals could live with difference. They could maintain core values, under pressure, but still contribute to overall shared aims within complex teams with diverse membership, participating in a redistribution of welfare knowledge and greater coordination of provision. As a social worker from another team stated:

I've retained my identity as a Social Worker but I've gained an awful lot more knowledge about other agencies and about the way they work, how to access different things.

The teams also undergo a dynamic process of change over time, as members' (non-core) values, attitudes and models are not static. Opportunities for members to be influenced by each other occurred through joined-up case work, as well as open case discussions in team meetings, free from immediate decision-making. Sharing building space, sharing case work routines such as assessments, and joint development of documents such as information sharing protocols, helped professionals over time to strengthen their professional identities while also changing and learning with others. In the youth crime team for example, case work activities engaged specialists, case holders and workers in addressing a series of differences over time between professionals from a social work background, and those from a probation or police background. For instance, a recurrent case dispute concerned whether and when young people should be breached when they break the conditions of legal orders. A Youth Support worker in the team reflects on these differences:

Difference in beliefs come across with the Social Work and Probation Officers. You can tell who's who. Dead easy... You could tell your Social Workers because they were so client centred. Really didn't want to and didn't like breaching: they'd go, 'what's been going wrong and what can we do to get you back on track now', and your Probation Officers because they were so sort of 'public safety' were, it's in the public's interests and this is the rules, these are what we have to follow, and they weren't as flexible, would be there going 'right the breach is in' ... One's hardened the other one up and one's softened the other one up over the period of time.

Here we have two divergent applications of models – a strong client-focused application of a social causation model and a victim-centred application of a public safety model leading to two different attitudes. But the observer perceives a shift by both parties. Core values and attitudes are shifted by the situated reality of being in a multi-agency team, with specific shared activities helping to underpin a mutually supportive organisational climate.

A specific situated activity, cited by the Youth Support worker as supporting the change of beliefs among social workers and probation officers, was the process of gate-keeping each others' records, which required practitioners to reflect on their differences, 'when they gatekeep their records, they're presenting those reports it was like, and what type of sentence do you think I should go for with this one, or do you really think I should breach them?' The reports provide objects for shared reflection, in a participatory, dialogical process, drawing in different professionals, 'We've gone to them and said, "Oh come on, we cannot give them another chance", or "Please give them another chance". They were having to question their beliefs and explain why they're doing it'. Elsewhere in our data the police, probation officers and social workers report good working relations – they are able to sign up to a shared 'mission statement' despite some divergent attitudes related to their core task. Overall, in this team, joined-up working requires respect for diversity and involves professionals' reflecting on which of their values are core and which can be reinterpreted through shared practice.

Whilst we have explained in some detail some differences in a youth crime team, comparable but distinct differences in explanatory models exist in the other teams. In one of the health-based teams, for example, the main difference was perceived by the social worker to be between the dominant medical model and the subordinate social model. This social worker uses the language of models explicitly to reflect on actual day-to-day issues. In this example, the use of the building presents a concrete form of conflict between different explanatory models:

they [the medical staff] are used to it and they work within it but it's not very user friendly for someone who has mobility needs. It's not the most user friendly building and I think that's the difficult difference within a medical and a social model. I'd say it should be accessible to meet everybody's needs.

In another health based team, a dilemma of competing models of coordinating provision of services among different professionals arose for a social worker. Despite notionally being in a 'joined-up' team, the social worker believed that some of the consultants did not facilitate her involvement. The social worker felt that the consultants sometimes blocked referrals to her agency because they could not see the *value* of the work she could facilitate:

Sometimes that is blocked though, I think just because there is an inability to recognise the value

of that work ... I can clearly see which Consultants would use a Social Work service wisely and which wouldn't get the benefit of the services because they wouldn't make the referral.

