Collaborating and Managing Tension Within Multi-Professional Teams Supporting Children With Autism at Risk of Exclusion

Dr Adam McCartney

Dorset Council

Multi-professional collaborative working is central to developing effective solutions that support children with autism who are at risk of exclusion. This article explores and presents the tensions and collaborative processes present within multi-professional collaborative working. The study took a two-phased approach to understand the contextual and professional issues affecting multi-professional collaborative working. Four professional groups participated: educational psychologists (EPs), special educational needs co-ordinators (SENCos), communication and interaction team workers (CIT) and speech and language therapists (SALT). Phase one used within-profession focus groups to explore the contemporary, contextual and professional issues that affect the identity and application of one's professional role. Phase two used cross-professional discussion groups to document the collaborative practices that navigate professional roles and contextual tensions.

The findings identified key issues that affect professional identity, role and practice. The study also unveiled how professionals manage tensions and professional roles to maximise their capacity in developing an intervention to support children with autism who are at risk of exclusion.

Keywords: multi-professional working, collaboration, tension, autism, exclusion, communities of practice

Introduction

Multi-professional collaborative working is essential for developing interventions with educational institutions (Garrett, 2008). There is a range of group factors and dynamics that affect the decisions of such collaborative teams. Children attending secondary school who have autism are identified as a group at greater risk of exclusion (Brede et al., 2017). Therefore, they often rely on the support of multi-professional groups (Karim et al., 2014). When supporting this group, tensions are likely to arise due to variations in professional knowledge and perspectives (Norwich, 2008). This research article focuses on how multi-professional groups collaborate and address tensions when supporting children with autism who are at risk of exclusion.

Rose (2011) highlights that professional groups working together are likely to experience tension during collaborative processes. Their research reports that when themes of identity, control and the professional role are presented, tensions are most likely to arise. Rose (2011) defines these as:

Role: the appropriateness of tasks undertaken by an individual or professional;

Control: one perspective is given priority over another, resulting in feelings of confusion and devaluation, or professionals may experience conflict over differing agendas and priorities; and

Identity: discrepancies in how an individual views themselves, their role versus how others view them and their role.

As part of a multi-professional collaborative working team, professionals supporting children with autism who are at risk of exclusion must manage the tensions raised by Rose (2011). The literature highlights the need for collaboration amongst professionals when identifying the best approach to supporting a child with autism within education (Colombo et al., 2003; Feinberg & Vacca, 2000; Karim et al., 2014). Sproston et al. (2017) highlight the difficulties to include children with autism in mainstream education when school staff knowledge is limited on the characteristics associated with autism. Multi-professional teams must manage inter-professional tension raised by different ways of understanding the presenting problem based on different professional backgrounds.

Professional groups that frequently work together are exposed to each other's domains of knowledge (Wenger et al., 2002). Wenger argues that knowledge is generated and assimilated through Communities of Practice (Wenger, 1998). A Community of Practice is defined as:

> *A group of people who share a concern or passion for something they do and learn how to do it better as they regularly interact.*

Wenger (1998) discusses how one's identity is shaped by their interactions with a professional group and their knowledge artefacts. They argue that one's professional practice

and identity are developed by being exposed to the processes, knowledge, and artefacts within a Community of Practice (i.e., the more exposed to a professional group one is the more assimilated they become). Similar mechanisms are discussed within Social Identity Theory on how one assimilates into a group (Tajfel, 1972, 1979, 1982). However, what is less apparent is how identity formation is shaped when professional groups that have varying domains of knowledge and artefacts interact regularly (Haslam, 2001). Such domains of knowledge can interact and overlap but do not envelop one another. Within an interactive and iterative environment, professionals may adopt certain traits from other professional groups whilst rejecting others; exploration may detail the tensions that are likely to arise. These are important to identify in order to document the ways in which multi-professional teams manage such tensions.

Edwards (2007, 2011) describes the importance of understanding various perspectives when arriving at a shared goal; this is achieved through Relational Agency, i.e., the capacity to respond to the interpretations of others. Rose and Norwich (2014) attempt to detail the processes by which multi-professional collaborative groups arrive at a shared decision. They suggest that by alluding to one of three procedures, tensions can be managed: the goal of the group, the processes available to the group, and the group's collective efficacy. Rose and Norwich's (2014) model is theoretical and has not received any real-world application. They acknowledge this limitation by recognising that their model does not disseminate the behaviours that professionals use to resolve a tension as part of multi-professional collaborative working. Similarly, other research addressing decision-making processes is limited to hypothetical scenarios that seek optimal outcomes, rather than reflecting the real-world contexts that professionals face (Colman et al., 2008), or relying on individual interviews with no ethnographic evidence (Rose, 2011).

Karim et al. (2014) report that there is no consensus on the best practice for supporting children with autism. Furthermore, autism makes up the greatest proportion of children with Education Health and Care Plans nationally (28.2 per cent) (Department for Education, 2018). As this group occupies the greatest percentage of additional needs within education and their needs can affect their language development, social skills and emotional presentation co-ordination of expertise is essential to support children with autism to maintain their school placements (Dell'Osso et al., 2019).

Children with autism may demonstrate a greater degree of emotionally unregulated behaviour that can be interpreted as aggressive or challenging in presentation compared to their peers (Ashburner et al., 2010; Keen et al., 2016). This can threaten their ability to maintain their school placement within a mainstream institution (Sproston et al., 2017). Although Ashburner et al. (2010) completed an in-depth statistical analysis using an array of scales, they did not provide qualitative data beyond observable behaviours. The study does not analyse the iterative processes that occur within an environment that result in a greater degree of emotionally unregulated behaviour. Furthermore, the views and empirical understandings of children and supporting professionals are absent from their study, which are important when investigating causal links related to school exclusions and behaviour.

