

The role of the educational psychologist in promoting effective multi-agency collaborations

Paper 1: New directions for the educational psychologist

Paper 2: Self-Organised Learning as a development tool

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Paper I Abstract

Service integration is central to current government strategy for promoting positive outcomes for young people with educational and additional needs, yet evidence to support the efficacy of this strategy remains elusive. A review of the literature finds that many of the facilitators of successful multi-agency working are at the intra-group level. These barriers and facilitating factors are organised into an Eco-systemic Model of Multi-Agency Working (EMMA) which addresses leadership processes, group-level interactions and problem-solving processes.

The first stage of the study generates data for intervention materials to be used in the second stage. This is achieved by comparing the purposes and practices of each group at different systemic levels. This stage of the study also provides baseline questionnaire data for the second stage of the study. Consideration is given to the sources of conflict within each group, the strategies used to resolve these conflicts and the levels of hierarchical and systemic thinking within the participating multi-agency groups. The resulting analysis is found to fit well within the EMMA model and the distinctiveness of each of the systemic levels as well as their interdependence is discussed. Suggestions are made for improved multi-agency practices and new directions for the educational psychologist in facilitating improved practice are explored.

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Introduction

The government strategy 'Every Child Matters' (ECM) (Department for Education and Skills, 2003) aims for a stronger commitment to integration and improved communication between related child services with a view to preventing children 'falling through the cracks' between them. The Audit Commission (1998) calls for teams to identify objectives linked to specific outcomes which can either be measured or evaluated within given timescales.

Until recently, it has been assumed that these groups will 'just work' once these outcomes have been agreed, but evidence to support this assumption is limited. If, as is becoming increasingly recognised (e.g. Wilkinson and Craig, 2002), specific training is needed to facilitate effective multi-agency working, this training needs to be based on sound principles. The difference between a successful and an unsuccessful group must be clearly understood.

Multi-agency groups are unique structures, each with their own socio-political context, objectives, working processes, internal dynamics and external pressures. This study seeks to analyse some of the idiosyncrasies of three different multi-agency groups and provide a framework within which to understand them better. It looks in particular at how conflict is perceived and resolved and the impact of leadership constructs on effective multi-agency working. Further data is used to compare group members' beliefs and attitudes with their perceptions of group purposes and values as well as with their actual working practices.

In the second stage of the study, the results from this first stage are used to promote reflective discussion and to inform action planning sessions with each of the participating groups. The purpose of these action planning sessions is to agree actions to be put into place by each group as a result of the reflective discussions

undertaken as a part of this study. The nature of these actions is not pre-determined but arise from the separate reflective processes in each group. The quantitative measures are then repeated post-intervention in order to explore changes in attitude and beliefs.

The following review of the literature summarises the current understanding of barriers to and facilitators of multi-agency working and examines different conceptual models of leadership (see Appendix 32 for an expanded review).

Chapter 1: Literature

For each area of the literature, an initial search was made for recently published, highly-cited, seminal works, articles or journal editions. Other works were then backwards referenced from these starting points until very few new references were appearing. The most recent publications were then searched using EBSCO and Google Scholar using appropriate keywords (multi-agency, multi-professional, inter-professional, collaboration, consultation, conflict, conflict resolution, leadership model, leadership skills, eco-systemic) and by checking which authors had cited these earlier seminal publications. An initial search, focussing on barriers to and facilitators of multi-agency working, was carried out in September 2008 and subsequent searches were carried out in January 2009 and July 2009. These focussed on research into models of leadership and into conflict and conflict resolution respectively.

Barriers to and facilitators of multi-agency working

The research literature identifies a multiplicity of barriers to and facilitators of multi-agency working. What is lacking in this literature is any attempt to systematise these themes into a coherent framework. One way of doing so is to organise them in terms of eco-systemic levels, adapted from those of Bronfenbrenner (1979). The literature has been summarised within such a framework in Table 1.

Adopting this structure allows us to organise existing research findings within a framework which may afford a clearer analysis of patterns and relationships. It serves to demonstrate the eco-systemic nature of the findings and to inform the theoretical model underpinning the associated research study.

Level	Original Meaning	Adapted Meaning	Research Findings
Microsystem 1	The narrowest unit of meaning: The individual biology of the child	The narrowest unit of meaning: The way in which an individual child is construed through the use of language within the group	Shared terminology and language (Barclay & Kerr, 2006; Watson, 2006; Dunsmuir et al, 2006); challenging and clarifying language used when talking about the young person themselves and those around them (Dennison et al., 2006).
Microsystem 2	Immediate environments (family, school, peer group, neighbourhood, and childcare environments)	The immediate group environment in terms of who attends and of role definition, demarcation and overlap	Clearly defined roles and responsibilities (e.g. Sloper, 2004); differentiated shared, core skills and domain-specific expertise (e.g. Leadbetter, 2006).
Mesosystem	A system comprising connections between immediate environments (i.e., a child's home and school)	The system of relationships between group members	Positive, team-oriented attitudes such as respect, trust, flexibility and motivation (e.g. Barclay & Kerr, 2006; Dodgson (1993); Newell & Swan (2000).
Exosystem	External environmental settings which only indirectly affect development (such as parent's workplace)	Wider indirect pressures upon the group (such as commissioning agencies, budgets etc)	Adequate budgetary, staff and time resources (e.g. Dessent, 1996; Dearden & Miller, 2006); common lines of accountability (e.g. Leadbetter, 2006).
Macrosystem	The larger cultural context (Eastern vs. Western culture, national economy, political culture, subculture)	The philosophical context of the group in terms of its goals, values and ideologies	Shared goals (see Sloper (2004) for a review); Shared values and purposes (Frost & Robinson, 2007) and shared beliefs about interventions required, case prioritization (Easen et al, 2000) and appropriate settings (Dearden & Miller, 2006); Shared professional ideologies (see Anning, 2005; Frost & Robinson, 2007).
Chronosystem	The patterning of environmental events and transitions over the course of life	The nature and flexibility of working practices within the group over its lifetime	The absence of pattern (ways of looking at the world that maintain problems), homeostasis (tendency to work towards a steady state of equilibrium), non-circularity (apportioning blame rather than looking at the systemic sequence of interactions that perpetuate problems) in group working patterns ¹ (Dennison et al., 2006).

Table 1: The eco-systemic levels of multi-agency processes

Outcomes

Overarching and informed by all these levels is the goal of facilitating beneficial outcomes for young people.

¹ To encapsulate this latter set of ideas taken from systems theory, the term

Atkinson et al. (2002) have described some of the outcomes of successful multi-agency work, such as easier access to a wider range of services and expertise, improved educational attainment, early and accurate identification of needs and better support for parents. However, records of such success in the wider literature are hard to come by (Sloper, 2004; Cameron et al., 2000). For example, Hall (2000) found little relationship between outcomes and the organisation of children's services.

Abbott et al (2005) found that multi-agency working led to significantly better health care provision for children with disabilities, but had no significant impact on the social and emotional needs of the child and their family. In another associated study, multiple barriers persisted to communication, independence, friendships, relationships, leisure and recreational activities despite multi-agency involvement. The emphasis of meetings was found to be on multi-agency structures rather than outcomes for young people and their families (Townesley et al, 2004).

Easen et al (2000) have found that clearly specified outcomes, timescales and procedures promoted positive outcomes for children whilst Dearden and Miller (2006) found that setting reasonable rather than perfect goals facilitated multi-agency negotiations. Put simply, small, measurable, achievable, realistic and time-bound (SMART) targets are more likely to be realised.

Several other strands relating to the processes of multi-agency working weave their way through the literature and act in dialogic relation to every systemic level.

These are:

- Strong leadership with a clear vision and a drive to get things done (Watson, 2006)

- Well-managed conflicts and the absence of ‘a competitive blame culture’ (Dearden & Miller, 2006)
- Opportunities for joint training (Barclay & Kerr, 2006; Dunsmuir et al, 2006; Watson, 2006)
- Time for reflective learning (Hymans, 2006; Frost & Robinson, 2007)

However, these strands have not all been very thoroughly investigated in multi-agency contexts. For example, it is not clear from the research what conflict resolution strategies are used within groups, what constitutes high-quality reflective learning in multi-agency groups, or whether different models of leadership within groups produce different kinds of outcomes. These issues are all explored within this study.

Conceptual Models of Leadership

A number of overlapping models of leadership exist which can be summarised briefly as follows:

- Attribute theories e.g. Zaccaro, 2007
- Behavioural theories e.g. Likert, 1961; Shartle, 1951
- Contingency models e.g. Fiedler, 2002; House, 1996; Yukl, 1998
- Situational approaches (reviewed in Ayman, 2004)
- Transformational models e.g. Bass, 2002; Sashkin, 2004

These models are based on what Rost (1993, 1997) terms the ‘industrial paradigm’, suggesting that the paradigm for leadership studies in the 20th century was centred on the individual. This does not sit well with the ecological perspective described above. According to Rost, leadership was defined at that

time as the activities of great men and women. Rost has redefined leadership around the focus of relationship.

The ecological theory of Allen et al. (1998) addresses this tension between the ecological and industrial models of leadership. In this view, most organisations need to decrease their dependence on positional leaders, increase input from organisational experts, involve the entire organisation in environmental scanning, subject decisions to review and criticism by organisational members, and enhance organisational diversity. The ecological model views leadership as an emergent process which occurs in a web of interdependent social and biological systems. It seeks to balance the tension between human diversity and the single-minded pursuit of common goals. It also seeks to balance the industrial and the ecological perspectives. Wielkiewicz (2000) has developed a two-factor measure (LABS-III) that has been used to quantify the beliefs of team members about the hierarchical and distributed leadership models discussed in Allen et al.'s theory (see Appendix 3). The Hierarchical Thinking scale consists of 14 items that suggest groups should be structured in a stable, hierarchical manner with power and control focused in the upper levels of the hierarchy. This style of thinking is characterised by a belief that control and authority extend downward in the hierarchy and that group members should seek guidance from the level above them. The Systemic Thinking scale consists of 14 items reflecting an ability to relate a variety of ideas and concepts to group success. Individuals high in systemic thinking are likely to believe that a variety of feedback loops should influence group decisions, that all group members should share in the responsibility for group success, and that flexibility and adaptation to a changing world are key elements of group success. Thus, this style of thinking is characterised by being able to relate group success to the complex interaction of a number of factors, consistent with Allen et al.'s

theory. Elsewhere, Sternberg (2004) also proposes a systems model of leadership that goes some way towards recognising the distributed and emergent nature of leadership.

Conclusions

Previous analyses of the facilitators and barriers to successful inter-agency collaboration have lacked a theoretical framework. This present review proposes an eco-systemic view of multi-agency processes which systematises the research findings into a coherent framework and identifies areas that have received less attention. The lack of research into conflict resolution strategies in multi-agency groups and the effect of differing conceptual models of leadership within groups are two examples of gaps in the literature.

Whilst most models of consultation used in multi-agency contexts are designed to facilitate the setting of appropriate goals for the child via a structured analysis of solutions to the child's needs, it is clear from this review of the literature that most of the facilitating factors and barriers in multi-agency work have more to do with within-group processes.

Allen et al. (1998) contrast the attributes associated with groups with open (systemic) and closed (hierarchical) leadership processes. In summary these are:

- Free and unrestricted information flow
- Ideas that lead to the reconsideration of group organisation encouraged
- Consequences of significant group decisions fully considered
- Flexible group structure and function
- Interaction between all group members
- Feedback loops encouraged

- Contribution from all members encouraged
- Shared ethical values
- Shared understanding of decisions taken
- Group success construed as group effort
- All members committed to clear purpose and values
- Personal development valued highly
- Individual accountability taken for decisions and actions
- Changing conditions quickly adapted to

This wide-ranging set of conditions can be given tighter conceptual structure by considering the underlying cognitive skills associated with each attribute (much as Sternberg (2007) does in his WICS model) and also by considering the systemic level at which it operates. Both of these steps are entirely consistent with ecological and systemic theory.

By bringing together an expanded (to encompass outcomes) version of Table 1 and a systemic consideration of the needs of individual child emerging from this review of the literature along with the leadership processes discussed above, the following eco-systemic model of multi-agency working has been constructed (Table 2):

Level	Leadership process	Group Focus	Child Focus	Outcomes
Microsystem Ethical considerations	Ethical thinking: group shares common ethical framework; individuals held accountable for decisions; willingness to take risks, to fail and to surmount obstacles; interests of young person considered	Shared terminology and language; challenging and clarifying language used to construct the young person themselves and those around them	Information gathered about the individual	
Microsystem Roles	Inclusive thinking: expertise not associated with group faultlines; feedback loops are not ignored; contribution of all members acknowledged; success seen as group effort; individual development valued by group; Independent thinking: all members understand reasoning behind group decisions; accepted definitions challenged; willingness to promote own point of view	Clearly defined roles and responsibilities; differentiated shared, core skills and domain-specific expertise	The stakeholder: working with the child	Prioritised, SMART change strategies
Mesosystem Relationships	Diverse relational thinking: dissent seen as an expression of loyalty; information flow is free and unrestricted; decisions and outcomes open to reflection; ability to balance interests of self, group & commissioning agencies Dilemmatic thinking: willingness to tolerate ambiguity; ability to combine old and new knowledge	Positive, team-oriented and motivation attitudes such as respect, trust, flexibility	Relationships between stakeholders	facilitated by joint training, problem-solving tools, and reflective learning
Exosystem Wider pressures	Consideration of sustainable environmental limits: surveillance of resources available and consideration of objectivities; belief in group's ability to achieve objectives	Adequate budgetary, staff and time resources ; common lines of accountability	Indirect socio-cultural influences on child	
Macrosystem The philosophical context	Big picture thinking: core values and purpose are clear to all, held in common and used to challenge group when ignored Long-term thinking: fullest possible consideration given to consequences of outcomes	Shared values and purposes and shared beliefs about interventions required, case prioritization and appropriate settings; Shared professional ideologies	Cultural norms; wider social or cultural needs	
Chronosystem Patterns of working over time	Adaptive thinking: Group structure and function is flexible and can quickly adapt to changing conditions as a result; conceptual replication avoided in new situations; new experience and expertise promote evolving patterns of working Selective thinking: selective approach to expert knowledge; ability to distinguish irrelevant from relevant information	Absence of negative robotic thinking in group working patterns	Homeostasis, circularity, punctuation, reframing	

Table 2: Eco-systemic Model of Multi-Agency Working (EMMA)

It should be remembered that, according to eco-systemic thinking, every systemic level affects every other and that this table is necessarily a simplification of group processes. This model is consistent with the structures and systemic levels found within the Common Assessment Framework documentation (The Children's Workforce Development Council, 2009), but fosters in addition a shared responsibility for leadership skills, a more reflective and co-operative approach to problem-solving and a more holistic set of outcomes. This model is used to inform the design of the semi-structured interview questions, the transcript analysis, the construction of new psychometric measures and the discussion of findings in this study.

Chapter 2: Methodology and Aims

Research Aims

The first stage of the study is exploratory, seeking new insights and generating data for intervention materials using the EMMA model as a framework. This is achieved by comparing the purposes and practices of each group at different systemic levels. Quantitative questionnaire data is triangulated with a qualitative analysis of meeting transcripts and interview responses in order to facilitate this comparison. This stage of the study provides baseline data for the second stage of the study. Consideration is given to the level of inter-relatedness between

- the sources of conflict within each group
- the strategies used to resolve these conflicts, and
- the levels of hierarchical and systemic thinking within the groups.

The second stage of the study describes the process of the intervention within each group. This takes the form of reflective learning activities based upon the principles of self-organised learning. The impact of these interventions is assessed by comparing post-intervention questionnaire data with baseline data. This data is analysed interpretively in conjunction with the qualitative data gathered through post-intervention transcript analysis and participant interviews.

Research questions

The following questions are addressed in the first stage of the study:

- What are the similarities and differences within and between the participating groups in members' understanding of group purposes, practices and outcomes?

- Are there differences within or between the participating groups in the perceived sources of conflict, the conflict resolution strategies employed and the levels of hierarchical and systemic thinking?
- Does the EMMA model help to organise concepts of multi-agency working within the participating groups in such a way that it yields new insights into effective multi-agency working?

Methodology and design

This first stage of the study employs both qualitative and quantitative methods to carry out a series of three case-studies. Data are gathered from meeting transcripts, from semi-structured interviews and from questionnaires. Quantitative data are presented and interpreted qualitatively without statistical analysis beyond the calculation of means and standard deviations. The three sources of data have been considered first in isolation, and then in concert, in order to triangulate (and thereby add greater validity and contextual understanding to) discrete findings.

The mixed method design employed in this study allows for beliefs about conflict and leadership to be collected from both qualitative and quantitative sources and compared with actual working practices. This enables identification of inconsistencies or differences between:

- 1) group purposes (the group's perceived remit and the values which inform decision-making), practices (group problem-solving processes and procedures) and outcomes (the physical and electronic products of the group and both

quantifiable and anecdotal evidence of improved trajectories for children and young people)

- 2) individual group members' values and beliefs
- 3) the three participating groups.

These mis-matches are used to inform the interventions described in the second stage of this study (see Appendix 3 for an example). The first stage of the study also provides baseline questionnaire data for the second stage. Comparative statistics can be found in Appendices 5 to 13 and the differences found are discussed in Paper 2. Viewed as a whole, the study is a baseline-intervention-assessment piece of participatory action research designed to improve both the practice and the understanding of practice within participating multi-agency groups. The design seeks to be emancipatory and participative whilst avoiding the atheoretical posture (Atkinson & Delamont, 1985) and overbearing approach (Adelman, 1989) taken by some studies of this type.

Sample

Initially, eight groups within a single local authority were approached:

1. Children in Care Local Practitioner Group
2. Youth Offending Team Risk Panel
3. Multi-Disciplinary Autism Spectrum Disorder Diagnostic Panel
4. Team Around the Child Multi-Agency Group 1
5. Team Around the Child Multi-Agency Group 2
6. Team Around the Child Multi-Agency Group 3
7. AXS Pathway Co-ordinators Group
8. AXS Local Management Board

Of these the first three agreed to be involved in the study. The Team Around the Child (TAC) groups all declined because of worries about the sensitivity of the issues under discussion (in two cases) or lack of consent from the child (in the third). The chair of the AXS Pathway Co-ordinator Group, after time for reflection, felt the Local Management Board would be better suited to the study. The chair of this group ultimately declined to be involved due to a lack of response to an e-mail consent form from some members. Delayed correspondence and the summer break then prevented a sufficiently speedy resolution of this problem.

The groups involved in the study comprised the following members (Table 3):

Group A Multi-Disciplinary Autism Spectrum Disorder (ASD) Diagnostic Panel	Group B Children in Care (CiC) Local Practitioner Group	Group C Youth Offending Team (YOT) Risk Panel
Child and Adolescent Mental Health Worker	Supervising Social Worker for Fostering	Senior Probation Officer
Consultant Child and Adolescent Psychiatrist	Personal Education Plan Coordinator	Court Team Manager
Consultant Paediatrician	Senior Youth Participation Worker for CiC Team	YOT Area Manager
Speech and Language Therapist	Social Worker	Senior YOT Officer
Educational Psychologist	Educational Psychologist	Police Officer
	Youth Service Team Leader	Court Team Social Worker
	CiC Service Manager	Social Worker
	Looked After Children Advisory Teacher	Child and Adolescent Mental Health Worker
	CiC Nurse	Social Worker
	Children and Young People's Service Fostering Team Practice Manager	

Table 3: Occupations of Participating Group Members

Other unlisted members of these groups were not involved in the recordings, interviews or questionnaire administration.

Measures and Procedures

The table below shows an overview of each pre-intervention data collection method, its broad aims, a reference to an appendix showing each instrument and associated instructions for participants, numbers of participants involved for each method used and their group membership and dates of administration.

Data Collection Method	Broad Aims	Associated Appendix	Number of Participants			Dates of Administration
			Gp A	Gp B	Gp C	
Audio Recording of Meetings	To allow analysis of actual working practices	1 (Transcript Excerpt)	5	9	9	26.03.09 - 04.08.09
Semi-Structured Interviews	To elicit participant understandings of group purpose, process and outcomes	2 (Instructions, questions and exemplar responses)	4	5	4	09.07.09 – 23.08.09
LABS-III Questionnaire	To quantify levels of hierarchical and systemic thinking within groups	16 (Pro-forma with instructions)	5	6	6	06.05.09 – 04.08.09
CIPT I Questionnaire	To elicit and quantify perceived sources of conflict within groups	15 (Pro-forma with instructions)	5	6	6	06.05.09 – 04.08.09
CIPT II Questionnaire	To identify and rank problem-solving strategies employed within groups	17 (Pro-forma with instructions)	4	5	5	04.06.09 – 23.08.09

Table 4: Overview of Pre-Intervention Data Collection Methods

Qualitative Data

Qualitative data were gathered from two sources: transcripts of digital audio recordings of five multi-agency meetings held by the three participating groups and detailed notes taken during semi-structured interviews with thirteen members of these multi-agency groups.

Due to their length, sections of recorded meetings were selected for transcribing. These selections avoided the presentation of lengthy case details, usually by a single speaker, and focussed instead on group problem-solving processes. It was felt that the reproduction of an entire transcript would compromise participant anonymity and confidentiality, but a section from a Group A meeting has been quoted in Appendix 1 with the consent of the group members.

Semi-structured interviews explored the beliefs and values that underlay participant constructs around leadership and conflict, particularly at the micro 1 and macro levels, less accessible as these are to the analysis of transcripts and questionnaire responses. An example interview transcript can be found in Appendix 2. Interviews lasted approximately forty-five minutes to one hour.

Quantitative Data

Wielkiewicz's (2000) LABS-III questionnaire (see Appendix 18) was administered to each participant to explore beliefs about leadership within the group. It consists of a hierarchical thinking scale (promoting the salience of power, control and hierarchy in organisations) and a systemic thinking scale (reflecting a commitment to shared responsibility, adaptability and reflection-in-action) each of 14 items. Each group's mean participant scores on these two scales can be found in Table 6 on Page 30. Individual participant scores on the two scales are given in Appendix

7. A second original two-stage measure of conflict styles, 'Conflict in Inter-Professional Teams', was also administered to each participant. The term 'group' was substituted for the term 'organization', used in the original questionnaire, with the guidance and permission of the author. This is referred to in Appendix 18 as the adapted version of the questionnaire.

The LABS-III questionnaire was validated using data from 676 respondents from two (one all-male, the other all-female) private, Catholic, liberal arts campuses in the USA, made up of 93.5% Caucasian students. A further non-representative group of 105 students from a state-supported university in the Midwest of America was recruited. 288 males and 387 females participated in total (Wielkiewicz, 2000).

An original measure of the sources of conflicts within groups and the strategies employed to resolve these conflicts was constructed (see Appendix 16) as a separate project prior to data collection. This 'Conflict in Inter-Professional Teams' (CIPT) questionnaire (Appendices 17 and 18) was based on the existing literature and in particular on findings from Rose (2008, 2009). This two-stage measure comprises: 1) a thirty-six item questionnaire about the different sources and strength of conflict experienced within groups, and; 2) a follow-up section to select and rank strategies used to resolve six of the highest scoring sources of conflict identified in the initial questionnaire. Appendix 11 shows how these sources of conflict from Part 1 of the questionnaire were selected for inclusion in Part II. Up to five strategies are identified for each of these six sources of conflict from a list of twenty-six strategies.

Quantitative data was collected initially by mailed responses to the LABS-III and the CIPT Part 1 questionnaires given out at group meetings. E-mail reminders and

electronic copies were also sent to each participant. Seventeen group members responded to these initial questionnaires. All five members of Group A responded. In Group B, a fairly representative set of six of the (then ten) members responded. In Group C, all the core (non-case-worker) members responded except for the group chair. In addition, one case-worker responded. This under-representation of case-workers is taken into consideration when discussing the results. Paper and electronic copies of the follow-up section of the CIPT questionnaire (see 2) above) were sent to each of the seventeen respondents and e-mail reminders were sent approximately once a week until a week before the first feedback session. Fourteen of the original seventeen respondents completed this follow-up section (four members of Group A and five each from Groups B and C).

Data Analysis

Qualitative Data Analysis

Transcripts were thematically coded using NVivo software (see Appendix 20 for a list of codes and their meanings and see Appendices 22 and 24 for full text exemplars of coding nodes). In order to generate coding nodes, an attempt was made to understand the function or purpose of any given word, sentence, paragraph or exchange within the context of the study's wider aims i.e. expressions of group purpose, practices and outcomes, and examples of conflict, conflict resolution and emergent leadership skills. Coding nodes arose from the data itself and were not super-imposed upon the transcript data from any existing model or framework. Semi-structured interviews provided an opportunity to clarify with participants the intent behind any contributions whose meaning was felt to be significant but ambiguous.

Quantitative Data Analysis

Questionnaire data were analysed using SPSS. The LABS-III data were analysed by systemic and hierarchical sub-scales; the CIPT questionnaire part 1 (sources of conflict) data were analysed by conflict type (task, process and personal) and conflict level (roles, relationships, wider group pressures and patterns of working over time) sub-scales; CIPT part 2 (conflict resolution strategies) data were analysed by conflict mode (compete, avoid, co-operate, compromise and accommodate) sub-scales (see Table 6 on Page 31). Individual and group scores, means and standard deviations on each sub-scale were calculated. Further analysis was interpretative due to the small sample size and the complexity of the data.

Limited quantitative analysis was performed within NVivo on the transcript coding data. The percentage coverage of each coding node in each group was calculated by creating a chart of the most-coded nodes for each transcript. Speaker coding was first removed in order to isolate coding node data. These data were then represented within the EMMA model (see Graphs 1 to 5). This is a measure of the length of utterances assigned to a coding node as a proportion of the whole transcript. Each transcript was also analysed by percentage coverage for each participant (Appendix 26) by selecting only speaker nodes when creating the graph within NVivo – a measure of who said how much. This analysis was performed before thematic coding was carried out in order to isolate speaker coding data. In addition, coding nodes occurring frequently in one or two groups and rarely or not at all in the other group(s) were listed (Appendix 21). This analysis was facilitated by bringing up the individual summary window for each

coding node and provided a sense of the distinctiveness of each group. Given the limitations of any single form of analysis, it was this combination of theme and speaker dominance and thematic distinctiveness that was judged to make the best use of the data.

Ethical Considerations

In conjunction with a verbal presentation by the author concerning the nature and scope of the study and the methods to be used, a consent form (Appendix 31) was used to record participants' informed consent to take part in the study. A full record of the ethical considerations regarding this study can be found in Appendix 30. A non-judgemental, evidence-based style has been adopted which has sought to maintain and foster respect for participants at all times. All participants have been anonymised in any written record.

Chapter 3: Results

Table 5 below provides an overview of the pre-intervention meeting audio recording extracts selected for transcription and thematic coding in each group.

Gp	Extract number	Length	Broad Topic
A	1	221 words	Case #1 solutions proposed /need for additional input from speech and language therapist
A	2	412 words	Case #2 process issues outside group / referral back to referring agency
A	3	302 words	Case #3 – which screening tool to use / ramifications of diagnoses
A	4	856 words	Case #4 – which is right diagnosis / what is evidence base / wider implications of each
A	5	807 words	Case #5 – review quality of evidence / pros and cons of medication
A	6	449 words	Case #6 – Communication and funding complications of home educated child
A	7	210 words	Case #7 – Appointment mix-up
A	8	253 words	Case #8 – Implications of post-16 referral
A	9	1303 words	Case #9 – Legal and funding complications of out-of-county care placement with legal action in progress
A	10	204 words	Case #10 – Lack of preparation and budget complications
A	11	107 words	Case #11 – Atypical autism diagnosis agreed
A	12	673 words	Case #12 – Aspergers or high-functioning autism / importance of speech and language evidence
A	13	102 words	Case #13 – Aspergers or high-functioning autism
A	14	354 words	Reflections on group practices

Gp	Extract number	Length	Broad Topic
B	1	154 words	Discussion about agenda
B	2	279 words	Discussion of distribution list
B	3	33 words	Introductions
B	4	933 words	Discussion of children in care transition arrangements
B	5	439 words	Child Exploitation and Online Protection (CEOP) training
B	6	1968 words	Discussion of monitoring form
B	7	607 words	Training Events offered from within group
B	8	3417 words	Funding tuition through the Personal Education Allowance (PEA)
B	9	1169 words	Appropriate use of the PEA
B	10	1178 words	Discussion of the implementation plan
B	11	470 words	Information flow issues and dates
C	1	1540 words	Case #1 – Levels and sources of vulnerability / alternative accommodation
C	2	252 words	Case #2 – What level of vulnerability
C	3	1095 words	Case #3 – Clarifying purpose / should community punishment be enforced / public accountability / feedback loop
C	4	604 words	Case #4 – Review of level and management of risk
C	5	247 words	Case #5 - Clarify outcomes based on opinion and evidence
C	6	190 words	Case #6 - Re-focusing group on risk / Clarifying level criteria / Re-cap actions and clarify process
C	7	375 words	Case #7 – Evidence based practice / Needs of child / problem-solving / Justifying own role in group
C	8	280 words	Case #7 – Identifying sources of resilience / Big picture thinking
C	9	326 words	Case #8 – Role clarification, signposting other agencies, establish risk/vulnerability levels
C	10	203 words	Process issues and clarifying purpose of meeting

Table 5: Overview of Pre-Intervention Transcript Content

Purposes, practices and outcomes

The members of Group A (the ASD diagnostic team) were clear about their purpose as a diagnostic panel which signposted other services and had a follow-up role following diagnosis (see Appendix 5 for a summary of interview themes). However, the relative importance of diagnosis as an outcome (as against the identification of individual needs and how to meet them) varied within the group.

Some members of the group also perceived the group in terms of possessing a remit to learn. Less clear were the details of that remit and evidence of agreed learning objectives or processes. There were also divergent understandings of the social consequences of medical diagnoses which followed faultlines demarcated by professional training. Faultlines are the hypothetical dividing lines that split a group into relatively homogenous sub-groups based on members' alignment along multiple attributes (Lau & Murnighan, 1998). They are discussed further in the second part of this study.

Members of Group B had a clear idea of the group existing to improve trajectories for their client group within their area and across the county (Appendix 5). Successful outcomes were perceived to be initiatives that had gone on to be rolled out county-wide. There was some discrepancy between members in whether the group sought to address just educational attainment or had a wider remit. There were also contrasting perceptions of 'information sharing' either as unfocussed and time-wasting or as an opportunity to promote members' own roles to sending agencies.

There was a broadly shared understanding within Group C of a problem-solving framework that involved a sharing of responsibility, signposting of other services and provision from within the team (Appendix 5). The group outcomes were an action plan for the client and practical or emotional support for caseworkers. However, the time allocation within meetings did not reflect the group's conceptual model. In reality, the presentation of cases took up extended periods of time (sometimes over half an hour) and the ensuing problem-solving was often peppered by statements about time constraints and the need to move on.

Members of Group C frequently spoke of the group in interviews in terms of its dilemmatic values (see Appendix 5): between clients taking responsibility for their offences and prioritising the child's own needs; between welfare and justice; and between public protection and child protection. Dilemmatic thinking (a willingness to tolerate ambiguity - see Table 2) is identified as a valuable leadership skill in the EMMA model, but it may not be an unalloyed virtue. An overview of the data suggested that the group had also assimilated other unconscious false dilemmas (goals incorrectly perceived as incompatible) into its identity. The needs of the caseworker were seen to compete with the needs of the client and the need for caseworker support was seen by some members as undermining caseworkers' accountability and responsibility to the group. Conflicting constructs underlying commonly held values appeared to be maintaining these perceived dilemmas. These and other sources of conflict are discussed further in the next section.

Sources of conflict and conflict resolution strategies

The means and standard deviations for each group's questionnaire data was calculated and can be seen in Table 6, below. Due to the design of the items, sources of conflict identified in the first part of the 'Conflict in Inter-Professional Teams' (CIPT I) questionnaire can be clustered into types of conflict or systemic level. In the CIPT Part II data, a score of 1 indicates that participants from the specified group chose one conflict-resolution strategy of the specified mode on average across the group. In principle, participants could choose several different strategies representing the same conflict mode to resolve a single source of conflict, leading to a notional top score of five (every member of the group identifies the maximum five resolution strategies each and every one of which represents the same conflict resolution mode).

Questionnaire	Sub-scale	Group A		Group B		Group C	
		Mean	S.D.	Mean	S.D.	Mean	S.D.
LABS-III	Hierarchical Leadership Construct	35.2	5.81	38.8	4.67	38.7	8.20
	Systemic Leadership Construct	60.4	3.83	57.5	6.21	57.3	5.28
CIPT I by Conflict Type	Personal Conflict Source	14.4	1.96	25.7	6.55	21.8	5.21
	Process Conflict Source	17.0	2.61	28.8	6.79	20.2	3.58
	Objectives Conflict Source	18.8	3.97	31.0	7.42	22.3	3.77
CIPT I by Conflict Level	Role as Conflict Source	9.2	0.40	18.2	6.04	15.3	3.20
	Relationships as Conflict Source	10.0	1.10	21.3	5.25	16.2	2.34
	Wider Pressures as Conflict Source	20.4	5.24	24.0	6.14	15.7	3.25
	Patterns of Working Over Time as Conflict Source	10.6	1.86	22.0	6.98	17.2	3.80
CIPT II by Conflict Resolution Strategies	Mean Occurrence of Co-operative Strategies	0.9	0.49	1.1	0.20	1.5	0.77
	Mean Occurrence of Avoidant Strategies	0.1	0.10	0.6	0.49	0.1	0.19
	Mean Occurrence of Competitive Strategies	0.3	0.25	0.8	0.65	0.2	0.17
	Mean Occurrence of Accommodating Strategies	0.6	0.53	0.4	0.25	0.4	0.30
	Mean Occurrence of Compromising Strategies	0.7	0.95	1.0	0.99	1.4	0.94

LABS-III Scores *Range: 14-70* *Median: 42*

Conflict Type Scores *Range: 12-60* *Median: 36*

Conflict Level Scores *Range: 9-45* *Median: 27*

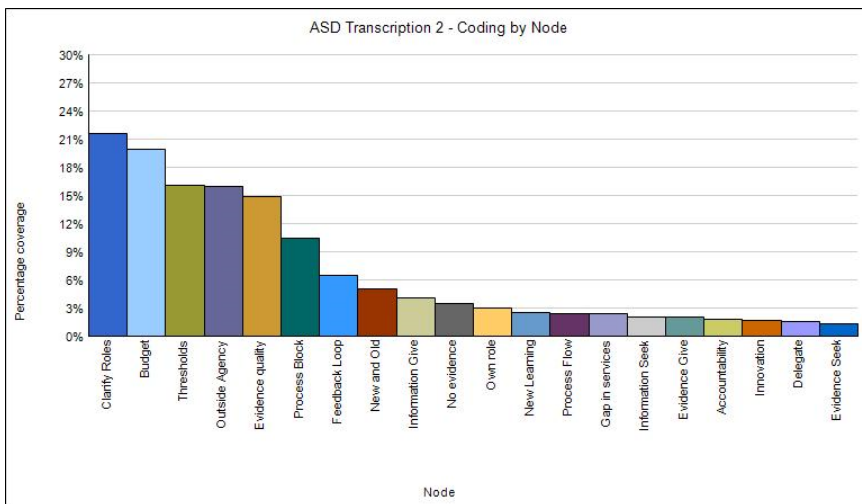
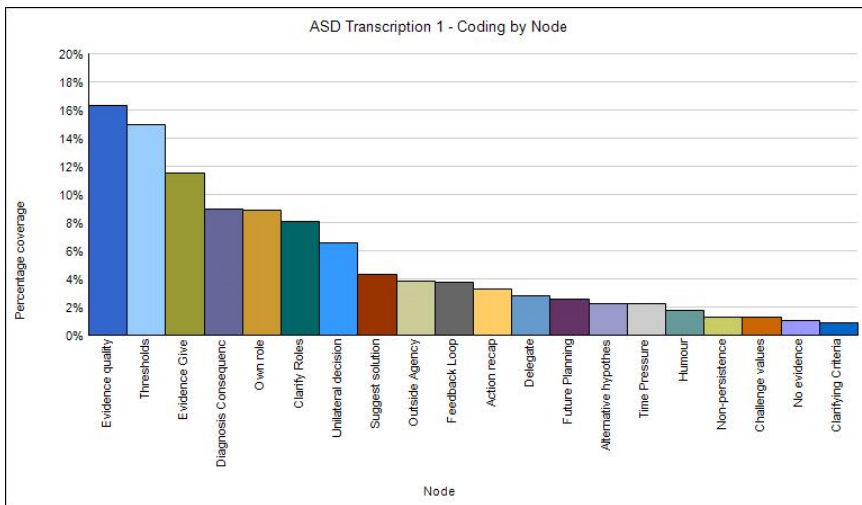
Conflict Resolution Strategy Mean Occurrence Range: 0-5

Table 6: Descriptive Statistics derived from Response Data from Leadership Attitudes and Beliefs (LABS-III) and Conflict in Inter-Professional Teams (CIPT) Part I and Part II Questionnaires²

Inter-personal conflict was not an obvious feature of any of the meeting transcripts, although it formed the backdrop of Group B’s historical narrative (post-intervention interviews and unrecorded anecdotal data). Questionnaire data from all groups scored personal conflict as either lower (in Group A and B) or not notably higher (in Group C) than process or task conflict (Table 6). Of interest was the relative similarity between the scores for these different sources of conflict as shown in Table 6.

