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Revista de Cercetare și Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

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Revista de cercetare și intervenție socială, 2023, vol. 80, pp. 116-138

<https://doi.org/10.33788/rcis.80.7>

Published by:
Expert Projects Publishing House



On behalf of:
„Alexandru Ioan Cuza” University,
Department of Sociology and Social Work
and
HoltIS Association

The Implementation of Group Intervention Programs: A Tool to Promote Collaboration between Services in the Child Protection System

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Abstract

There are many agents involved in the family reunification processes of the child protection system, which requires rethinking collaboration between services. A mixed-method design including a quantitative survey ($n = 93$) and 14 qualitative focus groups ($n = 43$) was applied to investigate the attitudes of the protection system professionals towards the implementation of a group intervention program for family reunification. The results indicate the need for collaboration between the protection system services and highlight the elements that professionals identify as key to developing this collaboration.

Keywords: collaboration, child welfare, child protection, family reunification, program implementation.

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Introduction

Collaboration as a key element in the child protection system

In child and adolescent welfare, as well as in the provision of care and good treatment, a great diversity of actors participate, from families, public systems, or the social community (Carnochan *et al.*, 2006; Han *et al.*, 2007). The child protection system brings together a set of agencies, resources and programs to detect, prevent, and obviate situations of risk or lack of protection (Carnochan *et al.*, 2006; Han *et al.*, 2007). In this sense, formal networks connect with informal networks to meet the needs of users and offer support to families (Martinez Virto & Azcona, 2020). This connection promotes engagement between child protection services and the community (Boatswain-Kyte *et al.*, 2021). Formal network agents are understood as those institutions and services that are in charge of social and educational intervention with families, as well as the professionals who work in these institutions, including those in charge of the intervention itself, and also those who perform management tasks. Contrariwise, the agents of the informal network would be the families, groups, and social communities of those who receive the social intervention. The combination of formal and informal social support resources can help families cope with their daily situations, as well as with emergency or crisis situations (Lin & Ensel, 1989). In this comprehensive community care scenario, the collaboration between agencies is an inherent requirement for promoting child welfare (Colvin *et al.*, 2020; Hood *et al.*, 2016, 2017; Marinez Virto & Azcona, 2020; Morrison, 2020; Robinson & Cottrell, 2005). This is also an statement made by national and international public policies, found, for example, among the United Nations Sustainable Development Goals for 2030 (European Commission, 2019), which are committed to establishing alliances between the different resources to improve child welfare.

According to Boatswain-Kyte *et al.* (2021), research on collaboration between child protection institutions has focused above all on relationships that involve health and social networks with similar structures. However, there is still much need to investigate the collaboration between government institutions and grass-roots community organisations.

Some studies have evaluated the results of collaboration models as an intervention methodology for child protection and its promotion. Martínez Virto and Azcona (2020, p. 45) conclude that working in a network implies not only direct care public resources, such as social services, education or health, but also non-profit organizations. In this sense, they demonstrate that one of the potentialities of this methodology is the link the network provides by facilitating knowledge between resources. The collaboration space shared by the professionals allows progress in the promotion of children's rights, as well as in the prevention and detection of risk situations and in the promotion of family support.

Literature review

What is understood by collaboration and what it implies in the child protection system

As already mentioned, there are many agents and professionals who intervene in cases of families who have been negligent or abusive (Colvin *et al.*, 2020), which may imply that attention to families can become a set of poorly structured interventions (Amorós *et al.*, 2010). The greater the diversification, the greater the risk of fragmentation and lack of coordination between intervention agents and services, which in turn generate confusion and frustration for those involved (Stukes-Chipungu & Bent-Goodley, 2004). It is because of this diversification of agents that mere coordination is not enough to ensure collaboration between institutions (Ubieto, 2009); it is necessary to understand such collaboration as a cooperative work process that is established between various actors in the territory, through which a common goal is reached. This starts from a shared need of the intervention and is followed by communication, cooperation, coordination, and coalition until the integration of services is complete (Colvin *et al.*, 2020).

According to Fernandez and Ponce de León-Romero (2019), social intervention processes require two components: coordination and collaboration. Coordination is understood as the teamwork that allows professionals to organise themselves as a work group, coordinating efforts, contributing ideas and knowledge, and making decisions together. For collaboration, spaces for activity and joint coexistence are assigned based on a common need or objective, giving rise to internal structures that seek to respond to the realities of families (Colvin *et al.*, 2020; Martín, *et al.*, 2014).

