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*Tilda Goldberg Centre for Social Work and Social Care,
University of Bedfordshire

**CASCADE, Children's Social Care Research and
Development Centre, University of Cardiff

Abstract

Purpose

This paper explores how innovation in children's services is adopted by staff within new multidisciplinary children's safeguarding teams. It draws on diffusion of innovations (DOI) theory to help us better understand the mechanisms by which successful implementation of multi-disciplinary working can be best achieved.

Design/methodology

It is based on interviews with 61 frontline safeguarding staff, including social workers, substance misuse workers, mental health workers and domestic abuse workers. Thematic analysis identified the enablers and barriers to implementation.

Findings

DOI defines five innovation attributes as essential for rapid diffusion: relative advantage over current practice; compatibility with existing values and practices; complexity or simplicity of implementation; trialability or piloting of new ideas; and observability or seeing results swiftly. Staff identified multi-disciplinary team working and group supervision as advantageous, in line with social work values and improved their service to children and families. Motivational interviewing and new ways of case recordings were less readily accepted because of the complexity of practicing confidently and concerns about the risks of moving away from exhaustive case recording which workers felt provided professional accountability.

Practical implications

DOI is a useful reflective tool for senior managers to plan and review change programmes, and to identify any emerging barriers to successful implementation.

Originality/value

The paper provides insights into what children's services staff value about multidisciplinary working and why some aspects of innovation are adopted more readily than others, depending on perception of diffusion attributes.

Paper type

Research paper

Keywords

Child protection, integrated children's services, multi-disciplinary team working, motivational interviewing, diffusion of innovations theory

Introduction

The children's social care innovation programme funded through the Department for Education (DfE) seeks to support the development and testing of effective ways of supporting children who need help from children's social care services in England. While multidisciplinary working cannot be regarded as a new development within children's services, projects included in the programme were 'regarded as innovative in the areas in which they were developed' (Brookes et al., 2015, p. 87).

Wave I of the programme supported 70 projects, with reforms being put in place in early 2015. All projects were evaluated (see <http://springconsortium.com>). This paper reports on one such evaluation and focuses on what supports the adoption of multi-disciplinary working in statutory child protection services. It is part of a wider multi-strand evaluation exploring the impact of reforms on practice and outcomes for children and families (Forrester et al., 2017).

This paper poses the following research question: why are some innovations more readily adopted by staff than others? It is based on 61 semi-structured interviews with frontline staff about their experiences of integrated working in newly formed, multi-disciplinary family safeguarding teams. The paper draws on Diffusion of Innovations (DOI) theory to frame practitioners' experiences and provide qualitative insights from the perspectives of staff on what mechanisms supported them to best deliver new practice reforms.

What is the issue?

Child protection is incredibly challenging work. Social workers work with parents to effect change for children, often in circumstances where parents are reluctant to engage with services and with issues that are stubbornly intransigent to change, including poverty and social exclusion (Forrester et al., 2008; Bywaters et al., 2016). Research suggests that effective child protection work is dependent on effective multi-agency working (DfE, 2015) and findings from the first wave of innovation projects supports this (McNeish et al., 2017). However, as previous reviews of integrated working in this journal have shown, integrated working can be difficult to

achieve for a variety of complicated organisational, cultural and contextual factors (Baginsky et al., 2015; Cameron and Lart, 2003; Cameron et al, 2014).

The reform

To address these challenges, one project funded through DfE's innovation programme aimed to develop a more holistic, timely and effective service for children and families. The project was based in a large county council in England. The reform brought together a new partnership arrangement of the county council, police, health, including mental health, probation and substance misuse services to deliver a multi-disciplinary, holistic model of working including:

- The creation of multi-disciplinary family safeguarding teams within the Child in Need service. These teams involved the addition of 'adult workers' including specialist mental health practitioners, domestic abuse officers (to work with perpetrators), domestic abuse practitioners (to work with victims) and substance misuse practitioners, alongside family support workers and social workers.
- Training in Motivational Interviewing (MI). MI is a service-user centred, directive therapeutic style of practice designed to enhance readiness to change (Miller and Rollnick, 2012). The introduction of this style of intervention was designed to both enhance direct practice with families but also enable teams to have a 'common language' when working with, and having discussions about, families.
- Group supervision involving all frontline workers working on a case and their manager to provide a platform to discuss work with families, make decisions and plan interventions. Group supervision is reported to enhance critical thinking through group-based discussion (Lietz, 2008).
- A new electronic recording system to improve information sharing by enabling access for workers from across agencies and reduce bureaucracy by encouraging workers to summarise case notes and spend more time with families.