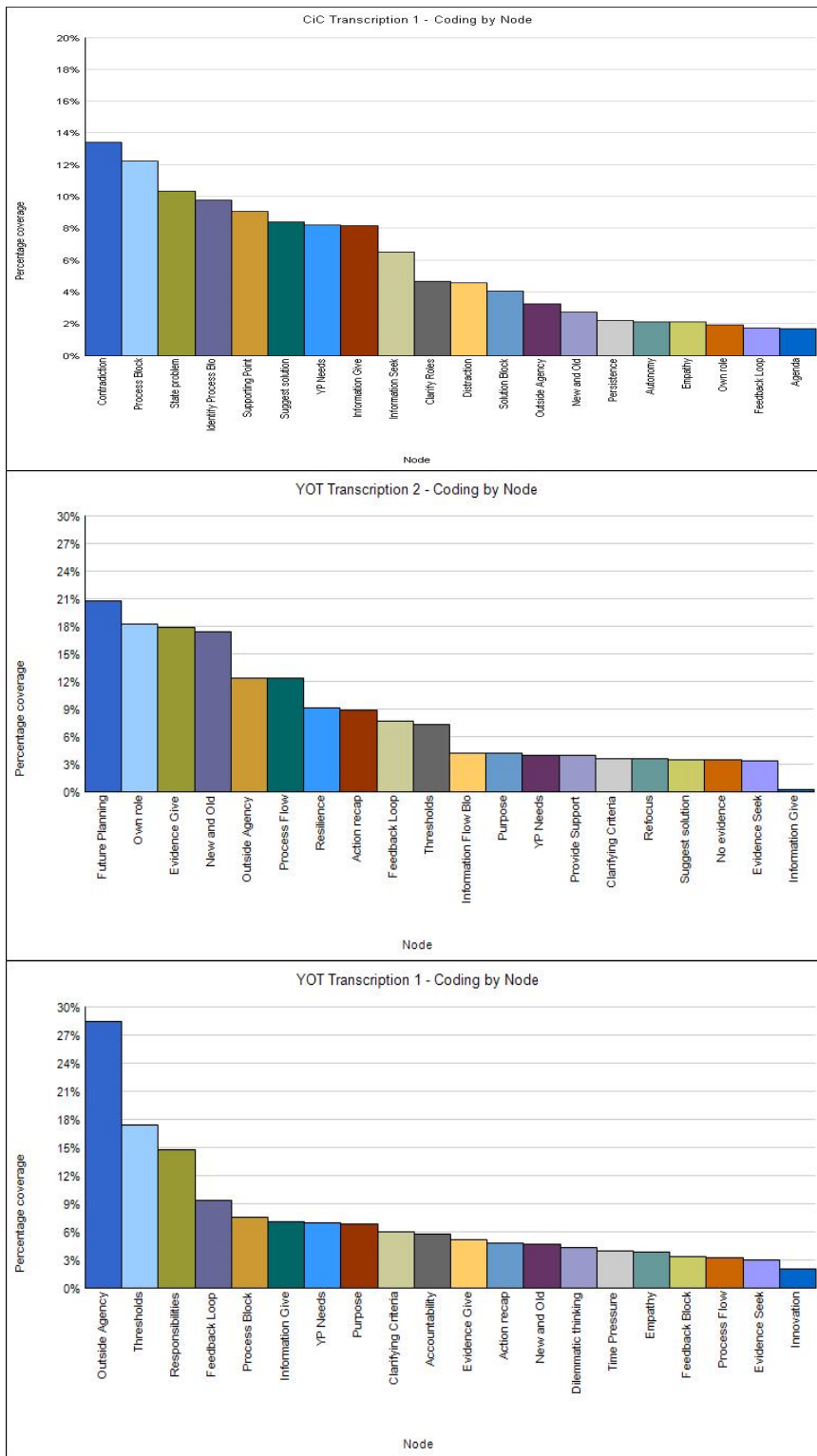
² means given to 1d.p.; standard deviations given to 2d.p. throughout

A striking feature of Group A was the low level of perceived conflict of all types in comparison to the other participating groups (An overall mean of 16.7 compared with overall means of 28.5 and 21.4 in Groups B and C). The harmonious nature of group proceedings is reflected in the absence of the transcript coding nodes 'process blocking' and 'solution blocking' (see Graphs 1 and 2; commonly found in the other groups - see Graphs 3 to 5 and Appendix 21). As discussed in the literature review, the danger in this position is that a low level of task-related conflict is associated with poorer group outcomes. In this situation, there is some research evidence of the efficacy of artificial 'devil's advocacy' roles within groups (Janis, 1972; Nemeth & Staw, 1989). It also points to the homogeneity of the group's membership, comprising as it does representatives from five health agencies, only one education agency and no social care agencies.



Percentage coverage scores show the percentage of the whole transcript text covered by a given node. Text can be coded under multiple nodes, giving a total percentage of more than 100.

Graphs 1-2: Dominant Pre-Intervention Transcript Coding Nodes in Group A



Percentage coverage scores show the percentage of the whole transcript text covered by a given node. Text can be coded under multiple nodes, giving a total percentage of more than 100.

Graphs 3-5: Dominant Pre-Intervention Transcript Coding Nodes in Groups B and C

Wider pressures on Group A, such as budgetary, time or personnel constraints were seen as providing a notably greater source of conflict (mean score of 20.4) than other systemic levels (overall mean score of 9.9 - Table 6). The long group waiting list was viewed with ambivalence: on the one hand, it was seen as a self-limiting cap on poor-quality referrals to the group and a badge of the group's success; on the other hand, it was experienced as a source of stress and as imposing a limit on discussion time available for individual referrals (Appendix 5). The result appeared to be negative robotic thinking (see page 6) where the problem was kept high profile, but attempts to resolve the issue were avoided.

Faultlines were apparent within Group B, with clear patterns to be found within the commonly-occurring 'contradiction' and 'supporting-point' nodes (coded from the meeting transcripts and shown in Graph 3 and Appendix 21) which demarcated these faultlines. Of particular interest was the coding node 'supporting point', unique to Group B. Superficially lending an appearance of harmony within the group, an alternative view is provided by Lau & Murnighan (1998) who first proposed the idea of fault-lines within groups. In their view, such supporting points can be seen as reinforcing fault-lines and increasing levels of personal conflict within the group.

Recent growth in membership of Group B was also associated in the minds of group members with reduced levels of trust, less clear role definition and with membership & identity issues (Appendix 5). For example, the recent decision to split the meeting into two-parts, during the first of which individual cases were discussed, had given rise to new tensions. This decision was taken by the chair in response to pressure applied by a group member outside of the meetings. It was largely interpreted as an ethical information-sharing issue by invited members and as an expression of mistrust by excluded members.

Discrepant values around caseworker versus client support (see above and Appendix 5) may help account for the greater degree of variation in levels of inter-personal conflict reported within Group C. Some members who experienced higher levels of personal conflict were also those who attempted most often to promote group reflection in meetings around procedural blocks and blurring of purpose (a good example of the benefits of combining data from different sources). However, these points were usually not taken up and were most commonly followed by statements about time pressures. Six of the seven examples of feedback blocking occurred in Group C's meetings.

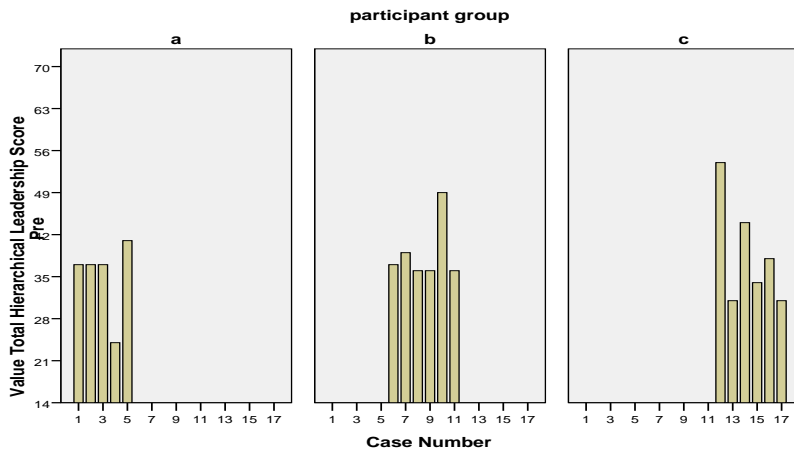
Leadership Beliefs

Participant scores on the LABS-III scales of hierarchical and systemic thinking were calculated and represented graphically in Graph 6. The raw scores can be found in Appendix 7.

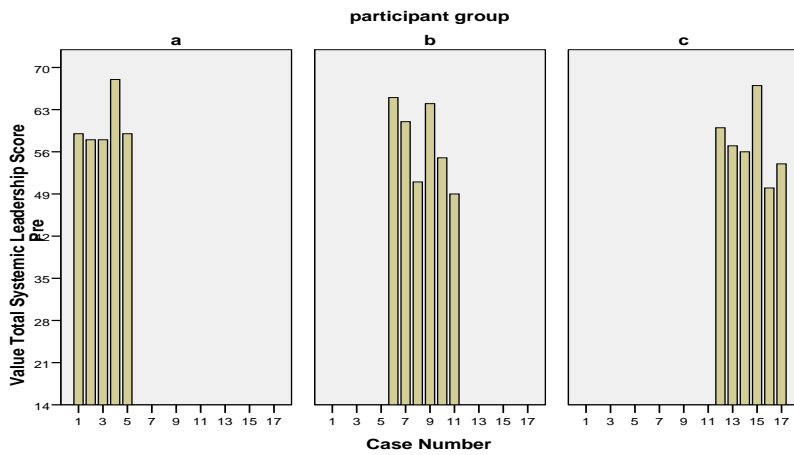
Groups were all found to score more highly on systemic than on hierarchical leadership constructs. This may perhaps be seen as evidence of a self-selecting group of participants already working within multi-agency groups who by definition will be sympathetic to the notion of distributed skills.

It is worth noting the striking similarity in leadership scale scores between all Group A members representing health agencies and the less hierarchical and more systemic constructs held by the only education representative (see Graph 6). This suggests that a wider group membership may have long-term benefits for group outcomes.

Hierarchical Leadership Thinking



Systemic Leadership Thinking



Range: 14-70

Median: 42

Graph 6: Individual Participant Scores on Pre-Intervention Hierarchical and Systemic Leadership Scales

The positional leader of Group A was seen as holding higher status and group ownership, but as choosing not to exercise a privileged position. However, the occasional occurrence of unilateral decision-making, the relatively high percentage of meeting time occupied by the group’s positional leader (see Appendix 26) and an absence of persistence by group members when points were not taken up (see NVivo

code 'persistence' in Appendix 21) challenge this view. This may reflect a measure of denial about power structures within the group.

Frustrations in Group B centred mainly on two issues: the hijacking of meetings through lengthy or negative contributions and the failure of other group members to carry out agreed actions (Appendix 5). Frequently occurring in and rarely occurring outside Group B meetings were the thematic nodes, 'contradiction', 'state problem', and 'process block' (see Graph 3 and Appendix 21; see Appendix 20 for fuller node descriptions), lending empirical support to the reality of the first of these sources of frustration.

Group B was seen by its members as democratic - all contributions were heard - although interview participants often followed this observation up by stating that the loudest voice tended to win the argument (Appendix 5). Analysis of members' conflict resolution strategies (by comparing raw data in Appendix 12 with NVivo coding node 'persistence' in Group B transcripts) suggests that it may be more accurate to state that those members more likely to use competitive strategies are likely to hold sway. Again, this comparison demonstrates the value of combining data sources.

Group C scores on the hierarchical thinking scale showed a notably higher standard deviation than the other participating groups (9.62 for Group C data compared with 7.41 and 5.50 in Group B and C). This variability did not simply follow lines of professional background, but this appears to have been a factor (see Appendix 7 for raw data). This is reinforced by interview responses which showed that members from justice backgrounds had felt their values to be more challenged as a result of group membership than those from welfare backgrounds (Appendix 5).

During Group C interviews the lack of a clear process, the posting and use of 'open access' agendas, the length of meetings, a focus on problems rather than solutions, a

failure to utilise the full range of risk classifications, the tendency to focus on pre-sentence reports instead of risk plans, the unfit for purpose software and the complexities of the IT hardware were all identified as sources of frustration (Appendix 5). Of note were the specificity, commonality and stability of these perceived issues which seemed to have become part of the group narrative – another example of negative robotic thinking.

The EMMA model

The transcript coding nodes were found to fit well into the EMMA model (see Table 7). Whilst there exists a danger of confirmatory bias within any thematic coding exercise, this is not judged to be a serious problem here. This is because the EMMA model organises existing research findings into a coherent epistemological framework rather than seeking to generate new concepts. It is not surprising, then, that descriptions of multi-agency interactions fit easily within it. The value of the EMMA model is not in generating new ideas so much as providing more structured and objective ways of thinking about group interactions.

Within this context, it should be pointed out that the mapping of nodes to the EMMA model was a best-fit rather than a precise exercise. The texts within each node were examined in full before deciding upon the predominant function represented within that node. In the same way, nodes were characterised as acting predominantly as facilitators or barriers to multi-agency working. For example, the node ‘supporting point’ generally described interactions that were judged to reinforce group faultlines and to reflect group relationships, but may on occasion have had a more facilitative function. Whilst this is a subjective judgement, it is informed by analysis of the other data sources.

Missing from Table 7 are nodes relating to individual children's needs. This section (containing the 'diagnostic consequences', 'empathy', 'young person's needs' and 'other agency' nodes) has been omitted because of:

- 1) the wider diagnostic or strategic remit of the participating groups, and;
- 2) the selective transcribing of the meetings, which omitted lengthy case presentations and concentrated instead on problem-solving processes.

In other instances, such as a 'Team Around the Child' meeting, it may be appropriate to include this column.

It is not appropriate to draw specific or precise conclusions from this best-fit approach. For example, a node with a low percentage score may represent three or four concise and skilfully judged interactions which had a pivotal role in a meeting, whereas a higher percentage score may represent a single rambling discussion on a narrow theme. That said, the following brief descriptions might be generated from Table 7 by identifying patterns and gaps across and within columns:

Group A:

The quality of evidence is weighed carefully. Unilateral decision-making, delegation and some non-persistence suggest greater levels of hierarchical thinking than in other groups. Roles are clearly demarcated by the group leader with frequent reinforcement of members' roles and remits within meetings. Budgetary and time pressures predominate over other sources of conflict, which are minimal. There is some existing scope for reflective learning within the group.

Group B:

Leadership processes are less in evidence than in the other groups. The great majority of this thinking involves the identification of problems in external agencies. Group

interactions and problem-solving processes are both characterised by non-facilitative interactions and persistence is needed to hold sway. Considerable energy is spent on maintaining faultlines. Role identity may be insecure. Occasional reflective thinking is likely to be quashed.

Level	Leadership process	A% ³	B%	C%	Group Focus	%A	%B	%C	Outcomes	%A	%B	%C	
Micro 1 Ethics	Ethical thinking: Accountability	0.9	0.4	2.9	Ethical Language	-	-	-					
Micro 2 Roles	Inclusive thinking: Inviting evidence	0.4	-	-	Clarify Roles	13.8	4.7	-	Problem-solving tools				
	<i>Unilateral decision</i>	3.8	-	-	<i>Lack of prep</i>	2.8	-	0.8					
	Delegate	3.6	0.2	-	Own role	6.1	1.9	9.1					
	Independent thinking: Alternative hypothesis	1.2	-	-	Responsibilities	-	0.8	7.4					
	Innovation	0.9	0.4	1.0	<i>Non-persistence</i>	1.2	0.4	0.0					
Suggest solution	2.2	8.4	1.9	Persistence	-	2.2	0.4	Action recap		1.7	1.2	6.8	
Meso Relation -ships	Diverse relational: Affirmation	-	-	-	<i>Contradiction</i>	-	13.4	-		Agenda	-	1.7	-
	Provide Support	-	0.3	0.0	Humour	1.2	1.5	0.1		Clarify Process	1.1	1.4	-
	Dilemmatic thinking: Dilemmatic thinking	-	0.4	2.3	<i>No faith in group</i>	-	0.5	-		Distraction	0.4	4.6	-
		-	-	2.2	<i>Supporting Point</i>	-	9.1	-		Evidence Give	5.5	0.4	11.2
Exo Wider Pressure	Sustainability: Human Resources	-	0.7	-	<i>Undermine Point</i>	-	0.6	-	Evidence Seek	1.1	-	3.1	
		-	-	-	<i>Budget</i>	10.0	0.4	-	Info Give	2.0	8.2	3.7	
Macro Philoso -phical Context	Big picture: Gap between services	1.2	0.2	0.2	<i>Time Pressure</i>	1.7	0.3	2.0	Info Seek	1.0	6.5	0.9	
	Process Block (Ext)	3.3	9.8	-	<i>Autonomy</i>	-	2.1	-	No evidence	2.3	-	2.4	
	New Learning	1.3	-	-	<i>Centralising</i>	-	0.2	-	Process Block	-	12.3	3.8	
	Purpose	0.4	0.6	5.5	Challenge value	0.7	0.2	0.4	Process Flow	1.2	1.2	7.8	
	Long-term: Future Planning	1.3	-	10.9	Clarify value	-	0.5	0.6	Refocus	-	0.3	3.6	
Chrono Patterns of working	Adaptive thinking: New and Old	2.5	2.8	11.1	Clarify Criteria	-	-	4.8	Solution Block	-	4.1	3.1	
	Selective thinking: Evidence Quality	15.6	-	-	Create Consensus	-	-	0.6	State problem	-	10.3	0.6	
Total facilitative		34.8	24.2	38.0	<i>Loss of influence</i>	-	0.1	-	Thresholds	15.6	-	12.4	
Total non-facilitative		3.8	-	-		26.9	13.5	33.7		32.0	20.7	49.5	
						15.7	27.3	2.8		0.0	31.3	9.9	

Percentage coverage scores show the percentage of the whole transcript text covered by a given node. Text can be coded under multiple nodes, giving a total percentage of more than 100.

Table 7: Percentage Coverage of Pre-Intervention Transcript Coding Nodes Mapped to EMMA Model

³ Where two transcripts were made, the mean percentage coverage was used.

Group C:

Leadership processes are strongly in evidence and appear to be distributed. This largely involves drawing upon previous success to devise sustainable long-term solutions. Decisions are based on evidence which is accepted uncritically. The group is aware of its level of accountability and responsibility. Time is at a premium and may lie behind the blocking of repeated attempts to reflect on group functioning. There may be scope for greater inclusivity and group maintenance.

Whilst these descriptions may not tell the whole story, they provide a rich picture of each group. The table could certainly be used as a starting point for a challenging reflective discussion, especially if triangulated with other sources of data and presented in an accessible format. The even coverage across columns and variability of coverage within columns in Table 7 suggests that the EMMA model is capable of providing individually nuanced and useful feedback to a more general set of multi-agency groups.

Chapter 4: Discussion

Evaluation of Methods

One strength of the above analysis is the multi-method design. All data sources – questionnaires, interviews and transcripts – provided valuable findings, but it is in combination that the subtleties emerge. The discrepancy between Group A’s stated views of leadership and their actual practices; the contrast between Group B’s systemic leadership scores and their hierarchical approach to management issues; the link between Group C’s conflicting constructs around accountability and resulting group procedures based on negative robotic thinking – none of these, or other, findings would have emerged from a single data source. To take the first of these examples, members of Group A characterised the group as democratic and egalitarian in interviews, yet this contrasted with the predominance of the chair in terms of the percentage of the meeting he spoke for and the number of unilateral decisions he made. Questionnaire data on leadership attitudes was then used to fine-tune this discrepancy in terms of the professional backgrounds of members and additional questionnaire data on conflict resolution strategies helped to identify a possible way to address this issue. In this way, the beliefs behind anonymous quantitative data can be fleshed out by qualitative interview data and compared with actual working practices in meetings through the thematic coding of transcript data.

The ‘Eco-systemic Model of Multi-Agency Working’ described in this paper would seem to offer an original audit tool for professionals working with multi-agency groups in order to improve outcomes. It is able to identify both strengths and areas for development and improved thinking in a systematic and conceptually coherent form.

The original measure of conflict used in this study also seems to contribute something new to the field. It moves away from fixed-trait notions of conflict resolution and towards a more flexible, situated understanding which allows for the possibility of individual and group learning. This could provide a subject for future research. It also points the way towards new areas of work for the educational psychologist. Response to the questionnaire was very positive, with many anecdotal comments made about how thought-provoking the questionnaire was, the new ways of thinking about conflict resolution it presented and the extent to which it would inform future practice. Indeed, a possible flaw in its design is that it may affect practice as well as quantify it.

Of less value, perhaps, was the LABS-III questionnaire, with its two scale design. Its main value in this study was as a measure of discrepancy. However, it will be used for the first time (Wielkiewicz, personal correspondence, 2009) to explore the malleability of hierarchical and systemic thinking in the second part of this study.

In the second stage of this study, the findings discussed here are used to promote group discussion and learning and to promote changes in group practices.

The Impact of Conflict on Group Purposes

It is suggested from the findings presented in this study that negative robotic thinking is often maintained not so much by conflicting values as by:

1. Ambivalence about group constructs - where confused purposes (e.g. the example given in the results section of protecting the group's future versus providing an efficient service in Group A) lead to divergent thinking about commonly-held constructs (e.g. waiting lists), and;
2. Incongruous constructs about group values – where common values (e.g. the example given in the results section of supporting caseworkers in Group C) are held within the

group but for different reasons (e.g. the two examples given in interviews were because caseworkers are under stress or because they can be supported to do their job better – see Appendix 5).

This additional layer of subtlety may make addressing these issues difficult for many groups but well-suited to the particular skills of the educational psychologist. It brings together a systems analysis of group functioning with more psychological approaches such as Personal Construct Psychology.

In discussing group dilemmas, it was noted in the results section (see ‘Purposes, processes and outcomes’) that they can be thought of as those which promote and those which obscure group purposes. Groups may not necessarily differentiate the one from the other (Figure 1). The clarification of group purposes and values and the elucidation of group constructs may help to redefine unnecessary dilemmas as complementary goals, each strengthening the others, whilst still allowing for genuine dilemmas to be addressed (see Figure 2).

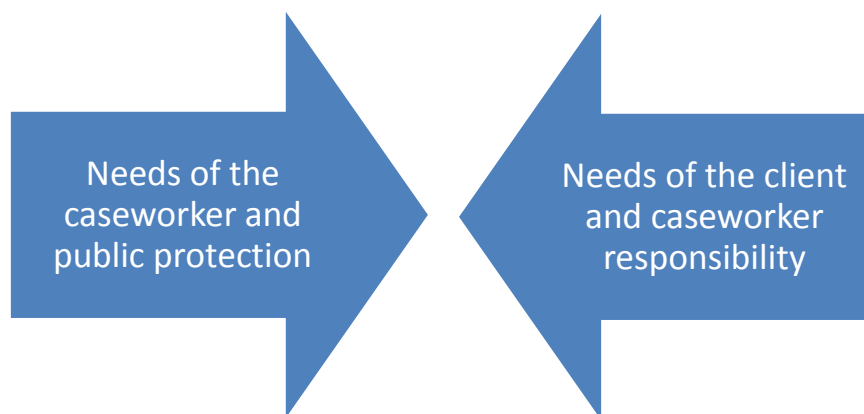


Figure 1: Examples of Unnecessary Dilemmas in Group C

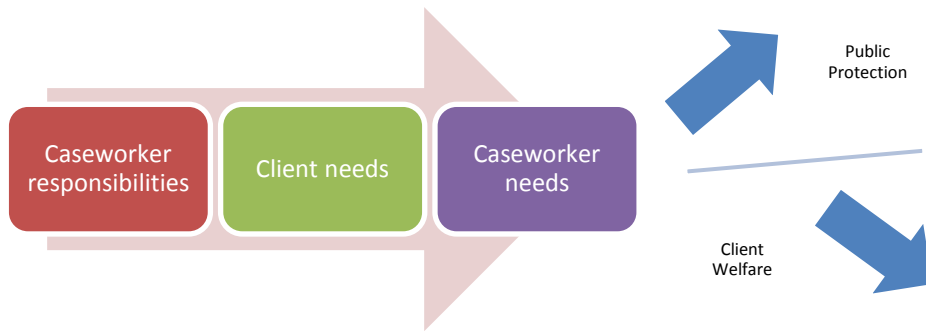


Figure 2: Group C Dilemmas Re-constructed as Complementary Goals

The Impact of Conflict on Group Processes

There was some evidence within Group A that introducing a counter-hypothesis was seen as an expression of disloyalty, rather than loyalty to the group (De Dreu & Gelfand, 2008). “We discuss rather than disagree,” said one member. She went on to say that other members “might change my mind, which can be embarrassing.” In this way, group harmony may become unconsciously prioritised over outcome quality. Such an implicit value may act to maintain an incongruity between group values and group practices. This exemplifies the need for values to be made explicit and reinforces the importance of leadership, whether positional or distributed, within groups.

By contrast, in Group C, the experience of some members was of a shift of thinking from a position where ‘you couldn’t work together’ to an appreciation of alternative professional viewpoints (see interview data summary in Appendix 5). These members still valued their distinctive roles in the group, however, which was seen to promote better outcomes for young people through increased task-related conflict. This process is represented in Diagram 1.

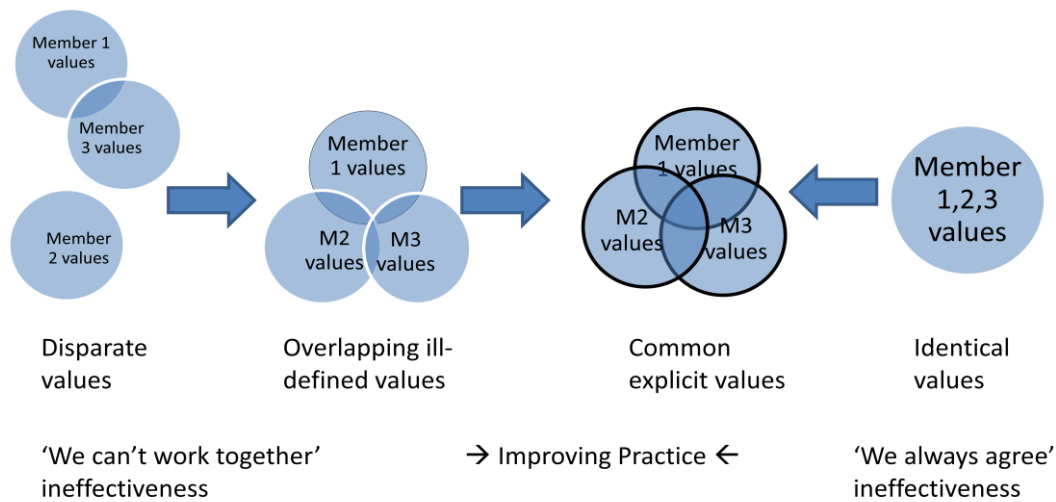


Diagram 1: Improved group functioning resulting from clearly defined and moderately shared values

In addition, there was evidence within two of the groups (A and C) of a need for increased knowledge of diagnostic or descriptive categories. For example, when asked to give a view on (diagnostic or risk level) thresholds, members of Groups A and C typically responded by asking for a clarification of criteria. It may be expected that a clearer shared definition of thresholds (as shown in Diagram 2) would bring about clearer thinking and improve group functioning.

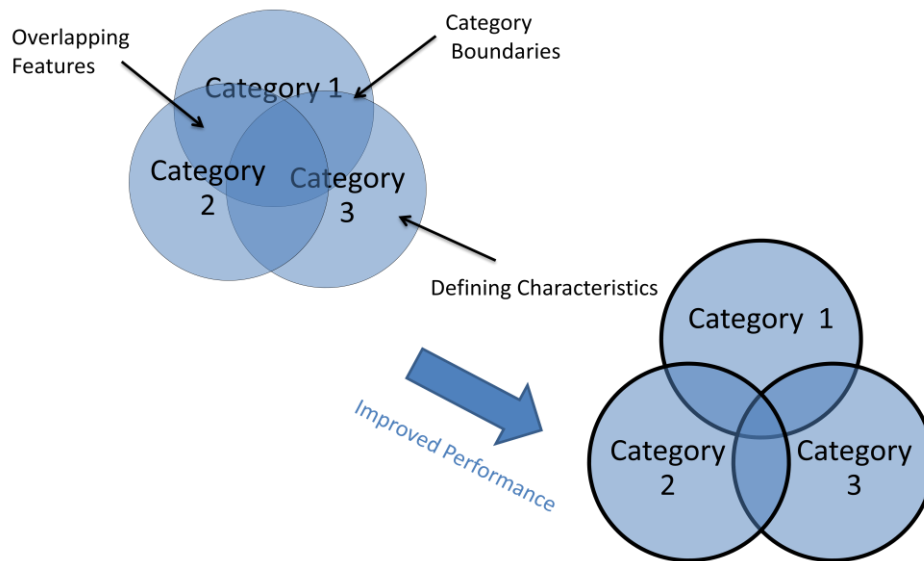


Diagram 2: Improved group functioning through increased clarity and decreased overlap of diagnostic/level categories

It has been argued here that groups need help to distinguish between different types and levels of conflict. This study suggests specific joint training and group reflection is needed and that the educational psychologist is well-placed to meet this need. This counters the unspoken assumption that multi-agency groups will 'just work' and recognises the highly specific skills and knowledge needed to work effectively as part of such a group.

The Impact of Leadership Beliefs on Group Processes

As expected, participants were found to employ different strategies to resolve task, process and personal conflict (see Table 6) – this will be examined in more detail in the second part of this study. Unanticipated, however, was the finding that individuals in groups appeared to use different leadership models when addressing different types of problems. For example, despite all scoring more highly on the systemic leadership scale, Group B members switched to highly hierarchical language when discussing decisions made about the group at county level (see Appendix 5). This appeared to

have contributed to a level of helplessness around these issues. The consciously-held systemic problem-solving skills which they brought to improving the trajectories of clients were replaced by negative robotic hierarchical thinking in the face of management decisions. Similarly in Group C, there appeared to be a contrast between the systemic solution-oriented problem-solving on behalf of clients and caseworkers on the one hand and the hierarchical helplessness brought to personal and process-related sources of conflict on the other. This challenges the trait-based notions of leadership implicit in existing models, including eco-systemic ones, and merits further study and the development of finer-grained instruments than those used here, similar perhaps to the conflict measures developed for this study.

It is beyond the remit of this study to postulate whether these underlying values were hidden from or known to individual group members, but this question may be helpful in framing the reflective process in terms of a kind of shared Johari window (Luft & Ingham, 1955), where the purpose is to increase the area of that which is known to self and known to others (or in the 'arena') within the group. Leadership and group processes were least in evidence at the chrono level (patterns of working over time – see Table 7), reflecting both a belief that there was no time to pause for thought and that it was better to let sleeping personal conflicts lie - both examples of negative robotic thinking (unrecorded anecdotal evidence). The second part of this study challenges these assumptions by deliberately creating a space for reflective learning within each group.

The Impact of Conflict on Group Outcomes

Research findings have suggested that group outcomes are improved when roles are more clearly defined (Sloper, 2004). However, a possible danger inherent in maintaining strong role boundaries is that members define themselves or justify their

membership in terms of their distinct skills but not their core (common to the whole group) or shared (between 2 or more members) skills (see Leadbetter, 2006). The associated risk is that members may feel less able to challenge recommended actions as this would undermine everyone's 'specialist' identity within the group. This was identified as a particular risk in Group A, where the chair frequently reinforced the specialist roles of members. A group that reinforces role boundaries, but also explicitly reinforces core and shared skills, can be expected to minimise personal conflict whilst encouraging objective-related conflict, thus improving group outcomes. This process is shown in Diagram 3.

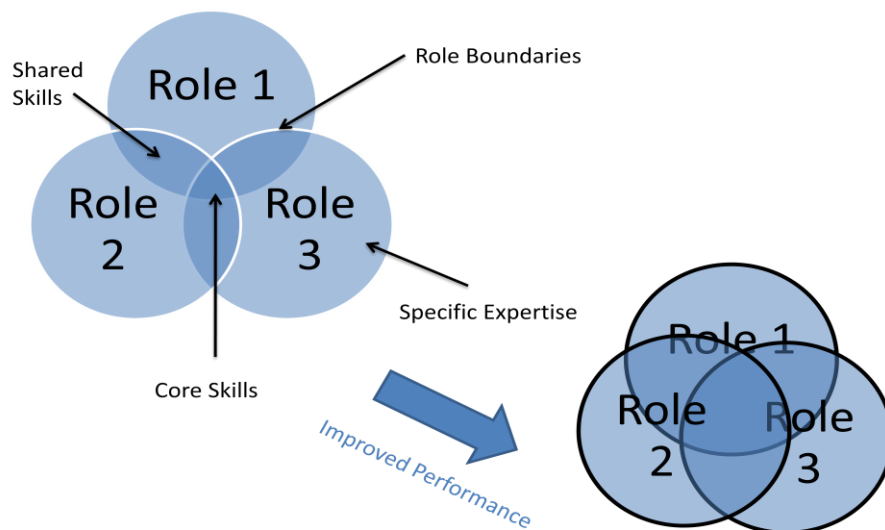


Diagram 3: Improved group functioning through increased levels of role clarity and shared / core skills

As discussed previously, levels of reported task, process and personal conflicts were quite similar (Table 6). Since the research evidence suggests that personal and process-related conflicts are associated with poorer outcomes and task-related conflicts with better outcomes (De Dreu & Gelfand, 2008), it would follow that finding ways to minimise the former in all groups and to encourage more of the latter in groups with low levels of conflict may be expected to improve outcomes.

The Implications of the EMMA Model for Group Interventions

Generally speaking, transcript coding nodes were found to fit well within the EMMA model (Table 7) but there was significant variability within and especially between groups – it seems unlikely that any single model can provide a blueprint for improving outcomes, but the EMMA model may provide a helpful audit tool when considering avenues for development.

As predicted by the eco-systemic model, different levels of analysis were found to be highly interdependent. For example: loose role definition was associated with the occurrence of ethical dilemmas; group values were found to affect group purpose, and; links were found between membership diversity and group outcomes. Within such an eco-systemic web of relationships, it can be seen that an unresolved issue or incongruity at one level could affect functioning at every other level of a group's processes.

Another implication of this systemic interdependence is that levels should not be treated as discrete entities to be addressed individually with different psychological tools or theories. Rather, what is needed is a psychological approach capable of incorporating and synthesising the dominant themes pertaining to any intervention.

One psychological theory of learning able to facilitate such a synthesis is Self-Organised Learning (SOL) (Thomas & Harri-Augstein, 1985; Harri-Augstein & Webb, 1995) and this theory is used to inform reflection and action-planning with groups in the second phase of this study. This theory derives approaches from Personal Construct Psychology (Kelly, 1955) designed to facilitate an exploration of learning processes and structures of meaning. In creating a space conducive to reflective learning, it allows both individual and shared meaning to be (re-)constructed from data gathered about group purposes, practices and outcomes. All this makes SOL a very suitable methodological approach

when designing the interventions described in more detail in the next stage of the study.

In helping groups to improve outcomes for vulnerable young people in this way, the educational psychologist would be placed in a role similar to that of a management consultant. However, the SOL approach adopted in the reflective feedback and action-planning sessions seeks to create the conditions for learning rather than to impose learning. This sets the approach apart as a distinctive expression of emancipatory psychology rather than of business management. As has been evidenced in the preceding discussion, the facilitation of this process requires a research base, professional values and a certain level of research and consultation skills that make the educational psychologist uniquely qualified for the role. As some local authorities move towards traded services in this sector, this offers the profession a potential new area of practice.

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Paper II Abstract

In the first phase of this two-stage study, self-organised learning principles were proposed as a useful knowledge base upon which to draw when facilitating change in multi-agency groups. In this second phase, this hypothesis is put to the test. Data from the first phase is used in combination with wider research findings to design feedback materials for participating groups. Evidence gathered from ensuing meeting transcripts, interviews and questionnaire data is compared with baseline data gathered in the first phase to assess the impact of this intervention on group functioning.

Evidence is presented of improved clarity of purpose, improved group functioning and early signs of improved outcomes, though results are highly variable between groups. Different levels of group functioning were found to be inter-dependent, lending support to an eco-systemic model of multi-agency working. Trait-based models of leadership and conflict resolution are challenged. It is argued that improving outcomes for young people is dependent upon the healthy functioning of multi-agency groups and that investing resources in reflective learning in multi-agency groups is a worthwhile step towards securing better outcomes for young people.

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Introduction

It has been argued that a greater emphasis on semi-autonomous teams in recent years has created greater interdependency within teams whilst undermining traditional power structures, so leading to the need for higher levels of self-management and self-regulation, including conflict management skills (Pfeffer, 1997). Multi-agency groups provide a good example of this kind of semi-autonomous team. However, a review of the literature in the first stage of this study found that little attention had been paid to the impact that these changes in working practices may have had on notions of power and conflict within such groups. Research findings suggest that these issues may affect group outcomes in ways that multi-agency working may have exacerbated rather than alleviated (Colombo et al, 2003).

The first part of this study concluded that an eco-systemic model of multi-agency working was helpful in understanding the functioning of such groups. In addition, it argued that the educational psychologist may be well placed to employ principles of self-organised learning to improve outcomes in multi-agency groups. In this second stage, this hypothesis was put to the test. Data from the first part of the study were used in combination with research findings to design feedback materials for participating groups. This feedback culminated in an action-planning meeting where changes to group practices were negotiated and agreed.

The study seeks to investigate the efficacy of self-organised learning approaches in improving the functioning of multi-agency groups. It looks in particular at how notions of leadership and sources of conflict in the participating groups and the ways in which these conflicts are resolved may be modified by opportunities for

reflective learning. In addition, it seeks to better understand the relationship between different eco-systemic levels of group functioning.

The following review of the literature presents a brief overview of research findings relevant to the study, focussing in particular upon theoretical understandings of conflict within multi-agency groups and on some of the models of consultation put forward in the quest to improve outcomes for young people (see Appendix 32 for an expanded review).

Chapter 1: Literature

For each area of the literature, an initial search was made for recently published, highly-cited, seminal works, articles or journal editions. Other works were then backwards referenced from these starting points until very few new references were appearing. The most recent publications were then searched for in EBSCO and Google Scholar using appropriate keywords (see Paper 1) and by checking which authors had cited these earlier seminal publications.

Conflict

The view of conflict adopted in this study was first outlined by Pondy (1967) who takes a process view which distinguishes between:

- Latent conflict which is perceived within individuals or groups, and;
- Manifest conflict which is visible between individuals or groups e.g. negotiations/outbursts

Conflict has been defined as “a process that begins when an individual or group perceives differences to and opposition between itself and another individual or group about interests, resources, beliefs, values or practices that matter to them” (De Dreu & Gelfand, 2008). In this view, conflict is distinct from aggression, incivility and bullying.