Different levels of work are articulated in the professional intervention network, with various actors and resources (San Martín-Rodríguez *et al.*, 2005). For this reason, it must be sufficiently open, stable, and transversal. In this sense, it seeks to move towards interdisciplinary and interprofessional intervention (D'amour *et al.*, 2005; Hall, 2005; Schoot *et al.*, 2019). This type of intervention goes beyond the multidisciplinary character to which we are accustomed; in other words, it intends to put aside the referral of families from some services or institutions to others and begin to make decisions in a consensual and transversal manner (Amorós *et al.*, 2010; Reeves *et al.*, 2018).

Collaboration between agencies must be understood as a consensual model that involves not only public organisations, but also the entities and associations that constitute the social fabric, giving rise to a comprehensive and integrated care model in the educational, social, and health spaces (Hall, 2005; Hood *et al.*, 2016, 2017; Marinez Virto & Azcona, 2020; Morrison, 2000; Robinson & Cottrell, 2005). This philosophy implies collaborative work, with joint objectives and goals, programs, and actions, sharing means and results, and the creation of meeting spaces and contexts for debate and reflection, in which the work carried

out by the others and the difficulties that arise in the network itself, etc., are disseminated. This results in a work methodology that promotes collaboration processes, synergies, and advances in shared responsibility, thereby improving work efficiency, reducing the stress of the professional staff involved, and making the management of cases a common responsibility (Hood *et al.*, 2016, 2017; Marinez Virto & Azcona, 2020; Morrison, 2000).

As Farmer and Lutman (2014) point out, only by promoting an effective collaboration philosophy can a systemic approach to working with children at risk and their families be achieved.

Challenges to the collaboration between agencies in the child protection system

Martínez Virto and Azcona (2020) identify a series of challenges when implementing the collaborative methodology for the intervention of children and adolescents at risk. Among them, the importance of the network's internal organisation and the creation of a work climate of trust that facilitates collaboration are highlighted, as well as its institutional recognition and the connection between the network and the territory in which it is inserted. In this sense, they state that some of these challenges could be solved with a greater availability of hours to work in the network, less rigidity in the agendas, and a greater budget allocation (p. 55).

Other research has aimed at finding ways to promote collaboration between agencies. This is the case of Carnochan *et al.* (2006), who analyse the challenges in collaboration between two different profiles of professionals: protection professionals and justice professionals, who work in the juvenile dependency system. These are two very different roles, and it is important to understand the definition, organisational culture, professional status, and work stressors of each agency in order to overcome these challenges.

Hood, Gillispie and Davies (2016) start from the idea that cultural and institutional challenges originate from the fact that the organisation of services and bureaucratic processes have developed separately over time, often leading to ambiguity, confusion, or conflicts in professional practices. Boatwain *et al.* (2021) refer to the implementation obstacles derived from the inner and outer context factors; understanding as internal factors the organisational functioning, culture, and climate, as well as the characteristics and attitudes of workers, and as external factors those that refer to the socio-political context. Beyond these challenges, Radu *et al.* (2015) identify geography, the size of the area, and poverty rates as challenges in collaboration between agencies. Colvin *et al.* (2020) divide these challenges between those related to the process (logistics, bureaucracy, sharing information, and turnover), those related to engagement (communication, roles, trust, and different perspectives and goals), and environmental ones (competition, political shifts, and complexity).

It is necessary to take into account the systemic determinants related to the environment, the organisational determinants related to the conditions in which the agencies are organised, and the interactional determinants referring to personal relationships in the collaboration and coordination between agencies (San Martin-Rodriguez *et al.*, 2005).

In this sense, it is also important to highlight that there are challenges or limitations regarding the attitude of professionals towards collaboration between agencies. Han *et al.* (2007) refer to the problems of sharing information as a consequence of the lack of communication and trust between agencies, and the time and effort necessary to establish that positive relationship of trust (Milbourne *et al.*, 2003). Daniels *et al.* (2007 p.532) add that there may be ambivalent attitudes towards interprofessional collaboration due to the changes it can produce in professional identities, given that more fluid, collaborative, and distributed work practices can destabilise traditional roles, identities, and values. Contrariwise, Freeth (2001, p. 38) points out that a small number of key people can carry out a collaborative initiative; their expertise and enthusiasm can encourage others to collaborate, overcome passive and active resistance to change, and remove organisational obstacles to progress.