The rationale for introducing multi-disciplinary ways of working was to enable frontline workers to address the complex issues that many families working with children's service face, including alcohol or drug misuse, domestic abuse and mental health problems. Social workers often report lack of expertise or confidence to address such issues hence rely on referrals to other agencies to get the support needed for families (Cleaver and Unell, 2011). However, such referrals can be time-consuming and involve a lengthy wait for families (DfE, 2015). Hence co-locating workers was viewed as a means to improve multi-agency working and offer families a more timely and holistic service (Moran et al., 2007).

Diffusion of innovations theory

To understand how the reforms were adopted by frontline staff, we draw on diffusion of innovations (DOI) theory to interpret findings. Diffusion theories originated within the commercial sphere but have been applied to a wide range of contexts, including public service and public policy, and more recently, transformations in children's services (Brown, 2015). The originator of diffusion theory, Everett Rogers, describes diffusion as 'the process by which an innovation is communicated through certain channels over time among members of a social system' (Rogers, 1995: p.5). Nutley et al. (2002) point out that this definition highlights some important features: innovation; communication and a dynamic process happening within a social context. Importantly, research in this area focuses not just on the communication of new products, practices or ideas but how and why they are adopted or in some cases, rejected by people expected to utilise them.

There are five innovation attributes that are identified as important for rapid diffusion:

1. Relative advantage: the extent to which the innovation is perceived to have significant advantages over the approach it supersedes.
2. Compatibility: the degree to which the innovation is viewed as being consistent with past practices, current values and existing needs of adopters.

3. Complexity: the degree to which an innovation can be readily understood and implemented.
4. Trialability: new ideas that can be tried at low risk to individuals before wholesale adoption are more likely to be taken up.
5. Observability: the degree to which the use and benefits of the innovation are visible, and therefore act as a further stimulus to uptake by others (Rogers, 1995).

The five attributes are used as a framework for understanding the process of change from the perspective of frontline staff. Findings are discussed in terms of the degree to which staff experience reforms in line with the attributes to guide understanding of the variability in experience and adoption of the different elements of the reform.

Methods

Data collection

Face-to-face interviews were conducted with 61 frontline staff between March and June 2016. Interviews focused on practitioner experience of the new ways of working, including exploring perceived challenges and enabling factors.

Sampling and profile of participations

Sampling was purposive: in order to represent the range of teams, roles and locations across the County, staff were invited to take part in the research interviews in liaison with a central administrator and with reference to an organisational chart. One-third of all frontline staff participated (61 out of approximately 170). Table 1 shows that over half (57%) of the sample included frontline child protection workers (consultant social workers, senior practitioners, social workers and family support workers). A quarter (25%) represented the newly appointed specialist workers in substance misuse, mental health and domestic abuse. A small proportion of sample was made up of team managers (10%) and the role was missing in 2 cases (3%).

Table 1 Profile of participants

Role	No. of participants	%
Team Manager	6	10%
Consultant Social Worker	5	8%
Senior Practitioner	3	5%
Social Worker	16	26%
Family Support Worker	10	16%
Student Social Worker	1	2%
Adult Worker- Domestic Abuse	9	15%
Adult Worker- Substance Misuse	3	5%
Adult Worker- Mental Health	6	10%
Missing role	2	3%
Total	61	100%

Data analysis

A discussion guide was used to structure each interview and the researcher made contemporaneous written notes which were typed up and uploaded to the qualitative data analysis software package, NVivo. The data was analysed using thematic analysis (Braun and Clarke, 2006) which applied three code-frames (element of innovation; DOI attribute; enabler or barrier) to each interview.

Ethics

The wider study received ethical approval via the ethics committee at the lead author's university. Participation in interviews was voluntary and each participant gave verbal informed consent. Anonymity was guaranteed, bar any significant safeguarding concerns.

Findings

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How does DOI help us understand reform in children's services? The following sections use DOI attributes to help us understand why some reforms were more readily adopted by staff than others.

Motivational interviewing: Compatibility of values versus complexity of skills

Workers' response to the introduction of MI was mixed. There was wide-spread agreement that MI was compatible with social work values and practice in terms of its strengths-based and solution-focused approach. Several social workers commented that this reinforced their current approach, while many of the adult workers reported using MI for many years. However, many reported that this was a new approach both to themselves and to social work more generally, and requires skills that are time-consuming in terms of thoughtfulness and planning and complex to put into practice with vulnerable families. There was a consistent theme about the poor quality of MI training received which many staff considered too generic rather than specific to child protection practice: *'As a way of working, it's really good...but the training was really bad, it needed to be made more practical'* (Senior practitioner). In other words, practitioners describe being ill-equipped to practice MI with parents in contact with children's services.