Within the United Kingdom, children with autism experience fewer emotional difficulties within their educational experience when there are high levels of adult support (Goodall, 2020; Osborne & Reed, 2011). However, these children also experience less pro-social interactions with their peers, which is likely to have a long-term impact on their mental health and social skill development (Chamberlain et al., 2007; Goodall, 2020). Although adult support appears to reduce the frequency of emotional difficulties experienced by children with autism, it also appears to limit their social development. This shows that support for children with autism requires consideration, as one type of provision may adversely affect an area of development. For this reason, multi-professional support is often needed to consider the multifaceted nature of the problem and develop an individualised support package that best meets the needs of a child with autism.

Within this introduction, I have highlighted the need to understand how multi-professional teams manage tensions, and I have outlined why it is important to support children with autism at risk of exclusion. However, there is limited empirical evidence that details the tension experienced by multi-professional teams when supporting this group of children. My research aims to explore the ways in which multi-professional groups understand and manage tension relating to their professional practice in support of children with autism who are at risk of exclusion.

Methods

Research Design

The research was consistent with an interpretivist approach, using a two-phase research design. The first phase used Semi-structured Hierarchical Focussing Group Interviews (Tomlinson, 1989) to examine the within-professional-group factors that affect collaborative practices. This approach was appropriate for exploring the collective views and opinions of professional groups within their contexts. It is a flexible approach that facilitates in-depth exploration of commonly held beliefs and goals, whilst accounting for the dynamic nature of group discussions (Bryman, 2012).

The interview schedule covered a range of topics for discussion. These were broadly covered by:

- identifying the perceived purpose of multi-professional working in support of children with autism;

- gathering an understanding of the perceptions around various professional roles;

- reflecting on previous experiences of working in multi-professional groups supporting children with autism;

- reflecting on the various behaviours shown within such multi-professional teams, and their meaning; and

- reflecting on the impact of a professions context and the impact this has within multi-professional teams.

The second phase used a vignette-led discussion group that was applied across professional roles to develop an intervention based on their real-world professional boundaries. This approach was designed to replicate real-world collaborative professional groups that develop interventions for children with autism at risk of exclusion. It is acknowledged that this approach does not fully account for the factors that professionals must manage when working as part of multi-professional groups, such as having the child's parent present. However, a discussion group approach is flexible in its application and can elicit the views, opinions and knowledge of professionals, which can then be explored in depth (Wilkinson, 1998).

A vignette was used with the discussion groups to explore professional collaborative practices whilst ensuring an ethical research design; real-life cases usually require the implementation of an intervention, which I could not guarantee. For this reason, parents were not invited to participate. The vignette was developed using a five-stage process adapted from Taylor (2006):

1. Define the research question.

2. Identify factors to put in the vignette.

3. Create the structure of the vignette.

4. Pilot the vignette.

5. Administer.

Each group was presented with a single in-depth case, as the subsequent discussion needed to be reflective of a "real-world" context. The child to be discussed was an adolescent boy with autism who lived with his mother and sister, his father was away a lot for work. This boy displayed emotional difficulties through his behaviour and exhibited sensory integration needs alongside inflexible thinking strategies. Typically, multi-professional teams are provided with in-depth information regarding a specific case, rather than broad descriptions of a case, hence using an in-depth vignette (Bryman, 2012). My research design had to reflect typical professional practice in achieving the stated aims. Such considerations, alongside time limitations and the likelihood of participant fatigue, meant I was only able to administer a single vignette case during each session.

Using a single vignette also reduced data contamination and facilitated a cross-group analysis. A single vignette ensures that participants are responding to the same stimulus during each session. Therefore, differences and similarities in the gathered data can be attributed to the participants and their interactions, as opposed to the introduction of various stimuli.

Participants

Participants were recruited from four professions that commonly work in schools supporting children who have autism. They were all recruited from the same local authority within the southwest region of England. Within phase one of the study participants were organised into professionally cohesive groups. The number of participants for phase one was twelve. Smaller groups allow for in-depth exploration of collectively held values and limit the likelihood of gleaning brief contributions, typical of larger focus group approaches (Morgan, 1988, 1998a, 1998b). The groups for phase one are detailed in Table 1.

Table 1

Participant Demographics for Phase One Focus Group

Group	Number of participants
EP	3
SALT	3
CIT	3
SENCo	3

Each professional provides a domain of knowledge reflective of their training: EPs apply psychology within the context of educational settings; SALTs focus on supporting children to develop their language and speech skills through direct and indirect interventions; CITs are specialist teachers that focus on communication and interaction strategies within the classroom; A SENCo typically oversees special educational provision within an educational setting.

Cross-professional groupings were used in phase two, to reflect a typical multi-professional working group that supports children with autism in school. The total number of participants for this phase was fifteen and detailed in Table 2. Each group had four participants, with each profession represented. The exception was group four, where it was not possible to recruit a SALT. The absence of this professional reflects the difficulty of organising professionals to be a part of a collaborative problem-solving team.