In general, we can see that when we talk about collaboration between different systems, especially between healthcare and child protection, many authors have analyzed and emphasized its need (Iorga *et al.*, 2018; Coates, 2017; Lalayants *et al.*, 2011; Wiklund, 2006), but when we talk about collaboration within the child protection system itself, it is seen as something implicit. However, it is important to make this explicit because this is not always the case (Gonzalo-Portillo *et al.*, 2015), especially in cases such as family reunification in which the services within the system are so specialized. It is for this reason that it is important to study how this collaboration is carried out with specific examples, as well as how to analyse the starting point of professionals in terms of their attitude towards networking.

Methodology

Purpose

The objective of this article is to examine the attitudes of the child protection system professionals in Spain and Portugal towards the collaboration between agencies in the implementation of the group intervention socio-educational program for family reunification *Walking as a family* (Balsells *et al.*, 2015). The intention is to analyse the attitudes of the professionals to understand how we can promote the development of attitudes that favour collaboration between child protection agencies, as well as overcome those that limit it.

Study context

This study is part of the evaluation of the group intervention program ‘*Walking as a family*’ (Balsells *et al.*, 2015), a support program that works on specific parenting skills, foster care, and reunification, and whose main objective is to promote the acceptance and involvement of welfare measures as well as to foster and strengthen reunification. It is an instrument for professionals to offer a group resource to families at different moments of a fostering process, that is, in the initial phase to help parents and children to accept the separation measure; in the intermediate phase to maintain the affective bond with the development of specific parental skills in visits and contacts between parents and children; and in the final phase to develop the appropriate skills that allow preparation for the return home of the children with a guarantee of success. In the initial phases, the sessions are held separately for parents and children, with family visits being the only meeting space, while in the final phases, once reunification has been achieved, joint sessions are held. These sessions are carried out by at least two professionals.

Currently, the implementation of the program has begun in Spain (Catalonia, Castilla la Mancha, and the Balearic Islands) and Portugal (Braga and Porto).

In accordance with the definition proposed in the previous section, we refer to collaboration as those actions developed throughout the implementation and development of the family reunification program *Walking as a family* (training, building dynamic teams, intervention, or evaluation) in which different professionals and/or agents participate to achieve a common goal, responding to a shared need.

In the specific case of the implementation and development of the *Walking as a family* program, this orientation towards collaboration focuses on concrete actions such as the joint selection of the families that are going to participate in the group intervention, the selection of the program’s dynamic team based on the institutions of the territory, the direct intervention with the families, or the evaluation of said intervention.

Research design

A mixed methods design was adopted that included a quantitative survey and qualitative focus groups with key informants.

First, the collection of quantitative data was carried out with those professionals of the child protection system in Spain and Portugal ($n = 93$) who had received the initial training to implement the *Walking as a family* program (Balsells *et al.*, 2015). In order to implement the program, professionals as well as managers receive a 20-hour face-to-face training in which the fundamentals of the program are explained to them, and they experience the dynamics of its implementation.

Second, once the implementation of the program was completed, focus groups were held with those professionals from the regions who had promoted and participated directly in the implementation of the program groups. A total of

43 professionals from the regions of Catalonia and Castilla la Mancha (Spain) participated in 14 discussion groups. The study participants were informed verbally and in writing, and participation was confirmed by signing an informed consent form. The research was approved by bioethics committee of the University of Barcelona. The Institutional Review Board number is IRB00003099.

Data collection

For the collection of quantitative data, a questionnaire focused on the opinions of professionals about collaboration between agencies was applied. The questionnaire included 11 closed items rated on a 5-point Likert scale (0–5 from *disagreement* to *agreement*). For each of the items, the professionals evaluated the importance of the attitude and their perception of their individual skills level.

An expert review was performed in order to ensure that all the items were necessary and understood, evaluating the univocity and relevance of each item on a scale of 0 to 5, to arrive at the final questionnaire.

Regarding the qualitative collection, 14 discussion groups were held with those professionals who had completed the implementation of the program. A common prior script was drawn up for all the groups with the aim of exploring the aspects related to the necessary collaboration for the implementation of the *Walking as a Family* program. The services in charge of the implementation of the groups were asked to cite those professionals who had been directly involved in the development of the groups, either in their initial configuration or in the facilitation of the program groups to participate in the discussion groups.

Data analysis

The quantitative data were analysed by the SPSS v.25 statistical package. A descriptive analysis of the 11 items and one index was performed, calculating the mean, the standard deviation, and the minimum and maximum values.