Workers also commented on the pressure to apply MI when they did not feel confident using the approach. For them, this was one of the dilemmas of a managerial expectation that MI was the approach within which their practice must comply. For example, *'I have struggled to put it into practice, not sure if it's the fault of the worker, the technique or the family. I haven't made much headway with MI* (social worker). This inference was reinforced in different ways: *'there is pressure from above to do it "oi, are you using it, are you recording it, need to put it on ICS [Integrated Children's System]'"* (Domestic abuse worker), but also via training: *'the trainer was unable to explain how it worked with child protection cases, responding "basically, you've got to do it"'* (Social worker).

Observability: Results in practice

As outlined above, limited confidence and the high level of skill required to practice MI was identified as a common barrier to implementation by most workers. This limited the opportunity for the benefits of MI to be observed. However, for some workers, MI was making an observable difference to their practice. For these workers, training had stimulated their thinking, moderated their practice and resulted in positive change in terms of their approach for families: *“I have used in CiN [Child in Need] cases, I have used the family plan, the MI way, if there are 4-5 issues, I ask them to pick one that is very high, we build on strengths from there, then we build on weaknesses. I think it’s really working because it empowers the family to reflect on what’s gone wrong”* (Social worker).

Tension between new practice model and the wider child protection system: low compatibility of values and priorities

Perhaps the most inhibiting factor for social workers was the perceived tension between MI’s therapeutic approach and the wider adversarial child protection system. This tension has been noted around training for social work students (Richards et al, 2005) and in other areas introducing systemic practice into children’s safeguarding services (Forrester et al., 2017). Social workers talked eloquently about these tensions, highlighting the challenges of trying to introduce a new therapeutic approach with families and the demands of child protection practice that has been traditionally been risk-focused, directive and time-limited:

There is a discrepancy between child protection plans and MI; these dictate what a family must do. There is a focus on get in, get out, work through the plan which doesn’t leave much time for MI. MI requires thinking and planning time (Consultant social worker).

Electronic case recording: relative advantage or risk to workers

Barriers to adopting the new electronic case recording system were identified across every DOI attribute. Improving information sharing was in line with the value base of workers across agencies who recognised that separate case recording systems could lead to a breakdown in communication and negatively impact on their work. One of the key intended benefits was for adult workers to record case notes within the same system and alongside the notes of social workers so that all information from different professionals about a case was in one place.

However, at the time of data collection, adult workers were still required to record notes within their own agencies' system. Adult workers were in effect duplicating their recording, so the reform had the unintended impact of increasing rather than reducing bureaucracy. Rather than resulting in a relative advantage, adult workers experienced this as a relative disadvantage: *The casebook is incompatible system with [The Mental Health Trust's version of ICS]. All assessments need to go there but they need to be transferred, this involves printing, scanning and uploading* (Mental health professional).

System glitches: barriers to observability

Reducing unnecessary bureaucracy is compatible with social worker values and the desire to increase direct work with children and families. However, perhaps inevitably with the roll-out with any new information technology, technical glitches were noted, adding to delays in adoption and an increased sense of frustration with the new system. Technical issues including: system crashing; inability to open new cases; mis-assigning information and delays in allocation of cases e.g. *'I have not had much success with it, I have only opened one case and there is an issue with a whether or not it needs a social worker to open it'* (Substance misuse worker).

The culture of compliance in child protection: heightened individual risk

Children's services operate within a wider culture of blame where person-centred approaches to error operate and learning is focused on individual mistake-making (Munro, 2010). This shaped workers' perceptions of the relative advantage of

summarising rather than exhaustive recording and appeared to increase the risk to individuals of getting it wrong. There was a consistent theme that workers did not know what was required from them in terms of recording. This included what level of detail was acceptable or what summarising means in practice when attempting to record differently e.g. *'I summarise so much, I hoped that I haven't messed up recording'* (Senior Practitioner).

In the absence of guidance, many workers erred on the side of caution, expressing hesitation to change recording practice that has served them well in terms of professional accountability e.g. *'social workers are not confident just doing the summary, they are still using detailed notes'* (Team manager). For them, exhaustive recording presented a protective factor, part of the *'culture of the job'* (Team manager) and an opportunity to demonstrate they were doing their job properly. Anxieties cohered around the legal status of recording and while there was recognition that some information is more pertinent to recording than others, for the Courts, whether real or perceived, the devil is in the detail:

Teams are terrified, they are not sure how to use it [the new system had been operational for five months], workers are having to learn that it's not about recording every phone-call, it's about recording real engagement. Workers are really anxious about professional accountability (Senior practitioner).