Table 2

Participant Demographics for Phase Two Discussion Groups

Group 1	Group 2	Group 3	Group 4
EP	EP	EP	EP
CIT	CIT	CIT	CIT
SENCo	SENCo	SENCo	SENCo
SALT	SALT	SALT	

Analysis

Data Collection

The data were collected using digital recording equipment. The audio was then transcribed verbatim by myself. Participants were invited to review and amend their transcriptions. All data were collected within the Autumn term of the 2018/2019 academic year.

Data Analysis

The data were analysed using a thematic analysis method (Braun & Clarke, 2006, 2013). An abductive approach to thematic analysis was used, integrating inductive and deductive analytical approaches. An abductive analysis permits the researcher to continually switch between data-driven and theory-driven approaches when coding the data (Fereday & Muir-Cochrane, 2006). This approach allows the researcher to develop new knowledge based on the empirical data yield, whilst conjecturing against the wider literature. The strength of this approach tests the utility of pre-existing theoretical frameworks whilst developing a greater understanding of their application (Morgan, 2007).

The transcripts were analysed initially at the group level (for phases one and two) and then at the cross-group level (for phase one only, as phase two is a mixed population). Themes were found from the codes. Initial codes reflected the inductive analysis approach, generating meaning solely from the raw data. These codes were then revised using available theoretical frameworks (discussed in the introduction) to complete a deductive analysis. Codes were then organised into themes for both phases. The phase one cross-group analysis yielded themes depicting the similarities and differences between the views held by the different professional groups. Phase two analysis yielded themes reflecting the experiences of collaborative multi-professional teams.

Findings

The themes that emerged from the data which address the research aims across both phases are presented here (see Figure 1). The findings are presented in three sections to reflect the interactive and iterative aspects of multi-professional collaborative working, the tensions that arise and the processes that manage or resolve such tensions. The sections cover: firstly, the ways professionals collectively solve problems and manage tensions; secondly, the role of professional knowledge; and finally, the contexts that create tensions when collaboratively working.

Problem-Solving Process

Triangulation

The sub-themes under the theme of "problem-solving process" were found due to the consistent codes emerging from phases one and two of the analysis. Multi-professional groups explore problems to understand their full dimensions. This creates a knowledge foundation that allows the group to develop an intervention to support the child. Different perspectives appear to be valued when exploring a problem as part of a multi-professional group. The following statement from a SENCo summarises this view.

> *It is having a holistic look at the child. As a teacher you look at it from one point of view, as a SENCo slightly wider, somebody from CIT will see other things and the EP might see other things.*

This approach to problem-solving allows the multi-professional group to triangulate the main elements of the problem by exploring varying perspectives. This holistic approach allows the group to access the available expertise and experience domains to pinpoint the main elements that need addressing.

Increased Understanding of Roles Helps Create Shared Goals

To establish a shared goal, professionals benefit from identifying with one another. By generating a greater understanding of one another's roles, a professional's practice appears to change, as highlighted by an EP talking about working with other professionals:

> *They begin to imitate the ways that we do work. You see that actually, they are becoming quite psychological in the way they think, even though they haven't had training.*

Figure 1

Thematic Map Detailing Themes and Subordinate Themes Across Phase One and Phase Two
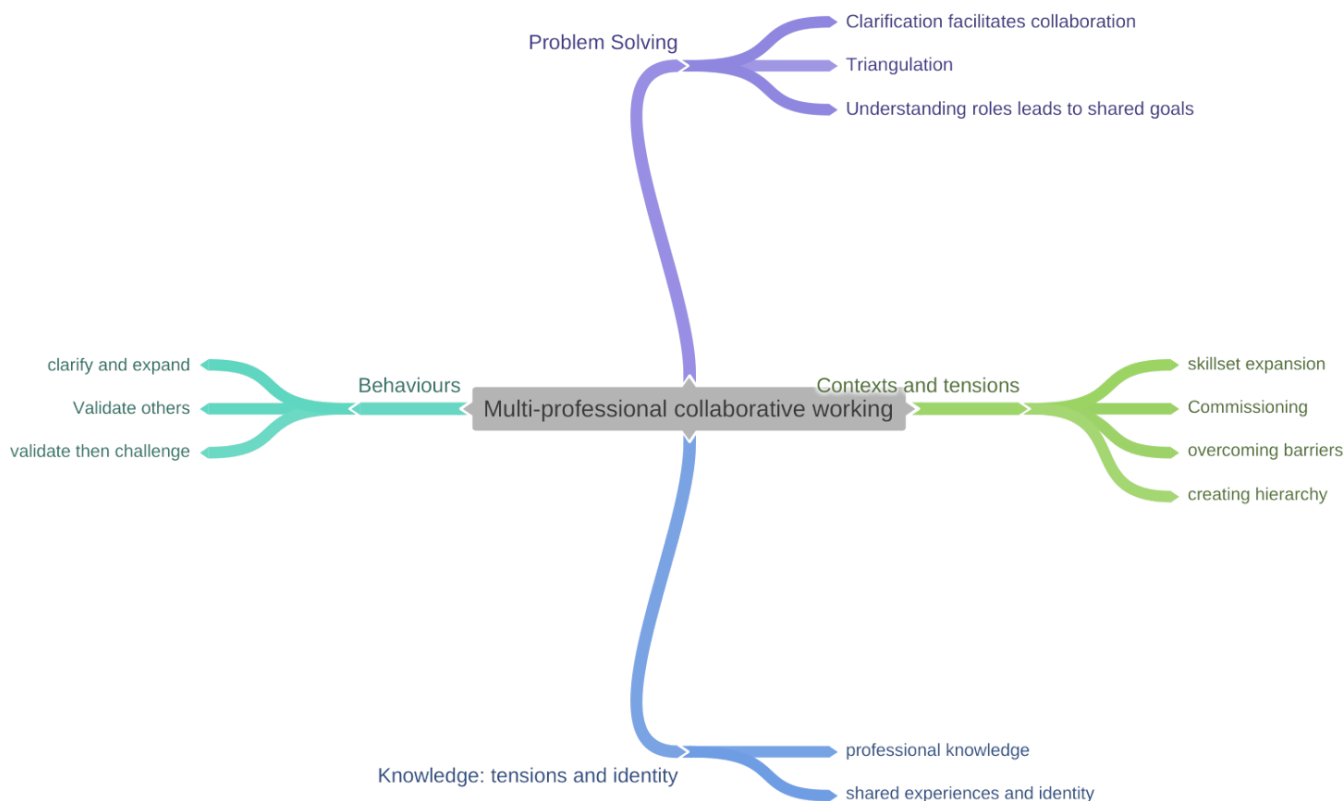
Clarification of Roles Facilitates Collaboration