For qualitative data analysis, the group discussion was recorded in mp3 format and subsequently the content was transcribed. The transcription was literal. Two of the transcriptions were reviewed to extract the codification based on the information provided by the participants. With the initial category system in place, a new transcription was coded. The initial category system was modified from this second review, taking into account the conceptual contributions of the literature. The discussion groups were coded with the Atlas.ti program. During the coding, were followed the principles of 1) credibility and internal validity – the data from the transcripts were triangulated with the scientific literature through a ‘bottom-up’ process, 2) reliability by previously defining the categories and subcategories to establish coding rules, 3) interpretation of the contributions both literally and abstractly, and 4) comprehension in the selection of fragments that can

be understood without having to resort to reading the transcript. The dimensions resulting from the coding are presented in Table 1.

Table 1. Dimensions results discussion groups

	DIMENSION	DIMENSION DEFINITION
Collaboration and coordination among professionals	Selection of families	How the selection of families to participate in the <i>Walking as a Family</i> program has been carried out
	Configuration of the facilitator team	How the pair of facilitators has been determined for the implementation of the <i>Walking as a Family</i> program
	Coordination between facilitators and foster care services	How coordination has taken place with the professionals who care for children in all phases of the development of the <i>Walking as a Family</i> program
	Key aspects for the development of coordination	Relevant aspects of coordination for the implementation of the program
	Assessment of the implementation in terms of coordination	Evaluation of the professionals after the implementation of the program
	Limitations of the implementation of the program	Limitations perceived by the professionals during the implementation of the program

Characteristics of participants

Regarding the quantitative data collection, a total of 93 professionals from Spain (69) and Portugal (24) participated. They received training on the implementation of the *Walking as a Family* program aimed at family reunification (Balsells *et al.*, 2015). The personal and structural variables studied are presented below.

Personal variables

A total of 82.8% of the participants were women. The average age of the professionals does not present great variations, ranging between 43 and 44 both at a general level (43.62) and for each gender, 44.5 for men and 43.44 for women. Regarding the professionals' qualifications, we can observe that there are three profiles with fairly comparable results. The degree that stands out the most is psychology, with 38.7% of the total sample, followed by social work with 30.1%, and educational degrees such as social education, pedagogy or educational with 27.9%. In terms of the professionals' experience, we find two very similar groups, that of the professionals with under 10 years of experience, who represented

38.7% of the sample, and that of professionals with between 10 and 20 years of experience, with 40.9%. Finally, professionals with more than 20 years of experience accounted for 20.4% of the total sample.

Structural variables

Of the 93 participants, 74.19% were from Spain and 25.81% from Portugal. Regarding the Spanish case, Catalonia and Castilla La Mancha had greater representation, with 31.18% and 23.65% of the sample, respectively, whilst professionals from the Balearic Islands made up 19.53% of the sample. In the case of Portugal, the representation of professionals from Braga and Porto is more balanced, accounting for 10.75% and 15.05%, respectively. Of the professionals questioned, 43% work in non-profit organisations, while the remaining 57% work in the public sector. Regarding the type of service in which the professionals work, depending on the population they serve, only 7.5% of the professionals surveyed work in foster care, 28% in residential care, and 64.5% in attention to biological families.

Finally, we also wanted to distinguish the professional position occupied by the people surveyed. Most of the professionals occupy positions of direct intervention with families, either with fathers and mothers, with children and adolescents, or with foster families, making up 91.4% of the total sample. The remaining professionals occupy institutional management positions or a combination of both roles, with a total of 4.3% in each case.

Discussion groups

In relation to the collection of qualitative data, 43 professionals participated in 14 discussion groups held in different Spanish cities. The discussion groups were held once the implementation of some of the groups had taken place. In the case of the cities of Albacete, Ciudad Real, and Toledo, the discussion groups were repeated after the second or third implementation.

Of the 43 participants, 83.7% were women and the remaining 16.3% were men. The average age of professionals was around 41 years. Regarding the qualifications of the professionals, 37.3% were social workers, 23.2% were psychologists, 23.2% had a degree in pedagogy, and 16.3% were social educators. In terms of professional experience, 44.2% had been working in the sector for less than 10 years, 44.2% had between 10 and 20 years of experience, and 11.6% of professionals had more than 20 years of professional experience. Finally, only 9.3% of the professionals who participated in the discussion groups worked in non-profit organisations, compared to the remaining 90.7%, who worked in the public sector.

Results

Professional attitudes towards collaboration

Specifically attending to the assessment of professional attitudes towards collaboration, Table 2 presents the main descriptions of the 11 items analysed, as well as an index calculated from the mean of all the results.