Conflict has been conceptualised as operating at the individual (e.g. Podsakoff, Ahearne & MacKenzie, 1997), group (e.g. Schulz-Hardt, Jochims, & Frey, 2002) and inter-group (e.g. Erev, Bornstein & Galili, 1993) level. In this review, the focus will be kept on intra-group theories. It is beyond the remit of this study to consider individual differences such as the clarity or stability of self-concept, and individual

measures made in this study are limited to the analysis of manifest conflict. Likewise, inter-group conflicts are considered only in so far as they impact on intra-group functioning.

Three types of conflict have been identified, namely, task, relationship and process conflicts (Jehn & Chatman, 2000; Pelled, 1996; Pearson, Ensley and Amason, 2002).

Task conflicts, such as disagreeing over a diagnosis, relate to the content of meetings and may result in better quality decisions (Amason, 1996). For example, such conflicts can lead members to re-evaluate working assumptions, correct errors or consider new perspectives when problem-solving (Schulz-Hardt, Jochims, & Frey, 2002) and increase team effectiveness (Jehn, 1995) and innovation, especially when the conflict is at moderate levels (De Dreu, 2006). However task conflicts can also have a detrimental effect on job satisfaction ratings (Amason & Schweiger, 1997) and undermine the trust needed to communicate effectively (De Dreu & Van Vianen, 2001).

Introducing task-related conflict and devil's advocates to a group has been found to improve creativity, innovation and decision quality (Janis, 1982; Nemeth & Staw, 1989). Schulz-Hardt, Mojzisch & Vogelgesang (2007) describe the benefits of dissent when it is expressed in terms of creative or divergent thinking and higher quality solutions to problems. They identify four conditions under which this is likely to occur:

- the existence of a unanimity rule as opposed to a consensus rule;
- the active participation of group members in important decisions;

- 'dialectical' leadership which actively encourages dissent and counter-argument (Peterson et al, 1998); and
- a common understanding within the group that independent, critical thinking is both beneficial to outcomes and perceived as an expression of loyalty, rather than disloyalty, to the group.

However, if harmony is held to be of primary importance, the group can become susceptible to "groupthink" (Janis, 1982). This was discussed in greater depth - with specific reference to the functioning of Group A - in the first stage of this study.

Relationship conflicts, relating to interpersonal interactions, have been found to result in uncoordinated, uncooperative and non-cohesive groups (Brewer, 1995, 1996; Labianca, Brass, & Gray, 1998), leading to high turnover and absenteeism and low levels of creativity, commitment and both perceived and objective performance (Amason, 1996; Baron, 1991; Jehn, 1995; Pelled, 1996; Simons and Peterson, 2000). Conflict of this type has been found to influence joint problem-solving, group relationships and the quality of decisions reached. Performance can be undermined when co-ordination is compromised or trust undermined (De Dreu & Van Vianen, 2001).

Process conflict, relating to the distribution of responsibility and the delegation of tasks, remains the least studied of the three, although more recent studies are starting to include this as a separate conflict type (e.g. Behfar et al, 2005). An example might be a disagreement over which member of the group should carry out additional assessment work. Early findings counter-intuitively suggest it is more closely allied to relationship conflict than to task conflict, in regard to its effects on performance and satisfaction in groups.

According to Tajfel's (1978) social identity theory, individuals within multi-agency groups define themselves in terms of their professional roles. This thinking is mediated by

- social categorization – the tendency to categorise individuals into groups
- social comparison – the process of investing social categorisation with meaning by comparison with relevant groups, and
- social identification – the degree to which individuals relate social categorizations and comparisons to themselves

These ideas have been further developed through research on faultlines within groups. Faultlines are the hypothetical dividing lines that split a group into relatively homogenous sub-groups based on members' alignment along multiple attributes (Lau & Murnighan, 1998). Faultline researchers view people as a complex bundle of demographics; each person in a group belongs to many subgroups such as those defined by gender, race, education, and age (Gibson and Vermeulen 2003, Jehn et al., 2007; Knippenberg & van Schippers, 2007).

According to Deutsch (1949, 1973), group members may perceive their goals to be positively or negatively linked, or not linked at all. These perceptions lead to co-operative interdependence, competitive interdependence or independence, respectively. Co-operative interdependence leads to win:win goals, where members try to maximise both their own and others' gain and hence to trust, positive attitudes, and constructive information exchange. Members listen and seek to understand the others' perspectives in "constructive controversy" (see Tjosvold, 1998 for a review of the supporting evidence).

The Mouton Blake Managerial Grid (Blake & Mouton, 1964) builds upon these ideas, proposing two independent axes of assertiveness and cooperativeness and five styles of conflict resolution: competing, avoiding, accommodating, cooperating and compromising (see Diagram 1). Whilst there has been disagreement over whether compromise is just “half-hearted problem-solving” (Pruitt & Rubin, 1986), the consensus appears to be that it is a distinct strategy.

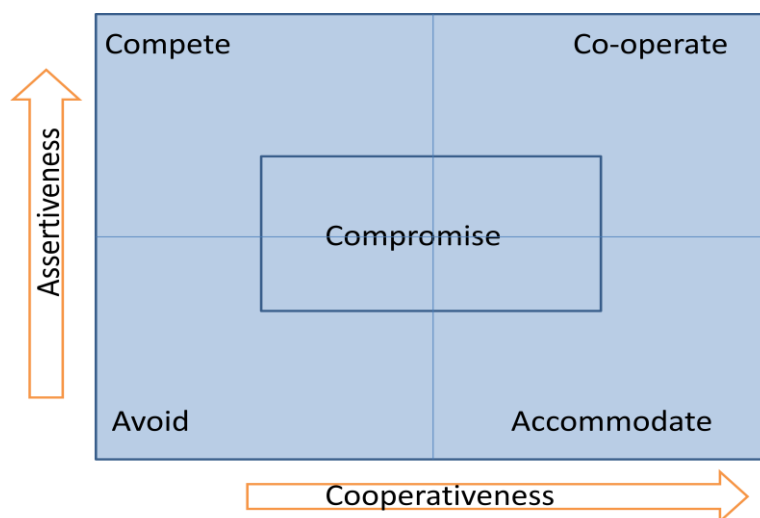


Diagram 1: The Mouton Blake Managerial Grid (Blake & Mouton, 1964)

Kilmann and Thomas (1977) have developed a psychometric measure using this model. It scores responses to its 30-item questionnaire along five dimensions which are described as conflict ‘modes’. This measure, however enduring its appeal and widespread its influence, is flawed. It relies on forced choice responses to repetitive questions high on internal validity to the point of truism, thus weakening its external validity. Essentially, it asks the respondent to choose between five styles of conflict resolution and then produces a conflict ‘mode’. It

then makes the assumption that the participant's preferred 'mode' of conflict resolution is a fixed trait unaffected by context. Other less well-known measures suffer similar weaknesses (e.g. Putnam & Wilson, 1982; Rahim , 1983). It is argued in this study that conflict resolution strategies are significantly influenced by group membership, leadership style, objectives, process models, subject area, physiological factors and a whole raft of other considerations.

The following section considers the relative merits of consultative models which may find application in multi-agency contexts. A successful model will need both to facilitate effective outcomes for young people as well as recognise the individuality and variety of multi-agency groups, their membership and their clientele. Any 'one size fits all' model will need to be non-partisan and flexible but still impose enough structure to bring multiple viewpoints together into shared objectives, facilitate appropriate and achievable outcomes and raise levels of accountability.

Problem-solving and Consultation

The literature around models of problem-solving and consultation is important to this present study because other researchers in the field of improving multi-agency collaborations have drawn upon this literature, because of its contribution to an understanding of eco-systemic principles in the context of applied psychology and because of the consultative nature of the intervention arising from this first paper.

Easen et al (2000) finds neither any clear, consistent or coherent idea of what constitutes 'collaboration' between professionals nor any comprehensive model of the factors that may be relevant to its success. By way of example, Leadbetter

(2006), in her review of the literature, suggests that there are three ways in which the term consultation is used within educational psychology: as a model of service delivery; as a defined task; or as a specific activity or skill. Leadbetter argues that understood in this last way, consultation can make the difference between an effective applied psychologist and one who is not listened to or valued by others with whom they work.

Any useful model, then, will promote a fluid and dialogic exchange of information between stakeholders as well as respect for alternative perspectives held within the group. Indeed, Barclay & Kerr (2006) argue for a high level of double-loop learning (Argyris & Schön, 1974). Unlike single-loop learning which involves learning from the consequences of actions, double-loop learning considers in addition the governing schemas which influenced the original action (Argyris & Schön, 1996; Easterby-Smith, 1999). But there is also a danger that too much reflection can paralyse group functioning (Easterby-Smith, 1999). A successful consultative model must strike a balance between reflection and action.

Taylor (2003) describes four models of collaborative working:

1. A 'closed complex' system in which most information is generated internally and very little information is fed back to external systems.
2. A 'miniature closed complex system' comprising several fragmented mini-systems pursuing disparate goals.
3. An 'open naive' system which lacks influence resulting in power struggles between services.

The last system he terms the 'open complex' model. This model involves groups of those involved (from a variety of systems) meeting to discuss and plan

interventions. The aims of these are to share and pursue information, prioritise work, plan minimal interventions, look at and retain differing views, listen to the views of the family and child, apply egalitarian principles, apply research evidence, avoid predetermined strategies and finally identify any wider community needs. This system, Taylor goes on to say, should not be purely problem focused but should also be looking for strengths and potential for wider community development. Groups operating such a model are open to solutions coming from anyone involved. Power does not come from any one system or individual but those with greatest input would vary depending on the individual case and the skills that it requires. Leadership is very important in this model.

Edwards et al (2009) propose Cultural-Historical Activity Theory (CHAT) as a helpful model when considering multi-agency collaborations. One of the problems posed by CHAT, however, is that it is at heart a socio-economic model. It was originally a deliberate attempt to steer a course away from interpersonal and behavioural psychology. This is perhaps a questionable ontological move when dealing with complex interpersonal situations.

Woolfson et al. (2003) have built on Monsen's problem-analysis framework based on an ecological analysis of the needs of the child (Monsen et al., 1998). They propose a 5 phase model amalgamated from the original 9 steps of Monsen's model. In brief, these are:

- Phase 1: Establishing roles and expectations
- Phase 2: Guiding hypotheses and information gathering
- Phase 3: Joint problem analysis
- Phase 4: Joint action plan and implementation
- Phase 5: Evaluate, reflect and monitor

Thus far, there has been an almost complete lack of psychological theory to bolster these models. Given the almost exclusive focus on group processes in the literature which considers the barriers and facilitators found in multi-agency working, this is perhaps surprising. We turn now to consider two models which seek to correct this omission.

Firstly, Wagner (2000) considers four theoretical perspectives from a variety of disciplines that can be helpful in facilitating multi-agency work, namely: symbolic interactionism, systems thinking, personal construct psychology (PCP) and social constructionism.

In a similar way, Dennison et al. (2006) describe in highly pragmatic detail how psychodynamic theory, systemic thinking and social-constructionist principles can be used to facilitate multi-agency working. Hughes (2006) lends support to the use of systemic principles, arguing that 'wicked' problems require soft-systems concepts and methodologies. The emphasis here is on a holistic rather than on a reductionist understanding, and circular as opposed to linear causality, based on the maxim that 'the whole is greater than the sum of its parts' (Gorrell-Barnes, 1985, p.1).

But how truly psychological are these analyses? Symbolic interactionism (coined by Blumer, 1937) is a social psychological theory but has since been appropriated by sociologists. It draws on sociology (e.g. Thomas, 1937) and intra-personal pragmatism (e.g. Mead, 1913). Social constructionism is a social epistemology whose more radical proponents (such as Gergen, 1994), in contrast with symbolic interactionism, see intra-personal psychology as divisively individualistic. Systems thinking is an inter-disciplinary theory. PCP and psychodynamic theory are arguably the only genuinely psychological approaches here.

It is PCP that underpins the more wholly psychological approach offered by Clarke & Jenner (2006) who put forward self-organised learning (SOL) as a model of consultation. A commonly quoted drawback of problem-solving approaches such as this is that they reduce a child to a problem to be solved and by-pass theoretical frameworks (Wagner, 2000). Clarke and Jenner claim to address this criticism by seeking to explore the social construction and management of change.

Clarke and Jenner also come close to addressing the psychodynamics of the multi-agency mesosystem when they argue that the management of change needs to recognise that loss, anxiety and struggle are involved but they are not specific about how to manage these dynamics.

The PSOR (Purposes, Strategies, Outcomes, Review) model they employ uses principles of Personal Construct Psychology (Kelly, 1955) and Self-Organised Learning (Thomas & Harri-Augstein, 1985) to consider the purposes, strategies, outcomes and review process of consultation. Their consideration of the purposes of consultation involves an exploration of the theories underlying the client's existing strategies (using conversation, laddering, pyramiding and salmon lines etc) and leading to the ranking and checking of resources. By strategies, they mean the new actions to be carried out by the consultee. Mismatches between purposes and strategies are identified and addressed. Next, realistic outcomes are negotiated and, in the review stage, there is a further check that purposes, strategies and outcomes are harmonious.

In the first stage of this study, this approach was found to be the best suited to facilitating change in the wide-ranging contexts of multi-agency groups. The details of the second stage, including the trial intervention, are laid out in the next sections.

Chapter 2: Methodology and Aims

Research aims

The first stage of the study was exploratory, seeking new insights and generating data for intervention materials. This was achieved by comparing the purposes and practices of each group at different systemic levels. Quantitative questionnaire data were triangulated with qualitative analyses of meeting transcripts and interview responses in order to facilitate this comparison. This first stage of the study provided baseline data for the second stage of the study. Consideration was given to the sources of conflict within each group, the strategies used to resolve these conflicts and the levels of hierarchical and systemic thinking within the groups.

The second stage of the study describes the intervention process within each group. This took the form of reflective learning activities based upon the principles of self-organised learning (SOL). An analysis of the data considers the impact of these interventions upon the sources of conflict experienced within the groups, upon the strategies used to resolve these conflicts and upon notions of leadership within the groups. This second stage of the study also aims to investigate the ways in which the groups' purposes, processes and outcomes have been affected and the implications this may have for improving group outcomes. In line with SOL principles, the wider impact of the intervention is also considered in terms of the meaning taken from the process by participants. In addition, consideration is given to how useful trait-based models of conflict and leadership are when seeking to describe and understand multi-agency processes.

The following questions are addressed in this second stage of the study:

- Does the opportunity for reflective learning lead to changes in the purposes, processes or outcomes of the participating groups?
- Does the opportunity for reflective learning within the participating groups lead to changes in the perceived sources of conflict, the conflict resolution strategies employed and the levels of hierarchical and systemic thinking within those groups?
- What form does this reflective learning take for participants within these groups?

Methodology

Viewed as a whole, the study is a baseline-intervention-assessment piece of participatory action research designed to improve participants' practice and understanding of their practice within participating multi-agency groups. The design seeks to be emancipatory and participative whilst avoiding the atheoretical posture (Atkinson & Delamont, 1985) and overbearing approach (Adelman, 1989) taken by some studies of this type.

This second stage of the study employs both qualitative and quantitative methods to carry out a series of three case-studies. Data were gathered from meeting transcripts, from semi-structured interviews and from questionnaires. Quantitative data are presented and interpreted qualitatively without statistical analysis beyond the calculation of means and standard deviations. The three sources of data have been considered first in isolation, and then in concert, in order to triangulate (and thereby add greater validity and contextual understanding to) discrete findings.

Sample

The three participating groups comprised:

- 9. A Children in Care Local Practitioner Group
- 10. A Youth Offending Team Risk Panel
- 11. A Multi-Disciplinary Autism Spectrum Disorder Diagnostic Panel

The groups involved in the study comprised the following members:

Children in Care (CiC) Local Practitioner Group	Youth Offending Team (YOT) Risk Panel	Multi-Disciplinary Autism Spectrum Disorder (ASD) Diagnostic Panel
Supervising Social Worker for Fostering	Senior Probation Officer	Child and Adolescent Mental Health Worker
Personal Education Plan Coordinator	Court Team Manager	Consultant Child and Adolescent Psychiatrist
Senior Youth Participation Worker for CiC Team	YOT Area Manager	Consultant Paediatrician
Social Worker	Senior YOT Officer	Speech and Language Therapist
Educational Psychologist	Police Officer	Educational Psychologist
Youth Service Team Leader	Court Team Social Worker	
CiC Service Manager	Social Worker	
Looked After Children Advisory Teacher	Child and Adolescent Mental Health Worker	
CiC Nurse	Social Worker	
Children and Young People’s Service Fostering Team Practice Manager		

Table 1: Occupations of Participating Group Members

Other unlisted members of these groups were not involved in the recordings, interviews or questionnaire administration.

Measures & Procedures

Table 2 below shows an overview of each post-intervention data collection method, its broad aims, a reference to an appendix showing each instrument and associated

instructions for participants, numbers of participants involved for each method used and their group membership and dates of administration.

Data Collection Method	Broad Aims	Associated Appendix	Number of Participants			Dates of Administration
			Gp A	Gp B	Gp C	
Audio Recording of Meetings	To allow analysis of actual working practices	1 (Transcript Excerpt)	4	5	9	28.01.10 - 09.02.10
Semi-Structured Interviews	To elicit participant understandings of group purpose, process and outcomes	4 (Instructions, questions and exemplar responses)	3	3	3	01.03.10 – 19.03.10
Responses to 'bitesize feedback' e-mails	To understand the meaning made by participants of the pre-intervention data	3 (Full text of Group A e-mails and responses)	5	6	8	09.10.09 – 30.11.09
LABS-III Questionnaire	To quantify levels of hierarchical and systemic thinking within groups	16 (Pro-forma with instructions)	5	6	5	26.01.10 – 09.03.10
CIPT I Questionnaire	To elicit and quantify perceived sources of conflict within groups	15 (Pro-forma with instructions)	5	6	5	26.01.10 – 09.03.10
CIPT II Questionnaire	To identify and rank problem-solving strategies employed within groups	17 (Pro-forma with instructions)	4	5	4	19.02.10 – 19.03.10

Table 2: Overview of Post-Intervention Data Collection Methods

Data Collection

Qualitative

As in the first stage of the study, qualitative data were gathered from two sources:

Qualitative data were gathered from two sources: transcripts of five multi-agency meetings held by the three participating groups thirteen members of these multi-agency groups and selective transcripts of digital audio recordings of multi-agency meetings held by the three participating groups and detailed notes taken during semi-structured interviews with three members of each group. Due to their length, sections of recorded meetings were selected for transcribing. These selections avoided the presentation of lengthy case details, usually by a single speaker, and focussed instead on group problem-solving processes. Semi-structured interviews explored participants' understandings of their group's purposes and explored the impact of the reflective process they had undergone on their group's outcomes, processes and inter-personal dynamics. Participants were also encouraged to identify any personal or professional learning they had done as a result of the study. An example interview transcript can be found in Appendix 4. Interviews typically lasted thirty to forty minutes.

Quantitative

Wielkiewicz's (2000) LABS-III questionnaire (see Appendix 18) consists of:

- i. a 14-item hierarchical thinking scale promoting the salience of power, control and hierarchy in organisations, and
- ii. a 14-item systemic thinking scale reflecting a commitment to shared responsibility, adaptability and reflection-in-action.

Validation details are given in the first part of this study.

An original measure of the sources of conflicts within groups and the strategies employed to resolve these conflicts was constructed as a separate project prior to data collection (see Appendices 17 and 18). Appendix 16 outlines the development of this questionnaire and details of the questionnaire content are given in the first stage of this study.

The LABS-III questionnaire and the 'Conflict in Inter-Professional Teams' questionnaires used in the first part of the study were re-administered to measure the impact of the intervention on leadership beliefs and on sources of conflict within the participating groups. Sixteen of the seventeen respondents from the first stage of the study returned these two questionnaires. The second stage to the 'Conflict in Inter-Professional Teams' questionnaire, which explored conflict resolution strategies, was also re-administered. Thirteen of the fourteen respondents from the first stage of the study returned this questionnaire.

Quantitative data were collected initially by e-mailed responses to questionnaires. E-mail reminders were sent to participants as appropriate. In the same way, electronic copies of the follow-up questionnaire were sent to each participant and e-mail reminders were sent approximately once a week.

Data Analysis

Qualitative

Due to their length, sections of recorded meetings were selected for transcribing. These selections avoided the presentation of lengthy case details, usually by a single speaker, and focussed instead on group problem-solving processes. This

avoided speaker and thematic coverage percentages becoming skewed. Transcripts were thematically coded using NVivo software. In order to generate coding nodes, the function of any given word, sentence, paragraph or exchange was interpreted within the context of the study's aims i.e. group purpose, practices, outcomes, conflict and leadership. Full text exemplars of coding nodes can be found in Appendices 23 and 25.

Quantitative

Questionnaire data were descriptively analysed using SPSS. Individual and group scores, means and standard deviations on each sub-scale were calculated. Due to the small sample size and complexity of the data, further analysis was interpretative, including the comparison of pre- with post-intervention responses.

As in the first stage of this study, meeting transcripts were analysed in terms of:

- the percentage coverage by each speaker(Appendix 27) – a measure of who said how much
- the percentage coverage of each coding node (Graphs 1-3) , and
- the distinctive coding nodes for each group (Appendix 21).

Given the limitations of any single form of analysis, it was this combination of theme and speaker dominance and thematic distinctiveness that was judged to make the best use of the data.

In order to enhance validity, only data from participants responding to both pre- and post-intervention questionnaires has been used when comparing pre- and post-intervention data. As different conflict modes (competing, compromising, collaborating, avoiding and accommodating) were represented by different numbers of strategies within the second part of the 'Conflict in Inter-Professional

Teams' questionnaire, direct comparisons between modes should be treated with caution. However, there is no evidence of ceiling effects, so this is not considered to undermine the validity of the data.

In the scored version of the conflict resolution strategy data (see Table 5 and Appendices 14 and 15), strategies were assigned one to five points depending on whether they had been ranked as being least used (ranked fifth) to most used (ranked first) to resolve a particular source of conflict.

Limited quantitative analysis was performed within NVivo on the transcript coding data. The percentage coverage of each coding node in each group was calculated. This is a measure of the length of utterances assigned to a coding node as a proportion of the whole transcript. The dominant coding themes within each transcript were represented graphically (see Graphs 1 to 3) and each transcript was also analysed by percentage coverage for each participant – a measure of who said how much (Appendix 27).

Reflective Learning Intervention Methodology

Feedback based on the first tranche of data was fed back to each group following principles of self-organised learning (Thomas & Harri-Augstein, 1985), itself based on personal construct psychology (Kelly, 1955). This involved presenting groups with discrepancies:

- between espoused purposes and actual working practices (as indicated by discrepancies between interview responses and an analysis of transcript coding). An exemplar pre-intervention interview response is given in Appendix 2. The full range of pre-intervention responses are summarised in Appendix 5. Pre-

intervention NVivo coding nodes are listed in Appendix 20 and their content summarised in Graphs 1 to 5 and Table 5 in Paper 1 and in Appendix 21.

- between individual members of the group as indicated by discrepancies in questionnaire data and interview response data between members of the same group.
- between the different participating groups as indicated by discrepancies in questionnaire data, interview response data and NVivo coding data between the participating groups.

These discrepancies have been fully laid out in the results and discussion sections of Paper 1. A full example of a feedback intervention, including participant responses, is given in Appendix 3.

In addition, selected pertinent findings from the research literature were used to offer alternative evidence-based ways of making sense of the data. Occasionally, personal interpretations of the data would be offered in order to focus or stimulate discussion. This was very much a dynamic process, with each subsequent feedback e-mail being tailored in response to participant replies to previous ones.

This feedback was presented in a non-judgemental way and participants were encouraged to communicate the meaning they took from the data either through face-to-face discussion or by using the 'Reply to all' e-mail facility. An example of one group's feedback e-mails together with members' responses can be found in Appendix 3.

The decision was taken not to audio record action-planning meetings. This is consistent with the emancipatory design of the study as it was felt that recording

these meetings would interfere with the groups' sense of ownership over the decisions taken. Within the context of this study, the actual measurable changes (as shown by quantitative analysis of pre- and post-intervention data and concrete changes in practices) were more important than the groups' action plans. Reference notes were made immediately after each action-planning meeting to inform interviews.

Reflective Learning Intervention Procedures

A two-stage intervention was utilised comprising, i) feedback of data from the first stage of this study to each group and, ii) a subsequent action-planning meeting with each group. For one group, the feedback was delivered at a single face-to-face group meeting at which data were presented orally and visually, following which a discussion was facilitated. For the other two groups, this feedback took the form of a series of around a dozen e-mails, to which participants were invited to reply, copying their responses to the other members of the group. Graphical data was attached to the feedback e-mails when appropriate and the distinction between raw data and interpretation was made clear at every stage. Interpretative ideas were set out as working hypotheses and were offered, i) to focus group discussion on particular themes, and ii) to give group members an opportunity to validate, modify or refute the research findings.

Ethical Considerations

In conjunction with a verbal presentation by the author concerning the nature and scope of the study and the methods to be used, a consent form (Appendix 31) was used to record participants' informed consent to take part in the study. A full record of the ethical considerations regarding this study can be found in Appendix

30. A non-judgemental, evidence-based style has been adopted which has sought to maintain and foster respect for participants at all times. All participants have been anonymised in any written record.

Chapter 3: Results

The table below provides an overview of the post-intervention meeting audio recording extracts selected for transcription and thematic coding in each group.

Gp	Extract number	Length	Broad Topic
A	1	319 words	Matter arising / agenda for meeting
A	2	585 words	Case #1 - Language difficulties or autism / complications of placing child with complex needs
A	3	990 words	Case #2 - Quality of evidence / diagnosis / signposting other agencies
A	4	397 words	Case #3 – Evidence considered / roles reviewed / decision to assess
A	5	477 words	Case #4 – Lack of evidence / dangers of mono-professional diagnosis
A	6	418 words	Case #5 – Mainstream or special provision
B	1	2571 words	Extended discussion about the purpose of monitoring forms
B	2	5939 words	Extended discussion about children who are falling through the cracks / what is going wrong / possible solutions / plan of action
C	1	889 words	Vulnerability Case #1 – need for / barriers to Child Protection Meeting
C	2	872 words	Vulnerability Case #2 – sources and levels of vulnerability / signposting other agencies
C	3	1407 words	Vulnerability Case #3 – purpose of discussion / prioritizing areas of vulnerability / rate of progress / review of strategies
C	4	2847	Extended discussion of Risk Case #1 – discussion of main risk and vulnerability factors / review of current plan / placement issues / need for counselling / social care issues / discussion of new group processes

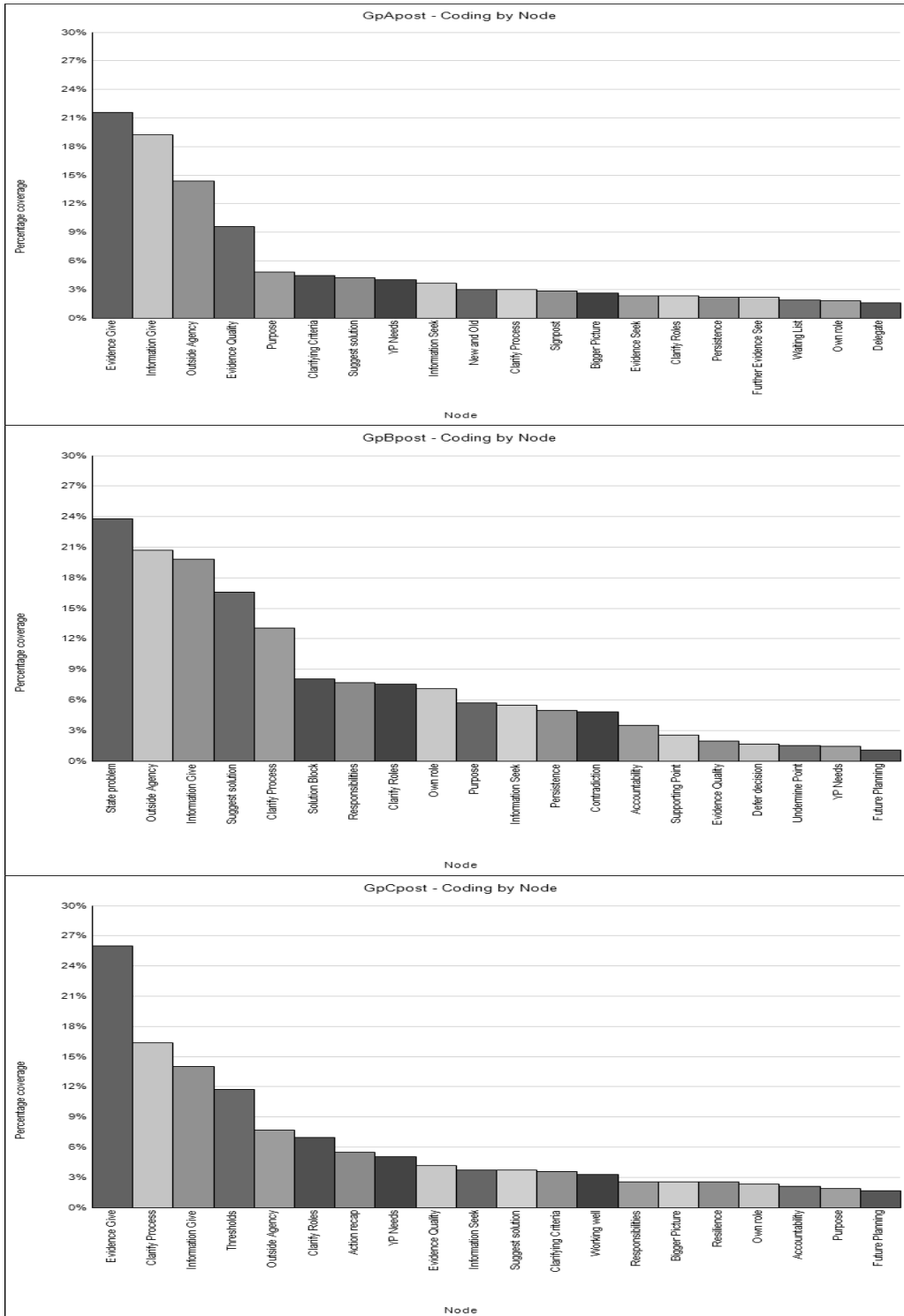
Table 3: Overview of Post-Intervention Transcript Content

Following the structure of a self-organised learning conversation, the impact of the intervention upon group purposes, processes and outcomes are first considered in turn.

Purposes

Many participants in pre-intervention interviews, when asked to describe their group's purpose, instead described group processes (recorded on original hard copies of interview schedules). When this distinction was clarified, pre-intervention participants were able to describe group purposes, but there were discrepancies between individuals within groups (Appendix 5). These differences have been outlined in the preceding paper. All participants interviewed post-intervention were readily able to provide succinct descriptions of their group's purpose which were congruent within groups. Differences were generally in the level of detail provided and these were not substantial. As one participant put it, "I get it now! I understand the need for the meetings, and now I make sure I'm there."

Transcript coding of Group A meetings revealed increases from pre- to post-intervention coding in references both to the purpose of problem-solving episodes (from 0.43%/1 reference to 4.84% /5 references) and to the needs of the young people under discussion (from 0.59%/1 reference to 4.05%/4 references – see also Graph 1 and Appendices 22-25 for full pre- and post-intervention text of these nodes).



Percentage coverage scores show the percentage of the whole transcript text covered by a given node. Text can be coded under multiple nodes, giving a total percentage of more than 100.

Graphs 1-3: Percentage coverage of post-intervention meeting transcript coding nodes

New group processes in Group C (see below) included the chair explicitly explaining the purpose of the group to any practitioners who had not attended before. In addition, there were several occurrences in meetings of case workers being reminded of their responsibility to prepare management plans prior to the meeting (coding node 'responsibilities' – see Graph 3 and Appendix 23). Balancing this was a growing expectation of team members to read up cases before panels.

According to the principles of Self-Organised Learning, values also contribute to group purposes. One member of Group C identified a shift in dilemmatic values away from practitioner support (in the form of extended time to introduce the cases) and towards (time efficient) problem-solving, saying that it was left to the chair to 'make the call' and risk leaving case workers feeling cut-off. However, another group member had reconstructed these values as complementary goals, after receiving positive feedback for the first time from a particular case worker following a group meeting.

Processes

Within Group A, where there already existed clear role boundaries and problem-solving processes, the main change in process had resulted from the closure of the group's waiting list. This was a decision taken by the group chair following consultation with group members. It reflected the group's growing frustration with the refusal of sending agencies to allocate time or budgetary resources to the group. This decision had not been discussed at the action planning session, but was announced a few days after it. Transcript coding highlighted a continued evidence-based approach to decision-making (Graph 1).

Group B post-intervention transcripts made more frequent references than did pre-intervention transcripts to the need for and intention to initiate role clarification, minute dissemination, agenda compilation prior to meetings and the agreement of SMART action points. However, these efforts had not become embedded in practice and were still described as sources of frustration within Group B's post-intervention interviews. What had changed was the clarity with which participants were able to identify potential improved practices and the barriers to implementing them. Procedural themes continued to dominate meetings, with the discussion of outside-agency roles and the presentation of outside-agency problems to the fore. Suggestions for ways forward accounted for 17% of the meeting (compared to 8% in pre-intervention meetings – see Graph 2 and Appendix 28) but these continued to be blocked as often as not (in 14 out of 30 occurrences).

A number of new processes had been introduced within Group C. These included the separation of 'risk of serious harm' and 'vulnerability' cases, the introduction of a referral form, the widening of the chairing role to include a second group member with relevant expertise, a clear problem-solving process and a revised booking system. The time taken to discuss each case had dropped significantly, with greatly reduced time taken to introduce cases and longer spent on problem-solving discussions. The clarification of group processes accounted for over 16% of group meeting dialogue (Graph 3) in contrast to pre-intervention meetings where this theme had been entirely absent.

In addition, interview responses identified a number of other more subtle changes from pre-intervention. The separation of risk from vulnerability cases had led to a new understanding within the group that addressing issues around vulnerability

(rather than risk to the public) was key to improving outcomes for clients; a more clearly defined group purpose had highlighted the need to improve the quality of caseworker supervision which had been masked by the previous quasi-supervisory role of the group; and the historic divide between administrative and practitioner management was being challenged. Finally, transcript coding showed that interactions coded under the node 'thresholds' had changed from pre-intervention requests for level descriptors to specific, evidence-based arguments to support decision-making.

Outcomes

The closure of the Group A waiting list had led to a short-term reduction in the number of diagnoses being made but beyond this, members reported an increased sense of 'the bigger picture'. For instance, reflection on the quality of out-of-area diagnoses had resulted in reconstructed values around the area's diagnostic pathway.

Members of Group B described outcomes as largely unchanged, although one member reported feeling more included in group discussion and action-planning and another member identified some improved outcomes for young people which had emerged since the research intervention process.

Members of Group C both reported improved attendance at meetings since the start of the research process. In addition, Group C outcomes had been modified in so far as the new referral forms requiring:

- explicit confirmation of whether management plans had been completed by practitioners bringing cases
- a summary of evidence sources and causes for concern

- space to record SMART outcomes and decisions arising from the meeting and a review date

In the next section of results, the impact of the intervention upon group notions of leadership, sources of conflict and strategies to resolve those conflicts are discussed.

Sources of conflict

Sources of conflict identified by participants were analysed by their type – personal, process-related and task-related – and by their eco-systemic level, as defined within the EMMA model introduced in the first stage of this study. Table 4 summarises the mean pre- and post-intervention item scores for the three groups. Items have been clustered into the type or systemic level of conflict they represent and averaged out to give mean single item scores. This helps to compare across item-clusters of different size. Raw data can be found in Appendices 9 and 10.

Gp	Conflict Type						Conflict Level							
	Personal		Process		Task		Role		Relationship		Wider Pressures		Patterns	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
A	1.21	1.27	1.33	1.54	1.46	1.83	1.00	1.06	1.06	1.17	2.11	2.72	1.17	1.25
B	2.17	2.23	2.42	2.55	2.60	2.68	1.96	2.09	2.36	2.58	2.76	2.98	2.51	2.31
C	1.95	1.73	1.75	2.13	1.97	2.10	1.80	2.00	1.87	2.29	1.89	1.64	2.00	2.02

Range: 1-5 Median: 3

Table 4: Mean Participant Item-Cluster Scores for Types and Levels of Pre- and Post-Intervention Sources of Conflict

The most notable increase in conflict type in Group A was task conflict (a mean item score rise of 0.37 - see Table 4), with some increase in reported levels of

process-related conflict. This is consistent with the observation made by one member that the group had been enabled to separate task conflict from interpersonal conflict as a result of the research intervention. Analysis of the conflict levels indicates these increases in task conflict were mainly at the level of wider group pressures, consistent with the closure of the waiting list. Interview responses also indicated that members felt more positive and confident about disagreeing on diagnostic decisions and interventions.

Within Group B, slight increases in all types of conflict can be seen to be operating mostly at the level of relationships and wider group pressures (a mean item score rise of 0.22 in each - see Table 4), with a decrease in conflict experienced over issues associated with patterns of working over time (a mean item score decrease of 0.20). The transcript nodes 'contradiction' and 'supporting point' occurred less frequently than in pre-intervention transcripts (see Graph 2 and Appendix 28) but were still associated with the maintenance of group fault-lines. This finding was supported by interview responses identifying continuing conflict arising from 'the feeling for me of being dismissed' and for another member, 'a feeling of a hidden, joint agenda'.

Results for Group C are perhaps hardest to interpret. Increased conflict experienced at the relational level (a mean item score rise of 0.42 - see Table 4) appears to stem from issues of process (a mean item score rise of 0.38) rather than personality. Indeed, levels of personal conflict had dropped significantly (a mean item score decrease of 0.22). This increase in relationship-level conflict seems to stand in contrast to the positive attitudes expressed toward the new meeting processes. Self-organised learning theory predicts a dip in performance levels together with a need for greater support in the immediate wake of new

learning. This may explain these results: a sense of pulling together as the group gets used to challenging new ways of working.

