The Importance of Information Processing in Child Protection Cases—A Study of Social Workers' Integration of Other Professionals' Knowledge

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Abstract

The processes used by social workers to collect, interpret and use stakeholder information in child protection cases are an unexplored but essential part of the decision-making process. This study focuses on social workers' efforts to integrate the knowledge of other professionals. This article draws on a framework for managing knowledge across organisational boundaries and a process-oriented conceptualisation of knowledge integration. The analysis of ten interviews with social workers shows that the process of knowledge integration affects the basis of social workers' decision making. We argue that knowledge possessed by other professionals is often viewed as easily transferrable and correctly received, when in fact this knowledge is often complex and subjective and requires extra effort to obtain, understand and integrate into case-specific situations. This implies a need to recognise information processing as an influencing factor in decision making within child protection that pertains to both practice and research.

Introduction

The work of the child welfare services (CWS) involves multiple stakeholders from different organisations (e.g., health professionals, schools and law enforcement) with which social workers cooperate to gain insights into a child's situation. Hence, they depend on knowledge and information from other professionals to decide on a child's situation (Munro, 2019). The ability to gain knowledge across organisational boundaries and to integrate the knowledge of multiple stakeholders into decision making is one of the central tasks of social workers. How this task is performed plays a critical role in organisational effectiveness and decisions to intervene being tailored to the individual family's needs (Jang, 2013). There has been substantial research on decision making in child welfare, including research on factors that are external to case characteristics and risks but which influence decisions (Helm, 2010; Baumann *et al.*, 2014; Munro, 2019). Although much research has been done on the pitfalls in social workers' judgement (Munro, 1996; Enosh *et al.*, 2021), research examining social workers' processes of integrating other professionals' knowledge has been limited. There are indications of challenges in the process of transferring knowledge from the professionals who provide reports for social workers (Greve *et al.*, 2023). Knowledge about children in child protection cases is often subjective; it is perceived and interpreted by practitioners with different backgrounds and mandates, then reconstituted and co-constructed over time within a dynamic between professionals (Jang, 2012). Consequently, understanding the transfer of knowledge from other professionals to social workers is a necessary precursor to understanding the foundation of social workers' decisions. Therefore, in this article, we examine how social workers manage the process of collecting information across organisational boundaries and how they integrate and apply this knowledge in their decision making.

Factors influencing the decision-making process

Numerous empirical studies stress the influence of case worker factors on the decision-making process in child welfare. Research has shown that social workers tend to make intuitive decisions based on the kind of information that people find most accessible and emotionally laden

(Munro, 1996), and that their individual preferences and attitudes influence their assessments and decisions in child welfare cases (Osmo and Benbenishty, 2004; Garb, 2005; Arad-Davidzon and Benbenishty, 2008; Enosh and Bayer-Topilsky, 2015; Fluke *et al.*, 2016). The influence of systemic and organisational factors on decisions has been investigated. Such factors include the long-standing policy debate on standardisation versus discretion and whether standardised measures enhance the quality of decision making (Bartelink *et al.*, 2015) or interfere with the social worker's professional judgement (White *et al.*, 2010), as well as the approach advocated by some for structured professional judgement that unites standardisation and discretion (De Bortoli *et al.*, 2017). Systemic factors demonstrated by research include agency policy, which substantiates allegations (Fluke *et al.*, 2001) and influences the probability of placement (Font and Maguire-Jack, 2015). Research has also focused on family participation in the assessment process (Schreiber *et al.*, 2013; Samsonsen and Willumsen, 2015). To provide a comprehensive decision-making model that captures the influencing factors, Baumann *et al.* (2011, 2014) developed a framework for organising theoretical and empirical enquiry in the context where child protection decisions are made, where these factors comprise case characteristics and case worker, organisational and external factors. However, only minimal attention has been paid to the information processing in which social workers engage to construct their arguments and determine suitable interventions. Several studies have explored obstacles to stakeholders' reporting child neglect and abuse to the CWS (Svensson and Janson, 2008; Azizi and Shahhosseini, 2017; Bjørknes *et al.*, 2019). However, these studies mainly explore factors affecting the stakeholders' initial reports of concern to the CWS and not social workers' information-collecting processes. According to Jang (2012), there is an apparent lack of substantive discussion about knowledge management in social work, including discussion about the collection, understanding and integration of information from other professionals.