The first observation of the results refers to the mean score given by the professionals to the set of items. We can observe that of the 11 items, 10 are above four points and only one is below that (3.76). This is the third item, which assesses the knowledge of professionals in the network of agencies and institutions in the territory that can participate in the process of developing and implementing the *Walking as a Family* program.

Contrariwise, the items with the highest scores are the sixth (4.62) and the seventh (4.61). The sixth refers to interdisciplinarity (to address the program it is necessary to articulate the knowledge of the different disciplines involved; this articulation implies that each professional must maintain their specificity whilst being able to think together and agree on the actions that must be taken), while the seventh refers to how the work and the interaction between network agencies should be carried out (for the program to be effective, there must be a continuous interaction between professionals that allows not only the exchange of resources but also the negotiation and establishment of common objectives). These two variables are followed by the ninth and tenth, both with a score of 4.44. Both statements refer to the potential benefits of collaboration and coordination. The first of the two says that collaboration will make it possible to respond to situations and problems in a creative and original way, with new approaches; while the second is more aimed at establishing a network of local services from a community perspective, based on participation and in co-responsibility.

If we focus on the global weightings given by the professionals, we can observe that the 11 items have a maximum score of five, while the minimum ones are variable, most are between two and three, with the exception of the third item, which has a minimum of one. This item corresponds to the one with the lowest average score, as previously mentioned.

Table 2. Professional attitudes towards collaboration

		N	MEAN	SD	MIN	MAX
	Collaboration index	93	4.58	.69	0	5
1	Collaboration makes it possible to collect different points of view about what is being done at the different times of the program implementation.	93	4.15	.73	2	5
2	I know the network of agencies and institutions in the territory that can participate in the selection of the families that participate in the program.	93	4.04	.72	2	5
3	I know the network of services and institutions in the territory that can participate in the process of developing the program.	93	3.76	.94	1	5
4	The greater the diversification of services/institutions in the selection of families to participate in the program, the greater the possibilities we will have of implementing a group program in the territory.	93	4.15	.83	2	5
5	Collaboration, to be effective, must include both the professionals of the different services and their managers.	93	4.49	.65	2	5
6	To implement the program, it is necessary to articulate the knowledge of the different disciplines involved; this articulation implies that each professional must maintain their specificity, while being able to think together and agree on the actions that must be carried out.	93	4.62	.55	2	5
7	For the program to be effective, there must be a continuous interaction between professionals that allows not only the exchange of resources, but also negotiation and establishment of common objectives.	93	4.61	.51	3	5

8	In the collaboration, each of the participating actors assumes its part of responsibility, to make the project or shared action possible.	93	4.33	.71	2	5
9	The collaboration will allow to respond to situations and problems in a creative and original way, with new approaches.	93	4.44	.56	3	5
10	Coordination and collaboration when selecting families and implementing the program, will allow us to establish a network of local services from a community perspective, based on participation and co-responsibility.	93	4.44	.68	2	5
11	Collaboration can contribute to expanding the recipients of the program, since coverage increases, to the extent that the investment of resources is less, the knowledge of the situation is greater and there is a greater network of professionals in the territory.	93	4.34	.41	3	5

Professionals' perceptions of collaboration and coordination

The perception of professionals in relation to collaboration and coordination during the implementation of the program was analysed. Specifically, the analysis of three dimensions regarding the collaboration process (*selection of families, establishment of the facilitator team and coordination between facilitators and foster care services*) and three dimensions on the assessment of professionals in this process (*key aspects for the development of coordination, assessment of the implementation in terms of coordination and limitations of the program implementation*) is presented below.

Selection of families

The selection of the families to participate in the family reunification program *Walking as a Family* presented the first challenge to coordination between professionals. The reference teams of this selection have been disparate, depending above all on the type of agencies in each territory.

In some cases, the first selection has been initiated by the specialised social services teams, and in others by the childhood section of the protection services, that is, the administration in charge of the guardianship of children.

“The selection of families is made in the childhood section of the protection services. If several meetings have taken place with the technical teams, the protection teams that exist to explain a little what there is and what the program consists of, and the fact that they were thinking about families that could meet the criteria for these modules” (Group 3).

In other cases, the selection of families was made jointly by several agencies or teams providing the same service and distributed throughout the territory, trying to coordinate and facilitate access to families that could take advantage of participating in the program.

“A selection was made; each agent was saying which families they had and which they thought could participate, and that is how the families were proposed. That was the procedure, a joint meeting with all the technicians” (Group 7).