There was a collectively held perception across the groups that documenting agreed actions and co-ordinating professional roles had benefits for collective problem-solving. Professionals held a shared belief that achieving clarity of each role facilitated the joint development of interventions, as illustrated by a CIT:

> Sometimes you go to meetings other professionals are unsure of your role. Or you're not always sure of other people's roles. It is about clarification about what you can offer, for example, social care has a different perception of what I can offer the child.

When there is a belief that every professional is clear on what they can offer then the boundaries for collaborative working are established, this facilitates the process of developing an intervention through presenting professional remits with defined boundaries.

Behaviours

The subordinate themes under the theme of "behaviour" were found by analysing the data within phase two. The analysis of the data illustrated the strategies that professionals use within multi-professional collaborative groups to develop an intervention when supporting a child with autism at risk of exclusion. These behaviours facilitate knowledge exploration, developing a shared language and understanding, whilst validating the contribution of each professional. They appear to be successful in navigating the tensions (knowledge, role, identity, status, and commissioning) raised in the group discussions.

Validation

Professionals will validate each other's perspectives early in the discussion. This approach allows each professional to feel their contributions are valid, as demonstrated when discussing a child's sense of identity. The EP alludes to a suggestion made earlier by a SENCo:

> *EP: I really like that story, you know you talked about the one-page profile but something beyond that as well.*
>
> *CIT: But deeper.*
>
> *EP: Something that tells his story but makes sense of . . .*
>
> *SENCo: Makes sense for him.*

The SENCo and CIT demonstrate to the EP that they are listening to them by offering suggestions that develop their contribution; therefore, they validate the point. Additionally, the EP was validating the suggestion initially raised of using a one-page profile. Validation appears to legitimise the knowledge base of a professional, therefore allowing them to contribute to the problem-solving process.

Validate Then Challenge

Professionals will gently disagree with each other on what they believe is the most appropriate interpretation of needs and subsequent processes, as shown by the following dialogue:

> *SENCo: So, if we then had a child-centred meeting and out of that he had some loss counselling.*
>
> *EP: I think it is quite difficult, it's difficult to say because children will process grief in so many different ways and it is first having that structured conversation with him. Thinking about he has a diagnosis of autism and getting a sense of his understanding of emotion and loss.*

The EP does not disagree with the SENCo in so far as that the child in question needs support regarding their emotional experiences. Where the disagreement lies is in the process by which to develop that support; the EP advocates for a less formal approach, initially through a conversation with an already known adult. The EP places value in gathering an understanding of the child's emotional experiences through a trusted relationship, rather than initiating a new one through a counsellor. Therefore, there is a change in the process taken, but the shared goal remains (i.e., to support the child emotionally).

When professionals challenge each other's contributions, the primary aim appears to be to influence the development of the intervention. However, there appears to be a secondary aim of maintaining working relationships, through validating contributions, while challenging them to advocate one's own beliefs about the problem. The reason for this approach may lie in a desire to maintain professional relationships and continued access to valued knowledge domains and roles.

Clarification and Expansion

Professionals seek to gather a clear understanding of the presenting viewpoints. They achieve this by seeking clarification first then contributing themselves, developing the discussion and generating new knowledge. The following extract demonstrates this:

> *SENCo: I wouldn't give him a one-to-one per se in learning.*
>
> *EP: Do you mean a one-to-one kind of intervention, like therapy?*

The EP seeks clarification of meaning and directs the discussion further by asking whether therapy was what the SENCo meant. This clarification allows the EP to develop the dialogue further by tentatively suggesting therapy as a recourse.

Knowledge: Tension and Identity

Professional Knowledge When Collaborating

The subordinate themes under the theme of "knowledge: tension and identity" were found by analysing the data within phase one. Professionals continually assess the validity of their role in the context of the presented problem. A professional must feel they have the knowledge to legitimately contribute to the collaborative process. If the professional does not feel they are a legitimate contributor, they may become withdrawn in their contribution, as described by a SALT during a discussion group.

> *For me, to be honest, that is the area I would feel least confident about. I would be a bit more wary of jumping in there with some ideas or advice.*

The presented problem does not directly relate to a child's speech or communication needs; they feel they are not a legitimate contributor. This feeling of illegitimacy hinders their ability to explore wider knowledge domains to understand and solve the problem.