Conflict resolution strategies

Participants could select up to five strategies they used to resolve six of their highest-scoring sources of conflict. A total of 274 strategies were identified on pre-intervention questionnaires compared with a total of 293 on post-intervention questionnaires (see Appendices 12 and 13 for raw data). This reflects a widening repertoire of responses to conflict, particularly within group C who account for seventeen of the nineteen additional strategies identified. Furthermore, in this group, the average range of strategies used by participants had risen from 11 out of the 26 possible strategies before the intervention, to 13.5 following the intervention.

Table 5 shows the mean selection frequency of pre- and post-intervention conflict resolution strategies. A score of 1 indicates that the average participant within the group used one conflict resolution strategy (associated with a given conflict mode) to resolve a particular source of conflict within that group. Higher scores indicate that more than one resolution strategy associated with that conflict mode was used on average by participants to resolve a particular source of conflict. Appendices 12 and 13 contain the raw data from which these statistics have been calculated.

	Co-operative		Avoidant		Competing		Accommodating		Compromising	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Group A	1.42	0.96	0.06	0.19	0.17	0.08	0.75	1.00	0.83	0.58
Group B	1.10	1.30	0.60	0.20	0.80	1.00	0.40	0.47	0.70	0.80
Group C	1.08	1.63	0.13	0.00	0.25	1.00	0.42	0.50	0.71	1.50

Range: Variable depending on mode

Table 5: Mean Selection Frequency of Pre- and Post-Intervention Conflict Resolution Modes

Group A responses show much less frequent selection of low-cooperative (avoidant and competitive) modes than other modes both before and after the research intervention. Counter-intuitively, the group seems to have become less co-operative and less assertive following the intervention (mean selection frequency decreases of 0.46 and 0.09 respectively - see Table 5). However, a closer analysis of the individual data helps to make sense of this finding. The pre:post comparative data is based on wider pressures on the group, such as budget and time restrictions, and not intra-group processes or relationships. Whilst it is not possible to prove direct causation, the data suggests that responses to increased external pressures on the group are highly individual (Appendices 14 and 15). Participant A1 has been little affected; A2 has abandoned her highly co-operative approach in favour of digging in and drawing on her own resources; participant A4 has become more avoidant and A5 has become more accommodating to other group members. All these changes have been at the expense of co-operative strategies – at least when addressing sources of conflict external to the group itself.

Group B shows least change between pre- and post-intervention frequencies (Table 5). Most notable is the drop in avoidant strategies (a mean selection

frequency decrease of 0.40). Interview responses suggest that this may reflect the raising of submerged issues into the shallows of consciousness if not yet to open discussion or resolution. This may also help to explain the rise in competitive strategies, as positions were dug-in pending the resolution of underlying issues.

Already a co-operative group before the intervention (see Appendices 14 and 15), Group C appears to have become more assured post-intervention. Interestingly, post-intervention competitive strategies are four times as frequent (an increase in selection frequency from 0.25 pre-intervention to 1.00 post-intervention - Table 5). Interview responses and transcript nodes would suggest this may reflect the dual-membership of the group, with core members more willing to challenge social workers bringing cases as new practices and expectations are established and consolidated within the group.

A more general overview of the data (Appendices 14 and 15) leads to two further observations. The first of these is the individuality of the conflict resolution profiles for different individuals across varying types and levels of conflict. Not only do individuals manage conflict differently from other members of the same group, they also manage different types of conflict at different systemic levels differently. This supports and builds upon the finding from the first stage of this study that groups may employ different problem-solving approaches when working on behalf of young people and when considering intra- or inter- group issues.

The second observation that can be made concerns the susceptibility of these conflict resolution profiles to change (within the same group of people discussing the same issues) over time. This again challenges fixed-trait models of conflict resolution such as those discussed in the review of the literature. As individuals

and groups undergo training, as they gain experience, as their narrative moves on, so strategies for dealing with conflict adapt and grow (or shrink).

Hierarchical and Systemic Thinking

Tables 6 and 7 (and Appendices 7 and 8) show individual participant scores on the hierarchical and systemic thinking scales of the LABS-III questionnaire both before and after the intervention. The group means and standard deviations are shown, based on the scores only of participants for whom pre- and post-intervention data are available.

Gp	P1		P2		P3		P4		P5		P6		P7		Mean		S.D.	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
A	37	38	37	43	37	-	24	26	41	41	-	-	-	-	34.8	37.0	7.41	7.62
B	37	31	39	37	36	-	36	31	49	40	36	38	-	-	39.4	35.4	5.50	4.16
C	-	-	54	51	31	36	44	51	34	31	38	34	31	-	40.2	40.6	9.12	9.66

Range: 14-70 Median: 42

P1 denotes participant 1 from the specified group

- denotes non-return of questionnaire

Table 6: Individual Pre- and Post-Intervention Hierarchical Thinking Scale Scores

Gp	P1		P2		P3		P4		P5		P6		P7		Mean		S.D.	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
A	59	56	58	55	58	-	68	63	59	56					61.0	57.5	4.69	3.70
B	65	58	61	53	51	-	64	56	55	55	49	55			58.8	55.4	6.72	1.82
C			60	62	57	52	56	47	67	65	50	52	54	-	58.0	55.6	6.20	7.57

Range: 14-70 Median: 42

P1 denotes participant 1 from the specified group

- denotes non-return of questionnaire

Table 7: Individual Pre- and Post-Intervention Systemic Thinking Scale Scores

Group	Mean		S.D.	
	Pre	Post	Pre	Post
A	61.00	57.50	4.69	3.70
B	58.80	55.40	6.72	1.82
C	58.00	55.60	6.20	7.57

Table 8: Group Pre- and Post-Intervention Systemic Thinking Scale Scores

Comparing pre- with post-intervention data, members of Group A all show increases in hierarchical thinking, except for one participant who remains unchanged. Group B members all show a decrease in hierarchical thinking, except for one participant who shows a small increase. In Group C, three members score lower and two higher.

Comparing pre- with post-intervention data, members of Group A all show small decreases in systemic thinking. In Group B, three members score lower, one is unchanged and one has increased. Three members of Group C score lower on the systemic thinking scale post-intervention, with two other members showing small increases.

Generally speaking, attitudes towards leadership remained little changed after the research intervention process (Table 8). The only quantitative result of note was the greatly decreased spread of scores in group B's post-intervention systemic thinking (a reduction in standard deviation from 6.72 to 1.82 – see Table 8). Pre-intervention high scorers were less systemic in their thinking, low scorers more so. This suggests a convergence of values and beliefs about leadership within the group over the course of the study.

The coding of post-intervention meeting transcripts and interview responses add additional perspectives on these findings in group A. Almost absent are the unilateral decisions that punctuated pre-intervention meetings (one post-intervention occurrence covering 0.86% of the meeting). The percentage word-count coverage by the group leader had dropped from 55% to 41% (Appendices 26 and 27). Occasional examples of pre-intervention non-persistence (two occurrences covering 0.07% of the text) have been replaced by similar levels of persistence (two examples covering 2.21% of the text). “We no longer all need to agree with each other,” said one participant. Other Group A post-intervention interview responses recognised that greater time and effort was given to listening to all contributions and that these contributions were considered more deeply by the group as a whole and by the group leader in particular. Leadership had become a more distributed construct within the group.

Furthermore, in the first stage of this study, it was described how Groups B and C both demonstrated different models of leadership when dealing with different types of problem. Specifically, a more systemic approach was taken to problem-solving on behalf of young people and a more hierarchical stance was adopted when considering group functioning and when representing the group at a managerial level.

Reflective learning

Within Group A post-intervention interviews, members felt that reflective learning had led to changes in four main areas:

- greater value placed on gaining and understanding multiple perspectives, both within the group and in wider practice

- greater value placed on improving quality (over quantity) of decisions, despite growing wider pressures
- greater clarity about the way in which different diagnoses fit together (or greater motivation to become clearer about this)
- greater value placed on inter-agency training and greater scope for this as a result of the study. Opportunities had arisen which would not have arisen prior to the research process.

Within Group B the following areas of change were attributed to the reflective process:

- improved ability to make links and identify trends and themes
- greater understanding of how to improve group functioning
- more widely-shared feeling of inclusion within the group
- more tolerance of other members' points of view.

And in Group C the following themes were linked to the research intervention:

- wider participation of members within meetings
- a more explicit decision-making process
- greater clarity about the purpose of the group
- a new sense that 'things don't have to be as they are'.

Chapter 4: Discussion

Evaluation of Methods

The method of data triangulation adopted in this study has been criticised for introducing epistemological inconsistency into research design, although every effort has been made to minimise this in the current study with a consistently empirical and eco-systemic approach being taken. Once adopted, there is a second danger of seeking data which confirms the theoretical stance taken, but the EMMA model has been used as a framework within which to organise findings rather than as a model to predict them. Findings consistent with an eco-systemic stance have emerged from (rather than being imposed upon) the data.

Conducted within a single local authority and with some of the participants known by the author in a professional capacity, there is a danger of participant reactivity reducing the internal validity of the data, especially the questionnaire and interview data. Working outside one's own geographical area would improve the internal validity of the data, although perhaps at the expense of their contextual depth.

A more truly grounded approach making use of some form of Interpretative Phenomenological Analysis would increase the reliability of the findings. Working with a larger number of groups would increase the external validity of the findings and the participation of a larger percentage of group members would bolster their internal validity, for example in Group C where caseworkers were poorly represented.

The two scale leadership questionnaire (LABS-III) is at odds with the more flexible and socially situated model proposed within this study and the construction of

more sophisticated measures of thinking about leadership remains an area of future research.

As far as this study is concerned, one of its weaknesses is its necessarily short timescale. Change has been described as a process requiring at least two years to bring about (Fullan, 1982). To gauge accurately the impact of this study, follow-up data would need to be collected. However, even within the short time-scale of this two-stage study, there is specific evidence of changed thinking and changed practice and emerging evidence of improving outcomes.

Having come to SOL during the research process, a level of internal inconsistency may have been introduced. SOL espouses a content-free approach to data gathering and sees questionnaires, transcript coding and interview summaries all as selective and assumption-bound. However, this could be criticised as a naïve assumption of SOL methodology. The idea of a content-free methodology can be seen both as something of a methodological conceit and a dubious goal. Content can be seen as being introduced through more than just the data-gathering tools. As has been discovered in the consideration of multi-agency working, members bring to their roles their expectations of others, their emotions, their strategies etc., which are not solely reliant on the content of the meetings. To use the language of SOL, each member creates different meaning from the same meeting in dialogic relationship with others. In the same way, the job title of the researcher, the venue of the meeting, the topic chosen for eliciting constructs – all can create meaning just as powerfully as the subject of a questionnaire or the selective coding of meetings. And in a way, in recognising this dilemma, the fundamental principles of SOL become more closely adhered to because an explicit recognition of mutual expertise is created. The logical extension of

content-free work is that no expertise is required, that a computer program could be as effective as a skilled interaction, and yet SOL recognises that it is in the interaction itself that shared meaning is constructed, reconstructed, negotiated and, in this way, the methodology adopted in this study could be seen as genuinely promoting self-organised learning in that it made explicit to participants the assumptions and expertise brought to bear in interpreting the data.

As discussed in Paper 1, this study makes original contributions to the field in the form of the EMMA model, the CIPT questionnaire and a non-trait-based view of leadership and conflict resolution strategies. This second paper provides further support for the usefulness of an eco-systemic view of multi-agency working and for situated models of leadership and conflict resolution strategies. In addition, this paper contributes nuanced thinking about dilemmas experienced within such groups and about some of the factors usually accepted uncritically as facilitators of the work they do. Finally, the concept of ‘negative robotic thinking’ has proved to be a useful concept when looking to understand some of the more intractable and subtle barriers to effective collaborative working.

The Experience of the Self-Organised Learning Process

Participants’ personal and professional learning have already been discussed, but what was the wider impact of this reflective process? Post-intervention interview responses on this theme are summarised in Appendix 6.

Firstly, the research process had an emotional impact on some participants. Interview responses included reports of feeling good about the group despite having addressed difficult issues, and a sense of satisfaction from having gained more than expected from the experience. The process was described as

refreshing. Members generally felt more positive about their colleagues. In particular, participants in leadership roles expressed surprise and admiration for the commitment and insight shown by other group members. This feedback from group members had been valued by group leaders and there were no negative responses from group leaders to receiving this feedback.

In addition, for some participants, there had been a wider impact beyond the group setting. One participant spoke in interview of placing new value on gathering multiple sources of data; another spoke of making more links over a period of weeks between areas of work previously seen as unconnected.

Comparing the experiences of e-mail as compared with face-to-face interactions, the general feedback was of both being valuable, especially in combination. Each was felt to enhance the other and knowing that face-to-face meetings were coming up was felt to add a deeper level of accountability to e-mail responses. Individual participants favoured one medium over the other but still recognised the value of both.

Generally speaking, participants felt that the balance between challenge and support had been correctly judged. Whilst some participants saw the scope for greater levels of challenge, others felt that this would have undermined motivation and led to defensiveness and entrenched attitudes. It was also pointed out that explicit permission would be needed before presenting deeper challenges. One participant made an interesting comparison between the 'pew, we're through it' experience of an inspection with the sense of freed up thinking, accountability to the group and purposefulness that resulted from the research process. The difference here seems to be one of who owned the change process.

Purposes, Processes and Outcomes

It is tempting to conclude that the only generalisation to be made about the findings relates to their specificity to each group. But it is precisely this specificity that lends power to the process. The reflective learning undergone by each participant in each group did not take place in a vacuum, but arose out of the group's ongoing narrative. The evidence from post-intervention interviews and transcripts is of purpose clarified and actions brought into line with that purpose. No 'one size fits all' training model could hope to predict or to address the range and unique combination of factors at work in any given group. What is needed is not a blueprint, nor even a toolkit, but ultimately a dynamic and responsive *relationship* for facilitating change. It is suggested here that the educational psychologist, with his or her ability to bridge professional backgrounds, to draw upon a professional knowledge base and consultation skills, and to conduct well-designed research activities is ideally placed to fulfil this role.

Another finding common across groups was that behind areas of group functioning resistant to change were negative robotic (as defined in the first part of this study) patterns of thinking. Examples cited in this study have included Group A's ambivalent thinking about its waiting list, Group B's helplessness in the face of county-level bureaucracy, Group C's thinking about long-standing procedural frustrations and Group C's perception of potentially complementary goals (such as case worker support and meeting the needs of the child) instead as conflicting priorities. These acted as a blockage to change in other areas. In contrast, when change did come about, it was as the result of a change in members' thinking and it had a knock-on effect upon the group's purpose, processes and outcomes. Two conclusions can be drawn from this. Firstly, these

findings are consistent with an eco-systemic model of inter-agency working. A change at one level of functioning affects every other level. Secondly, if local or national strategies hope to improve outcomes for young people, they will need both to allow professionals the reflective space to improve their thinking and to provide the professionals equipped with the skills to create that reflective space.

Conflict and leadership

This study has challenged the assumption that either conflict resolution styles or models of leadership are fixed individual traits (see Paper 1 discussion). Instead, evidence has been gathered suggesting that both are situated within specific social contexts and that both are modifiable given the correct conditions for learning. This evidence is again consistent with an eco-systemic view of multi-agency working, where each level of functioning is inter-related with every other. Future research would benefit from questioning the trait-based assumptions of existing conflict resolution and leadership models. Furthermore, it suggests that groups well-versed in problem-solving on behalf of young people may still be susceptible at other systemic levels of working to forms of negative robotic thinking that are capable of undermining the improvement of outcomes for those young people.

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Appendices

The role of the educational psychologist in promoting effective multi-agency collaborations

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Raw Qualitative Data

Appendix 1: Extract from Pre-Intervention Group A Meeting Transcript held on 06.05.09

This excerpt from a pre-intervention Group A meeting transcript concerns boundaries between diagnostic categories. It is judged by the author that the inclusion of full transcripts would undermine the anonymity and confidentiality of participants.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

PA5:

So I don't know why school don't have a problem, because he's very unusual – but very able, and charmi, in a way very charming but very odd...But I thought Asperger's, he hasn't come out as Asperger's? No. Why would that be?

PA1:

Good question – erm...

PA2:

If there's an early language delay, it tends to skew the flowchart towards the – autism...

PA1:

Yeh, he, he's down as being delaying onset of spoken language.

PA2:

Yes, that skews, that skews the, the flowchart.

PA5:

But that's not necessarily true.

PA2:

No, we, we've decided on two or three, actually, where that's been the case, that they are much more likely to have trouble with Asperger's.

PA1:

I would, I would be uncomfortable to put him down as childhood autism, basically on the discrepancy between school, I mean, I would find it difficult, even with relatively unobservant professionals, to say that erm, everybody's missed the fact that we've got a case of err autism –erm, and er, and we do have families where there's a remarkable delay in their speech and language and then all of a sudden they're talking these long sentences. I think it's a feature of some...

PA5:

Subset of Asperger's.

PA2:

Mm. Mm. 'Cause we've, we definitely have had a few where that's happened.

PA1:

So what I was going to propose is that we put him down as autistic spectrum disorder,

PA5:

O.K.

PA1:

but if, if you want to (cough) take a bid for Asperger's rather than autism, that's putting him up completely the opposite end of the scale (laughs) as it were

PA4:

Well I think, I think it's difficult though, isn't it, because he is so able, that you'd think that he's more likely to be Asperger's rather than autism, autistic spectrum, and if we put him down as autistic spectrum disorder, is that – actually going to...

PA2:

Does that rule out...?

PA4:

Yes, is that going to, can you have very able autistic spectrum disorder, children?

PA2:

I don't know

PA1:

Well, you can have high functioning autism...

PA5:

Yeah, high functioning ones.

PA1:

...which is different from Asperger's.

PA5:

But I thought he was Aspergers, I just didn't have any...

PA4:

He doesn't...yeah.

PA5:

But then I'm not, that's only from my point of view.

PA4:

He doesn't appear – he doesn't appear to be Asperger's does he?

PA2:

What would, what would be the difference, then..

PA4:

Autism.

PA2:

If he was high functioning autism and, or Asperger's, what would be the, differentials, in that?

PA3:

Don't know.

PA2:

No, I think they're used interchangeably in some contexts.

PA1:

Some actually use them interchangeably, although (cough) the purists are saying that (cough) that they're actually different.

PA4:

Is, is it the difference, in – ss, social interaction skills, erm, 'cause Asperger's tend to actually want to be - they, they tend to be on, looking in on, from the outside and want to be part of the group but they're not quite sure how to do it, whereas the high functioning autism, pupils, children, don't want to be...

PA2:

They're not interested.

PA4:

Don't want to be part of that.

PA2:

But they'll still be able in their own – bubble.

Others:

Yes, yes.

PA5:

And he was, he was a child that did, that really wasn't bothered about other people in actual fact. He, he, was he the one that, friends – had a whole list, oh let me just check – yeah, he wasn't bothered about friends, he just listed off their names, but they were from five years ago. He doesn't, can't say what he likes to do with friends, he's not – that bothered.

PA2:

Maybe that's the...

PA1:

You're making a bid for high functioning autism (laughter). (cough) He's certainly high functioning, isn't he, I mean, that's, that's clear.

PA5:

I, I don't really mind, I...

PA1:

O.K., I'll see what I can come up with.

PA5:

But again, the discussion's going to be, 'why atypical autism and not Asperger's?' again.

PA2:

Yes, exactly.

PA1:

Yup. I mean, he's not going to be autistic, because his, err, speech and language – early – development was fine...

PA5:

But why go for atypical?

PA1:

I thought he was going to come out as Asperger's, I must say.

PA2:

It sounds, he sounds, yeah.

PA5:

Well I thought it was Asperger's again!

PA4:

GADS said he was Asperger's, too.

PA1:

Yeah, can we go for Asperger's, I prefer that, erm, and it's, it just seems to fit from everything that's been said.

Appendix 2: Example Pre-Intervention Interview Notes in NVivo 'Autocoding' format

Extensive notes were taken during interviews with thirteen members of the three participating groups. The example below has been formatted for 'autocoding' in NVivo8.

The introduction to each interview was:

"Thank-you for your time in answering these questions. I would like you to feel that you can be completely honest in answering them. Any information you divulge will be treated anonymously and no identifying information will be attached to anything that is fed back to the group. You are entitled to withdraw anything you say at a later time if, upon reflection, you regret the way you have expressed yourself. I will say and do nothing to make you uncomfortable or to compromise your position within the group. "

The full text of the original questions was:

1. *What, in your view, is the purpose of the group?
In your opinion, how successful is the group in achieving this purpose?
How do you know? / Upon what evidence do you base your view?*
2. *What, in your view, are the core values that guide the decision-making of the group?
Do you share these values fully yourself?
Cp. Conflict A Items 5, 6, 9, 10, 12, 16, 20, 22, 24, 28, 32, 34, 36
If not, do you have to adjust your own values or do you challenge the group?
Cp. Conflict B strategies*
3. *How would you say decisions are made by the group?
What is the role of [designated leader] in reaching decisions?
Cp. LABS-III responses / trait scores*
4. *What sort of issues cause you ethical dilemmas within the group?
Prompt with examples from transcript or questionnaire data as appropriate
How do you resolve these kinds of dilemmas?
Cp. Conflict B strategies esp. Modes*
5. *Are there any established patterns of working within the group that cause you frustration?
What holds you back from raising these issues with the group?*

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

Q1a:

Purpose of the group

PA1:

Facilitating assessment of ASD children

To give an overview of the process

To identify resources

To meet an identified unmet historical need – the buck had been passed for a long time with no-one grasping the nettle – CAMHS Clinical Psychologist agreed to assess and there was a three and a half year waiting list. The options then were a private assessment by BIBIC, which often resulted in a non-diagnosis, or a GP referral to London, where there was no contextual understanding of the child's wider family/school/community setting and the diagnosis was heavily dependent on parental reporting

Q1b:

Success in achieving purpose

PA1:

Assessments are moderately successful but are limited by a lack of time. Success has led to more referrals being made. The waiting list was down to four months, but is now back up to ten.

In increasing resources, we have not been very successful. We've provided some training successfully and successfully advocated on behalf of ASD to the PCT, but we're still poorly resourced.

Q1c:

Evidence of achieving purpose

PA1:

Audit of cases dealt with

Family satisfaction survey is ready to launch when the right person emerges e.g. CPN

Q2a:

Core values

PA1:

Democracy – knowledge of each other's roles but all roles needed; veto option not to diagnose is a strength of the group

Outcome oriented

Mutual respect

Expectation that all will participate

Q2b:

Share these values

PA1:

We have to work within each other's limitations – sending agencies don't always give a continuing commitment to the group

This puts individuals under pressure of feeling responsible, leads to a danger of disbanding the group, which one or two members have mentioned and reliance on goodwill

Q3a:

How decisions made

PA1:

Information sharing – proposed diagnosis from 3Di – all agencies contribute information and opinion – debate and exploration – final decision is usually self-evident and there is a high degree of agreement

An uncertain diagnosis will prompt further assessments to clarify or a postponement for 1 or 2 years

Q3b:

Role of designated leader

PA1:

My chairing role is a moveable role depending on who has made the referral – this role is to balance between discussion and making a decision – there is no fixed written protocol for this group – having a minute-taker has made this role much easier

I also have a leadership role which involves appealing to the PCT for support and representing the team to the North Devon Forum

Q4a:

Ethical dilemmas

PA1:

Needs of group members versus the needs of the client group (see Q2)

Confidentiality issues e.g. 1) how detailed to make the minutes – we tend to err on the side of freedom 2) we're missing a social care representative and this has led to one or two misdiagnoses where there's been neglect or abuse that we've not known about. We either refer these cases to JAS or CAMHS

Accountability to sending agencies vs. accountability to team – our group tend to be quite fiercely protective of the group and loyal

Q4b:

Resolving dilemmas

PA1:

JAS has allocated a social worker, but the funding isn't in place

Q5a:

Patterns of working causing frustration

PA1:

Limited funding → gradually growing waiting list → increasing frustration for parents/schools

Quality of referrals could be improved - Initial assessment needs to have a social assessment as well as 3Di / SALT / GARS etc

LDP traded service agreements threaten continuing membership and takes us away from goodwill approach which has freed us from being bound by other outside groups

Working practices can frustrate pathway e.g. 1. schools see diagnosis as releasing resources rather than meeting needs, 2) ASD team can be misused to address mental health or behavioural issues via a circuitous route because schools know we will refer on to other agencies and traded EP time is limited

Q5b:

Barriers to expressing frustration

PA1:

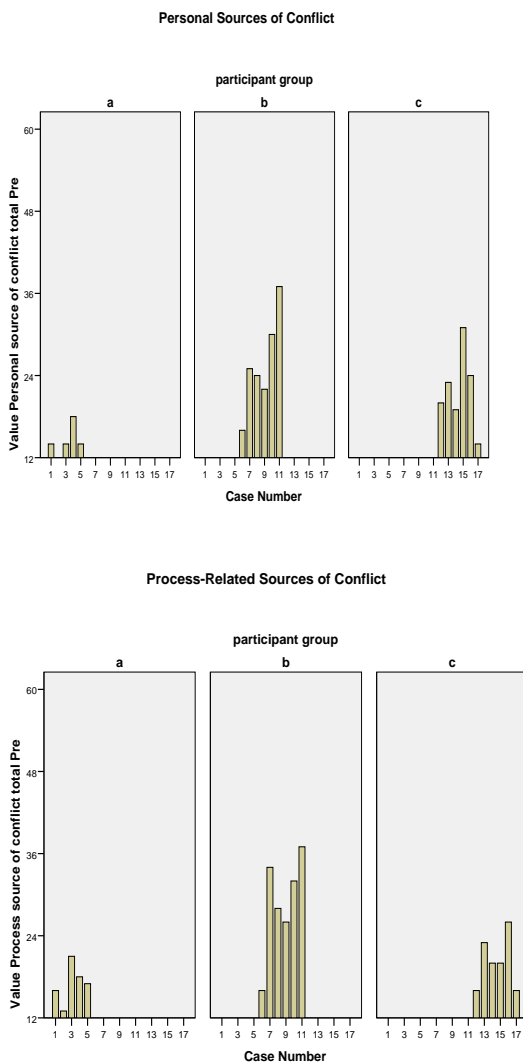
None

Appendix 3: Group A Intervention E-mails and Group Responses

Groups A and C received feedback on pre-intervention data in the form of twelve e-mails (entitled 'bitesize feedback' to reflect concerns about time implication within the groups) to which responses were invited and shared with other members of the group. Group B received feedback in a group meeting using a PowerPoint presentation. The content focussed on discrepancies within the data as outlined in the main text of the research paper. The text of the Group A feedback e-mails (in bold) and the responses sent are given below.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

GROUP A BITESIZE FEEDBACK E-MAIL #1



Conflict can be thought of as occurring as three types within groups: two of these are personal conflict (how we get on) and process-related conflict (how we decide who does what). The two graphs attached show your group data on the left (you are Group A)

alongside the other two participating groups' data (centre and right). The bars show individual scores within groups. The horizontal lines show the mean score for the group (the central line) and the standard deviation (an indication of how spread-out the scores were within the group).

Group A (the ASD panel) shows consistently lower scores for both types of conflict than do Groups B and C.

Questions for feedback:

- 1) Do the graphs and my explanation make sense to you?**
- 2) Do the data reflect your own perceptions of the group?**
- 3) Low levels of these types of conflict are associated in research findings with better outcomes for clients. How would you respond to this?**

PA5

- 2) They reflect my perception of group
- 3) Not at all surprised that low levels of group conflict = better outcomes for clients, though how that is measured would be interesting. If conflict is low, time and mental energy is not misplaced within the group. The focus of all members is maintained on the needs of the client.

PA1

The graphs are understandable and show general agreement within each group (with some "outliers" who would be interesting to consider further, as to why their views were so different from their other team members).

The data does reflect my perception of our ASD Assessment Team.

I would like to be able to prove that our clients really do have better outcomes because of the low conflict levels in our Team. Sadly, we have not yet achieved a "Patient Satisfaction Survey" for our clientele, though one has been prepared and would require a little project in itself to facilitate. I believe the way we have tried to support PA5 in her struggles to achieve a more permanent contract is a demonstration of how we have worked together and sought to maintain continuity and standardisation of care for those undergoing ASD assessment.

PA2

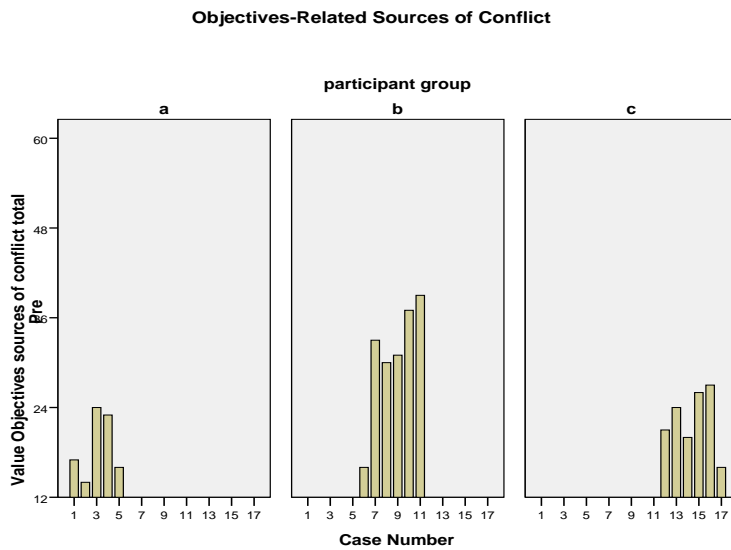
As to your other two points I would say that the data does indeed reflect my perception of the group, and that it then makes sense that as we are not embroiled in interpersonal and process disagreements, we are able to put our energies into the constructive process of thinking carefully about the children and families we are assessing.

PA4

2. The group has established itself over a few years and worked together as a group. I believe that it has worked well.

4. Not surprised by the findings.

GROUP A BITESIZE FEEDBACK E-MAIL #2



The attached graph shows reported conflict levels related to group objectives. This is the third type of conflict identified in the literature - 'what the group agrees to do'.

Again, your group gives consistently lower scores. Does this 'feel' right?

Now the challenge: research findings suggest that lower levels of task-related conflict are associated with poorer outcomes for clients. Does this change your view of the data?

This raises some big questions that we will return to as the data unfolds. For now, perhaps you have some initial reactions to one of the following (because your time is valuable):

- 1) Why is conflict so low in our group?**
- 2) How well do we differentiate between helpful (task) and unhelpful (personal and process) conflict in our meetings?**

PA1

Our scores are probably low-ish because we have a good understanding of our individual (and separate) responsibilities within the group. There would be no question of me doing the Speech & Language assessment! Scores are low because we feel as if we are championing (or advocating for) a needy cause, against rather poor management support - together we stand, divided we fall.

We do have conflict when we agree to undertake a part of an assessment when this adds to an already unacceptably long waiting list or workload. However, that is often felt to be an "external" pressure brought about by our support (or lack of it) from our managers.

We usually understand and agree when the "task" needs to be done. We support each other in trying to ensure that we do not unnecessarily undertake assessments. We may have a lively debate about whether a task needs to be done, but I personally would not call this "conflict". Is there a distinction in your questionnaire process between conflict and debate?

This is the kind of area when outside observations (such as you have done) may help us to

see if we truly are having conflict and lively debate, or whether the time constraints are suppressing healthy debate (which may be in the best interests of the child).

PA2

On this issue of low conflict over what the group agrees to do - I think this feels right! I feel we do debate the issues and definitely think things through carefully and do come to agreement on decisions - from my perspective, I think this is due to mutual appreciation and respect for each other's skills. Perhaps the finding that lower levels of task related conflict resulting in poorer outcomes for clients may occur if the low level of conflict in this area is due to the group possibly feeling 'silenced' by a stronger member of the team, or perhaps due to loss of interest and motivation to engage with the task. I have not read the research so am guessing here but these sorts of issues do not appear to be applicable to our team.

PA5

I have to agree with the replies from PA1 and PA2. Particularly PA2's explanation as to why lower levels of conflict are associated with poorer outcomes for clients. I feel that the term 'conflict' in the context of our group has unfortunate connotations and 'debate', 'discussion' and 'managing issues usually beyond our control' are more appropriate.

PA4

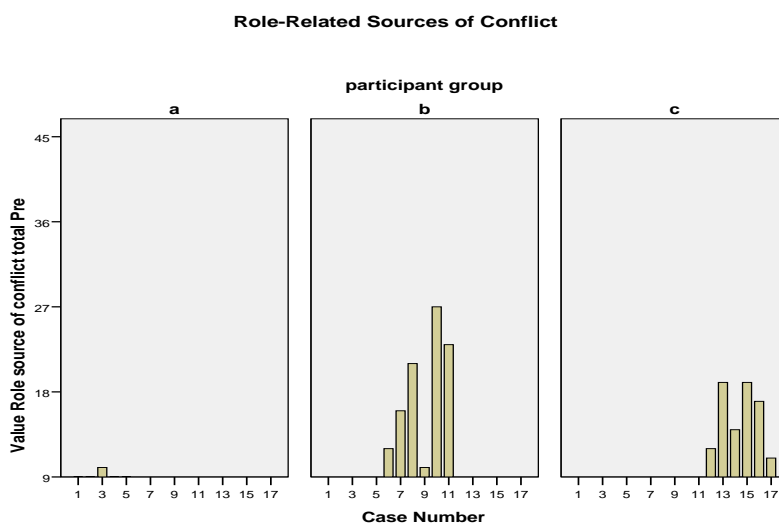
I think that the conflict in our group is lower as we all listen to each other and as ASD is not a definitive diagnosis we can be more flexible in the discussion of needs. We do respect each other and there are set pathways of support that can be offered so we do not get into conflict about these ways forward.

I don't believe that there are any personal conflicts within the group.

I do need more time to do the job more effectively though!!!

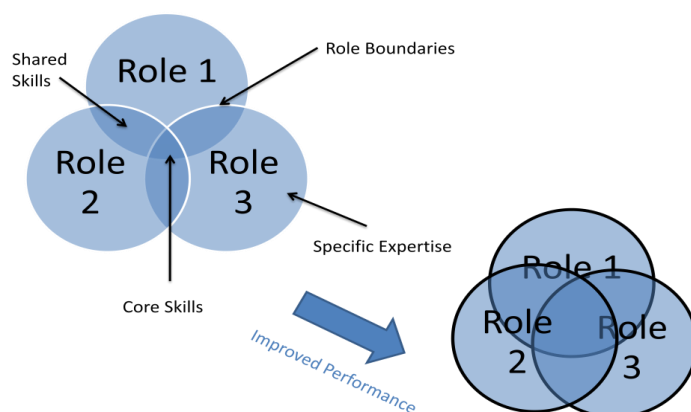
GROUP A BITESIZE FEEDBACK E-MAIL #3

Another way to analyse the sources of conflict data is by the systemic level at which the conflict occurs. I'd like to focus on the micro level - group roles - today.



"Picture 1" (attached) shows that roles are a negligible source of conflict within the group. Combining this with interview and transcript data produces a picture of a group in which individual roles are frequently defined and reinforced. This is again associated with better outcomes in the literature.

A possible danger inherent in maintaining strong role boundaries is that members define themselves or justify their membership in terms of their distinct skills but not their core (common to the whole group) or shared (between 2 or more members) skills. The associated risk is that members may feel less able to challenge recommended actions as this would undermine everyone's 'specialist' identity within the group. However, as we know from the last e-mail, task-related conflict can be beneficial.



"Picture 2" shows an alternative scenario - where a group reinforces role boundaries, but also reinforces core and shared skills. An example might be: "That's a really helpful suggestion. Does anyone in the group see things differently? We might be able to build up an even fuller picture," or; "We all have problem-solving skills in this group - what different ways could there be to approaching this issue?"

Questions to consider:

- 1) Do you think of yourself in the group in terms of your 'specialist' skills, your core and shared skills, or both?***
- 2) Can you see a place for more debate about group tasks?***

PA5

1) I tend to see myself as primarily contributing from my SLT perspective, but perhaps a significant percentage is core/shared skills.

2) Given our time constraints I think we already have sufficient debate about necessary group tasks. I suppose we could formalise the opportunity for members of the group to say if they think differently from the consensus. I always feel comfortable in expressing my thoughts and views.

PA1

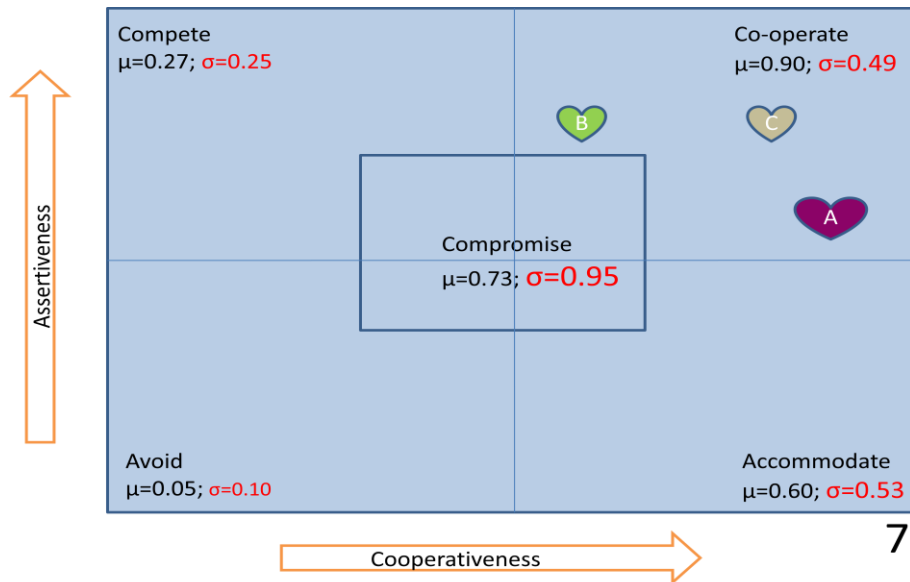
Question 1: BOTH

Question 2: Most of our time is spent in debating the group task of assessing children and coming to a decision about outcome ("diagnosis"). As the group have grown together in this task we have understood each others' task better and would feel more able to challenge each other, even to challenge another's conclusion in an area of expertise. This can (or should) only take place where we have developed trust and confidence in each other within the group.

PA4

The first point that I would like to make is that I see my role in the group as providing information from an educational perspective and I believe that I feed into the core and shared skills area. I do not think of my role as being a specialist role. I also consider that we do discuss group roles and responsibilities. More discussion could occur but may not change anything.