In addition, in those cases in which the selection was made without the collaboration of other teams, the need to coordinate with other teams in the same territory for future implementations was highlighted.

“It is a very specific program, so I think that perhaps it would be good to be able to share it with other specialised teams, because one alone does not have enough families to make this group” (Group 10).

Establishment of the facilitator team

The decision on how the facilitating teams were to be established, that is, which people from the different agencies that would be responsible for directing the implementation of the *Walking as a family* program with the families, was another key element in the coordination between the system's resources. In all cases, they were professionals from specialised teams who work directly with birth families and children.

The professionals used various strategies to decide who the facilitators would be, with one of the most relevant being based on their degree. In these cases, a configuration of two facilitators, one with a degree in psychology and the other with a degree in social work, was prioritised.

“A social worker and a psychologist, the two of us have been delivering the sessions, and the part of the children (...) because they chose the educator who had more confidence with the children and has been in charge of carrying out and stimulating the sessions” (Group 8).

In other cases, it has been ensured that the facilitating team was constituted by professionals who were role models for one or more of the families participating in the program.

“That we both were role models although perhaps mostly her, because I would be more with the children” (Group 2).

However, one of the requirements prioritised over the individual’s degree or professional reference was having completed the training prior to the implementation of the program.

“The first point was that they had completed the training; we have other colleagues who would have liked it, but of course, if they didn’t have the training, we thought we would not choose them” (Group 13).

Similarly, the professionals referred to the need to work as a team and to offer support among the facilitators in order to carry out joint sessions, sometimes adopting different roles.

“I want to add that it is very important, well, at least for me, to work together. In other words, work together as a team in sessions” (Group 3).

In some cases, the rest of the team helped the facilitators, even when this was not part of their role.

“We have had all the support in the world from our colleagues. They have helped us to prepare coffee and everything, to call” (Group 5).

Coordination between facilitators and foster care services

Another aspect that emerged in the discussion groups was the relationship and coordination between the agencies that attend to the birth family and the agencies that assist children and adolescents during the implementation of the program, as well as the development of the sessions that were carried out in parallel with the fathers and mothers and with their children.

The professionals describe differences depending on the type of foster care (family or residential) in which the sons and daughters of families participating in the program find themselves.

“We had three referents, three educators, with two of whom we have had weekly report sessions, and the truth is that it has been very good, very fluid. The truth is that almost every week they sent us a report on how the activities with the children had been developing, except in the case of foster care, which has been more difficult to coordinate, and we have had a couple of reports over time” (Group 9).

The program promoters have tried to facilitate the work of the foster care professionals.

“Deliver everything gradually, because of course we dedicate ourselves to this program and three more, but they each have many cases, the educators have all the

children they have at residential care, and we understand that it is very chaotic for them. So, providing everything in a scheduled manner has made it quite easy” (Group 3).

The professionals of both services have used different ways of communicating remotely, such as calls, emails or messaging applications to maintain continuous feedback.

“A lot of phone calls and emails, with the educators, even weekly emails and weekly calls, to see how the children were doing, to comment on how it had gone with the parents, how the visits were... that has been weekly, and with the educators, well, the same, they have been very accessible, the technicians very accessible” (Group 8).

Others have opted for face-to-face meetings.

“Let’s see, because accessibility has been very easy, I have been in contact, we have had meetings to present the case, to see that they have the information about the families” (Group 7).

However, in many cases the need for more communication between resource professionals has been expressed in order to keep up to date with the progress of the children.

“I have spoken of the need for more coordination with the centres; here it can be noted that the work with the children is more distant. We have had to do a lot of follow-up work and even so, we have not been able to catch up” (Group 11).

Finally, some foster care professionals have chosen to undertake some training on the *Walk as a Family* program.

“I think the training we perform from the specialised teams to the centres went very well” (Group 14).

Key aspects for the development of coordination

In general, the professionals appreciate that the program provides them with a positive opportunity to coordinate between facilitators and members of specialised teams that work directly with birth families and children.

“It is a very important teamwork with a great coordination. Any difficulty, anything that we detect in one case or another, we also conduct the visits, and they do the (...). So, in the end, that interaction helps us a lot” (Group 12).

This coordination has been carried out in different ways throughout the implementation of the program. One of the most recurrent forms of communication has been the meetings held between the program facilitators and the professionals involved in the case, as well as between the facilitator teams themselves.

“With periodic meetings to comment on the progress of the case; at the end we had a small assessment to tell everyone how the implementation of Module 1 and 2 turned out, that is, the communication has been quite constant” (Group 8).