The social worker also believed that some consultants had a misconception of social workers' role. As a result, some colleagues either unacceptably made referrals to her without first consulting family members, or were reluctant to refer to her, since they wrongly saw her as performing a primarily child protection role:

There is a misconception at the hospital that social workers are about taking children off their parents, so some doctors are reluctant to make referrals anyway, because they think that they will move in a very heavy-handed way, and that the medical staff's relationship with the families will be totally destroyed.

Underpinning this barrier to effective participation, social workers' professional models and operational procedures were perceived to be inadequately understood by some health professionals. Failure to include all team members in multi-agency team-building activities was blamed by the social worker for the misunderstandings. 'There are people in the team who don't understand my role just as I don't understand their roles. Because we don't meet, we don't discuss roles, we don't do any group-work, there is no team-building'. In both the youth crime team, and the hospital based teams there was a clear perception among social workers that joint activities offer opportunities for role clarification and critical reflection on professional models.

Power and discourse

The tensions between professions are also located in the discourse, the language used to communicate knowledge across professional boundaries. According to a hospital social worker, the hospital-based team deploys a professional discourse that is in itself an exclusionary mechanism:

I found it very hard to go in to that ... meeting ... what is daunting is we don't even speak the same language.... they know that I don't know things because I constantly try and express that, I get quite embarrassed at having to repeat myself so often.

There was an interesting parallel with the perception of a nurse in the youth crime team that the team meetings were dominated by a managerial discourse imported from social services culture, 'it is a real challenge for everybody to have to sit for two hours and have to listen to the way the meeting is being managed...very much a social services-influenced, managerial culture.' Hence, professional differences (of language and ideology) contained within the multi-agency team cannot be wished away. Even if services are 'jointly commissioned', or overseen by a children's trust,

differences will persist. Here is a major challenge for the 'joined-up' thinking agenda at the level of a discourse-permeated organisational climate.

The language perpetuates a hierarchical relation of power. With a metaphor of the 'tall hat', our hospital social worker expressed frustrations:

I think a lot of people with tall hats are overawed by their own status. One of the barriers is that sometimes people aren't listening to each other in that meeting ... but I think that in the hospital there is still the old ... you see 'doctor in the house' films don't you, where everybody is following the consultant, scuttling on the ward rounds... It is not like that really now, but it still goes on.

Another social worker, in a different health-based team, reflects on a contrasting experience - working alongside paediatricians dissolved any awe she may have felt, replacing it by a respect for expertise:

It's broken down a few barriers as well, working with paediatricians... they're just another professional to me. I don't feel the need to put them on a pedestal, they're down to earth like everyone else in the team and that's not an issue for me it's having the knowledge of the work they do and working alongside them.

In this situation, the personal experience of co-working in a joined-up team has aided the social worker in replacing stereotypical perceptions of power and status with 'real life' relations of respect and understanding.

A challenge of being in a multi-agency teams to the professional integrity of the workers is to simultaneously contain and embrace diversity while not losing those core professional values and modes of understanding that underpin their sense of identity. Professionals are constantly asked to assess the values that are core and immutable and those that can shift in response to change.

Information sharing and confidentiality

Key 'fault lines' along which differences between professions arise are information sharing and specific interpretations of confidentiality. These issues present particular challenges in multi-agency teams, and were mentioned by respondents from all the teams. Social workers often expressed concern about conditions restricting access to health databases. For example, at the youth crime team, the social worker and youth support worker felt that there was a cultural difference between social services and health agency norms:

There's issues around confidentiality, health records having to be, I suppose all records are supposed to be locked up, but the Health Worker and the Drugs Worker having confidential

files which don't go on the system, so if you want some information and they're not there to be able to talk through about it, you can't access that information.

I'm used to working in an arena where we do share things all the time and so to have somebody come in with a very strict confidentiality policy ... I found it more difficult ... it's to do with Health Service practices and how much information they're allowed to give out.