This article argues that when social workers collect information about other professionals' experiences, opinions and assessments of families, it is managed as knowledge that is easily transferred and correctly received, when in fact it is often complex and subjective. We show the reasoning behind our argument by using an integrative framework for managing knowledge across boundaries (Carlile, 2004) in our analysis of interviews with social workers in Sweden about their practice of collecting, interpreting and using information from other professionals in cases on the edge of care. This practice will be referred to as 'boundary work'.

Study aim and research questions

The aim of the study has been to explore how social workers use other professionals' knowledge in their work in complex child protection cases. The research questions are as follows:

> How can social workers' integration of knowledge from other professionals be understood in terms of boundaries, integration modes and management approaches?
> How do different aspects of boundary work affect the social workers' assessments of children's needs?

The Swedish context

In Sweden, over the last decade, the CWS have implemented a framework for assessing children's needs (The Needs of the Child. The BBIC Triangle), which is based on the Integrated Children's System (National Board on Health and Welfare, 2015). The BBIC framework standardised the investigation and assessment of children's need and regulates social workers' routines, including their collection of information about children's situations from professionals who know the children, such as teachers and nurses. The BBIC framework also suggests collecting information about children's physical and mental health through consultations with or reports from medical staff, dentists or BUP (children's mental health services). Social workers are advised to be precise about the sort of information they require when they are asking professionals for information. Employees in the public sector in Sweden are obliged to provide information to the CWS when there is a suspicion of child abuse or neglect, in accordance with the Social Service Act (SFS, 2001: 453).

Theoretical framework and concepts

The integrative framework for managing knowledge across boundaries introduces the concept of three progressively complex boundaries across which knowledge is shared, which are matched with three progressively complex ways of sharing the knowledge (Carlile, 2004). We also recognise work by Jang (2013), who makes use of the framework in a social work context and includes the concept of knowledge integration. According to Jang (2013), knowledge integration refers to the social worker's ability to process knowledge from different sources and integrate it with new situation-specific knowledge. Social workers are expected not only to obtain data from outside sources but also to form new knowledge through the use of the accumulated information.

Carlile (2004) has based the framework's three levels of boundaries on Shannon and Weaver's (1943, in Carlile, 2004) levels of communication complexity: syntactic, semantic and pragmatic. Each of these boundaries requires different processes for the sharing of knowledge: transferring, translation and transformation. Jang (2013) has further developed Carlile's framework into a conceptualisation of knowledge integration, which we use in this analysis. As completed by Carlile (2004) and Jang (2013), the framework sets out three groups of circumstances/scenarios in terms of knowledge boundaries, knowledge integration modes and knowledge-management approaches: (i) syntactic boundary, transfer mode and information processing approach; (ii) semantic boundary, translation mode and interpretive approach and (iii) pragmatic boundary, transformation mode and political approach.
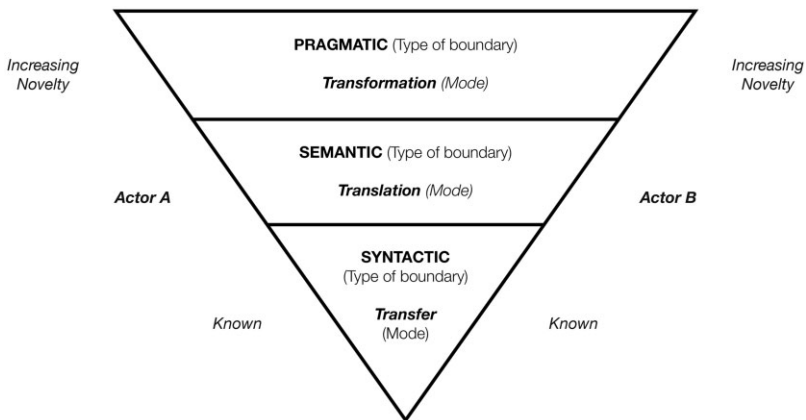