Shared Experiences and Identity

Consistent collaboration alongside different professionals can result in developing a shared identity. This identity appears to be formed through understanding each other's role, resulting in shared language and knowledge. A SALT stated:

> Right down to the language that we use, it overlaps, so we are moving towards a shared vocabulary for universal, targeted and specialist services.

This extract demonstrates the change in the language they use to mimic that of the professionals they work with. They go on to explain that they identify more with their educational colleagues than their health ones as a result:

> Speech and language services will be recognised more as an educational need.

The overlapping models of professional practice appear to create shared artefacts. These facilitate discussion allowing professionals to generate shared language enabling the collaborative process, resulting in a closer identity alignment.

The Contexts That Create Tension

Commissioning Processes Limit Roles

The subordinate themes under the theme of "the contexts that create tension" were found by analysing the data within phase one. Processes related to the commissioning of professional services were found to generate tension when developing interventions. The boundaries created by commissioning processes define how professionals enact their role, even when they felt their skill set extended beyond these boundaries. A SENCo describes (in phase two) how the Communication and Interaction Team cannot work in the family home:

> What is tricky is that CIT can't work in the home.

Leading the SALT to question why, resulting in the CIT stating:

> We are school-based, not family workers.

The CIT states that they are not able to work in a particular environment, identifying their role boundaries. Importantly, they do not correct the SENCo on their ability to support in the home, but simply state where they execute their practice. This suggests that the full potential of the role is not realised due to the remit limitations imposed by commissioning processes.

Overcoming Barriers

As a result of the barriers established by the CITs remit, the SALT offers to provide support in the home:

> From his language perhaps, therapists could work with the CIT because certainly, we can go in the home.

The limited remit of professional roles can result in some interventions needing further revision before implementing; such revision can be experienced as tension. Through exploring the capacity of other professional roles, the limitations of one are minimised, whilst still including their knowledge base.

Skill Set Expansion

Due to the commissioning boundaries imposed, some professional groups broaden their remit. This is discussed by a SALT describing how they adapt their role to support families:

> We almost become like a social worker, or a psychologist, a shoulder to cry on, we get quite close to our families.

The SALT role extends beyond the skill set from their initial training. Their ability to fulfil these roles appears to come from their ability to learn from other professionals, expanding their skill set.

Creating Hierarchy

Commissioning of services appears to create division and hierarchy amongst various professional groups. A SALT highlights how they view their professional role as being less valued because an EP's time is comparatively more expensive, which limits their availability:

> Well actually if we do turn around and say we are not working with that child it doesn't necessarily have the same impact as if the EP went into a school and they are there on [time] allocation. They only come in twice a term, and they said: "There is nowhere for me to work, I'm going now, and I'll see you in two months."

Furthermore, commercial competition of professional services appears to limit collaboration and creates division amongst professional groups, as highlighted by an EP working within a traded model.

> We are in competition and when you have a vested interest in one model working over the other it becomes directive, it becomes authoritative.

This extract presents the importance placed on securing the piece of work for commercial gain, rather than opting into a pure collaborative approach based on the presenting problem. A model where professional services are traded has the potential to limit the capacity of multi-professional collaborative working, as the knowledge base of one professional group could be prioritised over another, creating divisions within a multi-professional team. The professional may experience the dilemma between pursuing commercial interests by advocating their services versus engaging fully in a collaborative approach that potentially could result in the service being carried out by another professional, losing potential revenue.

Discussion

The findings expanded on the existing literature and illustrate the behaviours that professionals often use during collaborative meetings, showing how a shared identity, language and jointly accessible knowledge domains help multi-professional teams to manage the tensions they experience considering the boundaries they must operate within.

The theme of commissioning processes has far-reaching ramifications for professional practice and identity. Most notably it places boundaries on the remit of a professional role. Such boundaries can come into conflict with a professional's perceived role, affecting their practice. This can result in internal conflict for the professional who is aware of their competencies to meet the demands of the multi-professional team but cannot deliver on them (Jansson & Parding, 2011). Such findings are consistent with the empirical findings of Atkinson et al. (2007), who reported that the boundaries of a professional's role will impact the intervention that is to be delivered. Professionals often had to adapt their roles to accommodate the limitations of other roles. Such findings are consistent with Rose and Norwich's (2014) theoretical framework whereby professionals will look to the available processes that can resolve tensions.

Under a Communities of Practice framework (Wenger, 1998), professionals develop shared knowledge through understanding each other's expertise. My findings showed that this is achieved through developing a shared language that is transferable across professional groups. Through shared knowledge and language, professional roles become more permeable. To meet the goals of a multi-professional group, professionals adapt their role by incorporating the knowledge gained from a shared understanding, developed through sustained iterative and interactive processes with other professional groups. Wenger (1998) describes how a shared language results in integrative professional roles under the term imagination; the professional feels secure in their role, the role of others and the available domains of knowledge and can therefore identify possibilities from other professional roles and adapt their practice. My findings show that pro-

fessionals are adept at overcoming tensions relating to "role" as described by Rose (2011).

Rose (2011) raised the possibility of "control" being a tension during collaborative working. This is when priority is given to one perspective over another, resulting in confusion or feelings of devaluation, affecting the collaborative process. My findings demonstrated the professionals mitigated such tension by validating various perspectives and challenging gently when they felt there were other factors to consider.