At the same time, telephone calls have been used when a more agile and punctual communication is required.

“By phone; if we have had any type of information we have called each other by phone, we have even met in person” (Group 7).

In many cases, professionals refer to the use of a combination of formal meetings and informal communications, either by telephone or through conversations taking place in corridors.

“Yes, we had formal coordination, where the entire Protection Team and the entire Walk as a Family team participated and then, informally, after each session, both by phone and in person, we would finish an interview and comment on what happened, this and that, or during the visit too” (Group 12).

Although many communication channels have been used, professionals refer to the need to improve and expand communication by establishing stable channels.

“Yes, I consider that a little more feedback between us would be necessary. This is often due to our time, although we also have more limited time since it also prevents us from having a more fluid relationship in this aspect of the implementation” (Group 8).

Assessment of the implementation in terms of coordination

Once the implementation of the program was completed, the professionals reflected on how the development has been and the changes that it has implied to their daily work.

One of the aspects that professionals value is the opportunity to share more spaces with colleagues, as well as coordinate with other professionals and resources that work with children.

“Having the possibility of coordinating with the technicians, as well as with the social services” (Group 1).

Finally, one of the professionals reflects on how applying the program has allowed them to get a better understanding of the protection system, facilitating a more global vision of the system.

“Seeing how the protection system works, (...) understanding the entire framework of social work, the different resources, the services, the centres; it is a whole world that for me was there in a little corner and it is expanding a lot” (Group 11).

Limitations of the program implementation

Finally, the professionals were asked about the limitations in the implementation and development of the *Walking as a Family* program. One of the limitations observed revolves around the difficulties derived from the territory.

“We are a fairly small and poorly communicated territory, with limited public transport, and the most difficult thing was to find the number of families necessary to form the group” (Group 1).

“The story is that later we find ourselves with the problem of territory, of course, geographical dispersion. (...) There are many kilometres, it is complicated. That is our main handicap” (Group 13).

Finally, some professionals mentioned the difficulty some people had in adapting to the coordination, given that not all technicians were used to it.

“(...) It is true that what was most difficult for them was to understand the need for document coordination...” (Group 2).

Discussion

Despite the difficulties mentioned by the professionals, coordination and networking are needs detected in the collaboration between the services in order to achieve the appropriate implementation of socio-educational intervention programs with families whose children are in foster care (Amorós *et al.*, 2010). This work model generates new ways of acting together that benefit both those who participate in the process and the community (Castell *et al.*, 2010).

The professionals consider that collaboration between agencies is essential to implement the *Walking as a Family* program. In this sense, they value more positively the continuous interaction that allows them to exchange resources, negotiate and establish common objectives.

The results are discussed following the classification developed by the CEESC (2020, p. 17) in which a series of elements that can act as a lever to promote this collaboration are identified, as well as other elements that act as inhibitors.

Regarding the facilitating elements, some concepts are identified, such as a) knowledge among the members of the network, helping to generate bonds of trust, dialogue, communication, and exchange, b) joint construction of instruments and other documents that contribute to generating a collective identity, c) commitment of the professionals, d) flexible attitude of the professionals, and e) placing the key actors (children, families, or community) at the centre of the intervention to share approaches and generate value.

Contrariwise, among others, the following inhibitors are observed: a) hierarchical and individualistic work cultures, b) the bureaucratisation of certain processes that hinders the agility of the action, c) a lack of time for collaboration with other services and work overload, d) instability of the teams, e) the workload or volume of cases attended by the services, and f) the rigidity of some services.

The results of this research indicate the lack of knowledge of the protection system on the part of the professionals. For example, we observe this lack of knowledge in the results of the quantitative analysis, in which precisely the worst valued item is the one that assesses whether or not the professionals are aware of the entities that participate in the program and the rest of the institutions that constitute the child protection system.

The professionals express the importance of having a better understanding of the protection system framework once they have applied the program. They explain that before implementing the *Walking as a Family* program, they maintained internal coordination between the team or service professionals. However, as they participated in the development of the program, they also collaborated with other agents involved, achieving external coordination.

Another element refers to the comprehensive approach and vision of the action, as well as the joint creation of instruments and documents that contribute to generating a collective identity to move from the coexistence of projects to a common conception of the action. The professionals from the different services and organisations who have had to collaborate in the implementation of the group intervention program report how they have integrated the program itself into their work tasks as part of the comprehensive role they carry out.