Figure 1. Boundaries and integration modes. Illustration of increasingly complex boundaries, matched with managing strategies for knowledge transfer between actors. Adopted from Carlile (2004, p. 558).

The syntactic boundary is characterised by situations where the collaborating actors have different degrees and types of knowledge and there is no conflict in how this knowledge is interpreted. When the owner of knowledge shares this knowledge, the recipient can utilise it 'unproblematically' in a new context without misunderstanding it or creating conflict (Carlile, 2004). This boundary applies a transfer mode of knowledge and is accompanied by an information-processing approach. Transfer mode implies information being understood and interpreted in the same way by both sender and receiver. Examples include information such as the number of days a child has missed school, or whether parents provide a child with appropriate clothing and sufficient food. The transfer mode of knowledge corresponds to descriptions of how information-

collection processes should be executed in the BBIC form (National Board on Health and Welfare, 2015). At this boundary, the actors often share a common lexicon that facilitates the transfer of knowledge across the boundary (Carlile, 2004). The common lexicon engaged in this context involves familiar cultural knowledge, such as what clothes to wear during winter, acceptable parent–school contact and so on.

The semantic boundary relates to situations where actors interpret knowledge differently but their interests in and/or motives for sharing knowledge do not conflict. However, the actors' differing interpretations of a concept, measurement or behaviour may limit the effective integration of knowledge. This boundary requires use of the translation mode for sharing knowledge. The actors involved need to make more of an effort to clarify their knowledge as well as not to misinterpret the meaning and knowledge that they obtain from each other. To manage knowledge at this boundary, an interpretive approach is required so that the actors can develop common meanings (Jang, 2013). Under some circumstances, this is a matter of the actors not only translating differences across boundaries but also negotiating interests and making trade-offs (Carlile, 2004). For example, in a child welfare context, an educational therapist may assess a child, but the social worker may have little experience of this or may have a competing perspective on how to interpret the child's behaviour. In these scenarios, the actors must expand their understanding and determine what it means for the specific child. In this way, the social worker can apply the knowledge to the specific situation of the child protection case to assess the child's needs and intervene accordingly.

The pragmatic boundary is characterised by actors having conflicting interests and perspectives that impede their ability to share and have access to knowledge. These pragmatic differences create costs for the actors involved (Carlile, 2004). One of these costs is the willingness to transform their current knowledge into something new. Dependencies, here meaning that the actors must rely on each other to complete a task, and opportunities to negotiate will usually play a part in the actors' interest in transforming their knowledge at this boundary. Sharing knowledge at this boundary is supported by a political approach that focuses on creating common interests (e.g., shared goals) around which actors can negotiate on behalf of their own interests (Jang, 2013).

Edwards and Kinti (2009) point out that boundary spaces are not benign neutral places but rather places of struggle over identity and knowledge. They suggest that, besides focusing on types of boundaries (Carlile, 2004; Jang, 2013), attention should be also placed on the motives of the actors and each actor's ability to understand the other's motives for collaboration. Edwards (2009) suggests that in order to engage in interprofessional collaboration, each professional needs to have not only core knowledge of their discipline but also an additional layer of expertise;

relational agency. Relational agency includes the ability to recognise the motives and resources that other professionals bring and to be conscious of their own expertise and professional values and to reveal these to collaborating actors.