Behaviour

My findings develop upon the theoretical framework developed by Rose and Norwich (2014), who queried what social interactions occur when arriving at a joint decision. Rose and Norwich (2014) proposed that by alluding to competency, capacity, or the goal of a multi-professional group then most tensions could be managed. My findings show the social interactions by which professionals fulfilled Rose and Norwich's (2014) proposal. The social interactions that resolve tension within a multi-professional team are joint exploration of a perspective, validating then challenging a perspective, expanding on a perspective, and seeking clarification on a perspective. These behaviours all work together to achieve a clear understanding of the problem. This is achieved through exploring the expertise of everyone present in the meeting and the circumstances the child is presented with. Figure 2 illustrates how multi-professional teams circumvent tension.

The Challenges of Working Collaboratively Within Quasi-Markets

As professionals are increasingly expected to deliver their role within a quasi-market (public sector institutions designed to reflect a free-market model), they are likely to experience a reshaping of their professional practice and identity (Lee & Woods, 2017). Noordegraaf (2015, 2016) suggests that to maintain the value systems of a professional community then professionals must integrate themselves into the organisational structures that are subject to quasi-markets. My findings suggest that this will have an impact on professional practice. Although professionals will be able to advocate for their role, they are still subjected to the financial pressures of commercial enterprises; the competitive nature of quasi-markets results in changed behaviour. My findings showed that professionals feel they need to make their services more appealing to consumers. Such practice raises the question of whether professionals can continue to work collaboratively to support children at risk of exclusion who have autism as a quasi-market grows.

Figure 2

Model Illustrating Tension Management Within Multi-Professional Collaborative Meetings (Adapted From Rose and Norwich, 2014)
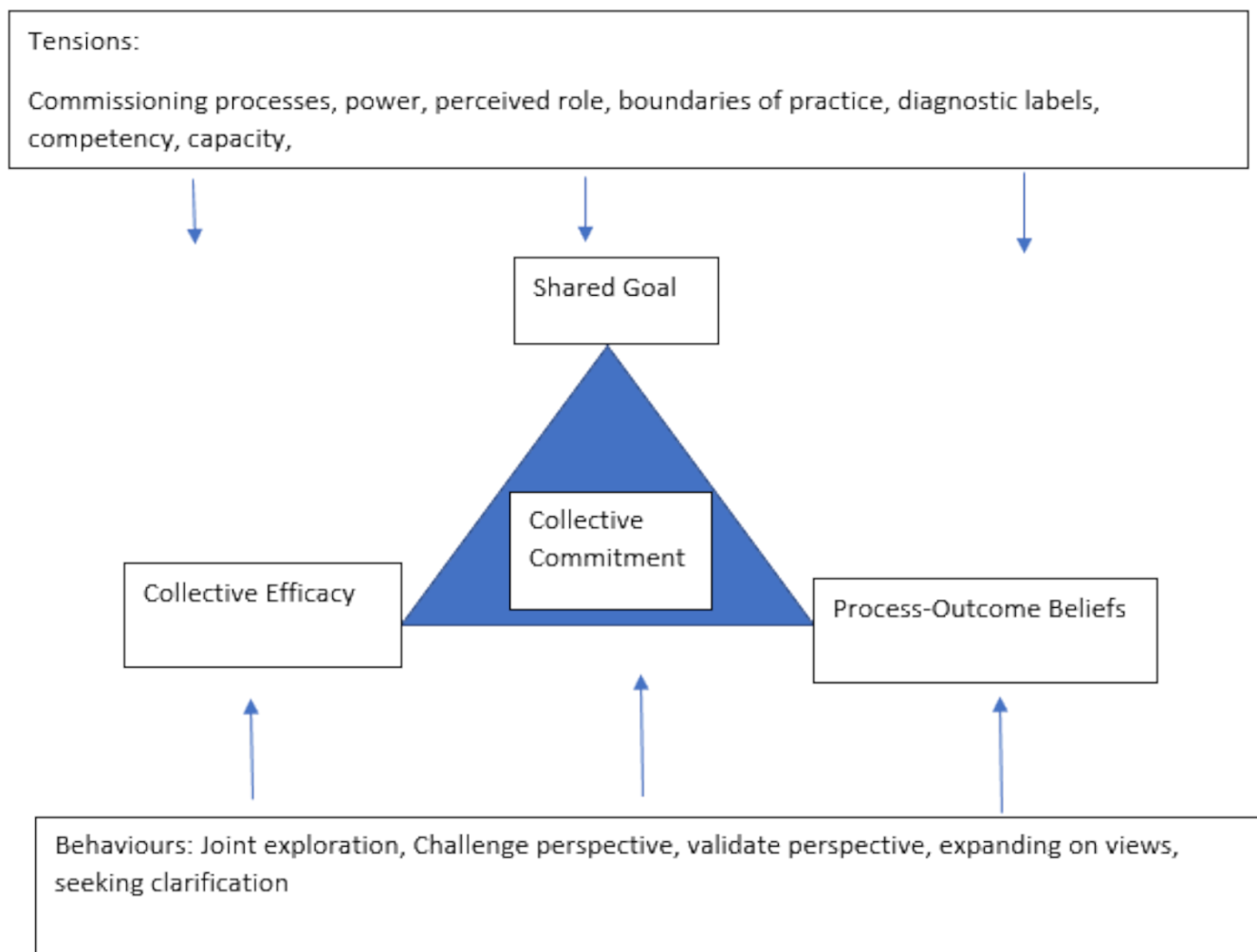
Educational support services within local authorities are becoming increasingly traded (Lee & Woods, 2017). My findings suggest that a traded service model creates difficulties for professionals to deliver their roles within a collaborative context. The dilemma of acting collaboratively rather than competitively is raised. A professional is continuously faced with the dilemma of whether to validate the contributions of others for effective collaboration or suggest that their services alone are more favourable, securing financial investment. Therefore, professionals who value collaborative working must decide on which organisational structure facilitates their practice and value systems best.