Why didn't we do this years ago? Relative advantage of multi-disciplinary working
Multi-disciplinary working was readily adopted across DOI attributes. The relative advantage of multi-disciplinary working was consistently perceived as superseding the previous approach to working in siloes, *'why didn't we do this years ago?'* was a typical response across job role. Working in partnership was viewed as compatible with safeguarding practice and consistent with social work values of working holistically with families. Workers consistently reported that the service is more joined-up for children and their families: *'The best change! We don't have to contact outside agencies. No referral forms, we don't have to fight to get a service for a family'* (Social worker). Adult workers confirmed the positive impact of changes for

practice: *“Things are going really well, we feel well accepted into the teams; the teams are very welcoming and pleased to see the adult workers. We’re able to pick up most people quickly so far and able to help out with enquires”* (Mental health professional).

Shared responsibility around risk and risk management

Adult workers were viewed as improving risk assessment practice and providing immediate support to families: *‘the role is going really well, we are all in one room and can quickly form an action plan, different expertise is shared and I can ensure that the voices of perpetrators are heard, they are normally on the fringes of any conversation’* (Domestic abuse officer). Results were also immediately observable to workers, in terms of accessibility and knowledge-sharing, task assistance with cases and access to support for vulnerable families rather than protracted referral processes:

One of the families has domestic abuse workers working with both parents. There has been a real improvement in this family because of the work. The case had started with a Court order because of a history of domestic violence in the family. The work with the domestic abuse officers really illuminated what was happening in the family, which was opposite to what the worker originally thought. Adult workers can shift thinking on a case ... and open a can of worms! (Consultant social worker).

Group supervision: A collaborative practice hindered by logistical difficulties

Group supervision was positively adopted across DOI attributes, bar complexity of managing busy diaries. Group supervision was regarded as positive forum for embedding multi-disciplinary practice and improving communication between agencies. It was viewed as compatible with social work practice and values, particularly where dialogue was open. There was almost universal approval of the approach with ‘helpful’ and ‘brilliant’ a defining feature of staff experience.

However, progress was undermined by logistical difficulties with diary management and the high level of time commitment required, coupled with difficulties posed by adult workers working across teams and cases that restricted their availability to attend group supervision. This was associated with high demand for adult workers to attend; meaning group supervision was arranged ad hoc rather than a regular slot: *'hit and miss...it has been difficult to coordinate diaries'* (Social worker). The complex nature of cases means that discussion was time-consuming, taking up to an hour to discuss a single family. This led to anxieties about management oversight and whether all cases were being regularly reviewed. However, it was recognised that the multi-disciplinary nature of group supervision was ultimately time-saving in terms of *in situ* access to adult worker's perspectives e.g. *'historically, trying to find out what's what was very time consuming. Now, we can talk to a single adult worker who accesses the whole system'* (Team manager).

Enabling dialogue: observability of results

From the perspectives of workers, results were observed are manifold, particularly improved integrated working and understanding of risk to children. Given that multi-disciplinary working was central to good safeguarding practice, workers could see that this was a better way of working than previous experiences of inter-agency working that can be time-consuming and difficult in terms of ensuring everyone is working toward the same goals and outcomes for families. In addition, the advantages of participation outweighed any concerns about the approach because workers benefited directly from sharing responsibility around risk:

From my perspective, it's going really well. It's challenging but we're all working together towards the same goal and we're in the same office, which makes a huge difference...we're all on the same page with a single agenda, everyone talking and supporting [each other], it's just brilliant (Domestic abuse officer).

Discussion and differing perspectives were largely welcomed e.g. *'we are not always in agreement but after discussion, you come round to new ways of thinking'* (Social

worker). For adult workers, this was positive and ensured that parents/carers are getting improved support from their services e.g. *'in the past, we were over-ridden by children's services'* (Mental health professional). This was acknowledged by social workers who recognised the benefits for families of a more holistic way of working.

Discussion

Multi-disciplinary working is not new in children's services, indeed safeguarding children is dependent on effective inter-agency collaboration (Frost 2005). However, co-locating a range of professional disciplines – social work, domestic abuse workers (both those that work with victims and perpetrators), mental health workers and substance misuse workers together within the same team was a new innovation in this particular local authority.