Method

The research questions were explored through ten individual interviews with social workers at seven social CWS across Sweden, representing small, medium-sized and large CWS. In the context of qualitative research, the use of a limited number of in-depth interviews to gather rich, nuanced data is well supported in methodological literature (Vogt *et al.*, 2012; Patton, 2014; Creswell and Creswell, 2018). To determine the adequacy of the sample size, we relied on the concept of 'information power' (Malterud *et al.*, 2016). Factors such as the specific aims of our study, the application of an established theory, and the specificity of our sample played decisive roles in this assessment. Aligned with these best practices, this study aims to explore the experiences and perceptions of the participants to yield valid and valuable insights. We used a semi-structured interview guide that addressed four topics: why and how knowledge from other professionals is collected in cases on the edge of care; the quality of the reports and the collaboration with other professionals and knowledge and competence of other professionals that is useful in care order assessments. The interview guide was piloted individually with two social workers and modified on the basis of this experience and discussion with the authors. The first and second authors participated in all of the interviews. All of the interviews lasted around 1 h. The interviews were conducted and transcribed in Swedish. Selected quotes were later translated into English.

We included ten social workers working in the CWS at case work level, of whom one was a middle manager and one was a male. All have the same education in social work. They had on average fourteen years of experience in child protection work, the range being three to twenty-nine years. Participants were recruited via development leaders at a national network run by the Swedish Association of Local Authorities. Development leaders informed the CWS of the study and the participants themselves contacted the researchers to be included in the study.

Ethical approval was obtained from the Norwegian Centre for Research (Sikt), as this research is part of a PhD study in Norway. Approval was also secured from the Ethics Committee at Karlstad University in Sweden, in accordance with local procedures. Participants were given oral and written information about the study and consented to participation before starting the interview. The interviews were conducted online by Zoom.

Analysis

The analysis was conducted according to Tjora's (2017) stepwise-deductive inductive method by (i) collecting empirical data, (ii) data processing raw data, (iii) coding, (iv) grouping the codes, (v) developing concepts, (vi) discussing concepts and (vii) conducting theory. Deductive tests are conducted between two inductive steps as a way of checking that the development from empirical data towards concepts and theory is valid and accurate. In step (iii), coding, the researchers generated a total of 285 codes and grouped those into code groups (iv), such as 'access difficulties', 'having a holistic picture' and 'chasing professionals'. In the developing and discussing concepts-step (v and vi), the researchers discussed the group codes in the light of general theory and perspectives. During our discussions, we noted that the social workers had narrated various situations where the sharing of knowledge across organisational boundaries had succeeded or failed. Subsequently, we re-examined the interviews to pinpoint the depictions of boundary work, analyse the boundary levels concerned (Carlile, 2004) and modes of knowledge-sharing (Jang, 2013), and determine whether the outcome of the boundary work was effective in terms of the social workers' understanding of the children's situation. This gave rise to conceptualising six scenarios, depending on whether or not knowledge had been successfully shared across the three levels of boundaries.

Results

We present our analysis, based on the ten interviews, of how the social workers' integration of knowledge can be understood in terms of boundary work and how different aspects of boundary work affect their assessments. Our analysis reveals that access to information about children and the coordination of information-gathering varied in quality and differed in practice amongst the social workers. When the boundaries framework is applied, the six scenarios illustrate successful and problematic boundary work situations at each of the three boundary levels.

Across the interviews, information gained from other professionals that supports and/or complements the social workers' assessments was regarded as useful for the social workers in making informed decisions about families in terms of interventions, care plans and cooperation with parents. The social workers reported always gathering information about the child and family from other professionals in cases on the edge of care. The professionals whom they contacted for information about a child were usually already in contact with the family. However, other professionals were also contacted to do an assessment of the family with regard to different risk scenarios. What first came to the mind of all of

the participants across the interviews was getting information from the school, followed by getting information from the health-care and mental health-care services. Schools were considered important because of their day-to-day contact with the child, which meant they could provide concrete information about the child's function and parental engagement.