My findings indicate that a greater overlap of professional knowledge domains within multi-professional collaborative teams resulted in tension being managed well. This finding is consistent with Edwards (2007), who claims that being able to respond to the interpretations of others facilitates collaboration. Within a Community of Practice framework (Wenger, 1998), an overlap of knowledge domains facilitates a greater level of consistency between professional identities as they can access the same artefacts, affecting their practice in similar ways. It is possible that by developing multi-professional collaborative teams that share a broad range of knowledge domains then the tension will be managed more effectively.

How Multi-Professional Teams Support Children With Autism

The findings of the research demonstrate that the limitations placed on professional practice can affect the interventions that are developed. Professionals showed that the over-

lapping knowledge domains were useful in supporting children with autism by creating a shared language; understanding other roles allows competency boundaries to be crossed when commissioning barriers were found (e.g., when the SALT worker was willing to work within the home). Under a Communities of Practice framework (Wenger, 1998), professional knowledge is shared to expand the skill set of all those involved. This expanded skill set allows professionals to be flexible in how they fulfill their role and the objectives of the multi-professional team. This means that the individualised needs of a child with autism at risk of exclusion can still be supported because of the flexibility of multi-professional teams when implementing an intervention.

New Model for Collaboration/Consultation

Professionals were also well versed in navigating tensions to keep the child as the focus of the collaborative process. Rose and Norwich's (2014) model demonstrated how they achieved this by alluding to other available processes when they experienced a barrier to their goal, my findings supported their model's functionality. The model shown in Figure 2 is a visual representation of how professionals can circumnavigate tensions to arrive at an agreeable outcome expediently.

Future Research and Limitations

The current study relied on replicating real-world scenarios to explore collaborative working practices within multi-professional teams that support children with autism who are at risk of exclusion. However, the limitations of the research design did not facilitate observations of professional practice managing real-world situations. Further research that has time to adopt an ethnographic approach using the framework I have developed here (see Figure 2) will be useful in assessing its reliability within a real-world context.

Summary

This study set out to understand the factors that affect multi-professional collaborative working when supporting children with autism at risk of exclusion. The framework of Communities of Practice was discussed to highlight how individual professionals may develop their identity and practice and incorporate them into multi-professional collaborative teams. The study also looked at the mechanisms by which professionals resolve tension when working together.

The study found factors consistent with previous findings such as developing a shared language through overlapping knowledge domains to explore how a problem can be understood and resolved. It also found novel factors that have not been documented previously, such as the behavioural actions that facilitate collaborative working. Of particular importance was the finding that professional contexts limit

the remit and procedures of multi-professional teams. This can affect the outcomes for children at risk of exclusion who have autism, as individualised interventions that complement their unique circumstances are required when supporting this group (Brede et al., 2017). If professionals cannot effectively collaborate then children with autism may experience greater levels of exclusion. One notable factor was that of traded service models; professional practice can be greatly impacted by the boundaries imposed by commissioners. This raised the issue of the importance of professional values and the limitation economic contexts can place on a professional's practice.

References

Ashburner, J., Ziviani, J., & Rodger, S. (2010). Surviving in the mainstream: Capacity of children with autism spectrum disorders to perform academically and regulate their emotions and behaviour at school. *Research in Autism Spectrum Disorders*, *4*(1), 18–27. https://doi.org/10.1016/j.rasd.2009.07.002

Atkinson, M., Jones, M., & Lamont, E. (2007). *Multi-agency working and its implications for practice: A review of the literature*. CfBT Education Trust. https://www.nfer.ac.uk/media/2001/mad01.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE Publications.

Brede, J., Remington, A., Kenny, L., Warren, K., & Pellicano, E. (2017). Excluded from school: Autistic students' experiences of school exclusion and subsequent re-integration into school. *Autism & Developmental Language Impairments*, *2*, 1–20. https://doi.org/10.1177/2396941517737511

Bryman, A. (2012). *Social research methods* (4th ed.). Oxford University Press.

Chamberlain, B., Kasari, C., & Rotheram-Fuller, E. (2007). Involvement or isolation? The social networks of children with autism in regular classrooms. *Journal of Autism and Developmental Disorder*, *37*, 230–242. https://doi.org/10.1007/s10803-006-0164-4

Colman, A. M., Pulford, B. D., & Rose, J. (2008). Collective rationality in interactive decisions: Evidence for team reasoning. *Acta Psychologica*, *128*(2), 387–397. https://doi.org/10.1016/j.actpsy.2007.08.003

Colombo, A., Bendelow, G., Fulford, B., & William, S. (2003). Evaluating the influence of implicit models of mental disorder on processes of shared decision making within community-based multi-disciplinary teams. *Social Science & Medicine*, *56*(7), 1557–1570. https://doi.org/10.1016/S0277-9536(02)00156-9

Dell'Osso, L., Carpita, B., Muti, D., Morelli, V., Salarpi, G., Salerni, A., Scotto, J., Massimetti, G., Gesi, C., Ballerio, M., Signorelli, M. S., Luciano, M., Politi, P., Aguglia, E., Carmassi, C., & Maj, M. (2019). Mood symptoms and suicidality across the autism spectrum. *Comprehensive Psychiatry*, *91*, 34–38. https://doi.org/10.1016/j.comppsych.2019.03.004

Department for Education. (2018). *Special educational needs in England: January 2018*. https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018

Edwards, A. (2007). Relational agency in professional practice: A CHAT analysis. *Actio: An International Journal of Human Activity Theory*, *1*, 1–17.