In this sense, we can appreciate how starting from a shared need, such as the actual implementation of the group program *Walking as a Family*, and turning it into a common goal (Ubieto, 2009), has facilitated collaboration among the professionals.

Two other elements that have been key to the implementation of the program have been the commitment of the professionals and placing the protagonists (children and families) at the centre throughout the intervention.

Finally, some of the previously mentioned inhibitors are also identified in the discourse of professionals (Colvin *et al.*, 2020; Fernandez & Ponce de León-Romero, 2019; Martín, *et al.*, 2014; Ubieto, 2009), especially those related to the lack of flexibility and the bureaucratisation of certain processes that hinder the agility of the action and the networking and which lead to work overload.

The professionals value differently both the implementation of the program and their own assessment of the collaboration, based on the characteristics of the territories in which the program is implemented, due to the diversity of territorial models in terms of social welfare and child protection policies.

For example, the organisation needed in larger cities or counties is different, given that various specialised care services are coordinated in the same territory

and, therefore, part of the challenge lies in working jointly with another service. However, in the case of municipalities or regions with fewer inhabitants, one of the main difficulties is, for example, the selection of families that fit the desired profile for training. Another difficulty that the professionals report having faced in some cases is the dispersion of the territory. Having approached the implementation of the program from the provinces themselves, the fathers and mothers could come from different municipalities and, consequently, children and adolescents may find themselves dealing with different child protection resources.

Finally, one of the aspects to work on, as highlighted by Boatswain-Kyte *et al.* (2021), is the need to explore collaborations between government institutions and grass-roots community organisations. In the present study, we can see how in the quantitative data collection, 43% of the professionals who participated worked in non-profit organisations, while in the case of the qualitative data collection, they only represented 9.3% of the total participants. Therefore, we can see how the representation of these professionals was lower than those who work in the public sector.

The professionals who work in non-profit organisations correspond to those involved in foster care services, both family and residential. These professionals have not participated in the selection or session facilitation with the families, since in all cases these tasks have been carried out by the professionals of the specialised services that work with the birth families. Their role is aimed at accompanying the children who participated in the *Walking as a Family* program, and for this reason their coordination with the professionals who worked with the families has been highlighted as a key element for the program implementation. Communication between both parties has been disparate; in some cases, it has occurred through face-to-face meetings and in others through calls and emails. However, professionals have expressed the need for more communication.

It is important to highlight the need to train foster care professionals on the content and operation of the program in order to improve collaboration.

Limitations

The study uses a small quantitative sample, this is because not all the professionals involved in the child protection system work in the family reunification process. For this reason, it has been decided to complete the quantitative data with the qualitative sample, made up of professionals who have directly participated in the “Walking in family” program.

This program has been implemented mainly in two territories. For this reason, its implementation in other territories beyond the Spanish context would be valuable to see if the results would vary, since we could find other elements that have not appeared in this analysis.

On the other hand, the new telematic tools that have appeared in recent times could facilitate communication in collaboration, so it would be interesting to analyse whether improvements can be introduced in this regard.

Conclusion

The results of this research highlight the professionals need to be aware of the network of services and institutions in the territory. This aspect is scored low in the analysis of the quantitative data, collected before starting the implementation of the *Walking as a Family* program. However, once the implementation is finished, the professionals refer to their knowledge of this network and how, by working more closely with other teams, they have been able to delve deeper into the functioning of the child protection system.

It is also worth highlighting the elements that the professionals have valued most positively during the collaboration. First of all, they highlight the need for continuous interaction with other professionals and teams in order to exchange resources and to negotiate and establish common goals. Second, they highlight the importance of interdisciplinarity, maintaining the specificity that each professional contributes, but with the ability to promote joint thinking.

Three key moments were detected in the implementation of the *Walking as a Family* program in which collaboration between agencies was essential: in the selection phase of the families that participate in the program, in the establishment of the team of facilitators, and in the communication among the facilitators, the professionals who work with children and adolescents in the centres and the professionals who work with the birth families.

This study shows that networking makes it possible to respond to situations and problems in a creative way and that coordination and joint work make it easier to establish a network of local services from a community perspective, based on participation and co-responsibility.

Funding

This study was developed by the investigation group GRISIJ (Research Group on Socio-Educational Interventions in Childhood and Youth) and financed by the Spanish Ministry of Science, Innovation and Universities (grant number [RTI2018-099305-B-C22] (MCIU/AEI/FEDER, UE); and the Agency for Management of University and Research Grants AGAUR [grant number 2017 SGR 905].

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