GROUP A BITESIZE FEEDBACK E-MAIL #4



Today's attached graph condenses lots of information into a single graphic. The conflict resolution strategies you identified in the second part of your questionnaires have been analysed in terms of the 'modes' you employ - co-operation, avoidance, competition, accommodation and compromise. These 'modes' also fall along two axes - co-cooperativeness and assertiveness. I have then summarised all the individual scores within each group and given the mean and standard deviation for each 'mode'. Finally, I have given each group a 'heartbeat' to represent a kind of modus operandi for the group as a whole.

Still with me?! Basically, your group is more co-operative than the other two groups and less assertive. Once you have had a chance to assimilate the graph:

- 1) Can you identify an advantage to operating broadly in this way?
- 2) Can you think of a potential disadvantage of being characterised as this kind of group?

PA1

Advantage is that this way of working is very important when there are "subtleties" in making an ASD diagnosis - it is not "Black and White", but often shades of grey. It allows (encourages) re-evaluation of individual professional inputs.

Would be a disadvantage if we were so non-assertive that we failed to press for an outcome or failed to get things done because we became victims of the "veto" - if we failed to agree. Each individual member must be "assertive enough" to put forward their own view, but cooperative enough to adjust to the views of others. The "proof of the pudding" is: do the child and family benefit or lose out because of the way we work?

PA5

1) Advantages at a procedural level, with a group that has high levels of cooperation, includes more rapid and effective decision making regarding some very complex child/family cases. At a more personal/professional level, because we value and respect what each person brings to the group, it is easy for us to co operate. This professional co operation is a more rewarding/comfortable process to be involved in than where a group has high levels of competition/avoidance/overly assertiveness

2) Disadvantages, a simplistic response could be that a group such as ours with high levels of co operation could be seen as 'too' co operative. The worry would be that it could be masking a number of scenarios leading to unbalanced decisions, such as a dominant decision maker with whom everyone agrees or where some members might not be asserting evidence based views that go against the flow of opinion. In my opinion, neither apply to our group.

GROUP A BITESIZE FEEDBACK E-MAIL #5

May I move the discussion on to the subject of 'waiting lists' today?

Within interviews, transcripts and from anecdotal comments, the waiting list seems to be construed both positively and negatively.

On the plus side, the waiting list acts as a disincentive to poor quality referrals being made. It also validates the group's usefulness to outside agencies/managers and creates a stronger argument for additional funding.

On the down side, it acts as a stressor within the group, creates frustrations about limited funding, has an effect on the quality of diagnostic decisions and leads to delays for clients and their families/schools etc.

1) Does this ambivalence accurately reflect your own feelings, or have I misinterpreted member's views?

There is always a danger with ambivalence that a homeostatic pattern of working develops that works to maintain the status quo and makes creative problem-solving less likely.

2) Would you welcome a problem-solving discussion about the waiting list or are there reasons why this would not be helpful?

Finally, in preparation for a later e-mail:

3) Several members identified the group as a 'learning group'. Is this learning formalised or does it happen as a unplanned consequence of normal group functioning?

4) Do you have a clear idea about what the current learning needs of the group are?

PA5

- 1) Interesting to see W/L summarised in this way. Broadly agree. Though don't think it significantly effects 'quality' of our diagnostic decisions. I think we take great care in this area, where there is any doubt, we go for further, observation/assessment/information gathering, which of necessity affects waiting times.
- 2) Would welcome problem solving re W/L
- 3) Learning is not formalised, though I nearly always feel I have learnt something within each of our routine sessions. I seem to recall some of us have talked about a more formalized

approach to sharing our respective knowledge and expertise, but time pressures have meant we have not taken this forward. I would certainly support more shared learning, particularly as my CPD this year has been minimal, BUT as for everyone I suspect this would be in own or borrowed time.

- 4) Not for the whole group, I have some awareness of my own learning needs.

PA2

- 1) I would say that the issues about waiting lists are an ongoing debate within the health service - for me it is about pragmatically acknowledging that there is an ongoing tension between the different perspectives, both containing pros and cons, but I am not sure I experience this as 'ambivalence' - I would be delighted if there was a way of being adequately resourced so that we could respond more promptly to referrals. The issues of making good quality referrals, and being seen as a useful resource to managers/agencies can, I feel, can be addressed as part of a well functioning, well resourced service.
- 2) Any input over ways of improving the waiting lists issue would be welcome.
- 3) Unplanned consequence of our group's functions.
- 4) I do not have a clear idea about the current learning needs of the group - as has already been stated, we have from time to time thought about more formal sharing of our different areas of specialty but time restraints have meant that this has not really resulted in anything specific.

PA1

- 1) I would not regard this as ambivalence but a tension. We should be aiming for good quality referrals, even if waiting list was short! Certainly the long W/L helps us apply pressure on the external influences that largely control resources that are available to us. But it also frustrates us on behalf of the families of children waiting for assessments. I find it very difficult to identify ways in which we are encouraging a "status quo". Most of my time is taken up trying to limit the numbers coming on to the waiting list - this may actually run the risk of being detrimental to some children who are "just below" the threshold for referral or diagnosis.
- 2) Yes, I would value any further problem-solving discussions.
- 3) No formalised learning, except the opportunity we had in learning about ADOS 18 months ago ([County]-wide activity). This was not just within the group. We informally learn from each other in hearing details about the way each of us work, and the snippets of knowledge that creep into the discussions - i.e. PA2's comments about the relative rarity of attachment disorder in children from abusive homes when they have been removed to a more supportive fostering arrangement early. I regard the learning taking place otherwise as being an unplanned consequence of our team working.
- 4) We are individually responsible for trying to maintain our own learning and development, but we have not managed to consider our joint learning needs.

PA4

Wait lists are helpful as they have improved the quality of the referrals. In an ideal world there would not be any and we would be able to meet children's needs immediately. Resources would not be scarce as they are at present and we would be fully staffed. However the waitlist means that we are not required to use the assessment process as a generic assessment.

The wait list is also helpful in trying to generate more funding as we can be seen as a scarce resource.

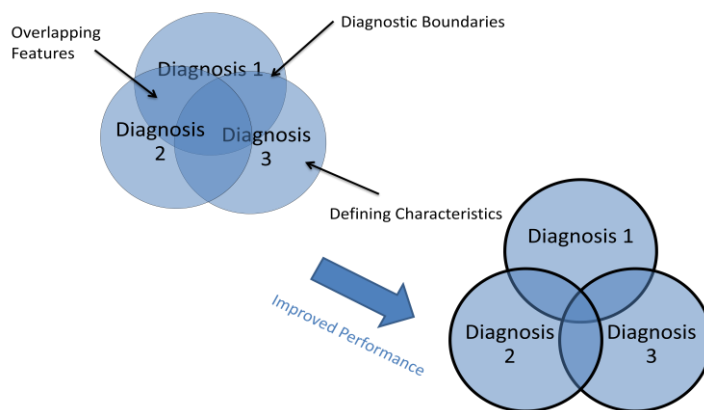
Having a problem solving session would possibly be helpful in reducing the waiting list,

We do not have a formalised learning structure but are a developmental group. Learning as we go!!!

I consider that it would be useful to have a discussion about the different criteria for assessment of Autism as it is not a hard and fast set of criteria and each one of us is probably using a slightly different set.

GROUP A BITESIZE FEEDBACK E-MAIL #6

I'd like to turn to the group's task of diagnosis today and tomorrow.



One way of thinking of ASDs (Atypical autism, childhood autism, Asperger's, HFA etc) is as a series of overlapping circles (see Picture 1 attached). This reflects the fact that these conditions are not discrete entities and that you are aiming for the 'best' diagnosis, not the 'correct' diagnosis at times. Does that reflect your own view?

Improved performance might be thought of as the circles becoming better defined and moving away from each other as the characteristics of each condition are more clearly understood, as the areas of overlap (confusable features) become better defined and as these become fewer (see Picture 1). Does this reflect your own view?

Below is an extract from Transcript 2. This is not typical of the group's discussions, but perhaps exemplifies one of the difficulties of your group's remit. Would it be helpful (and time-efficient in the long run) to make this an explicit area of group learning in the future?

[Transcript Extract referred to is included as Appendix 1.]

PA1

I think the analogy of overlapping circles can be helpful, but should not be pressed too far, otherwise I would make a bid for overlapping squares along one axis where there is a definite interface without leaving any "gaps in no-man's land". The performance could then be measured in clearly defining which "box" the child falls into, or in the overlapping area.

I do not think in practice it is helpful to children to "squeeze them into a box" or circle if they do not really fit, and we occasionally accept that a child truly has a number of features of BOTH Asperger's and Autism. We may then say he has ASD and describe (and try to quantify) the difficulties.

In this latter case, I would consider that our improved performance is measured in the ability to describe a child's difficulties (and therefore needs) accurately falling into the trap of pigeonholing him into one or other distinct category of ASD.

When we deal with language, we have to consider OUR understanding of terminology, but also the understanding of other professionals and parents receiving our report. This linguistic difficulty, when we may have different definitions or understanding of words, may get in the way. That is why we strive to have an agreed language amongst ourselves, even though this is sometimes muddled in international scientific studies, textbooks, or lay terminology.

This is a complex area, but I would hesitate to say that the final diagnosis per se is an accurate definer of our performance. My personal view is that our performance is defined by the finished product of the final report, supported by our diligence in carrying out an appropriate assessment.

I would have preferred the "overlapping circles" to have been the various conditions that can mimic an ASD - language disorder, social deprivation, child abuse, global learning difficulty and developmental impairment, etc. We are doing well when we can clearly distinguish these, otherwise we are in the wrong ball (circle) game altogether!

PA4

I think that by the nature of the condition the circles will always overlap and that our discussions are centred around the best way to describe the particular child's special needs. I do agree with PA1 and think that we need to include other circles including Emotional difficulties and Attachment difficulties.

I do not see the diagnosis in the terms of correct or incorrect but rather as appropriate as Autism is not a definitive condition. No two children with Autism are ever the same.

PA5

Firstly, thank you to PA1, what a great response.

I would like to add a few comments. I think we do aim for the 'correct' diagnosis in the context of a wide range of often overlapping and conflicting terminology within and across each of our professions. I am not sure circles of any type really helps that much. Children can and do present with features of different conditions. I am not at all sure that tighter definitions are possible, given the complex presentations we see. Any single diagnostic 'feature' used in such a definition could be caused by a wide range of non ASD difficulties and would further confuse.

Looking at the transcript, I am glad it is not typical. I notice we interrupt each other rather a lot, I know it is something of a feature of my communication, tut tut and apologies to all! In this instance we do sound more muddled than I think we actually are? If the team feels it would be helpful I would be happy for diagnostic definitions to be a topic for training.

GROUP A BITESIZE FEEDBACK E-MAIL #7

In your interview responses and meeting discussions, there was evidence of an understanding of both the intended and unintended consequences of diagnosis. In addition, diagnoses were (like waiting lists) perceived dilemmatically - by the group as a whole, that is. In other words, there was seen to be a trade off between the benefits and

costs which had a 'good enough', rather than a perfect solution. Diagnoses were seen to unlock valuable resources, but they were also perceived as being reductive blunt instruments which sometimes labelled a child unhelpfully for life. The move away from 'PDDNOS' to 'atypical autism' was a particular example of this. Members of the group felt under pressure at times from parents and education settings who were more apt to see diagnoses as an unqualified good.

Do any of these findings surprise you or do they broadly reflect your own views?

Do you feel the group strikes the right balance between agreeing diagnoses and meeting the needs of young people?

Any other comments about making diagnoses as a group?

PA1

1. Broadly reflect my view.
2. Yes.
3. Please see previous response.

PA4

I consider that the findings do reflect my views. I have always battled with the labelling process and although it is helpful for parents and the young person at times at other times it clearly isn't.

I do prefer to identify the child's needs rather than label. Diagnoses do not always unlock valuable resources but clear identification of need does.

I believe that the group also shares this view.

GROUP A BITESIZE FEEDBACK E-MAIL #8

My role is not to convince you of any need to change so much as to provide a space for reflection and to present you with my empirical findings. I have endeavoured to identify and present you with some areas where your beliefs as a group and your working practices may not be completely congruous, namely:

- *Low levels of disagreement about group outcomes*
- *The balance between expertise and joint problem-solving*
- *Levels of assertiveness and co-operation within the group*
- *Homeostatic systems around waiting lists*
- *Levels of confidence about diagnostic categories*
- *The balance between diagnosis and meeting young people's needs*

PA2

My main comment to this one is that I don't feel that this has been a judgemental process, nor have I felt the need to defend the status quo -any general lack of reflection on the 'realm of the possible' is mostly driven, in my case, by the necessary pace of our once a month meeting which importantly has to focus on our clinical discussion, with a little time for shared humour and light relief, but mostly needing to concentrate on the job in hand which includes some discussions about the issues already mentioned in previous emails e.g. diagnostic issues, learning from each other's areas of expertise, waiting lists etc. This is not an unfamiliar process for me as I have had similar experience with another assessment and diagnostic team where, over time, despite being hard pressed for time and with a large number of referral to deal with in the earlier years, we have developed a collaborative and lively way of working as a small team.

PA5

I must agree with PA2, I do not feel this has been a judgemental process and I am quite happy to reflect on what is possible and look at ways we could change and improve the way we work as a team. I hope I have not been defending the status quo, more just describing what happens. It is hard to follow the thread sometimes in this e communication. So much so that in your list of 'namely's above, I can see some incongruities between beliefs and practice, but not in all cases. This will need further explanation for me to understand.

PA1

I personally don't feel threatened by comments made in this Bitesize correspondence, nor do I take it as a threat to the group. Carry on! The only "threat" has been the extra workload in responding to your research Andrew and the requirement to set aside an hour at our next meeting.

We are under such pressure to get through the work, there is certainly a lack of "freedom" at the meetings to broaden our agenda to consider some of these aspects.

PA4

I consider that you have been helpful in identifying some of the ways in which we could develop. Given the time constraints it is difficult to see a time to move this or even reflect on this further. We do all seem to have a good understanding of each other's ways of working and realise that we have very little time to do the job. I would be happy to look at other ways of working .Do we need to change a lot?

I have found that the group does appear to get the job done and I do enjoy the sessions that we have.

GROUP A BITESIZE FEEDBACK E-MAIL #9

Today's theme is conflict - in particular the group's perception of the term.

The Pocket Oxford Dictionary offers two brief meanings:

- 1. Conflict: Fight, struggle, opposition, clashing of opposed principles***
- 2. In conflict with: inconsistent or incompatible with***

To me, the first definition contains a stronger suggestion of emotional engagement and personal animosity.

My perception is that your group has interpreted the term 'conflict' more in this first way than have the other groups.

One of my aims has been to expand the group's definition of the term into interpersonal, process-related and task-related conflict. I have also suggested that these three can, with reflection, be separated. This may help to resolve some of the issues raised in your e-mail responses.

Two research findings:

- 1. Some groups construe conflicting ideas about what should be done as an expression of disloyalty to the group; other groups perceive this as an expression of loyalty to the group's primary goal of improving outcomes for young people. Groups in the former category are less likely to express conflicting ideas and less likely to separate task from personal conflict.***

2. The existence of mutually incompatible ideas about what the group should do in a given situation can give rise to new and better ideas synthesised through appropriate problem-solving activity especially when the group (leader) explicitly encourages the expression of these ideas and provides such a framework.

PA4

I think that we do generally have a discussion around the child's needs and that we do not always agree, so that the second definition of conflict is one that I feel we do work with. I also believe that we listen to others' points of view and we do not have hard and fast ideas that can not be modified. I see this as a function of the personalities within the group. With another group of colleagues the outcome could be very different.

GROUP A BITESIZE FEEDBACK E-MAIL #10

Today's theme is membership. Mindful of time pressures, I'll be as short and sweet as I can.

There is a belief within the group that combining multiple perspectives has a beneficial effect on outcomes. However, the group is made up almost exclusively of health professionals. This may be one factor contributing to the very low levels of task-related conflict within the group. There have been plans to widen the membership of the group to include more education and social care representatives. This would be one way to increase the range of opinions about appropriate interventions.

Would you broadly agree with this line of reasoning?

Do you think the group has exhausted the options for attracting a wider membership?

PA1

It would be most welcome if we could include in our assessment portfolio a social care assessment, and thereby add a social worker to the assessment group. This would enable us to make a clearer distinction between true ASD and those children or young people who are suffering from social deprivation, emotional neglect or abuse or attachment disorders. In other words, I do broadly agree with your reasoning. However, I am not sure if adding further members to the group from non-health agencies would necessarily add to task-related conflict.

I do not think we have exhausted the possibility of (some time in the future) being able to incorporate a social worker onto our team.

PA3

Well, it is a diagnostic group. We don't really consider interventions, we are there to assess, evaluate the assessment and assign the best fit label.

PA4

I would welcome the inclusion of some of our social care colleagues and we have spoken about this before in the group. I would also like to say that I consider myself to be part of the team and not an "outsider" from education. The constraints on inclusion of more members from education are I believe budgetary.

PA2

Having read PA1's response, I find I don't have anything further to say about this as PA1's view closely matches my own. I also agree with PA3 in that our task as a team is to focus carefully on assessment and diagnosis.

GROUP A BITESIZE FEEDBACK E-MAIL #11

Two last findings to tie up:

1. The table below shows what percentage of meeting transcripts are spoken by each member (in order of level of contribution). I did not code case history presentation, only problem-solving episodes.

	ASD Panel	Group B	Group C
1st	56	30	21
2nd	12	21	21
3rd	12	20	19
4th	12	15	13
5th	8	8	8

For me, the main feature is the high figure for the primary contributor and the relative even low scores for all other members.

2. Some transcript codes only regularly occurred in one group. Others occurred regularly in two groups but not the remaining group. Some of these reflected the group remit, others (the interesting ones) less so. Here are the codes that relate to your group:

Code	Group A	Group B	Group C
Discussion of positive or negative consequences of a proposed diagnosis	7	-	-
Discussion of quality of evidence	15	-	-
Unilateral decision taken by member of the group	4	-	-
Persistence: Follow-up question following information flow block	-	7	2
Blocking an attempt to move the group process on	-	24	4
Group member raises an objection to a proposed solution	-	8	6
Taking needs of young person into consideration	1	10	4

This deserves several e-mails on its own, but I offer these data without comment and invite (but do not require!) yours.

PA1

Just one point about "taking needs of young person into consideration". Our meeting is part of a process which then goes on to produce a Final Report. This report is an amalgamation of all the professional assessments and HEAVILY concentrates on the needs of the child or young person. The finished product is an essential part of our work (that is what we will be judged on!), though it may not be reflected in our group discussions. The individual reports that have already been written prior to the meeting are largely "taken as read", and accepted, unless there is need for challenging someone else's professional assessment.

The unilateral decision-making looks embarrassing, but sometimes, after due discussion or consideration, that is what may need to be done to keep things moving on! Anyone is free to challenge such decision-making.

GROUP A BITESIZE FEEDBACK E-MAIL #12

I look forward to seeing you all at 9.30am on Wednesday at the Health Centre.

Some suggested areas for discussion follow. There are obviously too many here to discuss in an hour. Are there one or two you feel would be most beneficial? I am not planning to bring the answers, rather to facilitate the discussion.

Devil's advocacy - explicitly encouraging alternative points of view / hypotheses

Developing the group's problem-solving framework

Problem-solving discussion about widening membership to increase education and social-care representation

Discussion about the use of different diagnostic labels

Review what makes a good / poor referral

In-house training sessions regarding defining & confusable features of given conditions – matched to upcoming cases.

If you have time, it would be helpful to know your personal priorities before Wednesday.

PA4

My three top areas for discussion would be.

1 Devil's advocacy

2 Developing group problem solving and

3 Discussion of the use of different labels which I believe also encompasses the in house training suggestion.

Appendix 4: Example Post-Intervention Interview Questions and Responses

Extensive notes were taken during interviews with nine members of the three participating groups following the research intervention. The example below is from a member of Group C and includes the introduction given at each interview.

Multi-Agency Research Project: Semi-Structured Interview Questions

Thank-you for your time in answering these questions. I would like you to feel that you can be completely honest in answering them. Any information you divulge will be treated anonymously and no identifying information will be attached to anything that is fed back to the group. You are entitled to withdraw anything you say at a later time if, upon reflection, you regret the way you have expressed yourself. I will say and do nothing to make you uncomfortable or to compromise your position within the group.

6. Briefly, what, in your view, is the purpose of the group?

Support practitioner in decisions about and management of harm/vulnerability. Endorse/challenge/reach consensus re levels/plans of practitioners. Refine threshold level. Benchmarking group i.e. Super-ego role – what would the group say if... (not quite there yet).

7. Could you list the most important values that guide your decision-making within the group?

Protection of young person/public – dilemmas. Fairness and consistency. Respect within group – dilemma between giving time and maintaining focus. All can contribute distinctively. Rational discussion not dominance of strongest personality – still an aspiration, not a reality.

8. Are you aware of any change in the group's outcomes since the start of this project? To what extent do you attribute these changes to the reflective process encouraged by this research project?

Decisions – greater confidence that valid decisions have been made; more ownership & transparency. Products – not changed much at all – uncertainty about what happens to notes – emergent & inconsistent?

9. Are you aware of any change in the group's processes since the start of this project? To what extent do you attribute these changes to the reflective process encouraged by this research project?

Quite a lot: at last we have a document to work to – format and agenda; a recording document – thresholds and actions → greater accountability and speed of actions. Preparation: shared acceptance that key members should read key documents before meeting; practitioners should come with esp. Risk management plan done – work in process e.g. [Practitioner]’s case in meeting – challenge / still received defensively; but mostly in place. Structure of meeting: risk first, then vulnerability. Social services to link into vulnerability cases – not yet achieved but in hand; new member soon to join. Practitioners keeping morning free so that they can be punctual/flexible. May / may not have moved things on, but did no harm. Inspection process focussed minds/accountability but led to ‘pew, we’re through’ – knowing Feb follow-up helped to focus minds; freed up thinking about roles and responsibilities; evenly shared responsibilities e.g. switching off in vulnerability cases. PC2’s role/admin etc still not sorted – time of changing staff/uncertainty – separate stream of admin and practitioner management. Has helped concentration levels – feels purposeful. Felt easy to take on chairing role because of reflective discussion. Still no time to reflect within the week – difficult to attend to meta-processes during meeting.

10. Are you aware of any change in the group’s interpersonal dynamics since the start of this project? To what extent do you attribute these changes to the reflective process encouraged by this research project?

None

11. Are you able to identify any personal or professional learning that has taken place for you as a result of the reflective process encouraged by this research project?

Non-fixed members clearer about purpose/process of group - “if I can’t discuss my case, I’ll walk out thinking this wasn’t helpful” → now framed in terms of expectations and outcomes; one of these members described meeting as helpful for first time. Relationships within group not changed; PC1 has struggled/worked at process/format etc despite not being natural; leader responsible for getting best out of every member – PC1’s great knowledge can lead to sense of ‘short-circuiting’ – sometimes helpful, sometimes not – this has reduced; greater evenness within group; more coherence and active participation.

12. Would you like to add anything else about the research process?

Non-participant observer role: gone well; Dec meeting helpful – frustration of ‘just get it sorted’ after the inspection - failed to do this; helped PC1 to action things – after feedback meeting, one of my colleagues said, “what was the point of that?” but I disagree. Some of the bite-size was too academic; graphs for the sake of it; haven’t got time for that; personal attendance more valuable. May be biggest change has been sense of ‘things don’t have to be as they are’ e.g. suggesting changes about form to PC1 after meeting – changes were made within 30 minutes – that wouldn’t have happened in the past.

Appendix 5: Pre-Intervention Interview Summaries Showing Broad Topics of Agreement and Discrepancy

Extensive notes were taken during interviews with thirteen members of the three participating groups prior to the research intervention. The responses given to pre-intervention interviews have been summarised in broad areas of agreement and difference for each of the participating groups below.

Group A

Area	Purpose	Values	Process	Ethics	Frustrations
Areas of Agreement	Diagnosis, signposting and follow-up.	Mutual respect, loyalty, democracy, equality, listening and reflection.	Case presentation, preliminary diagnosis from quantitative data, discussion, further data or diagnosis emerges. Leader has higher status/ ownership of group but carries more responsibility and brings high level of personal & professional integrity too.	Rich and diverse understandings of social consequences of medical diagnoses. Feel listened to (if not always acted on).	Very little frustration felt within the group (except for those caused by member absences).
Areas for Discussion	Relative importance of diagnosis vs. identifying how to meet needs. A remit to learn, but how clear is group about learning needs?	More perspectives = more secure diagnosis but homogenous membership. Conflict constructed in contrast to discussion – seen as expression of disloyalty?	High degree of agreement – value of devil’s advocacy role?	Diagnosis seen variously as parental/school goal, unlocking resources, blunt instrument, lifelong label or reductive. Diagnoses are not exact or perfect things, but are treated as such by parents/schools – what are the causes / solution to this?	How to respond to external frustrations? Waiting list seen as positive and negative → ambivalence/ homeostasis?

Group B

Area	Purpose	Values	Process	Ethics	Frustrations
Areas of Agreement	Improved trajectories for CiC. Group initiatives rolled out across county = success.	Improving trajectories of client group (held in tension with needs of carers/parents). Willingness to challenge group.	Democratic; all (can) have a voice, but... Loudest voice wins the argument (not time to hear everyone).	Prepared to speak up when necessary (in meeting or with manager).	Limited budget/HR. Hijacking of meeting esp. length or negative talk.
Areas for Discussion	Just educational attainment or wider remit? Info. sharing = unfocussed/timewasting vs. opportunity surveillance/soapbox	County needs undermine needs of group – imposed structures. Implications for group dynamic. Growing membership → less trust, less clear roles, new format membership & identity issues (individual job descriptions helpful exercise?)	Problem-solving seen = control device vs. helpful tool (false dichotomy?) Agenda and chairing: Group highlighted personal integrity, knowledge and skills of leader but also aware of reluctance to chair. Non-negotiable? Separate leadership from chairing? Helped by problem-solving framework?	Confrontation is only way to be heard (in meeting and by management) Information sharing = respect for client group vs. not trusted or included	Agreed actions not done.

Group C

Area	Purpose	Values	Process	Ethics	Frustrations
Areas of Agreement	Analysis of risk through discussion of casework, problem-solving; Sharing of responsibility, support for Soc Worker; signposting to other services and provision within team; to produce plan	Trust; respect for one another, Soc Workers and children; Dilemma between child taking responsibility and child-centred values; dilemma between welfare and justice;	Good preparation produces better outcomes – but...; role of leader is to manage conflict, summarise, facilitate process, but not to decide.	Balancing public protection with needs of child – within group & with external agencies e.g. MAPPA	Process, timetable, length of meetings, lack of focus / focus on problems, not solutions, full range of classifications not used, focus on pre-sentence report, not risk, IT system
Areas for Discussion	Does there need to be a balance between support for practitioner and meeting needs of YP? Does there need to be a balance between Soc Worker support from and accountability to group?	open access and structured process – idea of liberating structures From the heart vs. don't bring cases myself	Is preparation sufficient? IT, Soc Worker; Shared training has positive impact on outcomes, but none done for 10yrs; Clerk needed to put up/manage list, minute take etc? Patchy structure → poor accountability and performance/sloppy preparation? Is everyone in right role?		

Appendix 6: Summary of Participant Experiences of Research Process – Taken From Post-Intervention Interviews

Extensive notes were taken during interviews with nine members of the three participating groups following the research intervention. Responses to post-intervention interview questions about the felt experience of taking part in the study are summarised below.

Group A:

- Early intimidation over audio recording
- Unobtrusive but time-consuming process
- Impressed by group level of commitment
- Feedback session particularly helpful esp. discussion about how groups work, decisions made
- Useful opportunity to see how different groups work
- Liked being invited to make comments about own graphs
- We would have just ploughed on without being included in the reflective feedback process
- Has helped in making best use of time/facilitating best decision making in group meetings
- Group feedback (to 'Bitesize Feedback' e-mails) was important
- Came away feeling good about the group even though difficult issues had been better addressed
- Both bitesize e-mails & action-planning discussion were valuable independently
- Feedback and action-planning even more valuable in combination
- There was leeway for greater challenge, but this can be difficult.
- You would need explicit permission to offer greater levels of challenge
- The reflective process has provided a trigger for reflection about working with this group
- The research project has made me think about other professional points of view
- The research project has made me think about the data that other professionals collect
- Challenge would have de-motivated/reduced co-operation/increased stubbornness

Group B:

- Whole process as tool for improving group function and purpose was refreshing
- Worthwhile, got more out than I had hoped
- Better attendance at feedback/action-planning would have led to even better outcomes
- Interested to see own shifts (in data) - personally feel I have softened as I have got to know people
- Not being comfortable is not a reason for not engaging
- This has been an opportunity to develop and for the group to develop
- I felt confident in the researcher (AE) and in the process
- I have welcomed respectful honesty over under-currents of bad-feeling
- Process has been beneficial
- Process has prompted on-going reflection at different times, not just before meetings

Group C:

- Impressed by level of reflection and commitment to change within the group - an innovative bunch
- Some people might expect innovation to come from me, but there's lots of ideas from whole group
- Non-participant observer role has gone well
- Feedback meeting was helpful
- Felt frustration of 'just get it sorted' after the inspection – research process failed to do this
- Process has helped chair to action things
- One of my colleagues said, what was the point of that, but I disagree
- Some of the bite-size was too academic - graphs for the sake of it - I haven't got time for that
- Personal attendance (at feedback and planning sessions) more valuable
- Maybe biggest change has been sense of 'things don't have to be as they are' e.g. suggesting changes about form to the chair after meeting – changes made within 30 minutes
- Didn't ponder too much on graphs and charts – not that I don't value research, but I want to get out and do it
- Value came from changed practices / reflective discussions within group – previously, we have talked and talked and not changed
- 'Bitesize Feedback' e-mails were not my way of learning but it had a positive impact on group for others – I took what I needed from the e-mails
- 'Bitesize Feedback' e-mails were necessary, but gained their value through practical changes
- Even without changes, 'Bitesize Feedback' e-mails were useful, because that would reflect on choice not to change, not on usefulness of data
- I need to see something work in practice to learn
- I know others valued the graphs etc. in the feedback e-mails

Raw Quantitative Data

Appendix 7: Individual Pre-Intervention Scores on Hierarchical and Systemic Leadership Scales

The table below contains results from the LABS-III questionnaire administered to seventeen members of the three participating groups prior to the research intervention. Each sub-scale consisted of 14 items scored from 1 to 5.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

Group	Participant	Leadership Scale Score	
		Hierarchical	Systemic
A	PA1	37	59
	PA2	37	58
	PA3	37	58
	PA4	24	68
	PA5	41	59
B	PB1	37	65
	PB2	39	61
	PB3	36	51
	PB4	36	64
	PB5	49	55
	PB6	36	49
C	PC1	54	60
	PC2	31	57
	PC3	44	56
	PC4	34	67
	PC5	38	50
	PC6	31	54
Range: 14-70		Median: 42	

Appendix 8: Individual Post-Intervention Scores on Hierarchical and Systemic Leadership Scales

The table below contains results from the LABS-III questionnaire administered to fourteen members of the three participating groups following the research intervention. Each sub-scale consisted of 14 items scored from 1 to 5.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

Group	Participant	Leadership Scale Score	
		Hierarchical	Systemic
A	PA1	38	56
	PA2	43	55
	PA3	.	.
	PA4	26	63
	PA5	41	56
B	PB1	31	58
	PB2	37	53
	PB3	.	.
	PB4	31	56
	PB5	40	55
	PB6	38	55
C	PC2	51	62
	PC3	36	52
	PC4	51	47
	PC5	31	65
	PC6	34	52
	PC7	.	.
	Range: 14-70		Median: 42

Appendix 9: Pre-Intervention Participant Scores for Types and Systemic Levels of Conflict

The table below contains results from the CIPT Part 1 questionnaire administered to seventeen members of the three participating groups prior to the research intervention. The 36 items were associated both with one of three conflict types (12 items to each type) and with one of four conflict levels (nine items to each level).

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

Participant	Type of Conflict			Systemic Level of Conflict			
	Personal	Process	Task	Roles	Relationships	Wider Pressures	Patterns of Working
PA1	14	16	17	9	9	19	10
PA2	12	13	14	9	9	12	9
PA3	14	21	24	10	12	26	11
PA4	18	18	23	9	10	26	14
PA5	14	17	16	9	10	19	9
PB1	16	16	16	12	14	13	9
PB2	25	34	33	16	22	30	24
PB3	24	28	30	21	22	20	19
PB4	22	26	31	10	16	30	23
PB5	30	32	37	27	24	23	25
PB6	37	37	39	23	30	28	32
PC2	20	16	21	12	14	15	16
PC3	23	23	24	19	16	16	19
PC4	19	20	20	14	16	17	12
PC5	31	20	26	19	18	19	21
PC6	24	26	27	17	20	18	22
PC7	14	16	16	11	13	9	13
	Scale Range: 12-60 Scale Median: 36			Scale Range: 9-45 Scale Median: 27			

Appendix 10: Post-Intervention Participant Scores for Types and Systemic Levels of Conflict

The table below contains results from the CIPT Part 1 questionnaire administered to seventeen members of the three participating groups following the research intervention. The 36 items were associated both with one of three conflict types (12 items to each type) and with one of four conflict levels (nine items to each level).

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. PA1 denotes participant 1 from group A

Participant	Type of Conflict			Systemic Level of Conflict			
	Personal	Process	Task	Roles	Relationships	Wider Pressures	Patterns of Working
PA1	16	15	20	9	11	20	11
PA2	12	17	20	9	9	27	9
PA3	-	-	-	-	-	-	-
PA4	20	24	27	11	11	33	16
PA5	13	18	21	9	11	23	9
PB1	20	22	20	12	18	23	9
PB2	22	28	24	15	15	28	16
PB3	-	-	-	-	-	-	-
PB4	18	28	32	12	19	29	18
PB5	31	36	42	26	31	24	28
PB6	43	39	43	29	33	30	33
PC2	15	16	16	13	13	11	10
PC3	27	31	35	23	26	16	28
PC4	19	26	24	16	21	18	14
PC5	23	30	29	20	22	17	23
PC6	20	25	22	18	21	12	16
PC7	-	-	-	-	-	-	-
	Scale Range: 12-60 Scale Median: 36			Scale Range: 9-45 Scale Median: 27			

Appendix 11: Identification of Pre-Intervention Conflict Sources for Follow-up Questionnaires

The table below shows the items chosen from CIPT I responses to form the CIPT II items.

Items are coded by conflict type (A=personal; B=process; C=task) and by level (1=roles; 2=relationships; 3=wider pressures; 4=patterns of working over time). Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. A1 denotes participant 1 from group A. Participants Pa-c were the pilot study participants.

Grey items were selected for CIPT II follow-up conflict-resolution questionnaire based on the level of conflict (highest scores selected), then by evenness of spread across the levels and types of conflict within individual scores and then by evenness of spread across the whole cohort.

Code	Item	Pa	Pb	Pc	A1	A2	A3	A4	A5	B1	B2	B3	B4	B5	B6	C2	C3	C4	C5	C6	C7
A1a	13	3	4	1	1	1	1	1	1	1	2	2	1	3	3	1	1	1	2	2	1
A1b	1	3	4	1	1	2	1	1	1	1	2	2	1	3	3	2	1	1	3	2	1
A1c	25	3	2	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	2	1	1
A2a	33	3	2	1	1	1	2	1	2	3	4	4	3	1	2	2	1	2	1	3	1
A2b	21	4	1	1	1	1	1	1	1	1	2	2	1	1	4	2	1	3	3	2	1
A2c	9	4	2	3	1	1	2	2	1	3	2	1	2	4	5	2	3	2	3	3	2
A3a	5	2	5	9	2	1	1	3	2	1	4	2	4	3	4	2	4	2	4	2	1
A3b	17	2	1	1	2	1	1	3	1	1	1	1	1	1	1	1	1	1	3	1	1
A3c	29	2	1	1	1	1	1	1	1	1	1	2	1	3	4	1	1	1	1	1	1
A4a	36	2	2	9	1	1	1	1	1	1	2	2	1	3	2	3	3	1	2	2	2
A4b	12	1	4	1	1	1	1	2	1	1	2	2	3	4	4	1	3	1	3	3	1
A4c	24	3	4	1	1	1	1	1	1	1	2	3	3	3	3	2	3	3	4	2	1
B1a	35	3	1	1	1	1	1	1	1	1	2	2	1	1	2	2	3	2	2	2	1
B1b	23	4	1	2	1	1	1	1	1	1	1	3	1	5	2	1	1	2	1	2	1
B1c	11	4	1	2	1	1	1	1	1	3	2	3	1	4	4	1	3	1	2	2	1
B2a	3	4	4	1	1	1	1	1	1	1	4	3	2	3	3	1	2	1	1	2	1
B2b	15	4	2	1	1	1	2	1	1	1	2	2	1	3	4	1	1	1	1	3	2
B2c	27	4	1	1	1	1	1	1	1	2	2	2	1	4	4	1	2	2	3	1	2
B3a	30	3	4	1	2	1	3	3	3	1	4	2	4	3	4	2	2	3	1	2	1
B3b	18	2	5	1	2	2	4	3	3	1	4	3	4	1	2	1	1	2	1	2	1
B3c	6	5	3	9	3	1	2	1	2	2	5	2	3	3	1	2	2	2	4	2	1
B4a	34	1	4	9	1	1	2	1	1	1	2	2	1	1	3	2	3	2	1	3	2
B4b	22	2	4	1	1	1	1	1	1	1	2	2	3	1	4	1	1	1	2	2	1
B4c	10	2	4	1	1	1	2	3	1	1	4	2	4	3	4	1	2	1	1	3	2
C1a	32	3	2	9	1	1	2	1	1	1	2	2	1	3	3	2	3	2	2	2	2
C1b	20	2	2	1	1	1	1	1	1	2	2	3	1	4	3	1	3	2	4	2	1
C1c	8	4	1	1	1	1	1	1	1	1	2	3	2	3	1	1	3	2	1	2	2
C2a	2	4	1	1	1	1	1	1	1	1	2	2	1	1	2	2	2	2	3	2	1
C2b	14	3	2	1	1	1	1	1	1	1	2	3	1	4	3	1	3	2	1	2	1
C2c	26	2	2	2	1	1	1	1	1	1	2	3	4	3	3	2	1	1	2	2	2
C3a	31	1	4	9	1	1	5	3	2	1	2	3	4	3	2	2	2	3	2	3	1
C3b	19	3	4	1	2	2	4	4	2	2	4	3	4	3	5	3	2	2	1	3	1
C3c	7	3	4	9	4	2	5	5	3	3	5	2	5	3	5	1	1	1	2	2	1
C4a	28	4	5	1	1	1	1	1	1	1	4	2	1	4	4	2	2	1	4	2	1
C4b	16	2	4	1	1	1	1	1	1	1	2	2	3	3	4	2	1	1	2	3	1
C4c	4	2	4	1	2	1	1	3	1	1	4	2	4	3	4	2	1	1	2	2	2

Appendices 12 and 13

The two tables below contain results from the CIPT Part 2 questionnaire administered to fourteen members of the three participating groups prior to and following the research intervention. 19 of the 26 items were associated with one of five conflict resolution modes.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. A1 denotes participant 1 from group A

Appendices 12 and 13 show how many times participants selected particular strategies to resolve up to six of their highest-scoring sources of conflict. Thus, there is a possible score range of 0-6.