What was striking about this innovation, was the pace and scale of change that workers were simultaneously experiencing: introduction of MI; multi-disciplinary team working; new case recording system; and new approach to supervision. It was a testament to the commitment of safeguarding staff that they were prepared to roll with the level of reform to improve service experience and outcomes for children and families. However, some reforms were adopted more readily than others. The application of DOI attributes to workers' experiences enables us to understand better why different elements of change embedded more easily than others.

With regard to DOI attributes, workers' response to the introduction of MI was mixed. MI, while compatible with social work values, was incongruent with child protection custom and practice, which is procedurally-driven and often focused on telling parents what they must do to *'get off the [child protection] plan'*. For many social workers, it was a new skill that was complex to practice, slowing adoption, particularly in view of variation in quality of training and on-going support. Anxieties were expressed about having to use MI when under-confident and uncertain about its compatibility with current child protection practice.

Barriers to adopting the new electronic recording system were identified across every DOI attribute. There was ambivalence about the degree to which the system offered relative advantage in terms of summarising rather than exhaustive recording. This reflects an entrenched culture of professional accountability whereby *'it didn't happen, if it isn't recorded'* combined with concerns about legal status and how the Courts would receive the new approach to recording. While adult workers had to duplicate recording case notes meaning relative advantage was reduced. Across all roles, the electronic casebook proved difficult to use. Technical issues plus duplication of recording slowed pace of change. In addition, practitioners expressed anxiety about the risk to themselves as individuals of *'getting it wrong'*.

In contrast, multidisciplinary working was readily adopted across DOI attributes. The relative advantage of the multi-disciplinary working was consistently perceived as superceding the previous approach to working in siloes. Working in partnership was viewed as compatible with safeguarding practice and consistent with values of working holistically with families. Crucially, risk to the individual worker was reduced as risks were shared within the team. Adult workers were viewed as improving risk assessment practice and providing immediate support both to social workers and to families. Results were observable immediately to workers, in terms of improved accessibility and knowledge-sharing, task assistance with cases and access to support for vulnerable families.

Equally, group supervision was positively adopted across DOI attributes, bar complexity of managing busy diaries. It was viewed as compatible with social work practice and values and regarded as a positive forum for embedding multi-disciplinary working. Logistical difficulties of diary management reduced ease of use. High demand for adult workers, high caseloads and complexity of cases also impacted on effectiveness, resulting in group supervision that was lengthy and ad hoc rather than planned on a weekly basis. Not all cases were discussed regularly. Nevertheless, results were observed in terms of improved understandings of risk factors and more holistic practice with families.

Diffusion of innovations: implications for future research and practice reform

This is the first study to apply diffusions theory to explore the merits of a whole-system change from the perspective of children's safeguarding practitioners. It proved a useful approach for evaluating a complex, multi-strand reform focused on multi-disciplinary working to enrich understanding of why some aspects of the reforms were better received by workers than others.

The DOI framework may also be a useful aide for senior managers at all stages of implementing a change project or programme. The application of the framework at the planning stage may allow for identification of challenges in the implementation of specific components and enable strategies to be put in place to address them. In addition, it may provide a reflective tool for use within the implementation phases so that emerging barriers to successful implementation can be identified and addressed.

The DOI framework may also have a valuable role to play in evaluation of the likely relative successes of projects as part of investment decision-making processes. Could application of the DOI framework predict the relative successes of projects competing for a finite resource? This is particularly important given the drive toward integrated working across children and adult services as means to improve outcomes for service users while making best use of limited resources. With available resources becoming increasingly scarce as budgets are cut and the number of children entering the child protection system grows, operationalisation of the DOI framework within children and families work is an approach that might enhance analysis and support attempts at improving services.

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About the authors

Dr Lisa Bostock is Senior Research Fellow at the Tilda Goldberg Centre for Social Work and Social Care. Unusually, she worked across housing, health and social care, within children's and adult services, in different countries, Britain and Australia. Her specialisms include integrated working and enhancing staff supervision.

Amy Lynch is Research Fellow at the Tilda Goldberg Centre for Social Work and Social Care. Her research career spans the private and public sectors. Recent projects include research with staff and service users within Children's Services. Areas of interest include adult and child service user experience and outcomes.

Fiona Newlands is a Research Assistant at the Tilda Goldberg Centre for Social Work and Social Care. Her research interests lie in exploring the needs and experiences of service users and practitioners in child and family social work. She is particularly interested in the role of empathy in practice.

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Donald Forrester is Professor of Child and Family Social Work and Director of the CASCADE Centre for Children's Social Care Research and Development at Cardiff University. Following experience as a child and family social worker, his research focuses on the relationship between outcomes, quality of practice and the factors that improve services.