At the social services funded team that worked with young people with emotional and behavioural problems there were concerns, expressed by the team manager, that specific health service databases remained inaccessible, whereas in neighbouring teams which were health funded this might not be the case, 'For one example, the Health [team] has a database that is used across the service. We haven't been able to use it yet because we're not part of Health, we're Social Services'. Conversely, according to the team manager, other health-service funded teams had poor access to social services databases, 'We're part of Social Services, Social Services data base, and that gives us access to information about previous social work involvement, but the health teams don't get that'.

Differences of organisational and professional values and procedures around confidentiality arguably impede any tendency of multi-agency teams to become an instrument of all-knowing surveillance (Allen, 2003). In one team meeting which the research team observed, dilemmas of information sharing were confronted and then addressed through team members' co-participation in developing written protocols. The (health professional) lead clinicians and other professionals and (social services) manager in this team voiced clashing opinions over case recording systems, but then addressed these differences by collaboratively producing new written guidelines for recording and exchanging information. Thus information sharing – perhaps the key tenet of joined-up provision - acts as a major challenge to joined-up services, which teams struggled to overcome.

Conclusion: Theoretical and practical insights

The research that underpins this paper draws in part on the theoretical concept of 'community of practice' (Lave and Wenger, 1991; Chaiklin and Lave, 1993; Wenger, 1998) to help interpret the evidence. Wenger and associates argue that knowledge is produced in communities of practice, and embedded in practice contexts. Some is conceptual knowledge applied to the work situation from training. Some is experiential knowledge based on daily working routines, and is often implicit rather than explicit. Wenger's model of knowledge creation in communities of practice defines two complementary processes, *participation* and *reification* (Wenger 1998: 58). *Participation* involves daily, situated interactions and shared experiences of members of the community working

towards a common goal. *Reification* involves explication of these versions of knowledge into representations (artefacts, documents, and rituals).

Practitioners from different disciplines are not regularly expected to justify their rituals or nature of interactions with clients in single agency settings. In a multi-agency team, these differences potentially 'collide' (Engestrom, 2001) as boundaries around specialisms are broken down. At this point, implicit knowledge must often be made explicit. Professionals have to find a common language to make knowledge accessible to their colleagues from other disciplines. This may involve discarding specialised vocabularies, a painful process in the forming of a new professional identity. The forging of a generic, inclusive multi-agency team language can be a lengthy process.

Social work has long been central to joined-up thinking around child welfare, arguably *the* joined-up profession. In some ways we can see social work as the cement that holds together the service, attempting to connect it into a coherent whole (Donzelot, 1979). Our research has shown that the social work role in the teams is complex and contested, with actual and potential conflicts about models of understanding, about status and power, about information sharing, and around links with other agencies. To some extent, therefore, applying joined-up thinking to practice is more difficult than the initial New Labour agenda suggests. We cannot wish away some of the dilemmas that have been suggested by our research. While inter-organisational coordination at structural levels may address some tensions, others persist at the level of organisational climate within teams. Many of these structural and cultural issues are found in all attempts at co-operation across professional boundaries – joined-up teams shift the boundaries and alter the specific nature of the issues. Workers are obliged to address problems but can learn and change from this learning. We can, however, perceive a more optimistic agenda for joined-up thinking. Whilst conflicts and contested definitions exist, we have found that the teams have developed ways of working together as communities of practice that generate shared meanings and understandings. The professionals want to make multi-agency teams a success, building new ways of working despite difficulties. Professionals highlighted what they had in common, as well as emphasising that teams thrive on respect for diversity.

Social workers in multi-agency teams can retain a core identity and core values, whilst engaging in developing communities of practice. Our research indicated some practical enablers of positive inter-professional collaboration based on shared positive attitudes to participation in teams. Nurturing a positive organisational climate involves *both* team maintenance (involving co-operation and respect for diverse values) and team transformation and inter-professional learning (involving challenge). In multi-agency teams, ongoing tensions between sustaining an emerging team 'community' and encountering different professional models are inevitable. Although such tensions can be threatening, workers addressed tensions creatively through their respectful engagement with diversity while developing inclusive team values. Their expressed pride in membership of their teams formed a basis for effective joined-up practice.

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