Appendix 12: Occurrences of Pre-Intervention Conflict Resolution Strategies

Participant	Strategies Identified from Questionnaire																									
	Co-operate						Avoid				Compete			Accommodate			Compromise			Other						
	6	9	11	17	20	26	12	14	22	25	2	8	16	7	13	19	3	15	24	1	4	5	10	18	21	23
A1	2	2	3	2	4	1	0	1	0	0	0	1	0	1	2	1	2	1	1	0	0	1	1	1	0	
A2	2	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	2	1	1	2
A4	5	0	2	1	2	0	0	0	0	0	1	0	0	3	0	2	2	3	2	2	1	0	1	2	0	
A5	2	0	1	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	3	1	0	0	
B1	1	0	1	0	4	0	0	2	0	0	1	0	1	0	1	0	0	0	0	1	0	0	0	1	0	
B2	1	1	1	2	3	1	0	2	0	0	2	0	0	0	0	1	1	5	0	0	2	2	3	2	1	
B4	0	0	4	1	1	0	0	0	0	0	0	1	1	0	2	0	1	0	1	0	0	1	0	0	1	
B5	3	1	2	0	0	0	1	0	3	2	0	0	0	1	0	0	2	1	3	2	0	5	4	0	0	
B6	2	2	1	1	0	0	0	1	0	1	3	1	2	0	1	0	0	0	2	3	2	1	0	0	0	
C2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	0	0	1	0	0	0	
C3	3	0	1	1	0	1	0	0	2	0	1	0	0	1	1	0	0	0	1	5	1	2	4	2	0	0
C4	3	2	0	2	0	4	0	0	0	0	0	0	2	0	0	1	3	3	3	0	0	2	1	2	2	
C6	2	0	1	1	1	3	0	0	0	0	0	1	0	1	0	0	0	0	1	4	0	0	1	2	1	

Appendix 13: Occurrences of Post-Intervention Conflict Resolution Strategies

Participant	Strategies Identified from Questionnaire																									
	Co-operate						Avoid				Compete			Accommodate			Compromise			Other						
	6	9	11	17	20	26	12	14	22	25	2	8	16	7	13	19	3	15	24	1	4	5	10	18	21	23
A1	1	1	2	3	3	1	0	1	0	0	0	1	0	1	2	1	2	1	1	1	0	3	3	1	1	0
A2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	1	0	0	1
A4	2	5	1	1	1	0	0	2	0	0	0	0	0	1	2	0	1	2	0	2	2	2	2	1	2	1
A5	0	0	2	0	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0	1	0	2	4	1	0	0
B1	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0	2	1	0	1	0
B2	1	0	0	2	5	1	0	1	0	0	1	2	1	1	2	1	0	0	4	0	0	2	1	2	2	0
B4	1	0	2	2	2	2	0	0	0	0	0	0	0	1	0	0	3	1	1	1	1	0	0	0	0	0
B5	3	0	2	2	0	0	1	0	2	0	2	0	1	1	0	0	1	1	0	3	5	0	0	5	0	0
B6	4	2	4	0	2	0	0	0	0	0	3	3	1	1	0	0	0	0	0	4	3	3	0	0	0	0
C2	1	0	2	3	1	0	0	0	0	0	1	2	1	1	0	1	2	1	3	1	0	0	2	0	1	1
C3	2	0	2	4	3	4	0	0	0	0	4	0	2	1	0	0	0	1	1	0	4	0	2	0	0	0
C4	1	3	2	2	2	2	0	0	0	0	0	0	0	1	2	0	2	2	2	1	1	0	2	2	2	1
C6	1	0	1	0	0	3	0	0	0	0	0	2	0	0	0	0	2	0	2	1	0	1	0	0	0	1

Appendix 14: Individual Pre- and Post-Intervention Conflict Resolution Modes by Type Weighted by Questionnaire Rankings

Appendix 14 shows the total ranked scores participants allocated to strategies from the CIPT Part 2 questionnaire administered both prior to and following the research intervention. Ranked scores have been recoded so that 5=first choice, 4=second choice, and so on, and sub-totaled for each conflict type. (Per – Personal conflict; Pro – Process-related conflict; Obj – Task-related conflict). 19 of the 26 items were associated with one of five conflict resolution modes. As each mode was associated with a different number of items, results have been averaged by the number of contributing items.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. A1 denotes participant 1 from group A

Pre-Intervention							Post-Intervention				
Participant	Conflict Type	Avoid	Compete	Compromise	Accommodate	Cooperate	Avoid	Compete	Compromise	Accommodate	Cooperate
		A1	Per		4	4	5	12		5	3
Pro				2		13			2	3	4
Obj	3					6			2		9
A2	Pro					8					
	Obj					17					
A4	Per		1			8	2				9
	Pro			4		7			3		3
	Obj			4	5	12	4		2	6	8
A5	Per				5					8	4
	Pro					5				9	2
	Obj				3	13				5	
B1	Per	4				7					
	Obj										
B2	Per					6		3	1	9	2
	Obj	4		6		2		5			4
B4	Pro			5		3			9		3
	Obj		9			12			9	4	15
B5	Per	7		6		8	1				10
	Pro	5		7		3	2	6			6
	Obj			2		3			4	3	2
B6	Per	4	3					4			6
C2	Per		5					5	1	4	3
	Pro			5					3	2	5
	Obj			5					7		3
C3	Obj					5		1			12
C4	Per					4					6
	Pro			2		8			1	3	4
	Obj			9	5	7			7	3	9
C6	Per					10			8		4
	Pro			5				3			

Appendix 15: Individual Pre- and Post-Intervention Conflict Resolution Modes by Level Weighted by Questionnaire Rankings

Appendix 15 shows the total ranked scores participants allocated to strategies from the CIPT Part 2 questionnaire administered both prior to and following the research intervention. Ranked scores have been recoded so that 5=first choice, 4=second choice, and so on, and sub-totalled for each conflict level. (Per – Personal conflict; Pro – Process-related conflict; Obj – Task-related conflict). 19 of the 26 items were associated with one of five conflict resolution modes. As each mode was associated with a different number of items, results have been averaged by the number of contributing items.

Participants are denoted by their group letter and allocated number in order to preserve anonymity e.g. A1 denotes participant 1 from group A

Pre-Intervention

Post-Intervention

Participant	Level	Avoid	Compete	Compromise	Accommodate	Cooperate
A1	Wid	3	4	6	5	28
A2	Wid					25
A4	Wid		1	8	5	27
A5	Wid				8	18

Avoid	Compete	Compromise	Accommodate	Cooperate
	5	7	5	24
6		5	6	20
			22	6

B1	Rel	4				7
	Wid					
B2	Rel					6
	Wid	4		6		2
B4	Rel		9			
	Wid			5	2	3
	Pat					12
B5	Rol			5		6
	Rel	12		7		5
	Pat			3		3
B6	Rel	4	5			

	3	1	9	2	
	5			4	
			4	8	
		14		7	
		4		3	
1	3	4	3	4	
2	3			7	
				7	
	4			6	

C2	Rol			5		
	Rel		5			
	Wid			5		
C3	Rol					5
C4	Rol			7		2
	Rel					4
	Wid			4	5	13
C6	Rel			5		
	Pat					10

		3	2	5	
	5	1	4	3	
		7		3	
	1			12	
		5		8	
				6	
		3	6	5	
		8		4	

N.B. Replication of data between appendices 14 and 15, where it occurs, is an artefact of data arising from single sources of conflict.

Data Collection

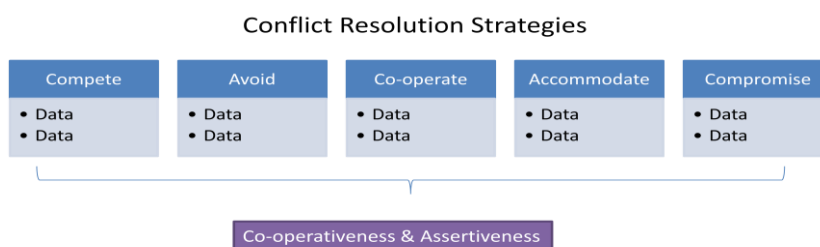
Appendix 16: Development of ‘Conflict in Inter-Professional Teams’ Questionnaire

The ‘Conflict in Inter-Professional Teams’ questionnaire (Appendices 17 and 18) was constructed jointly by the author and Dr Jo Rose of The University of Exeter. A two axis model of conflict was constructed, with four levels of conflict taken from the EMMA model and three types of conflict, based on the established literature (e.g. Jehn & Chatman, 2000), thus:

		Type of conflict		
		Task	Process	Personal
Systemic Level of Conflict	Sources of Conflict Questionnaire			
	Roles	Group data	Group data	Group data
	Relationships	Group data	Group data	Group data
	Wider Pressures	Group data	Group data	Group data
	Patterns	Group data	Group data	Group data

Each of the resulting twelve areas was assigned three questionnaire items. These items were based on qualitative research findings arising from Rose’s study of team reasoning in multi-agency contexts (Rose, 2008) and any items not constructed in this way were based on more general research findings, as outlined in the review of the literature contained within this paper. The development and validation of this questionnaire is being written up as a separate paper, yet to be published.

The follow-up resolution strategy questionnaire likewise used strategies identified in Rose’s (2008) study of strategies used within multi-agency settings. These strategies were combined with those found within the wider literature, particularly that relating to the research on Conflict Modes (Blake & Mouton, 1964; Kilmann & Thomas, 1977), as shown below. Similar strategies were combined wherever possible, and the resulting twenty-six items were the most concise expression of the range of strategies identified through this process. The development and validation of this questionnaire is being written up as a separate paper, yet to be published.



Appendix 17: Initial Conflict Questionnaire

Conflict in Inter-Professional Teams

Contact: Andrew Eaton c/o Dr. Jo Rose, School of Education, University of Exeter, Heavitree Road, Exeter EX1 2LU

Tel: 01363 877579 Email: ade202@ex.ac.uk

This is the first part of a two-part questionnaire about conflict in inter-professional groups. This first part will take around ten minutes to complete. Once you have returned this part to us we will then send you the second part, which will be based around your responses to this part. The second part will take around 15 minutes to complete. We need to match up the two parts so responses to us cannot be anonymous. However, data will be analysed and reported anonymously with no identifying features, and all responses will be anonymous and non-identifiable to those outside the research team.

Please think of a specific inter-professional group you belong to when completing the attached questionnaire. With reference to this group, please answer the following questions:

Does your group meet at least once every 3 months? Yes

/ No

Is there a stable core membership of at least 3 people? Yes

/ No

Are the group's members from a range of at least 3 different professions? Yes

/ No

Are decisions made as part of the group's activities? Yes

/ No

If you answered yes to all the above questions, please continue with the questionnaire. However, if you answered no to any of the above questions, it is likely that parts of the questionnaire will not be relevant to you so there is no need for you to continue. Thank you anyway!

Your name & job title:.....

.....

Type of group:

.....

Main purpose of group:

.....

Average attendance (number):

.....

Which agencies would you say are represented in the team? (please underline all relevant agencies)

Social Care Education Health Voluntary Sector Police

Other (please specify).....

Range of members' professional roles (please underline all relevant roles):

Speech & Language Therapist	Parent	Teacher/SENCo
-----------------------------	--------	---------------

Paediatrician	Child/Young Person	Headteacher
---------------	--------------------	-------------

Advisory Teacher	Social worker	Youth Development worker
------------------	---------------	--------------------------

Educational Psychologist	Children's Centre	Youth Offending
--------------------------	-------------------	-----------------

Community Nurse	Behaviour Support	CASP
-----------------	-------------------	------

GP	CAT	Probation Service
----	-----	-------------------

CAMHS	Exclusion & reintegration	Education Welfare Officer
-------	---------------------------	---------------------------

Other (please specify).....
.....

Please read the following statements about potential sources of conflict within inter-professional groups. For each statement, please consider how much it applies to you within the group you are thinking of and underline a number from 1 to 5, where **1** means “this is *not* a strong source of conflict for me within this group” and **5** means “this *is* a very strong source of conflict for me within this group”. There are 36 statements over 3 pages.

Is this a source of conflict for me in this group?

		<i>not at all</i>					<i>very much so</i>				
1.	Protected Material	1	2	3	4	5					
2.		1	2	3	4	5					
3.		1	2	3	4	5					
4.		1	2	3	4	5					
5.		1	2	3	4	5					
6.		1	2	3	4	5					
7.		1	2	3	4	5					
8.		1	2	3	4	5					
9.		1	2	3	4	5					
10.		1	2	3	4	5					
11.		1	2	3	4	5					
12.		1	2	3	4	5					
13.		1	2	3	4	5					

Now please turn to next page

Is this a source of conflict for me in this group?

not at all

very much so

14.	Protected material	1	2	3	4	5
15.		1	2	3	4	5
16.		1	2	3	4	5
17.		1	2	3	4	5
18.		1	2	3	4	5
19.		1	2	3	4	5
20.		1	2	3	4	5
21.		1	2	3	4	5
22.		1	2	3	4	5
23.		1	2	3	4	5
24.		1	2	3	4	5
25.		1	2	3	4	5
26.		1	2	3	4	5

Now please turn to next page

Is this a source of conflict for me in this group?

	<i>not at all</i>					<i>very much so</i>				
27. Protected material	1	2	3	4	5					
28.	1	2	3	4	5					
29.	1	2	3	4	5					
30.	1	2	3	4	5					
31.	1	2	3	4	5					
32.	1	2	3	4	5					
33.	1	2	3	4	5					
34.	1	2	3	4	5					
35.	1	2	3	4	5					
36.	1	2	3	4	5					

Thank you for your help!

Appendix 18: Adapted LABS-III Questionnaire

Minor amendments to the content have been discussed and agreed with the original author.

Name: _____

Please hold in mind the group involved in the research study. Please indicate the extent to which you agree or disagree with each statement by circling the response that best represents your opinion.

SD = STRONGLY DISAGREE; **D** = DISAGREE; **N** = NEITHER AGREE NOR DISAGREE; **A** = AGREE; **SA** = STRONGLY AGREE

	SD	D	N	A	SA
1. Individuals need to take initiative to help their group accomplish its goals.	1	2	3	4	5
2. Leadership should encourage innovation.	1	2	3	4	5
3. A leader must maintain tight control of the group.	1	2	3	4	5
4. Everyone in a group needs to be responsible for accomplishing group goals.	1	2	3	4	5
5. Leadership processes involve the participation of all group members.	1	2	3	4	5
6. A leader must control the group.	1	2	3	4	5
7. A leader should maintain complete authority.	1	2	3	4	5
8. A leader should take charge of the group.	1	2	3	4	5
9. Group actions should improve life for future generations.	1	2	3	4	5
10. The main task of a leader is to make the important decisions for a group.	1	2	3	4	5
11. Leadership activities should foster discussions about the future.	1	2	3	4	5
12. Effective leadership seeks out resources needed to adapt to a changing world.	1	2	3	4	5
13. The main tasks of a leader are to make and then communicate decisions.	1	2	3	4	5

	SD	D	N	A	SA
14. An effective group develops its human resources.	1	2	3	4	5
15. It is important that a single leader emerges in a group.	1	2	3	4	5
16. Members should be completely loyal to the designated leader(s) of a group.	1	2	3	4	5
17. The most important members of a group are its leaders.	1	2	3	4	5
18. Anticipating the future is one of the most important roles of leadership processes.	1	2	3	4	5
19. Good leadership requires that ethical issues have high priority.	1	2	3	4	5
20. Successful groups make continuous learning their highest priority.	1	2	3	4	5
21. Appointed leaders deserve credit for the success of a group.	1	2	3	4	5
22. The responsibility for taking risks lies with the leader(s) of a group.	1	2	3	4	5
23. Environmental preservation should be a core value of every group.	1	2	3	4	5
24. Groups must be ready to adapt to changes that occur outside the group.	1	2	3	4	5
25. When a group is in danger of failure, a new leader is needed to fix its problems.	1	2	3	4	5
26. A group needs flexibility in order to adapt to a rapidly changing world.	1	2	3	4	5
27. Leaders are responsible for the security of group members.	1	2	3	4	5
28. A group should try to remain as stable as possible.	1	2	3	4	5

Please return this to the address at the top of page 1, and we will send you part 2 of the questionnaire soon.

Appendix 19: Follow-up Conflict Questionnaire

Conflict in Inter-Professional Teams

Contact: Andrew Eaton, c/o Dr Jo Rose, School of Education, University of Exeter, Heavitree Road, Exeter EX1 2LU

Tel: 01271 388700 Email: ade202@ex.ac.uk or andrew.eaton@devon.gov.uk

This is the second part of a two-part questionnaire about conflict in inter-professional groups. You completed the first part recently, and these questions are based on your responses to the first part. This part will take around 15 minutes to complete. We need to match up the two parts so responses to the research team cannot be anonymous. However, data will be analysed and reported anonymously with no identifying features, and all responses will be anonymous and non-identifiable to those outside the research team.

Once you have completed this questionnaire, please return to me at the above address.

This questionnaire is in development and any feedback would be greatly appreciated.

Thank you very much for your participation!

Your name:

Type of group:

Main purpose of group:

In the questionnaire about potential sources of conflict, you said that the following issues were sources of conflict for you in the group. Read the list of possible resolution strategies. Then, for each source of conflict, please select up to 5 strategies that you use most often to deal with this type of conflict, from the accompanying list of 26 resolution strategies. Please write the numbers of your strategies in the first row of boxes next to the source of conflict. Please then rank these in the second row of boxes from 1 (the strategy you are most likely to use) to 5. You can rank strategies as ties, for example two strategies as 2= and then rank next strategy as 4. If there are any other strategies that you use that are not on the list, please write them in the space provided.

Source of conflict

Strategies used from list?

1.

Strategy					
Rank					

Any other strategies used?

2.

Strategy					
Rank					

Any other strategies used?

3.

Strategy					
Rank					

Any other strategies used?

4.

Strategy					
Rank					

Any other strategies used?

5.

Strategy					
Rank					

Any other strategies used?

6.

Strategy					
Rank					

Any other strategies used?

Resolution Strategies

1. Protected material
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

Qualitative Data Analysis

Appendix 20: NVivo Nodes Used to Analyse Meeting Transcripts and Interview Responses

NVivo Node Name	Definition of Usage
Accountability	Consideration of public accountability
Action recap	Recap of action points agreed
Affirmation	Affirmation of group member as group maintenance activity
Agenda	Discussion of items for agenda
Alternative hypothesis	Presentation of alternative hypothesis to one previously put forward
Autonomy	Group member expresses need for decision making autonomy
Bigger Picture	Considering wider implications/context of evidence or decision
Budget	Discussion of budgetary considerations
Centralising	Group member describes centralising tendency away from local autonomy
Challenge Process	Member challenges proposed way of working
Challenge values	Group member questions the values of one or more other group members
Check Decision	Consult group before recording decision
Clarify Process	Group member clarifies an element of the group process
Clarify Roles	Clarify or expand on roles of other group members
Clarify values	Group member clarifies a value held by the group or by some members of the group
Clarifying Criteria	Clarifying under which criterion case or current evidence falls
Contradiction	One member contradicts another
Creating Consensus	Creating or reinforcing a shared understanding within the group
Cross Boundary	Giving opinion in professional area of another present team member
Defer Decision	Action point deferred due to member absence
Delegate	Group member delegates work to another group member
Diagnosis Consequences	Discussion of positive or negative consequences of a proposed diagnosis
Dilemmatic thinking	Acknowledging two competing problem-resolution drivers

Distraction	Distracting group from purpose through irrelevant detail, pendants, unnecessary detail
Empathy	Young person's point of view considered empathically
Ethical Language	The terminology or language used within the group is challenged or called into question by a group member
Evidence Give	Case history evidence given to aid problem-solving
Evidence Quality	Discussion of quality of evidence
Evidence Seek	Seek further case evidence from group to aid problem-solving
Feedback Block	Feedback loop blocked or ignored
Feedback Loop	Validity of current or established activity questioned
Further Evidence Seek	Request for further evidence
Future Planning	Thinking ahead to meeting future needs or preventing future problems
Gap between services	Identifying a gap in service provision
Human Resources	Group member identifies human resource or under-resourcing
Humour	General use of humour within group
Identify Process Block (Ext)	Group member identifies a group process block originating outside the group
Information Give	Giving information in response to information seek
Information Seek	Seeking answer to point of information
Innovation	New way of working suggested
Inviting evidence	Group member invites additional evidence to be provided by agency previously unrepresented in discussion
Lack of preparation	Group member is unable to provide information or evidence requested due to lack of preparation
Loss of influence	Loss of influence of group or member of group
New and Old	Ability to combine old and new knowledge demonstrated
New Learning	Reflection on new learning within group or outside group
No evidence	Expected evidence not given
No faith in group	Group member expresses a lack of faith in the ability of the group to carry out a course of action
Non-persistence	Group member fails to pursue point in face of contradiction or being ignored
Options Seek	Ask for suggestions for next steps
Outside Agency	Reference to outside agency

Own role	Clarify or expand on own role in group or outside group
Persistence	Follow-up question following information flow block
Process Block	Blocking an attempt to move the group process on
Process Flow	Moving or attempting to move the group process on
Provide Support	Providing support to group member in additional outside agency
Public Needs	Consideration of requirements to be placed on young person for the sake of public safety
Purpose	Clarifying the group's current purpose
Refocus	Bring discussion back to more central themes
Request Help	Practitioner asks for help from within group
Resilience	Identifying sources of resilience for young person
Responsibilities	Establishing who is supposed to do what
Signpost	Suggest involvement of other services
Solution Block	Group member raises an objection to a proposed solution
State problem	Group member states a problem in isolation without suggesting any possible solutions
Suggest solution	Group member suggests a potential solution to a problem
Supporting Point	Group member backs up a point made by another member
Thresholds	Consideration of whether case meets threshold criteria
Time Pressure	Reference made to the time pressures the group/meeting is perceived to be under
Undermine Point	Group member undermines the validity of a point raised by another group member
Unilateral decision	Decision taken by group member without previous discussion
Waiting List	Reference made to waiting list
Work Pressures	Reference made to workload pressures
Working Well	Identification of what is currently keeping client progressing / from deteriorating
YP & SW Needs	Support offered to caseworker that also supports client
YP Needs	Taking needs of young person into consideration

Appendix 21: Unique Pre- and Post-Intervention Meeting Transcript

Coding Nodes

Pre-Intervention Coding Node	Gp A	Gp B	Gp C
Discussion of positive or negative consequences of a proposed diagnosis	7	-	-
Discussion of quality of evidence	15	-	-
Unilateral decision taken by member of the group	4	-	-
Persistence: Follow-up question following information flow block	-	7	2
Blocking an attempt to move the group process on	-	24	4
Group member raises an objection to a proposed solution	-	8	6
Taking needs of young person into consideration	1	10	4
Loss of autonomy of group or member of group expressed	-	8	-
One member contradicts another	-	27	-
Group member states a problem in isolation without suggesting any possible solutions	-	25	1
Group member backs up a point made by another member	-	20	-
Blocking an attempt to move the group process on	-	24	4
Consideration of whether case meets threshold criteria	10	-	17
Expected or requested evidence not provided	6	-	3
Feedback loop blocked or ignored	-	1	4
Thinking ahead to meeting future needs or preventing future problems	1	-	6
Clarifying under which category the case or current evidence falls	-	-	6
Group member identifies a group process block originating outside the group	3	7	-
Discussion of budgetary considerations	7	2	-
Post-Intervention Coding Node	Gp A	Gp B	Gp C
Request for further evidence	4	-	-
Reference made to waiting list	3	-	-
Clarify or expand on own role in group or outside group	2	13	5
Group member clarifies an element of the group process	1	29	39
Group member states a problem in isolation without suggesting any possible solutions	1	55	-
One member contradicts another	1	15	-
Follow-up question following information flow block	2	14	-
Group member raises an objection to a proposed solution	-	14	-
Group member identifies a group process block originating outside the group	-	4	1
Group member undermines the validity of a point raised by another group member	-	7	-
Case history evidence given to aid problem-solving	17	2	42
Seek further case evidence from group to aid problem-solving	6	-	10
Discussion of quality of evidence	13	2	6
Taking needs of young person into consideration	4	2	12
Clarifying under which criterion case or current evidence falls	10	-	12
Considering wider implications/context of evidence or decision	2	1	4
Consideration of whether case meets threshold criteria	1	-	14
Recap of action points agreed	1	2	7
Identification of what is currently keeping client progressing / from deteriorating	-	-	6
Identifying sources of resilience for young person	-	-	4
Group member backs up a point made by another member	8	14	-

Inclusion Criterion: at least 4 examples occurring only in target group or in one or both other groups.

Appendix 22: Occurrences of 'Purpose' Node in Pre-Intervention Transcripts

<Internals\ASD Transcription 1> - § 1 reference coded [0.85% Coverage]

Reference 1 - 0.85% Coverage

PA1:

What I'd just like us to do is identify if there's any major areas that we disagree with or actions that are not taken yet.

<Internals\CiC Transcription 1> - § 2 references coded [0.61% Coverage]

Reference 1 - 0.51% Coverage

PB6:

I think for D because of the plan that she's got I think that maybe we ought to go round the table and find out actually what people are doing because she wants it...she wants information on what everybody's doing for Children in Care doesn't she to build it into her plan and her...

Reference 2 - 0.10% Coverage

PB9:

To improve quality of education for young people.

<Internals\PB4> - § 1 reference coded [3.32% Coverage]

Reference 1 - 3.32% Coverage

Growing membership has led to the group becoming too big. We've lost our focus as a result

<Internals\PC3> - § 1 reference coded [3.22% Coverage]

Reference 1 - 3.22% Coverage

There is some overlap with the pre-sentence report (PSR) group and this can cloud the purpose of the risk group.

<Internals\PC4> - § 1 reference coded [2.01% Coverage]

Reference 1 - 2.01% Coverage

We tend to digress and need to keep focussed on risk, not writing the pre-sentence report.

<Internals\YOT Transcription 1> - § 5 references coded [6.88% Coverage]

Reference 1 - 0.51% Coverage

PC2:

So today's a decision about what seriousness level to place C at, when she's in the community.

Reference 2 - 0.84% Coverage

PC2:

...but on my mind is, good point by PC3 – if there is a carrot before the donkey it is actually about early release to an address that we support - sorry PC9.

Reference 3 - 1.09% Coverage

PC2:

Umm, do people have a feeling about low, medium or high vulnerability, I think that's the decision we need to take and ratify the plan and add to it really – have you a decision on sort of low, medium or...

Reference 4 - 1.03% Coverage

PC3:

Can I just – check out – what, are we discussing...

PC2:

Vulnerability, really.

PC3:

Focussing on *his* vulnerability...

PC8:

I'm assuming we're, reviewing the vulnerability and making a plan

Reference 5 - 3.40% Coverage

PC7:

And PC2, sorry to interrupt, but that, in a way that the child protection plan is a way of managing that risk, anyway, in relation to the home environment, because that takes it away from here to another structured environment, so it's almost a case of referring to the protection plan...

PC2:

It is really.

PC7:

We don't need to add our own, sort of views to that in a sense, because there's already a process in place.

PC2:

Yeah. That is really, I think, the difficulty that, you know, R will carry on, difficult to see how vulnerability could be reduced while he remains at home. It's really almost entirely the job of the child protection plan.

<Internals\YOT Transcription 2> - § 2 references coded [4.16% Coverage]

Reference 1 - 2.38% Coverage

PC1:

Can we, relay that to, integrated care worker...I mean, the risk, at the moment, low, would potentially, be to himself – I mean that's what you're bringing here, primarily, aren't you – in terms of his vulnerability?

Reference 2 - 1.78% Coverage

PC1:

Bring that, bring that back to a PSR planning next week – that's a, complex case with somebody come without custody – that's the discussion for there – I think.

Appendix 23: Occurrences of 'Purpose' Node in Post-Intervention Transcripts

<Internals\GpApost> - § 5 references coded [4.84% Coverage]

Reference 1 - 1.69% Coverage

But I just thought it might be useful for us to at least discuss them and see if there's any alternative that we can suggest. Erm, we might be able to determine that some of them wouldn't warrant an assessment anyway, in which case it's fair that we should try and give the parents some feedback.

Reference 2 - 1.17% Coverage

Can you have a chat to her, because, I think if she thinks it's Asperger's, we might as well just say, let us say that it is, although I suppose that's a bit weak when we're trying to go for a multi-agency...

Reference 3 - 0.56% Coverage

She did. I would say, she's probably right, but I don't think you ought to do a mono-professional...

Reference 4 - 0.37% Coverage

I'm reluctant to set a precedent for mono-disciplinary diagnoses.

Reference 5 - 1.05% Coverage

Because JAT who are now the Joint Agency Services are not sure what to do about this referral, so I've got to give them guidance from this group, and at the moment we're saying closed.

<Internals\GpBpost> - § 14 references coded [5.70% Coverage]

Reference 1 - 0.20% Coverage

Well, I think that, we were going through them weren't we, to see if there were any issues.

Reference 2 - 0.26% Coverage

Is this group now fulfilling a function of identifying gaps on the form which haven't been completed, so is there a useful...

Reference 3 - 0.88% Coverage

I don't know if that was the most, yeah, about filling in the gaps, but also it's about issues on the form, you know, is there anything that needs to be picked up by the group, and that's why the group wanted to see the forms, so that we could go through them and see if there's any particular children, that had some, something that needed...extra help with - any issues – I think that's what it was. Yes, yes.

Reference 4 - 0.37% Coverage

Is collating the information, I think, but the important thing, I think, is not about gaps, it's about – is there any issues being identified from these particular children

Reference 5 - 0.62% Coverage

And that's where the group is meant to follow that up, because it's just a simple yes or no, so the group would follow those things up, if you felt, why not, and, in there was a ??? to follow-up, to improve attendance, isn't there, so there was something that the group would do anyway.

Reference 6 - 0.24% Coverage

And I assume via the monitoring, one of the things is to get an over-arching feel of trends that are coming out.

Reference 7 - 0.17% Coverage

I'm actually not very clear about what the role of the forms are, so I think...

Reference 8 - 0.47% Coverage

Exactly, so...I think in the first instance it was an information gathering process and to look at one, one way of trying to find out if there's any issues, it may have out-, I don't know, how useful is that information?

Reference 9 - 0.61% Coverage

...to give us, a response, because I'm still not too sure what the purpose of the monitoring form is, other than what you have just said, I'm sure there's more to it than just looking – finding that, I'm sure there is a purpose of monitoring over the year – what the key issues have been...

Reference 10 - 0.12% Coverage

It's going to add a factor to performance indicators ...

Reference 11 - 0.44% Coverage

...indicator for the whole year, yeah, I think that's what it is, performance monitoring, so we'll see that it is monitoring some kind of whole performance of all the schools or all the children, I don't know.

Reference 12 - 0.38% Coverage

so it isn't necessarily, um, the future actions that are identified or significant areas of need, that's why we need to look through the whole form to see if there's anything...

Reference 13 - 0.70% Coverage

Yeah. So it hasn't worked, I think we're – what I'm, one day if it is worth doing is, this group looking at issues, because CC, like you said, will be the next one, and there are quite a few of them in the pipeline, SC's another one really, you've got quite a few that it isn't working, isn't working, really need to look at...

Reference 14 - 0.25% Coverage

This is a, like, working party, we need to have a working party, ...yeah, to say, look,... yes, this system is not working

<Internals\GpCpost> - § 2 references coded [1.91% Coverage]

Reference 1 - 1.63% Coverage

These panels meet once a month and they, the first part primarily looking at children who are high risk in terms of vulnerability, the second half from 11 onwards is those that present a serious risk to the public, so the bits around, primarily, is organisation is aware of those, but it gives support to the workers and the plans they put on in terms of their vulnerability, plans to manage that, and it links back to things like child protection organisations, but also to MAPPA, and on occasion to MARAC, so there's three different groupings...

Reference 2 - 0.28% Coverage

So, you know everybody here, don't you and why we're here is risk of harm and vulnerability?

Appendix 24: Occurrences of 'YP Needs' Node in Pre-Intervention Transcripts

<Internals\ASD Transcription 2> - § 1 reference coded [1.18% Coverage]

Reference 1 - 1.18% Coverage

PA2:

Did he request it, did he request this assessment? 'Cause at this age, transition to adult life...

PA4:

Presumably, he did.

PA2:

Did...did he ask for it? I couldn't tell from the care notes whether it was something he was asking for.

<Internals\CiC Transcription 1> - § 9 references coded [8.23% Coverage]

Reference 1 - 0.78% Coverage

PB1:

And what we found was, that when we did that, when we had good transitions, then the children transferring were less likely to, things were less likely to go...

PB6:

Their outcomes were hugely improved

PB1:

Were much better, weren't they? So we felt that was an important thing, and it's something that D put, or that...has been put on the local practitioner implementation plan, so that's an important thing that, we can do together

Reference 2 - 4.10% Coverage

PB6:

Some of the comments I've had, I've been really upset about, because if we're talking about reading e-mails, I would not go and read my daughter's diary, I would not read her letters, you know and I think they are entitled to privacy, and just because it's on a computer, doesn't automatically make it a bad thing, and, as for a fifteen year old accessing adult porn sites, you know since time immemorial and they've been going, boys have been buying pornographic magazines and looking – and it's not such a – it's not an out of the way thing...

PB9:

No – sort of a normal part of development, isn't it?

PB6:

Well, you know, they're interested aren't they – and, and it's about trying not to scare them, just because it's on the computer, it's not anything new

PB9:

Sort of giving them the tools isn't it so that they are aware of when they not...when they come across something that is, makes them uncomfortable that they know what to do with it

PB6:

Yeah

PB9:

It's to make it safe

PB1:

And also some of the stuff they're likely to access

PB9:

We do have to let young people have a bit of choice don't you

PB1:

It could be a bit extreme, couldn't it, some of the stuff they access - couldn't it?

PB3:

Yeah it could be

PB6:

It could be, it could be and I think it's about us giving the kids the ability to choose

PB2:

I guess it's having

PB9:

Its having that tool before hand as well about what is acceptable and what is not acceptable

PB6:

And I talk to them about having contracts so if I have a child say who has an issue with being groomed by an uncle then you wouldn't allow them unlimited access on the Emails because he could use that because that is in our knowledge but that's a contract you would have with that child when she was placed with you. What I don't like is they are allowed to go on the computer and then without the kids knowledge they are going to look at everything they have done and I just

think that's an invasion of their privacy and I wouldn't want people doing it to me

PB1:

It needs, it needs a bit more thought doesn't it rather than a blanket

PB6:

And C and PB4 are going to take that back because as link workers erm they need to know what, what the, what Devon's guidance is going to be on that for carers because we are giving them these computers

Reference 3 - 0.29% Coverage

PB9:

Exactly and we would know what to do so that we could put it in place. But also if anything else it's better for the child, it's got to be better for the child

Reference 4 - 1.20% Coverage

PB6:

But for this, what we found with the monitoring group, what was identified was actually children of average ability were not being put into exams that they should have been put in, so by sending out in September we're asking the schools why are they only taking four, right what are they doing with the others then what else is happening, and that gave them the time to actually reinstate the child in a GCSE course and that's a discussion we had a lot where I'm not sure that's a discussion you should be having in a PEP, with the child present and everything else, I think that's a really confrontational discussion to be having with child and parents sitting there.

Reference 5 - 0.51% Coverage

PB9:

No they haven't I agree. And also I think it's a training need for whoever the tutor is because one they're working but there might be extra tuition on a level that they are really good at but these are children with, you know, extra child protection, safe guarding issues as well.

Reference 6 - 0.88% Coverage

PB6:

I've got to be honest I would forget, cut through all that crap and say a lot of it depends on who the child likes and for a year ten boy who was struggling in Maths he may not want the Maths teacher that's up for it he actually may work better

with a TA. And I am putting the onus back on the child and saying to the child is there somebody in school that you feel that you would like to teach you on this, because this is supposed to be for the benefit of the child, not for us as an agency.

Reference 7 - 0.23% Coverage

PB6:

We should be asking the kids all the time who would you like to do this?

PB1:

With the child who yeah who wants to do it

Reference 8 - 0.14% Coverage

PB6:

A lot of it goes back to the child it shouldn't just be left to the school.

Reference 9 - 0.10% Coverage

PB9:

To improve quality of education for young people.

<Internals\PA4> - § 1 reference coded [3.94% Coverage]

Reference 1 - 3.94% Coverage

Medical model is predominant & does not always fit strengths of EP which are more around observation and the needs of the child

<Internals\YOT Transcription 1> - § 3 references coded [6.98% Coverage]

Reference 1 - 4.34% Coverage

PC3:

Yes, I mean – I mean, sorry, I'll shut up then – one thing that occurs to me, unless – unless I've got this wrong – well, unless I've got this wrong – that first month, the tag one, is discretionary, isn't it? And you, you know, for example, we could say as the managing agency, erm, unless you're living at an address that we agree, we can't support that, and we will say to the Youth Justice Board, we don't support your early release because we don't think that the plan is robust enough if you go anywhere other than – the address, so you know, there could be a real carrot there, in terms of framing it for her and her parents, err, the difficulty will, well, one real difficulty will be framing it for her parents in such a way as not just to say – anything bad for... it's really, really difficult, but, err, in terms of a carrot...