Table 1. Overview of the number of scenarios identified in the analysis of interviews

Type of boundary	School	Day care	BUP	External assessor	Health	Assessment home	Police
Syntactic—successful	7			1	4		
Syntactic—problematic	4						
Semantic—successful	1	2	1	1	4		
Semantic problematic	1		5		6	1	1
Pragmatic successful							
Pragmatic problematic	1		4		2		1

Scenario 1: Successful syntactic boundary work

In this scenario, knowledge-sharing is described as unproblematic. The differences in what the actors know about the child are known and the information is apparently understood and interpreted similarly by both actors. Knowledge is transferred by way of an information-processing approach (Jang, 2013). The successful syntactic boundary work that was described commonly occurred between the school and the CWS and typically involved facts about the child and parents, as described by Lise (Interview 2):

> Mostly we use the school [to get information about the child's situation]. We need to know how the child functions in school. It depends on the concern. It may be how the contact with the parents is. Does it work? Are the parents engaged in the child's school performance? (…) Does the child have proper clothing? Are they clean? Are they hungry? So, then we will get to know that [from the school].

The social workers reported using the BBIC framework to collect information, but there was great variation in how they made contact (by phone, letter and meeting) and how the collection proceeded. Some sent out a form to be filled in by the recipient and returned, others always had meetings to collect information, whilst others combined the two, sending questions in advance of the meeting. Still others telephoned for information, wrote it down and sent it to the information provider for approval. The other professionals seemed to accept and understand the kind of information that the CWS wanted and agreed that it was relevant.

Scenario 2: Problematic syntactic boundary work

Problems arose at the syntactic boundary when information was processed instrumentally and was not tailored to the individual child, such as when the CWS sent out a standardised form to be filled out and the recipient not complete it in a manner meaningful for the CWS, or when the social worker did not have enough time. Michelle (Interview 4), as a brand-new social worker, collected information from the school through meetings and, in order to check that everything was right, she used follow-up questions to enable the school to elaborate on this information, but the practice deteriorated quickly due to time constraints:

> When I was newly educated, I conducted a thorough process and got information with more substance. But not long afterwards, I too started to just send a form with questions for the school to fill out. You just do not have enough time to follow up.

Several social workers experienced receiving very little information from the school. Although some went back to elaborate on the information, others accepted that this was the information they had and proceeded with no form of elaboration.

Scenario 3: Successful semantic boundary work

In this scenario, social workers and other professionals possess unique knowledge that must be translated to avoid misinterpretation between actors (Jang, 2013). The interests and/or motivations for sharing knowledge do not conflict but extra effort is needed for the actors to create a common meaning of the knowledge, phenomena or assessments at stake. Katty (Interview 8) explains the routines their CWS has for obtaining sufficient knowledge from multiple professionals working with the family that allow for the translation of their tacit knowledge of the family:

> We send our questions beforehand, so they can gather together the professionals [school and health services] that best can answer them. In this way, we can all meet and have a friendly conversation. Afterwards, I write down what we discussed. (...) I feel everyone is pleased with that. And the foundation gets better. Sometimes we even invite the family to these meetings.

According to the participants, health-care professionals can provide knowledge about the child that complements social workers' professional competences and that social workers themselves cannot provide, such as assessments of attachment, mental illness or substance abuse. This kind of knowledge needs to be provided to the social workers in a thorough written report so that the social workers can apply it to their care assessment. Children younger than six considered at high risk were often

referred to an assessment home together with their parent(s). The collaboration between the social worker and the assessment homes represented a type of boundary work that the social workers valued because it led to elaborate descriptions, assessments and recommendations in a written report and to cooperative work such as frequent follow-up meetings during the family's stay.