Edwards, A. (2011). Building common knowledge at the boundaries between professional practices: Relational agency and relational expertise in systems of distributed expertise. *International Journal of Educational Research*, *50*(1), 33–39. https://doi.org/10.1016/j.ijer.2011.04.007

Feinberg, E., & Vacca, J. (2000). The drama and trauma of creating policies on autism: Critical issues to consider in the new millennium. *Focus on Autism and Other Developmental Disabilities*, *15*(3), 130–137. https://doi.org/10.1177/108835760001500301

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, *5*(1), 80–92. https://doi.org/10.1177/160940690600500107

Garrett, P. M. (2008). How to be modern: New Labour's neoliberal modernity and the Change for Children programme. *The British Journal of Social Work*, *38*(2), 270–289. https://doi.org/10.1093/BJSW/BCL345

Goodall, C. (2020). Inclusion is a feeling, not a place: A qualitative study exploring autistic young people's conceptualisations of inclusion. *International Journal of Inclusive Education*, *24*(12), 1285–1310. https://doi.org/10.1080/13603116.2018.1523475

Haslam, S. A. (2001). *Psychology in organisations: The social identity approach*. SAGE Publications.

Jansson, A., & Parding, K. (2011). Changed governance of public sector organisations = challenged conditions for intra-professional relations? *International Journal of Public Sector Management*, *24*(3), 177–186. https://doi.org/10.1108/09513551111121329

Karim, K., Cook, L., & O'Reilly, M. (2014). Diagnosing autism spectrum disorder in the age of austerity. *Child: Care, Health and Development*, *40*(1), 115–123. https://doi.org/10.1111/j.1365-2214.2012.01410.x

Keen, D., Webster, A., & Ridley, G. (2016). How well are children with autism spectrum disorder doing academically at school? An overview of the literature. *Autism*, *20*(3), 276–294. https://doi.org/10.1177/1362361315580962

Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational psychologist within the context of "traded" psychological services. *Educational Psychology in Practice*, *33*(2), 111–125. https://doi.org/10.1080/02667363.2016.1258545

Morgan, D. L. (1988). *Focus groups as qualitative research*. Sage Publications.

Morgan, D. L. (1998a). *The focus group guidebook*. Sage. https://doi.org/10.4135/9781483328164

Morgan, D. L. (1998b). Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research*, *8*(3), 362–376. https://doi.org/10.1177/104973239800800307

Morgan, D. L. (2007). Paradigms lost and regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, *1*(1), 48–76. https://doi.org/10.1177/2345678906292462

Noordegraaf, M. (2015). Hybrid professionalism and beyond: (New) forms of public professionalism in changing organizational and societal contexts. *Journal of Professions and Organization*, *2*(2), 187–206. https://doi.org/10.1093/jpo/jov002

Noordegraaf, M. (2016). Reconfiguring professional work: Changing forms of professionalism in public services. *Administration & Society*, *48*(7), 783–810. https://doi.org/10.1177/0095399713509242

Norwich, B. (2008). *Dilemmas of difference, inclusion and disability: International perspectives and future directions*. Routledge.

Osborne, L. A., & Reed, P. (2011). School factors associated with mainstream progress in secondary education for included pupils with autism spectrum disorders. *Research in Autism Spectrum Disorders*, *5*(3), 1253–1263. https://doi.org/10.1016/j.rasd.2011.01.016

Rose, J. (2011). Dilemmas of inter-professional collaboration: Can they be resolved? *Children & Society*, *25*(2), 151–163. https://doi.org/10.1111/j.1099-0860.2009.00268.x

Rose, J., & Norwich, B. (2014). Collective commitment and collective efficacy: A theoretical model for understanding the motivational dynamics of dilemma resolution in inter-professional work. *Cambridge Journal of Education*, *44*(1), 59–74. https://doi.org/10.1080/0305764X.2013.855169

Sproston, K., Sedgewick, F., & Crane, L. (2017). Autistic girls and school exclusion: Perspectives of students and their parents. *Autism & Developmental Language Impairments*, *2*(15). https://doi.org/10.1177/2396941517706172

Tajfel, H. (1972). Social categorization. In S. Moscovici (Ed.), *Introduction à la psychologie sociale* (pp. 272–302). Larouse.

Tajfel, H. (1979). Individuals and groups in social psychology. *British Journal of Social and Clinical Psychology*, *18*(2), 183–190. https://doi.org/10.1111/j.2044-8260.1979.tb00324.x

Tajfel, H. (1982). *Social identity and intergroup relations*. Cambridge University Press.

Taylor, B. J. (2006). Factorial surveys: Using vignettes to study professional judgement. *The British Journal of Social Work*, *36*(7), 1187–1207. https://doi.org/10.1093/bjsw/bch345

Tomlinson, P. (1989). Having it both ways: Hierarchical focusing as research interview method. *British Educational Research Journal*, *15*(2), 155–176. https://doi.org/10.1080/0141192890150205

Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge University Press. https://doi.org/10.1017/CBO9780511803932

Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Harvard Business School Press.

Wilkinson, S. (1998). Focus group methodology: A review. *International Journal of Social Research Methodology*, *1*(3), 181–203. https://doi.org/10.1080/13645579.1998.10846874