Reference 2 - 0.58% Coverage

PC9:

I think, just, that she would probably find that a lot easier to, erm, accept if that decision wasn't hers.

Reference 3 - 2.06% Coverage

PC8:

I, I think it could be. I mean I think a lot of young people do – actually quite enjoy it, and, and I think for L it's about being actively involved in anything, there's a resistance to any sort of, structured – rule-based group situation, which he does find really, really hard, he's simply not used to it, you know, in his family or in his school – erm, so, yeah, I hope he does do it, but...

<Internals\YOT Transcription 2> - § 1 reference coded [3.98% Coverage]

Reference 1 - 3.98% Coverage

PC1:

Yeah, it's a different piece of work, but it is – I mean, what I see, the reason I say that, is that I see this, you know probably at an ESCA meeting or something, through the criminal justice system, without touching base – she'll fly through it, and you'll end up with a two year supervision order in a very short space of time, with all manner of stuff to go on.

Appendix 25: Occurrences of 'YP Needs' Node in Pre-Intervention Transcripts

<Internals\GpApost> - § 4 references coded [4.05% Coverage]

Reference 1 - 1.55% Coverage

but she's only seven years old, or she's not, she's six – she'll be seven this year – and they wouldn't accept her into --- at that age anyway, so I don't know why everybody's getting worried about the next phase in education now when she's really only just started school.

Reference 2 - 0.26% Coverage

And what are they going to gain at this stage?

Reference 3 - 1.27% Coverage

Well, if he's got Asperger's, he'll get extra time for all sorts of things, and if he goes to university, he'll get a room on his own and a computer and, and people to steer him around the university, I mean, it's worth it.

Reference 4 - 0.97% Coverage

She's obviously severely impaired and she's in a mainstream school, I imagine she would be struggling socially, 'cause who's going to want to hang out with her – you know?

<Internals\GpBpost> - § 2 references coded [1.49% Coverage]

Reference 1 - 0.09% Coverage

we have not done a good job for this kid.

Reference 2 - 1.40% Coverage

I know C is year six, and PRUs are basically for year sevens, but, it would be nice to think, because actually what that lad need is a smaller – I, I'm saying I know what he needs – but, I feel he's not surviving in a mainstream school where there are all sorts of issues, and he's saying what he will do and what he won't do, and I can imagine what it's like for the teacher, the headteacher, and everyone, and, you know, it's really difficult to manage his behaviour, and maybe in the PRU where it's more one to one, take him out, talking to him, actually, you know, trying to find out, what some of the issues are, it might put less pressure on him,

<Internals\GpCpost> - § 12 references coded [5.07% Coverage]

Reference 1 - 0.20% Coverage

but I certainly feel that she requires some element of containment.

Reference 2 - 0.16% Coverage

we both feel that's where she needs to be at the moment

Reference 3 - 0.49% Coverage

There's a support worker from --- as well, so I'm not going to look at the IRS CARGOM, because he's got me, he may have a social worker, he's got carers, he's got...

Reference 4 - 1.24% Coverage

We talked about that at his discharge meeting, and I think my feeling, and I think it was shared, is that if PC7 is involved and it's similar issues, I think you'll end up with overlap between YSMART, CAMHS, and I'd rather that more personal thing about how he copes with issues around loss of his friends, violence in the family, difficult relationship with Mum, it's probably best not bringing extra people in.

Reference 5 - 0.26% Coverage

That's right, so we can help him to look at the underlying emotions that may impact on...

Reference 6 - 0.30% Coverage

It may be worth thinking about alcoholic issues, but I'd rather put that to the side for the moment.

Reference 7 - 0.26% Coverage

It's the top of his hierarchy of needs. If you don't meet that, nothing else will work.

Reference 8 - 0.23% Coverage

Is there anything we can do to help her to deal with those sorts of things?

Reference 9 - 0.13% Coverage

How much at risk is she of getting pregnant?

Reference 10 - 0.19% Coverage

The vulnerability of a child in her situation would be massive.

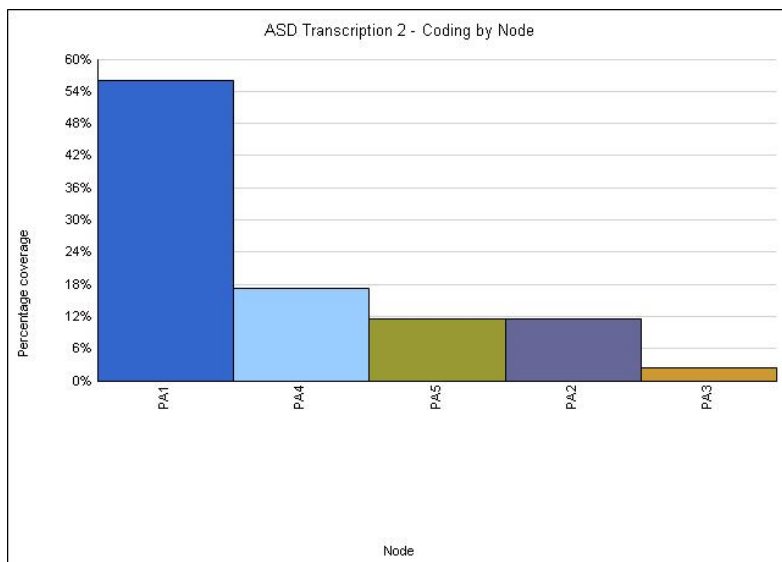
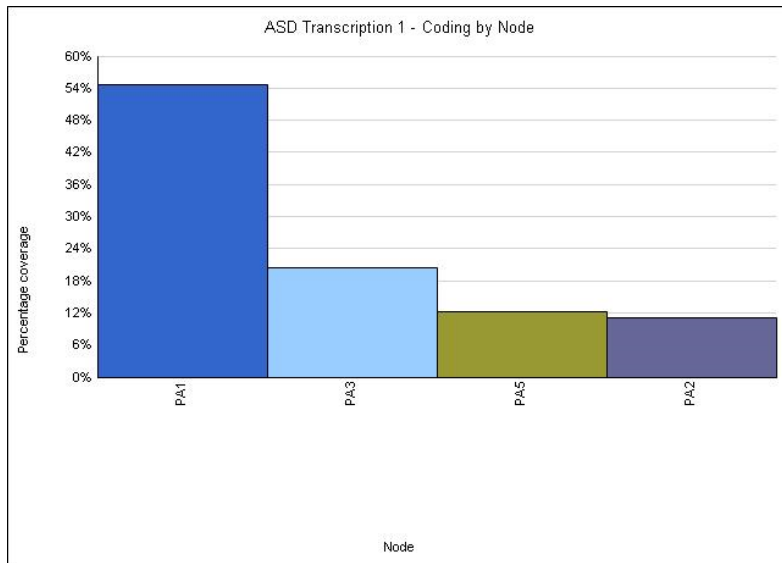
Reference 11 - 0.73% Coverage

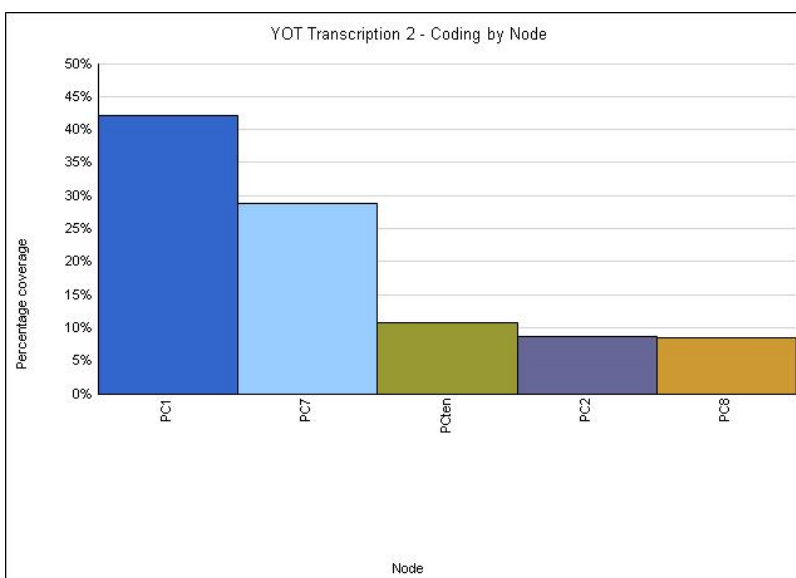
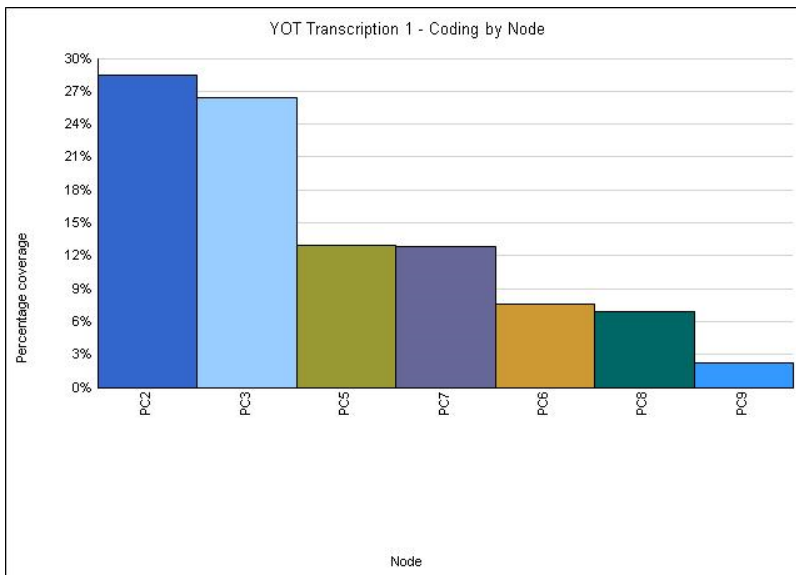
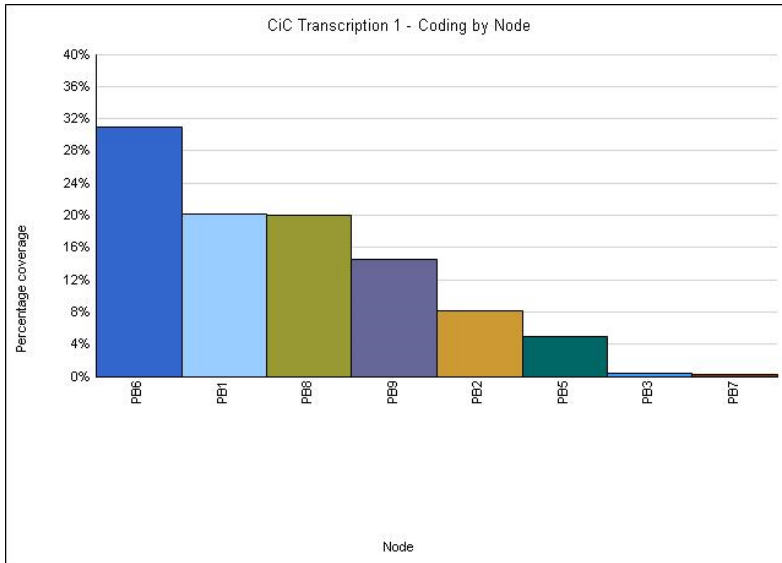
Yeah, and that's something, if he does go back to [Local Authority], that's something that can follow him, and it's a formulation, you know, it's a screening tool, and it also gives some sort of formulation, doesn't it, around his thought, so...

Reference 12 - 0.88% Coverage

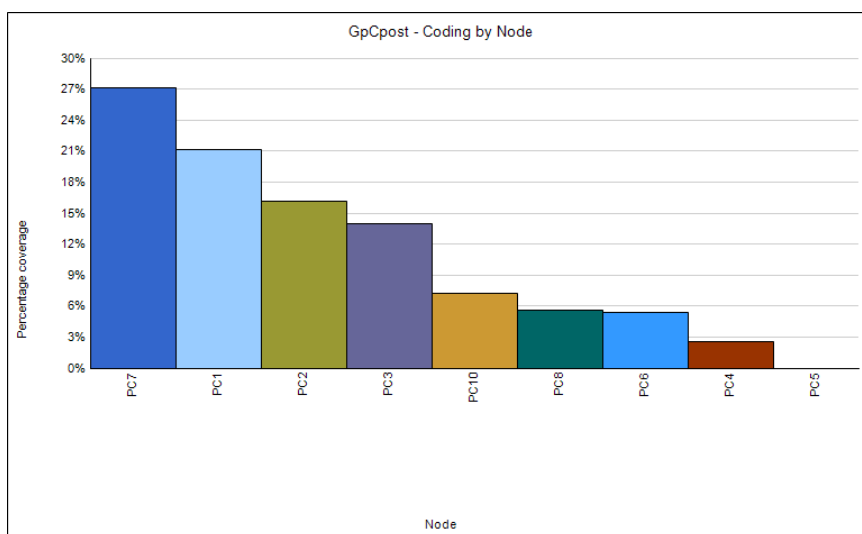
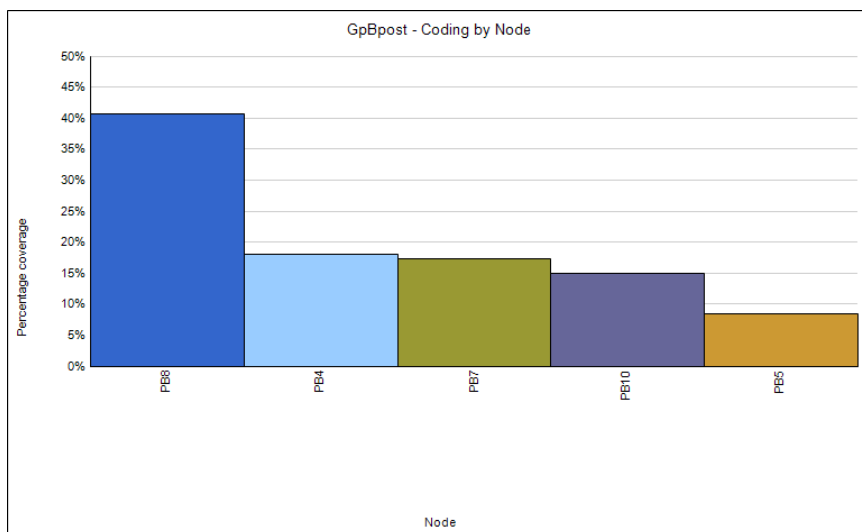
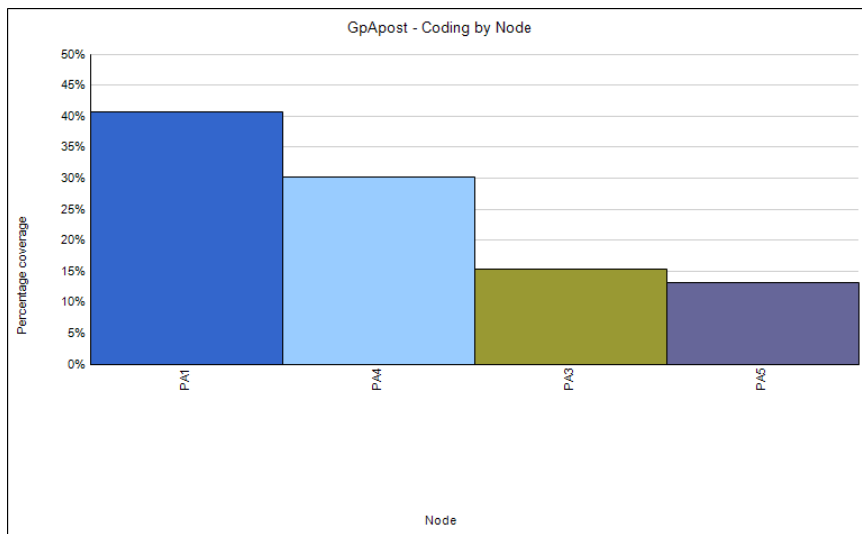
I'd be bothered if he went back with the same plans he came with, if that makes sense. Thought it was really poor in terms of his risk of reoffending, erm managing vulnerability, sharing information, really just to keep Miss P updated and vice versa, I suppose, good communication both ways.

Appendix 26: Pre -Intervention Transcript Percentage Coverage by Participant

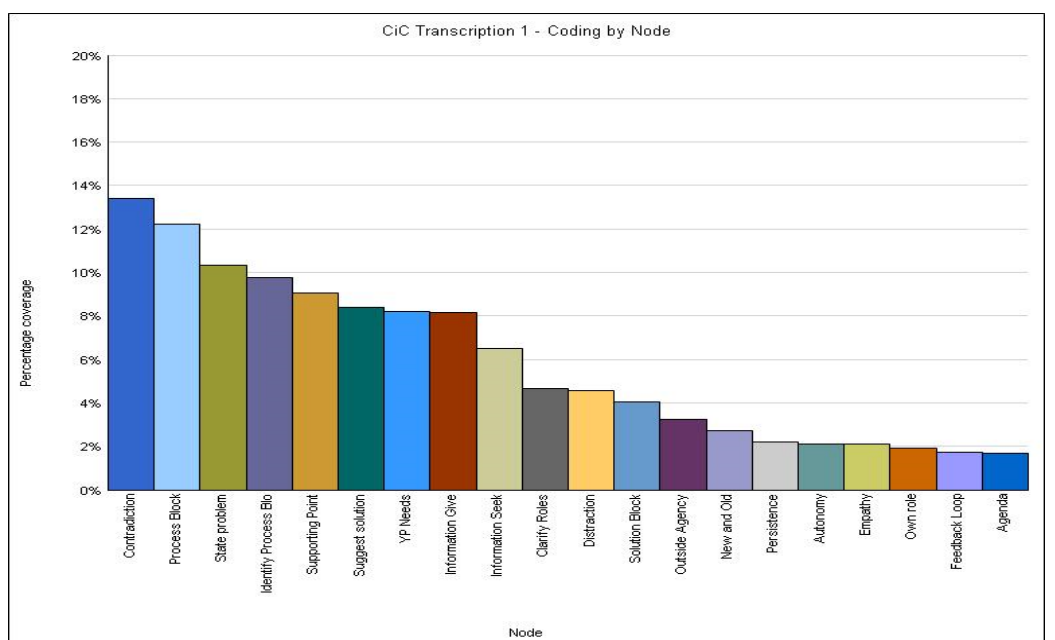
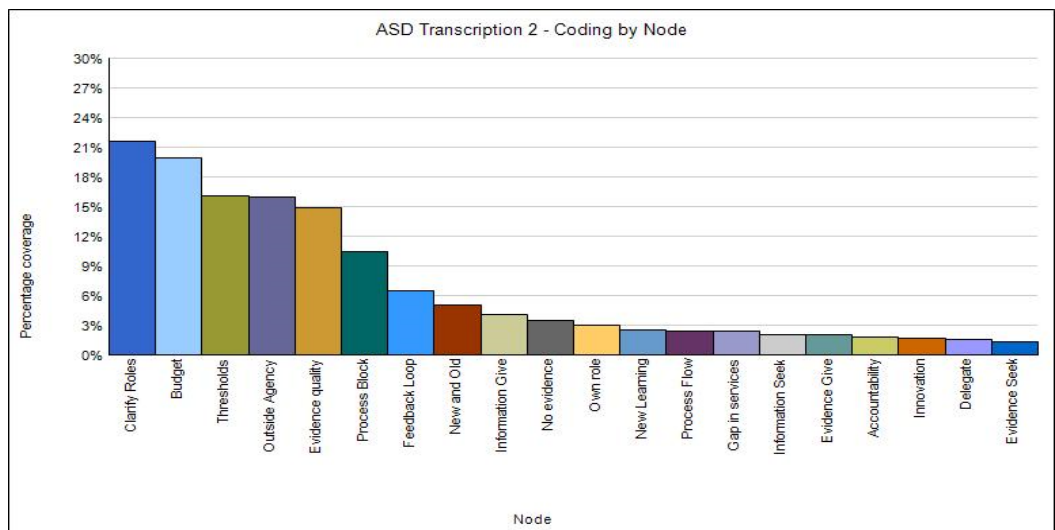
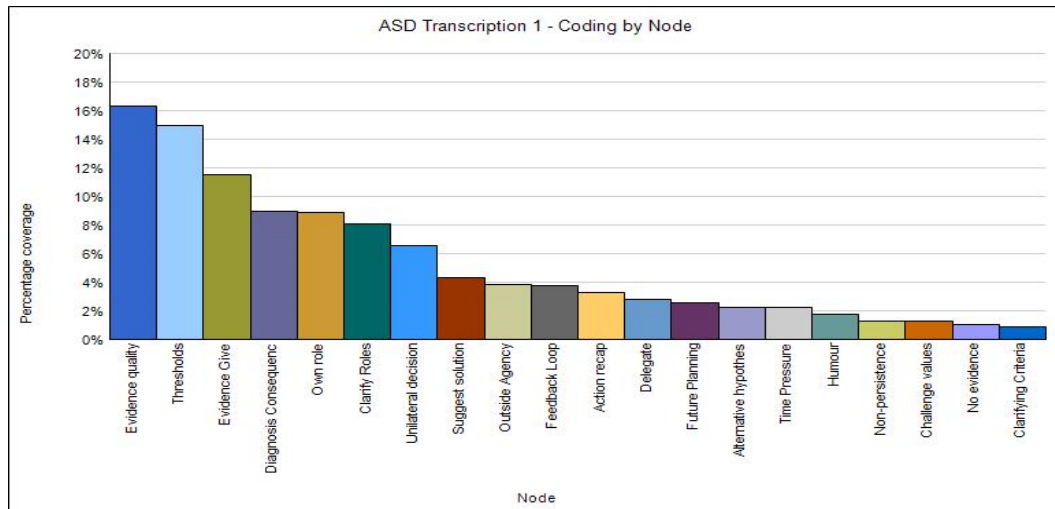




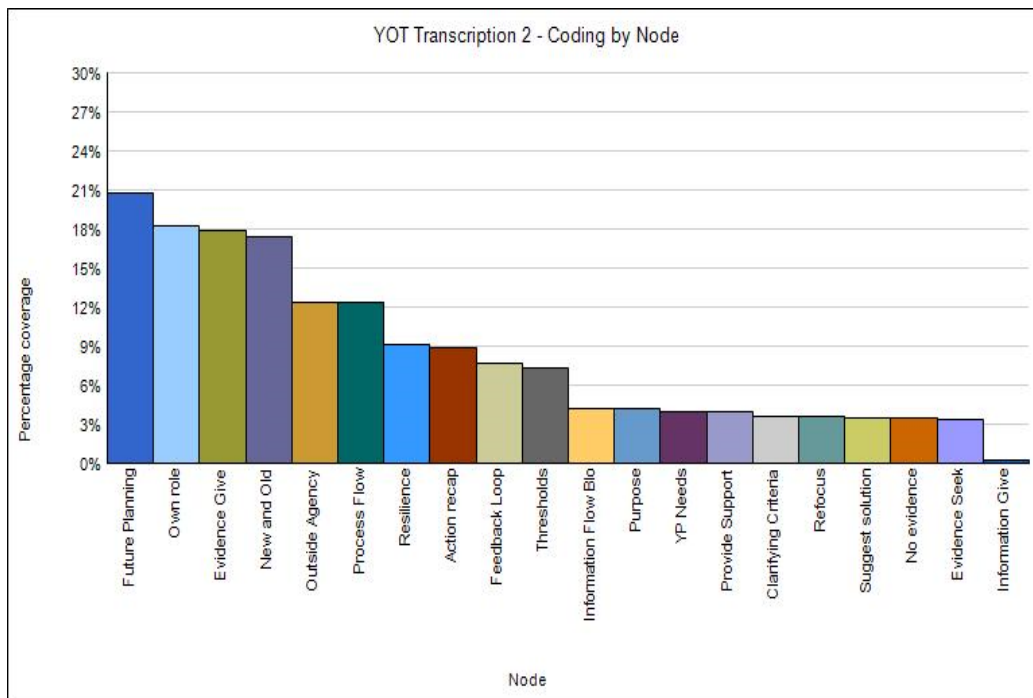
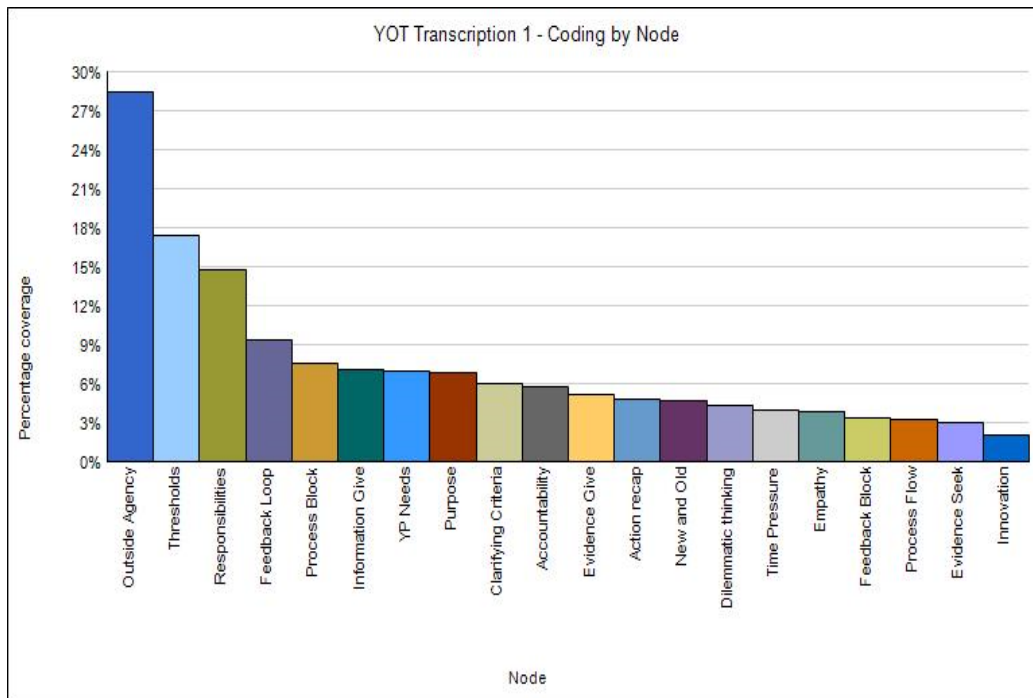
Appendix 27: Post-Intervention Transcript Percentage Coverage by Participant



Appendix 28: Dominant Pre-intervention Transcript Coding Nodes for Groups A and B



Appendix 29: Dominant Pre-intervention Transcript Coding Nodes for Group C



Ethical considerations

Appendix 30: Certificate of Ethical Research Approval

STUDENT HIGHER-LEVEL RESEARCH



School of Education and Lifelong Learning

Certificate of ethical research approval

STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS

To activate this certificate you need to first sign it yourself, then have it signed by your supervisor and by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications/guides.php> and view the School's statement in your handbooks.

Your name: Andrew Eaton

Your student no: 007805

Degree/Programme of Study: DEdPsych

Project Supervisor(s): Prof. Brahm Norwich; Jo Rose

Your email address: ade202@ex.ac.uk

Tel: 01363 877579

Title of your project:

An eco-systemic view of leadership and conflict in multi-agency working

Brief description of your research project:

Service integration is central to current government strategy for promoting positive outcomes for young people with educational and additional needs, yet evidence to support this strategy remains elusive. A review of the literature finds that whilst models of consultation focus on problem solving strategies when

considering children's needs, the barriers to and facilitators of successful multi-agency working are found to be at the intra-group level. These barriers and facilitating factors are organised using an adapted form of Bronfenbrenner's eco-systemic model. Specific questions about conflict within multi-agency meetings are posed, namely: what is the relationship between leadership and conflict in multi-agency meetings? How can this relationship be understood in terms of eco-systemic levels of group processes? Can a model which addresses these issues through joint training and the use of consultation materials develop capacity within groups for better management and resolution of conflicts, leading to higher quality outcomes for children and young people?

In Aspect 1 data will be gathered from two sources: transcripts of multi-agency meetings and semi-structured interview responses from members of these multi-agency groups. Transcript examples of "differences of perspective" or conflict will be analysed in terms of their underlying causes and in terms of how they were managed by the team. Semi-structured interviews will explore constructs around these differences of opinion and the core-values that underlie constructs around leadership and conflict, using PCP tools as and when appropriate. A repertory grid will be developed based on the constructs arising from this interview data. I am currently looking at the possibility of adapting the LABS-III for use as a questionnaire in a multi-agency context.

Aspect 2 will involve using the findings from 'Aspect 1' to inform training materials that focus on resolving differences of opinion. One or more multi-agency groups will receive this training and agree to trial the use of a problem-solving model when discussing one or more children. Prior to intervention, all members will be asked to complete the repertory grid form developed in 'Aspect 1' in order to quantify attitudes towards multi-agency work and to rank these values in terms of perceived importance. Following intervention, further transcript analyses and semi-structured interviews will explore differences of opinion as outlined in 'Aspect 1' and discussion will centre on how (and whether) conflicts are managed differently following the experimental intervention. The repertory grid will be administered a second time to interviewees to quantify changes in construct systems in terms of scoring and ranking changes. Discussion will focus on what psychology best addresses conflicts at different eco-systemic levels.

Give details of the participants in this research (giving ages of any children and/or young people involved):

Multi-agency group members in Devon

Individual case studies concerning children with special educational, social or medical needs will be discussed but kept anonymous.

Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs)

Informed consent of team members and children being discussed

An informed consent form will be used to inform participants of the nature and scope of their involvement and the research foci. Any discussion of children would be anonymised and seeking their consent and that of their parents is not deemed necessary unless they will be present in the meeting.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

Quantitative

Differences in responses to repertory grids will be analysed using SPSS within individuals, within groups and between groups. T-tests of changes in individual responses pre- and post-intervention will be carried out. Analysis of variance within and between intervention (and control) groups will be carried out. Pearson correlation coefficients will be calculated for individual, group and total pre- and post-intervention scores. Spearman rank correlation coefficients tests will be performed on individual, group and total rank order data.

Qualitative

It is hard to predict whether the data will lend themselves to coding, but, if used, these may be open to quasi-statistical analysis e.g. what roles are taken on with what frequency by which group members when conflicts occur. It may also be possible to code responses and discourses in terms of systemic levels e.g. micro-, meso-, macro-systemic coding by respondent/speaker. There is likely to be a high level of immersive analysis of the transcript and response data. Open coding will be carried out using NVIVO software. The conceptual framework developed in my study will be held in mind during this process but will only be applied *a posteriori* and not imposed *a priori*. Triangulation with quantitative data will help to inform creative interpretations. 'Member checking' is implicit within the study methodology (in the form of the semi-structured interviews) and will further aid the triangulation of data. Patterns, themes and trends will be explored as will their plausibility. Relationships between these may also emerge, possibly allowing for new metaphors or even a reconceptualisation of the theoretical framework to emerge. Negative cases of any emerging hypotheses will also be explored and given due weight and consideration.

Respectful treatment of participants

In writing up my findings and conclusions, I would adopt a non-judgemental, evidence-based style which maintained and fostered respect for the participants at all times. All participants would be anonymised in any written record and their identity treated as a matter of confidentiality.

Sexism in research

The gender of participants will be included in the submitted paper. Every effort will be made not to over-generalise possible gender-specific findings, to dichotomise male and female roles especially around notions of leadership, or to over-specify male or female roles through the use of sexist terminology such as, for example, 'chairman' or 'chairwoman'.

Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):

Storage of data

Any written or audio record of individual identity would be stored securely in a locked drawer or as an encrypted computer file and destroyed at the soonest appropriate time.

Right of self-determination

No group will be asked to use the problem-solving framework or receive the training intervention unless every member of the group has completed an informed consent form detailing these elements of their involvement. All participants will have the right to withdraw themselves or their group from the study at any point up until the date of submission.

Invasion of privacy

The nature of the PCP tools used in semi-structured interviews and the way in which the findings will be used will be adequately explained to participants before the interviews take place.

Withholding benefits from comparison groups

If intervention group selection is based on the group members' willingness to participate, as anticipated, this will avoid this particular ethical pitfall of randomised assignment.

Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):

Ideological Conflict

As a part of my study, I will be encouraging participants to openly express differences of opinion within multi-agency settings. I will however be a non-participant member of the group and will be asking the nominated group leader and the other group members to take responsibility for their own contributions. This process should fall within the normal role and expectations of group members.

Appendix 31: Participant Consent Form

The nature, scope and methods of the research study were fully explained to participants before asking them to sign the consent form.

Multi-Agency Research Consent Form

My name is Andrew Eaton. I am conducting research on a project entitled 'An Eco-systemic Analysis of Multi-agency processes'. The project is sponsored by St. Luke's School of Education and Lifelong Learning, University of Exeter and is supervised by Professor Brahm Norwich (B.Norwich@exeter.ac.uk) and Dr Jo Rose (J.R.Rose@exeter.ac.uk).

I am directing the project and can be contacted at North Devon Children and Young People's Psychology Service, St. John's Lane, Barnstaple EX32 9DD or on (01271) 388700 or at andrew.eaton@devon.gov.uk should you have any questions.

Thank you for agreeing to take part in the project. Before we start I would like to emphasize that:

- Your participation is entirely voluntary;
- You are free to refuse to answer any question;
- You are free to withdraw at any time.

Any audio recording, interview responses or questionnaire data will be kept strictly confidential and will be available only to members of the research team. Excerpts from meetings, interviews or questionnaires may be made part of training materials to be used within the group or the final research report, but under no circumstances will your name or any identifying characteristics be included in the report.

<p>Please sign this form to show that I have read the contents to you.</p> <p>_____ (Signed)</p> <p>_____ (Printed)</p> <p>_____ (Date)</p>	<p>Please sign below if you are willing for your meeting contributions, interview responses or questionnaire data to be used in the final research report and group training materials.</p> <p>_____ (Signed)</p> <p>_____ (Printed)</p> <p>_____ (Date)</p>
---	--

Please send a report on the results of the project: YES NO (circle one)

I am willing to provide questionnaire data and take part in a short interview. My preferred contact details are:

(Signed copy to be kept by researcher; unsigned copy to be kept by respondent.)

Appendix 32: The Role of Leadership, Conflict and Problem-solving in Facilitating Successful Multi-agency Collaboration: A Review and Synthesis of the Literature

Introduction

Multi-agency groups are unique structures, each with their own socio-political context, objectives, methods of working, internal dynamics and external pressures. In my experience, these elements appear to have huge implications for the quality, efficacy and nature of the outcomes resulting from meetings.

The government's strategy, 'Every Child Matters' (Department for Education and Skills, 2003), aims for a stronger commitment to integration and improved communication between related children's services with a view to preventing children 'falling through the cracks' between them. A second rationale for multi-agency working is that resources can be made more efficient, and duplication can be avoided by providing a central resource base to meet family needs.

The integration of services was key to the setting up of the early excellence centres (Department for Education and Employment, 1998) and the Sure Start programme. It also underpins the development of Children's Centres (Department for Education and Skills, 2005; Warin, 2007). Robinson et al. (2004) note that it is one of the central tenets of the current government's attempt to modernise itself.

In the words of the Audit Commission (1998), 'multi-agency teams must first identify the main objectives that the team intends to achieve. There is no prescribed blueprint for what these objectives should be. However, broad headings may include improved health, well-being or social inclusion of children and families, improved accessibility of services to users, improved efficiency of services provided through a multi-agency team, and improved experiences of staff. Secondly, these objectives must generate specific outcomes that are capable of showing that the objectives have actually been achieved. Thirdly, teams must identify (a) which of these outcomes can best be measured by numerical performance indicators, and (b) the best ways of assessing whether outcomes that cannot be measured numerically have been achieved, along with a timescale relating to the evaluation.

In addition, Horwath (2001) notes that the Children Act was designed to provide a framework for working together to meet the needs of children who are suffering or are likely to suffer significant harm, through a coordinated professional response.

Barriers to and facilitators of multi-agency working

The research literature identifies a multiplicity of barriers to and facilitators of multi-agency working. What is perhaps lacking is any attempt to systematise these findings into a coherent framework. One way to make sense of these

findings is to organise them in terms of eco-systemic levels, adapted from those of Bronfenbrenner (1979). This can be summarised thus:

Level	Original Meaning	Adapted Meaning
Microsystem	Immediate environments (family, school, peer group, neighborhood, and childcare environments)	Group roles
Mesosystem	A system comprising connections between immediate environments (i.e., a child's home and school)	Group relationships
Exosystem	External environmental settings which only indirectly affect development (such as parent's workplace)	Wider group pressures
Macrosystem	The larger cultural context (Eastern vs. Western culture, national economy, political culture, subculture)	The philosophical context of the group: Goals, values and ideologies
Chronosystem	The patterning of environmental events and transitions over the course of life.	Patterns of group working over time

Table 1: The eco-systemic levels of multi-agency processes

In addition, for our purposes, the terms 'nanosystem' to mean the *language* used about the individual child within a group, and 'trans-system', in reference to the *outcomes* of any given piece of multi-agency work, might be usefully coined. Adopting this structure allows us to organise the findings within a framework which may afford a clearer analysis of patterns and relationships within the literature. The following overview of the literature adopts this original framework for considering the research findings on barriers to and facilitators of multi-agency working. It serves to demonstrate the eco-systemic nature of the findings and to inform the theoretical model underpinning the associated research study. This model is outlined at the end of the literature review.

Nanosystem

Barclay & Kerr (2006), Watson (2006) and Dunsmuir (2006) are amongst those who find that differences of terminology and language (e.g. when discussing assessment) can act as a barrier to multi-agency working.

However, it is only Dennison et al. (2006) who argue for the need to challenge & clarify the language used to construct the young person themselves and those around them. They argue that social constructionist principles should be used to explore and harmonise the language used by professionals. The way we talk about young people, they argue, changes the solutions on offer.