Successful semantic boundary work was reported with the majority of collaborators, such as schools, day cares, health-care services and mental health-care services. The social workers appreciated high-quality reports that were nuanced (describing both risks and protective factors) and contained in-depth, concrete descriptions. Some of the social workers deemed it essential to always append other stakeholders' complete reports to care order cases, whilst others selected information that they judged pertinent to the case. However, the intention was the same: the social workers used the other professionals' information to build a complete picture of the child's situation. After they received the written reports, the social workers said it was useful to be able to ask the professionals to elaborate or explain. All participants reported similar scenarios that proved successful. More typically, however, their narrations of boundary work reflected a problematic semantic boundary.

Scenario 4: Problematic semantic boundary work

The analysis identified several descriptions that corresponded to a semantic boundary made complex by various factors. A frequently mentioned problem was that access to professionals was restricted. The majority of the participants said they wanted written reports from the health-care services and the opportunity to contact these services for elaboration. However, many of them found the health services unwilling or unable to produce the report sought. Consequently, to obtain information about the child, they needed to request the therapist's notes, a practice which did not provide information that was meaningful to them because they did not have the professional competence to interpret the notes. Johanna's (Interview 7) reflections (below) on using the health-care services' notes are representative of the reflections in other interviews:

> I know I can request the notes, but that is not what I should do. I have to look at what kind of information I need [for the case]. That is what I should ask for, not all the other information that is included in the notes. I do not have the knowledge to interpret it either. It is not straightforward to read the thing, right? Not to me, that is.

Across the interviews as a whole, it was not unusual for the social workers to feel compelled to read the notes, but it was an undesirable

practice. The notes were described as very difficult to interpret, having been written by other types of professionals and not intended for social workers.

Another obstacle to knowledge-sharing was the social worker's and other professional's incomprehension of one another's work and what they should expect from one another. Their different professional backgrounds meant their understanding of child and parental behaviour could differ, hence extra effort was necessary for them to share and interpret knowledge and makes it meaningful for both actors. As one social worker reported, she and another professional discussed a child's (mis)behaviour and disagreed over how to interpret it. They did not find a common meaning of their respective knowledge about the child, and the social worker ended up disregarding the other professional's opinion. This boundary work meant the exclusion of the other professional's knowledge about the child from the knowledge base used for the social worker's decision on the family's need for intervention. A further aspect of this is obtaining very little information, as described by Michelle (Interview 4) with reference to knowledge-sharing between the CWS and the police: 'All they (the police) wrote was 'Drugs and weapon seized, child present.' We have a million questions, but the police have a different approach'. It was frequently mentioned in the interviews that too little information was obtained from other professionals as well, not only from the police. This seemed to arise from unclear expectations, with the social workers expecting the other professionals to provide elaborative information and the other professional not sharing this expectation.

Scenario 5: Successful pragmatic boundary work

At the pragmatic boundary, the actors have unique knowledge and need to resolve conflicting interests. To achieve success at a pragmatic boundary, the pieces of knowledge possessed by those involved must be transformed into coherently integrated knowledge and practice. No successful pragmatic boundary scenarios were identified.

Scenario 6: Problematic pragmatic boundary work

At this boundary, the work is characterised by actors with different types of knowledge and conflicting motives for sharing the knowledge across boundaries. The analysis shows two main forms of conflicting motives. The first is commonly found in schools and day-care settings, where professionals decline to give information or withdraw information because they fear how the parents will react or do not want to disturb the

relationship with the parents. For example, in a meeting, a school told the social worker about parents who were aggressive towards the child and towards them. However, when the social worker returned the information to the school in the form of minutes for approval, the school professional asked the social worker to not include that information because 'you know, I am going to meet them every day, and they are so aggressive … And it won't be good for our relationship' (Maya, Interview 5). Here, the school's knowledge about the parents was withdrawn, ceasing to exist in practice and becoming unusable for the social worker.