Microsystem

Many researchers agree on the need for clearly defined roles (e.g. Barclay & Kerr, 2006; Watson, 2006; Easen, 2000; Freeth and Reeves, 2004; Hymans, 2006). Sloper (2004) sums up these findings succinctly in stating the need for 'clearly defined roles and responsibilities, so everyone knows what is expected of them and of others, and clear lines of responsibility and accountability'. Other writers define their terms more precisely, identifying the need to differentiate between shared, core skills and domain-specific expertise (Leadbetter, 2006; Dunsmuir, 2006; Watson, 2006) and to specify a group member willing to take on the lead role (Dearden & Miller, 2006).

Frost & Robinson (2007) investigate in more depth the challenges resulting from a changing sense of identity brought about by working as part of a multi-agency team. In their study, professionals discussed their work-place roles in relation to a number of factors including: bridging roles between agencies, re-distribution of expertise, changes in specialist and generalist roles, and position within team structures.

Despite concerns about the loss of specialist status, Frost and Robinson found many positive aspects of re-shaping a professional identity, such as an expanded awareness of clients' needs and other agencies' and professionals' systems and practices. Ironically, however, as Dennison et al. (2006) argue, roles and identities though potentially broader in multi-agency work, often become more tightly and reductively defined. Engestrom (2001) takes a more optimistic view, describing an 'I-we-I' shift over time. To begin with, he argues, professional positioning and identity are valued and often overtly stated. Then as the team begins to gel, there is a shift to more of a 'we' culture. Engestrom suggests that, finally, as new collaborative networks emerge, participants begin to talk once more about their own positioning and views but now in terms of membership of the newly formed group.

Mesosystem

Barclay & Kerr (2006) find that positive, team-oriented attitudes such as respect, trust, flexibility and motivation promote multi-agency collaboration. The importance of trust is also identified by Dodgson (1993) and Newell & Swan (2000). The interview data collected by Watson (2006) from members of multi-agency groups identifies mutual respect and reciprocity as the second most important factor in multi-agency working. Seventh on the list is 'mutual respect for professional roles and trust between members of the team'; of almost equal importance is 'staff who are committed to, and keen to be involved in, multi-agency working'.

Freeth and Reeves (2004) list a number of collaborative competencies which are considered necessary to work effectively with others, including 'coping with uncertainty and ambiguity'.

Exosystem

Dessent (1996), Barclay & Kerr (2006) and Dearden & Miller (2006) note that inadequacy of resources (variously budgetary, staff and time) can create barriers to multi-agency collaboration. In Atkinson et al.'s (2005) review, this was seen to pose the primary threat. Watson (2006) amplifies this idea, identifying 'flexible and innovative funding mechanisms' as an important consideration in this type of work. In addition, Easen (2000) identifies different time scales for action between different agencies as another resourcing issue creating barriers to multi-agency collaboration.

For others, the tension between different lines of accountability is a key component. For example, Leadbetter (2006) questions how an indirect service to many settings can be maintained when the imperative from within the legislation and guidance is to be client-led, rather than service-led. Frost & Robinson (2007) highlight a similar tension arising when the professional role shifts from child advocate to Local Authority enforcer in cases where child protection issues emerge. Similarly, Hymans (2006) finds that 'achieving local and national targets and goals' is seen as an important goal for some multi-agency groups.

Harris (2003) found that collaboration was also affected by the external pressures under which partners were working, citing 'a fear of extra work arising from working together' as an example and Frost & Robinson (2007) amongst others identify widespread concerns around information-sharing issues as a potential barrier to multi-agency co-operation.

Macrosystem

This level of analysis features frequently and in some depth in many studies. The emerging themes can be grouped under the linked headings of goals, values and ideologies.

Goals

That shared goals facilitate multi-agency work is identified by many studies (see Sloper (2004) for a review). Robinson et al. (2004) describe goal clashes that can arise when professionals who have been trained within very different socio-cultural contexts come together in multi-agency teams. Walter and Petr state that, 'an explicit and shared value base is not merely one dimension of interagency collaboration, but, rather, it constitutes its very core' (Walter & Petr, 2000, p.496). Watson (2006) likewise finds that a shared vision, with clear and realistic aims and objectives is seen to be of primary importance to members of multi-agency teams.

Warin (2007), too, finds that a commitment to shared goals between agencies is of paramount importance. He goes on to elaborate this theme, finding evidence of a schism between goals that are aimed at improving the lives of children and goals based on support for their parents, including employment opportunities. This he ascribes to the slippery nature of the concept of 'family' leading to a concern that the centrality of the child and on children's voices that has come to

the fore since the Children Act 1989 (Prout, 2001) may be undermined. He calls for goals to be clarified and centred on the child-within-the-family as the targeted beneficiary of services.

Values

Frost & Robinson (2007) and Easen (2000) find that where there are shared values or purposes, interviewees reported that inter-professional collaboration was facilitated. Differences in values and beliefs about the nature of the intervention required and the prioritisation of cases (Easen, 2000) and about appropriate child placement settings (Dearden & Miller, 2006) were seen to act as barriers to successful multi-agency negotiation.

Dunsmuir (2006), in her survey of attitudes amongst educational psychologists and speech and language therapists, highlights the absence of positive views about the effectiveness of interagency collaboration. Dessent (1996) finds that such negative attitudinal bias can have a detrimental effect on successful collaboration.

Ideologies

Two of the questions posed by Leadbetter (2006) in her consideration of the role of the educational psychologist in multi-agency work are: how to work alongside colleagues from different professions and agencies who are often coming from very different perspectives in terms of their views on aetiology, causality and intervention, and how to maintain an interactional approach when the dominant model within many other services is the traditional 'medical' model with its accompanying discourses of referral, diagnosis and deficit.

Sloper (2004) finds that different professional ideologies were indeed found to act as a barrier and Frost & Robinson (2007) hypothesise that having differing professions draw on distinct explanatory frameworks to support interventions is deeply problematic when agreeing specific, practical interventions.

In a discussion of the obstacles and relationships between services that can hinder interagency collaboration, Dessent (1996) identifies the fact that professional groups have separate backgrounds and training experiences, and develop distinctive professional cultures and conceptual frameworks leading to rivalry with other groups. Cigno and Gore (1999) likewise emphasise differences in training, focus, status and allegiance to different validating and professional bodies. Easen et al. (2000) and Anning (2005) also point out that different professional groups may have quite different ways of conceptualising their practice.

A survey of educational provision for children with speech and language difficulties reported that "major decisions about provision were not taken collaboratively (Lindsay et al., 2002). The authors propose that there were conceptual differences that reflected models underlying professional thinking that impacted upon outcomes.

Chronosystem

Almost ignored in the literature, Dennison et al. (2006) apply systems thinking to their consideration of how patterns of working can develop over time to produce homeostatic systems. By way of example, Watson (2006) cites one respondent in his study who stated that they tended to have circular discussions within the team when trying to develop a shared vision.

Outcomes (the 'trans-system')

Overarching and informed by all the preceding considerations, at what in this context might be termed the 'trans-systemic' level, is the ultimate goal of facilitating beneficial outcomes for young people.

Atkinson et al. (2002) have described some of the successful outcomes of multiagency work and these include access to services not previously available, and a wider range of services; easier or quicker access to services; access to wider expertise; improved educational attainment and better engagement in education; early identification and intervention; better support for parents; children's needs addressed more appropriately; better quality services; and reduced need for more specialist services.

However, despite the wishes of the Audit Commission (1998), records of such success in the wider literature are hard to come by, either because the evidence has been difficult to gather or because doubt has been cast on the efficacy of the work carried out. For instance, Glisson and Hemmelgarn (1998) find that, while inter-organisational coordination appears to be a logical and obvious way of addressing the multiple needs of those individuals most at risk, evaluations of service co-ordination efforts have been unsuccessful in documenting any major benefits. More recently, literature reviews by Sloper (2004) and Cameron et al. (2000) likewise find little good-quality evidence of the effectiveness of multi-agency working.

Axford et al. (2003) found that increased service coordination actually decreased the quality of a service and had no effect on outcomes. Instead, they suggested alternative organisational strategies for improving services, concluding that 'organisational climate is a major predictor of the quality and outcomes of children's services'.

In contradiction to these arguments, Hall (2000) found little relationship between outcomes and the organisation of children's services. In a critique of recent reforms, Every Child Matters is seen by Hall as being in danger of 'perpetuating the assumption that modifying the structure of services will result in a change of culture and better services for vulnerable children', and that, 'this cause-effect relationship is not supported by much evidence' (Warren House Group, 2004).

In the child protection literature, Hallett (1995) found a clear division of labour among key agencies, who tended to work sequentially rather than together. Inter-

agency activity was largely confined to information exchange and some limited shared decision-making (Willumsen & Hallberg, 2003).

On a more positive note, Easen (2000) found that clearly specified outcomes, timescales and procedures promoted positive outcomes for children whilst Dearden & Miller (2006) found that setting reasonable rather than perfect goals facilitated multi-agency negotiations. Put more simply, SMART targets are more likely to be achieved. Dearden & Miler conclude that such negotiations were associated with: a review of values and beliefs; consistency of adults and provision; and, positive developments for the child and the local authority. In other words, success, however rarely recorded, seems to breed success in these contexts.

Facilitators and Barriers: Conclusions

Previous analyses of the facilitators and barriers to successful inter-agency collaboration have lacked a theoretical framework. This present review proposes an eco-systemic view of multi-agency processes which systematises the research findings into a coherent framework and identifies areas that have received less attention. The lack of research into conflict resolution strategies in multi-agency groups and the effect of differing conceptual models of leadership within groups are two examples of gaps in the literature.

Several other strands relating to the processes of multi-agency working weave their way through the literature and may be considered as a second aspect of the 'trans-system' in that they act in dialogic relationship to all the other systems. Each of these themes and their role in facilitating successful multi-agency processes and outcomes are considered in turn.

Leadership

The first of these themes is that of leadership, which Frost & Robinson (2007) consider to be of crucial importance. 'Team leaders managing diverse groups of professionals,' they argue, 'need to be sensitive and skilful in handling some of the operational and identity issues that we have examined.' Sloper (2004) likewise concludes from his literature review that successful multi-agency working is promoted by strong leadership and a multi-agency steering or management group. Watson (2006) finds that team members themselves identify strong leaders with a clear vision and a drive to 'get things done' as important facilitators of successful multi-agency work. Lack of clear leadership has been identified as a barrier to developing a strong sense of ownership within groups (Harris, 2003).

Other facilitating skills identified in the research literature which are associated with strong leadership include managerial top down promotion of strategies and common procedures, processes and strategic frameworks (Barclay & Kerr, 2006); high level communication skills including distributive and integrative negotiation skills (Dearden & Miller, 2006); acknowledging the contribution of peripheral team members (Frost & Robinson, 2007), and; facilitating inter-professional case conferences and meetings (Freeth and Reeves, 2004). In addition, Wagner (2000)

lists the need to be able to: develop practice from principles; engage the whole team; promote collaborative development, and; facilitate regular review with all partners as important skills for the multi-agency consultant.

Law et al. (2001) identify collaboration at a managerial level as a gap in the research, arguing that the development of a shared vision and joint strategic planning are of central importance.

Conceptual Models of Leadership

A number of overlapping models exist which can be summarised briefly as follows:

Zaccaro et al. (2004) have proposed a model of leader attributes which seeks to revive this somewhat discredited area of research (see Zaccaro, 2007 for his updated model, a defence of his position and a review of the literature).

Behavioural theories are usually associated with now rejected mid-20th-century approaches e.g., Likert, 1961; Shartle, 1951.

Contingency models of leadership assume that there is an interaction between a leader's traits and the situation in which he or she finds him- or herself (e.g., Fiedler, 2002; House, 1996; Yukl, 1998).

Situational approaches to leadership similarly emphasize the importance of situations in leadership (reviewed in Ayman, 2004). Research has given some support to the situational view.

Transformational leaders shape the environment to their idea of what it should be. These approaches were first developed by Burns (1978), although they have been developed significantly since then (e.g. Bass, 2002; Sashkin, 2004).

The trouble with all these models from the ecological perspective adopted here is that they are based on what Rost (1993, 1997) terms the 'industrial paradigm'. Rost concludes that the paradigm for leadership studies in the 20th century was the individual. Leadership was defined as the activities of great men and women. Rost has redefined leadership around the paradigm of relationship.

The ecological theory of Allen et al. (1998) addresses this tension between the ecological and industrial models of leadership. By his view, most organizations need to decrease their dependence on positional leaders, increase input from organizational experts, involve the entire organization in environmental scanning, subject decisions to review and criticism by organizational members, and enhance organizational diversity. The ecological model views leadership as an emergent process which occurs in a web of interdependent social and biological systems. It seeks to optimise tensions: between human diversity and the single-minded pursuit of common goals; and between the industrial and the ecological perspectives. Wielkiewicz (2000) has developed a two-factor measure (BAS-III) that has been used to quantify the beliefs of team members about these two perspectives (see Appendix 17).

In addition, Sternberg (2004) proposes a systems model of leadership that goes some way towards recognising the distributed and emergent nature of leadership. Although he fails to sufficiently differentiate between the concepts of 'leader' and 'leadership', his WICS model has some useful insights. Seen from an ecological perspective, his concepts of wisdom, creativity, and intelligence might be attributes of organizations and not merely of their positional leaders (Wielkiewicz, 2007).

The leadership skills (or processes) proposed by Wielkiewicz and Sternberg lend themselves easily to systemic analysis and are summarized below:

Eco-systemic Level	Leadership skills or processes
Nano	Ethical thinking: group shares common ethical framework; individuals held accountable for decisions; willingness to take risks, to fail (Barron, 1988; Lubart & Sternberg, 1995) and to surmount obstacles; interests of young person considered
Micro	Inclusive thinking: expertise not associated with group faultlines; feedback loops are not ignored; contribution of all members acknowledged; success seen as group effort; individual development valued by group; Independent thinking: any individual understand reasoning behind group decisions; accepted definitions challenged (Getzels & Csikszentmihalyi, 1976; Sternberg, 2002; Sternberg & Lubart, 1995); willingness to promote own point of view (Simonton, 1994)
Meso	Diverse relational thinking: dissent seen as an expression of loyalty; information flow is free and unrestricted; decisions and outcomes open to reflection (Weisberg, 1993); ability to balance interests of self, group & commissioning agencies Dilemmatic thinking: willingness to tolerate ambiguity (Barron, 1988); ability to combine old and new knowledge
Exo	Consideration of sustainable environmental limits: surveillance of resources available and consideration of sustainability of objectives; belief in group's ability to achieve objectives (Bandura, 1996)
Macro	Big picture thinking: core values and purpose are clear to all, held in common and used to challenge group when ignored Long-term thinking: fullest possible consideration given to consequences of outcomes
Chrono	Adaptive thinking: Group structure and function is flexible and can quickly adapt to changing conditions as a result; conceptual replication avoided in new situations; new experience and expertise promote evolving patterns of working (Mumford et al, 2000; Sternberg & Lubart, 1995) Selective thinking: selective approach to expert knowledge; ability to distinguish irrelevant from relevant information

Table 2: Eco-systemic analysis of leadership skills and processes

Conflicts

A related theme is that of conflicts that arise within multi-agency groups and their management. Freeth and Reeves (2004) cite 'handling conflict with other professions' as a necessary prerequisite for working successfully within trans-disciplinary teams.

Dearden & Miller (2006), in considering the theme of 'conflicts of interests', found that what they termed 'a competitive blame culture' acted as a barrier to successful multi-agency working. However, crucially, they conclude that, 'It is not the presence of conflicts in themselves but the way they are managed that determines whether they are destructive or constructive.' This is at odds with Watson's finding that having 'like-minded' individuals in the team was felt to facilitate successful collaboration (Watson, 2006) and may reflect a desire by multi-agency team members for comfortable, rather than effective outcomes.

Dearden & Miller's study found that contrasting beliefs about provision settings and values about working collaboratively were amongst the issues most likely arise. They found that these conflicts arose not just between individuals in different agencies, but also between individuals in the same agency and even within individuals. Conflicts were found to be triggered by child and adult stress and by dilemmas and 'hard to solve' problems.

Other triggers have been identified by Easen (2000) who found that health visitors who were trained to dispense expertise to their clients came into conflict with community workers seeking to challenge and empower members of the community within which they work. Similarly, conflicts were found between head teachers and community project workers who focussed on rapid solutions to the immediate problems of individual children and social workers and GPs with their expectation of working over a longer time scale with whole family units.

It has been argued that the interdependence of people who wish to achieve certain goals is a necessary but also a sufficient condition for conflict to exist (Pfeffer, 1997; Pondy, 1967). Moreover, it has been pointed out that a greater emphasis on semi-autonomous teams in recent years has created greater interdependency whilst undermining traditional power structures, leading to the need for higher levels of self-management and self-regulation, including conflict management skills (Pfeffer, 1997).

The view of conflict adopted in this study was first outlined by Pondy (1967) who takes a process view which distinguishes between:

- Latent conflict which is perceived within individuals or groups; and
- Manifest conflict which is visible between individuals or groups e.g. negotiations/outbursts

Conflict has been defined as "a process that begins when an individual or group perceives differences to and opposition between itself and another individual or group about interests, resources, beliefs, values or practices that matter to them" (De Dreu & Gelfand, 2008). By this view, conflict is distinct from aggression, incivility and bullying.

Conflict has been conceptualised as operating at the individual (e.g. Podsakoff, Ahearne & MacKenzie, 1997), group (e.g. Schulz-Hardt, Jochims, & Frey, 2002) and inter-group (e.g. Erev, Bornstein & Galili, 1993) level. In this review, the focus will be kept on intra-group theories. It is beyond the remit of this study to consider individual differences such as the clarity or stability of self-concept, and individual measures made in this study are limited to the analysis of manifest conflict. Likewise, inter-group conflicts are considered only in so far as they impact on intra-group functioning.

Three types of conflict have been identified, namely, task, relationship and process conflicts (Jehn & Chatman, 2000; Pelled, 1996; Pearson, Ensley and Amason, 2002).

Task conflicts relate to the content of meetings and may result in better quality decisions (Amason, 1996). For example, such conflicts can lead members to re-evaluate working assumptions, correct errors or consider new perspectives when problem-solving (Schulz-Hardt, Jochims, & Frey, 2002) and increase team effectiveness (Jehn, 1995) and innovation, especially when the conflict is at moderate levels (De Dreu, 2006). However task conflicts can also have a detrimental effect on job satisfaction ratings (Amason & Schweiger, 1997) and undermine the trust needed to communicate effectively (De Dreu & Van Vianen, 2001).

Introducing task-related conflict and devil's advocates to a group has been found to improve creativity, innovation and decision quality (Janis, 1982; Nemeth & Staw, 1989). Schulz-Hardt, Mojzisch & Vogelgesang (2007) describe the benefits of dissent when it is expressed in terms of creative or divergent thinking and higher quality solutions to problems. They identify four conditions under which this is likely to occur:

- the existence of a unanimity rule as opposed to a consensus rule;
- the active participation of group members in important decisions;
- 'dialectical' leadership which actively encourages dissent and counter-argument (Peterson et al, 1998); and
- a common understanding within the group that independent, critical thinking is both beneficial to outcomes and perceived as an expression of loyalty, rather than disloyalty, to the group.

However, if harmony is held to be of primary importance, the group will become susceptible to "groupthink" (Janis, 1982).

Relationship conflicts, relating to interpersonal interactions, have been found to result in uncoordinated, uncooperative and non-cohesive groups (Brewer, 1995, 1996; Labianca, Brass, & Gray, 1998), leading to high turnover and absenteeism and low levels of creativity, commitment and both perceived and objective performance (Amason, 1996; Baron, 1991; Jehn, 1995; Pelled, 1996; Simons and Peterson, 2000). Conflict of this type has been found to influence joint problem-solving, group relationships and the quality of decisions reached. Performance can be undermined when co-ordination is compromised or trust undermined (De Dreu & Van Vianen, 2001).

Process conflict, relating to the distribution of responsibility and the delegation of tasks, remains the least studied of the three, although more recent studies are starting to include this as a separate conflict type (e.g. Behfar et al, 2005). Early findings counter-intuitively suggest it is more closely allied to relationship conflict

than to task conflict, in regard to its effects on performance and satisfaction in groups.

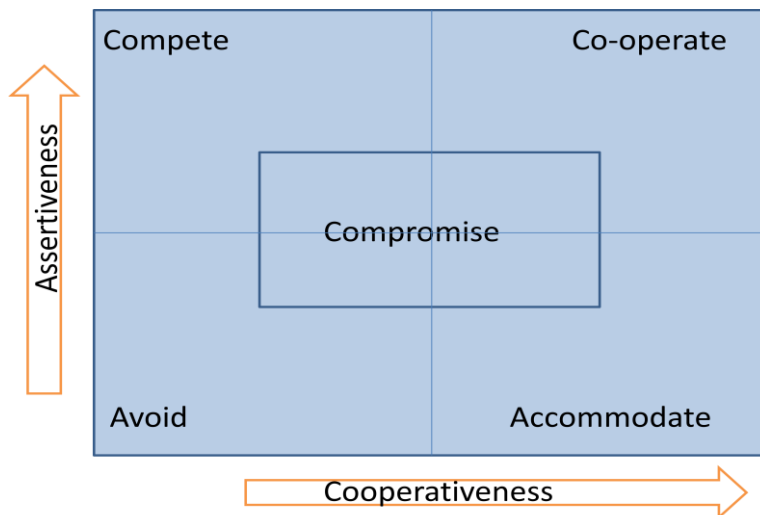
According to Tajfel's (1978) social identity theory, individuals within multi-agency groups define themselves in terms of their professional roles. This thinking is mediated by

- social categorization – the tendency to categorise individuals into groups
- social comparison – the process of investing social categorisation with meaning by comparison with relevant groups, and
- social identification – the degree to which individuals relate social categorizations and comparisons to themselves

These ideas have been further developed through research on faultlines within groups. Faultlines are the hypothetical dividing lines that split a group into relatively homogenous sub-groups based on members' alignment along multiple attributes (Lau & Murnighan, 1998). Faultline researchers view people as a complex bundle of demographics; each person in a group belongs to many subgroups such as those defined by gender, race, education, and age (Gibson and Vermeulen 2003, Jehn et al., 2007; Knippenberg & van Schippers, 2007).

According to Deutsch (1949, 1973), group members may perceive their goals to be positively or negatively linked, or not linked at all. These perceptions lead to co-operative interdependence, competitive interdependence or independence, respectively. Co-operative interdependence leads to win:win goals, where members try to maximise both their own and others' gain and hence to trust, positive attitudes, and constructive information exchange. Members listen and seek to understand the others' perspectives in "constructive controversy" (see Tjosvold, 1998 for a review of the supporting evidence). Competitive interdependence (and to some extent independence) leads to win:lose goals, persuasive argument, positional commitments, threats, bluffs and coercion.

The Mouton Blake Managerial Grid (Blake & Mouton, 1964) builds upon these ideas, proposing two independent axes of assertiveness and co-operativeness and five styles of conflict resolution: forcing, avoiding, accommodating, collaborating and compromising (see Diagram #). Whilst there has been disagreement over whether compromise is just "half-hearted problem-solving" (Pruitt & Rubin, 1986), the consensus appears to be that it is a distinct strategy.



Kilmann and Thomas (1977) have developed a psychometric measure using this model. It scores responses to its 30-item questionnaire along five dimensions which are described as conflict 'modes'. This measure, however enduring its appeal and widespread its influence, is flawed. It relies on forced choice responses to repetitive questions high on internal validity to the point of truism, thus weakening its external validity. Essentially, it asks the respondent to choose between five styles of conflict resolution and then produces a conflict 'mode'. It then makes the assumption that the participant's preferred 'mode' of conflict resolution is a fixed trait unaffected by context. Other less well-known measures suffer similar weaknesses (e.g. Putnam & Wilson, 1982; Rahim, 1983). It is argued in this study that conflict resolution strategies are significantly influenced by group membership, leadership style, objectives, process models, subject area, physiological factors and a whole raft of other considerations. It is also suggested that future studies need to take these factors into account and take the experience of practitioners as a starting point.

Status & power

Another barrier associated with the themes of leadership and conflict which emerges from the literature is the tendency for some professionals to cling on to status and power. Frost & Robinson (2007) argue that cultural status could be perpetuated in meetings by the use of professionally exclusive, 'expert' language and argue for the need to address status barriers. Furthermore, Pettigrew (1973) points out that multi-agency decisions may be more motivated by political self-interest than concerned with the needs of the child. Leadbetter (2006b) cites Beck and Young (2005, p. 153) in her discussion of the 'direct assault on the professions resulting in challenges to their autonomy, to their relatively privileged status and economic position, and to the legitimacy of their claims to expertise based on exclusive possession of specialised knowledge.' In contrast, Dearden & Miller 2006 identify 'interdependence in negotiations' and 'reciprocity and equity' as aspects of successful negotiation.

Shared training

Opportunities for joint training are identified as facilitating success in multi-agency work by Barclay & Kerr(2006), Dunsmuir (2006), Watson (2006) and Sloper (2004). Similarly, Lyne et al. (2001) find one of the potential ways of improving multi-agency working to be joint rather than separate training for different professional groups. However it is not clear from their review whether this has any wider effects on practice or on outcomes for families.

Time for reflection

In his survey of 54 different professionals asked to use their experiences to give their opinions about what constitutes successful multi-agency working, Hymans (2006) finds 'having time for reflection' as one contributing factor. Likewise, Watson (2006) found that 'procedures for monitoring achievements in relation to the aims and objectives', and 'providing feedback and review' were both valued by multi-agency professionals. Sloper (2004) also argues for the monitoring and evaluation of multi-agency projects, with policies and procedures being reviewed regularly in the light of changing circumstances and new knowledge.

Frost & Robinson (2007) argue that inter-professional team members with different backgrounds and explanatory models cannot be expected to work together effectively from day one. They suggest that time needs to be invested in activities encouraging the sharing of explanatory ideas about their own and service users' values and the causes underlying these values. For Frost & Robinson, this requires the specific allocation of discussion time both at team meetings, providing opportunities for knowledge sharing without the constraints of immediate decision making, and at separate discussion sessions, creating space for reflective learning.

Leadership and Conflict: Conclusions

Any thorough attempt to influence the outcomes of multi-agency meetings needs to address issues around leadership, status & power, reflection, shared training and conflict resolution strategies. Without these dimensions, as discussed earlier, there is a danger of 'perpetuating the assumption that modifying the structure of services will result in a change of culture and better services for vulnerable children' (Hall, 2000).

So, are the diverse objectives of multi-agency groups facilitated or restricted by working within a problem-solving framework? The following section considers the relative merits of consultative models which may find application in multi-agency contexts. As we have seen in the quotations from ECM and the Audit Commission above, a successful model will need both to facilitate effective outcomes for young people as well as recognise the individuality and variety of multi-agency groups, their membership and their clientele. Any 'one size fits all' model will need to be non-partisan and flexible but still impose enough structure to bring multiple viewpoints together into shared objectives, facilitate appropriate and achievable outcomes and raise levels of accountability.

Problem-solving and Consultation

Easen (2000) finds that inter-professional collaboration is not adequately conceptualised in the sense that there would appear to be no clear, consistent and coherent idea of what constitutes 'collaboration' between different professionals nor any comprehensive model of the factors that may be relevant to its success.

By way of example, Leadbetter (2006), in her review of the literature, suggests that there are three ways in which the term consultation is used within educational psychology:

1. As a model of service delivery, where she finds that huge variation is apparent in delivery.
2. As a defined task, with agreed characteristics representing the indirect application of psychology by the EP. Particular theoretical approaches may be used, such as environmental, solution-focussed or more eclectic models of problem-solving.
3. As a specific activity or skill. Within this type of activity, there can be information seeking or eliciting, information sharing, advice eliciting and advice giving. Leadbetter argues that understood in this way, consultation can make the difference between an effective applied psychologist and one who is not listened to or valued by others with whom they work.

Any model worth considering then, must promote a fluid and dialogic exchange of information between stakeholders as well as respect for alternative perspectives held within the group. Indeed, Barclay & Kerr (2006) argue for a high level of double-loop learning (Argyris & Schön, 1974). Unlike single-loop learning which involves learning from the consequences of actions, double-loop learning considers in addition the governing schemas which influenced the original action (Argyris & Schön, 1996; Easterby-Smith et al., 1999).

But there is also a danger that too much reflection can paralyse group functioning (Easterby-Smith et al., 1999). Schön (1988) argues that an over-reliance on technique can produce solutions that are too complex and unique and that there is often no agreed outcome at all. In contrast, March & Simon (1958) argue that multi-agency outcomes are usually about providing a 'good enough' solution to a simplified representation of the problem. This is symptomatic, perhaps, of the tension felt by members of multi-agency groups seeking to keep up with heavy caseload demands whilst bringing about positive change for all. A successful consultative model, then, must strike a balance between reflection and action.

Atkinson et al. (2002) attempt to clarify the meaning of the term 'consultation' with their account of five multi-agency models, ranging from single agency involvement such as an E.P. assessment, through liaison, review meetings and hypothesis sharing up to what they term 'integrated' working, involving joint casework to promote emotionally healthy systems and collaborative research. However, these models are largely descriptive rather than prescriptive and do little to indicate the way forward.

Barclay & Kerr (2006) cite Taylor (2003) who describes four models of collaborative working. The last of these he terms the 'open complex' model. This model involves groups of those involved (from a variety of systems) meeting to discuss and plan intervention. The aims of these are to share and pursue information, prioritise work, plan minimal interventions, look at and retain differing views, listen to the views of the family and child, apply egalitarian principles, apply research evidence, avoid predetermined strategies and finally identify any wider community needs. This system, Taylor goes on to say, should not be purely problem focused but should also be looking for strengths and potential for wider community development. Groups operating such a model are open to solutions coming from anyone involved. Power does not come from any one system or individual but those with greatest input would vary depending on the individual case and the skills that it requires. Leadership is very important in this model.

Frost and Robinson (2007) draw upon the concept from socio-cultural theory of 'communities of practice' (Lave and Wenger, 1991; Wenger, 1998). In Wenger's (1998) model, new knowledge is created in communities of practice (for example the multi-disciplinary team) in the context of daily practice by the complementary processes of participation (the situated interactions and shared experiences of members of the community working towards common goals) and reification (the solid form of organisational practices such as child protection procedures).

Wenger (1998) also argues for the importance of professionals' constructions of their identities in shared practices and learning within work settings. For Wenger, identity is 'a way of talking about how learning changes who we are in the context of our communities,' (1998, p. 5). In Wenger's model, as professionals move between communities in the work place, professional identity is re-negotiated, integrating forms of individuality and competence through participation in work activities (1998, pp. 158-159).

Edwards et al (2009) similarly propose Cultural-Historical Activity Theory (CHAT) as a helpful model when considering multi-agency collaborations. One of the problems posed by CHAT, however, is that it is at heart a socio-economic model. It was originally a deliberate attempt to steer a course away from interpersonal and behavioural psychology. This is perhaps a questionable ontological move when dealing with complex interpersonal situations. As a result, the authors are forced to concede, for example, that they are some way from identifying precise collaborative skills (p.137). The socio-economic roots of the CHAT model are also in danger of focussing research upon ends and the means of arriving there. So, for example, we have a useful discussion of the importance of shared values, but no indication of what those values might be (p.127).

A further criticism is that the ideas discussed in their book often have counterparts in other disciplines which are better suited to the job. For example, instead of Schon and Argyris's well-understood concept of reflective practice, we

instead get a discussion of Engestrom's 'future-oriented activity-level envisioning and consequential action-level decision-making coming into close interplay'.

Woolfson et al. (2003) have developed Mosen's problem-analysis framework based on ecological analysis of the needs of the child (Mosen et al., 1998).

They propose a 5 phase model amalgamated from the original 9 steps of Mosen's model. In brief, these are:

- Phase 1: Establishing roles and expectations
- Phase 2: Guiding hypotheses and information gathering
- Phase 3: Joint problem analysis
- Phase 4: Joint action plan and implementation
- Phase 5: Evaluate, reflect and monitor

The framework provides some helpful proformae which help to organise the problem-solving process. As with other currently popular frameworks, such as the Common Assessment Framework or the Personal Education Plan, these proformae help to focus group members on agreeing outcomes after due consideration of different viewpoints, but do not encourage single- or double-loop reflection within the group. Indeed, without shared training or reflection, there is a danger of such frameworks encouraging a 'box-ticking' approach which values product completion above process quality.

The distinctive role of psychology

Thus far, there has been an almost complete lack of psychological theory to bolster these models. Given the almost exclusive focus on group processes in the literature which considers the barriers and facilitators found in multi-agency working, this is perhaps surprising. We turn now to consider two models which seek to correct this omission.

Firstly, Clarke & Jenner (2006) put forward self-organised learning (SOL) as a model of consultation. A commonly cited drawback of problem-solving approaches such as this is that they reduce a child to a problem to be solved and by-pass paradigms (Wagner, 2000). Clarke and Jenner claim to address this criticism, basing their model on personal construct psychology, or PCP (Kelly, 1955), which seeks to explore the social construction and management of change.

Clarke and Jenner come close to addressing the psychodynamics of the multi-agency mesosystem when they argue that the management of change needs to recognise that loss, anxiety and struggle are involved but they are not specific about how to manage these dynamics.

Their PSOR model employs PCP and solution focussed techniques to consider the purposes, strategies, outcomes and review process of consultation. Their consideration of the purposes of consultation involves an exploration of the theories underlying the client's existing strategies (using conversation, laddering,

pyramiding and salmon lines etc) and leading to the ranking and checking of resources. By strategies, they mean the new actions to be carried out by the consultee. Mismatches between purposes and strategies are identified and addressed. Next, realistic outcomes are negotiated and in the review stage, there is a further check that purposes, strategies and outcomes are harmonious.

Secondly, Wagner (2000) considers four theoretical perspectives from psychology that can be helpful in facilitating multi-agency work:

- **Symbolic interactionism** considers how meanings are negotiated and conveyed in social interaction;
- **Systems thinking** changes the view of the problem from within the person to something that happens between people, thus creating new solutions;
- **Personal construct psychology** contributes ideas of how to understand an individual's meaning of self and situations;
- **Social constructionism** draws on themes that help to clarify the importance of language in the construction of meaning.

In a similar way, Dennison et al. (2006) describe in highly pragmatic detail how psychodynamic theory, systemic thinking and social-constructionist principles can be used to facilitate multi-agency working.

Hughes (2006) lends support to the use of systemic principles, arguing that 'wicked' problems require soft-systems concepts and methodologies. The emphasis here is on a holistic rather than on a reductionist understanding, and circular as opposed to linear causality, based on the maxim that 'the whole is greater than the sum of its parts' (Gorrell-Barnes, 1985, p.1).

Despite the dearth of psychological theory in this field, there appears to be a high degree of agreement in the theories best suited to the job. There is broad agreement in the literature that interpersonal psychology (such as psychodynamic theory or symbolic interactionism) can facilitate deeper understanding of group relationships, tensions and pressures. Likewise systems thinking can be helpfully used to clarify group roles, contexts and resources and to consider patterns of working over time. Social constructionist techniques can help to deconstruct the language used within meetings and reports. More specifically, PCP is offered as a lens for examining group goals and values as well as competing models of working. This overview is summarised in Table 3.

Psychological theory	Application to group processes
Social constructionism	Group use of language about a child
Systems thinking	Group roles and contexts
Psychodynamic theory and symbolic interactionism	Group relationships and tensions
Interpersonal and soft-systems psychology	Wider group pressures
Personal Construct Psychology	Group goals, values and models
Systems thinking	Patterns of working over time

Table 3: Group processes matched to psychological theory

Problem-Solving and Consultation: Conclusions

Whilst most models of consultation used in multi-agency contexts are designed to facilitate the setting of appropriate goals for the child via a structured analysis of solutions to the child's needs, it is clear from this review of the literature that most of the facilitating and obfuscating factors in multi-agency work have more to do with within-group processes. Indeed, some writers comment on the lack of evidence concerning the impact of multi-agency working on outcomes, with instead an emphasis on process being noted (Cameron & Lart, 2003; Sloper, 2004), although contradictorily, Tomlinson comments that 'more process-related aspects . . . seem to be less widely described' (Tomlinson, 2003, p.23).

So why the mismatch between the money, time and energy expended in promoting multi-agency integration and the paucity of evidence of improved outcomes? Could it be due to the inherent difficulty of establishing cause and effect or could it be symptomatic of the mismatch between models which seek to address the needs of the child and research findings that it is group processes that are key to facilitating or obstructing successful outcomes?

By combining an expanded version of Table 1 emerging from this review of the literature with the analysis of which psychological perspectives are best suited to facilitating improved outcomes at each level (Table 3), the following eco-systemic model of multi-agency working may be constructed:

System Level	Leadership process	Group Focus	Child Focus	Trans-systemic Outcomes
Nanoconstructions	Ethical thinking	Use of language about child	Information gathered about the individual	Prioritised, SMART change strategies facilitated by joint training, problem-solving tools, and double-loop learning
Microsystems	Inclusive and independent thinking	Broadening and clarifying roles; establishing context	Child context	
Mesodynamics	Diverse and dilemmatic relational thinking	Relationships & tensions within group	Relationships between stakeholders	
Exosystems	Consideration of sustainable environmental limits	Wider pressures on group members inc. resource limitations	Indirect socio-cultural influences on child	
Macroconstructs	Big picture and long term thinking	Goals and attitudes; models & research base	Cultural norms; wider social or cultural needs	
Chronosystems	Adaptive and selective thinking	Homeostatic or circular group working patterns	Homeostasis, circularity, punctuation, reframing	

Table 4: The eco-systemic model of multi-agency working (EMMA)

It should be remembered that, according to eco-systemic thinking, every systemic level affects every other and that this table is necessarily a simplification of group processes. This model is consistent with the structures and systemic levels found within the Common Assessment Framework documentation, but fosters in addition a shared responsibility for leadership skills, a more reflective and co-operative approach to problem-solving and a more holistic set of outcomes.

Concluding comments:

The enormous investment since the publication of the Every Child Matters agenda in setting up structures for multi-agency working have not been matched by an investment in training, tools and skills. The literature suggests that these latter factors are likely to limit the improvement of trajectories for vulnerable children and young children and increase the risk of poor-quality group outcomes stemming from poor-quality group processes. In the synthesis of the literature presented here, an integrated, eco-systemic model of multi-agency working which addresses these issues is proposed as a basis for future research.

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