The second form of conflicting motives for sharing and managing knowledge is access to professionals being so restricted that it led to a breakdown in boundary work altogether, impeding the social worker's efforts to obtain vital information and affecting the intervention and/or decision about the family. This was described mainly in relation to work with the health-care services, such as BUP or medical care. Hannah (Interview 6) described it as follows:

> Sometimes they [here: health-care services and police] send us a referral, but afterwards it is impossible to get any more information. I have to chase them down to get more information … I spend a lot of time just chasing other professionals.

The social workers offered various explanations for the other professionals' not sharing knowledge, such as being very pressed for time, not understanding their duty to provide the information, or being hindered by loyalty to the parents.

The analysis shows that certain boundary practices are effective for social workers for integrating knowledge from other professionals, but it also exposes a range of obstacles to successful boundary work. First, social workers failed to retain key information about families because the professionals withdrew information they had previously given. Second, social workers and other professionals struggled to understand one another's knowledge about the child and had different expectations of knowledge-sharing. Third, social workers felt they were compelled to obtain notes from the mental health and health services, which meant the social workers were left with information that was not intended for them and which they were not educated to interpret. Fourth, social workers did not obtain sufficient information or failed to make contact with the relevant practitioner.

Discussion

The study reveals a novel understanding of an uninvestigated yet fundamental element of CWS assessments and decisions in child protection cases. Our results show that the quality of the information that social

workers gather in order to assess a child's needs and potentially intervene depends on boundary work with other professionals. These findings indicate a lack of understanding about the level of effort needed to acquire sufficient information for well-founded decisions. The information provided by other professionals to social workers undertaking assessments was of variable quality. However, it is the social workers' responsibility to conclude their assessments on the basis of this information. It is likely that the foundation upon which their decisions are based has an unfulfilled potential to improve the effectiveness of intervention.

When social workers encounter the conflicting interests of other professionals in knowledge-sharing, they are working at a pragmatic boundary. At such a boundary, the transfer of knowledge requires a transformation mode, which implies significant practical and political effort (Carlile, 2004). According to policy and regulations, the knowledge other professionals have of a child is often viewed as transferred to the social worker with little effort or translation, which corresponds with a syntactic boundary. This means that effort is expended on boundary work in anticipation of a syntactic boundary when what is encountered is actually a pragmatic boundary, which is causing inappropriate results (Carlile, 2004). Our analysis shows that there was no successful boundary work at the identified pragmatic boundaries. Different understandings of knowledge-sharing across organisations hindered the social worker to gain meaningful knowledge of the child from other professionals.

Health-care workers' failure to report on child abuse or neglect is found to be caused by individual barriers such as knowledge, attitudes and experiences, interpersonal barriers such as fear of damaging their therapeutic relationship and violation of privacy, and organisational barriers such as poor communication and weak legal processes for reporting (Azizi and Shahhosseini, 2017). Amongst dentists, uncertainty about their assessments has been found to be the main reason for not reporting suspicion of neglect (Bjørknes *et al.*, 2019), whilst preschool staff emphasise loyalty to the parents as a reason not to report suspicion of maltreatment (Svensson and Janson, 2008). Although this research is based on initial reports of neglect and abuse to the CWS, it is likely that many of the same challenges are true of the information-collection process. To address these challenges, rather than expect each social worker to deal with other professionals' accountability for providing information, what is needed is a political approach that involves the organisational level of the CWS. The BBIC framework advises the individual social worker to make the professional aware of their legal duty to provide information concerning the child (National Board on Health and Welfare, 2015). However, whilst a boundary object such as the BBIC form is suitable for a syntactic boundary, semantic and pragmatic boundaries require dialogue in order to reconstitute or co-construct the knowledge. The factors most commonly identified as facilitating interagency collaboration were

good interagency communication, joint training, good understanding across agencies, mutual appreciation across agencies, senior management support, protocols on interagency collaboration and a named contact person (Cooper *et al.*, 2016). Creating a professional space at the organisational level where social workers and other professionals can co-construct and develop their knowledge may address the difficulties identified between the professionals in our study.

Research shows that collaboration between professionals is most difficult when the professionals' opinions of their clients are contested (Darlington *et al.*, 2004), corresponding to the pragmatic boundary. Difficulties experienced relate to communication, role clarity, competing primary focus, contested professional assessments and resources. On the level of the individual social worker, paying attention to the concept of relational agency could contribute to knowledge integration (Edwards, 2009). In Jang's (2012) analysis, knowledge integration is a 'generative dance' between knowledge (object as noun) and knowing (process as a verb), where social workers generate situation-specific case knowledge by knowing stakeholders' knowledge at the syntactic, semantic and pragmatic levels. In the unsuccessful boundary work we have identified them, the dialogue seems consistent with what Tsoukas (2009) terms 'calculated engagement', in which professionals in different knowledge domains co-operate minimally to protect their interests and impede productive dialogue. This contrasts with successful boundary work, which may be described as 'relational engagement' (Tsoukas, 2009), wherein professionals have positive expectations of their partner that function to create productive dialogue. Relational engagement does not mean ignoring the differences between the stakeholders but rather creating common knowledge that represents the differences that matter between the knowledge domains (Edwards, 2009). Edwards claims that access to the meaning-making of other professional groups is one of the major challenges in interprofessional work and puts particular emphasis on the motivations of stakeholders to share their knowledge. She suggests seeing the exercise of relational agency as a two-stage process within a constant dynamic that involves recognising the motives and the resources that others bring to bear as they too interpret it, as well as aligning one's own responses to the newly enhanced interpretation with the responses being made by the other professional in order to act on the expanded task (Edwards, 2009).

Knowledge integration as a factor influencing decision making in child protection work

Our results show successful and problematic boundary work. Although the social workers in several cases recognise that knowledge transfer

requires extra efforts, in many cases, their efforts are unsuccessful. These findings have implications for decision-making practice and research. Baumann *et al.* (2014) identified case characteristics as an important influencing factor, and, as our study shows, case characteristics are to a great extent based on information from individuals other than the social worker. Hence, it is not sufficient to include case characteristics as influencing factors for decision making, but also how these characteristics are obtained and interpreted by the social workers. We suggest emphasising knowledge integration and knowledge management as factors that influence decision making in child protection work.

Limitations

This study has some limitations. As we have access only to the social workers' viewpoint, our insight into other professionals' experience of boundary work is limited. It is important to explore their perspective in order to gain a holistic insight into boundary work. Because the study includes qualitative data from only ten individuals, the research is confined to exploration of a particular phenomenon and the extent to which its findings can be generalised is limited. Nevertheless, the interviews reached a point of informational redundancy, a phenomenon commonly referred to as 'saturation' in the literature (Guest *et al.*, 2006; Bukve, 2016). Saturation occurs when new, relevant information appearing in subsequent interviews approaches zero (Bukve, 2016, p. 199). Saturation acts as a criterion for ensuring trustworthiness in qualitative research.

Another significant limitation is that we did not ask explicitly for boundary work practices but rather when and how the social workers used the knowledge they obtained from other professionals. However, all of the interviewees described their practices for collecting information and what made this work challenging and what facilitated it.

Conclusion

Our study shows that attention must be paid to boundary work practices that affect CWS assessments. Social workers commonly work at semantic or pragmatic boundaries, which require translation and transformation of the invested knowledge. Although the results of boundary work vary widely, social workers are nevertheless forced to make assessments of families based on these results, as well as on their own investigations. Ultimately, the risk is that interventions are not properly tailored to the family's needs, with the subsequent risk that care is not improved. This means a risk of organisational ineffectiveness in terms of intervening in

the child's best interest, a practice that seems to run counter to the intent of legal regulations.

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Conflict of interest statement

The authors have no conflict of interest.

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