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Using a critical incident tool to
develop multi-agency collaboration
in two children's centres

SCHOOL LEADERS

Report

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CONTENTS

Context of the study.....	4
Reason for the research.....	4
Consideration of some of the literature on leadership in multi-agency working.....	5
Research Context	5
1. Leadership skills and activities	5
2. Pitfalls and warnings	6
3. What helps?	7
4. What hinders?	7
What can be done?	8
Previous research findings	8
Case Study Approach.....	9
Case Study 1, Centre A: Methods, processes & outcomes	10
Description of Centre A – from discussions with centre leadership team	10
Centre A’s themes – from centre leadership team’s questionnaires and discussions	11
Centre A’s annual development day	11
Centre A: action planning and follow up review.....	13
Centre A outcomes	13
Centre A’s strategic restructure of governance and management.....	14
Summary of learning from development day with Centre A.....	14
1. Value of structured time for reflection and review	14
2. Shared history: “They don’t realise how long this takes”	15
3. Culture: “Learning how we differently manage”	15
4. Democracy & equality: empowering role of the change team	16
5. Building a base for collaborative working.....	16
Table 1. Centre A: forcefield of collaborative practice	17
6. The ‘must haves’ in collaborative working	17
Case Study 2, Centre B: Methods, processes & outcomes	18
Description of Centre B – from interview with centre leadership team.....	18
Centre B’s themes – from discussions with centre leader	19
Planning Centre B’s visioning day.....	19
Centre B’s Visioning Day	20
Centre B: staff comments	21
Centre B: staff and facilitators’ feedback.....	22
Centre B: action planning.....	22
Centre B: outcomes at follow up review	23
Centre B: summary of outcomes	24
Learning from Centre B’s development day	26
Researcher’s reflections	26
Table 2. Leadership qualities and staff practice	26
Leader’s reflections	27
1. Involving staff in the process	27
2. Changing the culture: “Being the change you desire”	27
3. Understanding the importance of centre history: including what you don’t know	28
Summary	28

Conclusions	29
References	31
Appendix A	33
Schedule of critical incidents.....	33
Appendix B	34
Definition of terms.....	34
Acknowledgements	34

Context of the study

The multi-agency approach at the heart of Sure Start Children's Centres and extended schools is seen as central to the achievement of the Government's reform agenda, *Every Child Matters*. The government's toolkit for multi-agency working sets the bar high: the challenge is to develop the leadership skills that will secure 'collaborative advantage' without allowing the difficulties involved in the process of integration to impede progress in realising outcomes ('collaborative inertia') (DfES, 2005, Toolkit for Managers, p. 3).

With over 1,500 centres currently designated as mainstream provision and many more schools now delivering extended services, centres offering integrated services need to offer a consistent, joined-up approach with a value base to underpinning practice that is shared within its various multi-agency teams. There are a variety of disciplines represented within children's centres, reflecting different histories, partnerships and the specific needs of local communities. All centres must offer local access to a range of provision including health, family support, employment and training, in addition to day care and early education. Many services will be co-located, but often staff will co-work across split sites. However all centres will be expected to offer joint multi-agency arrangements to enable families to access a full range of services and support.

Reason for the research

Earlier research carried out in my own centre (Cummings 2006) used a schedule of critical incidents developed by Angela Anning (2005) as a diagnostic tool to identify gaps in understanding between multi agency teams. My findings led to a set of recommendations for the centre's leadership team and governors to help develop more effective integrated practice within the centre.

The current study builds on this approach to centre development by applying a case study enquiry into 2 different centres to find out whether the critical incident tool, adapted for use within a whole team development day, would stimulate more collaboration between teams over a three month time period, with a focus on jointly-owned action planning.

This research describes the approaches two children's centres adopted in running whole centre development days and the respective benefits and learning points from each.

The two centres chosen as case studies were at very different stages of development, with contrasting histories and experiences of leadership. One was led by two managers, working as co-leaders, but separately responsible for two longstanding parts of the service. Their task was to bring together five different organisations, to build understanding between large, separate groups of staff and develop a shared approach to families. The other centre was newer and following a gap in leadership, more fragile, but now led by an experienced manager. Her task was to rebuild morale, involve all staff in a unified vision for the centre's work, and establish trust and respect, both for each other and towards families.

Consideration of some of the literature on leadership in multi-agency working

Research Context

What helps leaders develop more effective multi-agency team working?

A review of recent research indicated a number of factors that I have grouped under four headings:

1. Leadership skills and activities.
2. Pitfalls and warnings.
3. What helps?
4. What hinders?

1. Leadership skills and activities

It is now widely accepted that working collaboratively calls for transformational leadership skills, characterised by creativity, emotional intelligence and a capacity for personal growth, along with sophisticated negotiation and consultation skills and the ability to empower others.

Transformational leadership is concerned with the performance of followers and developing them to their full potential in order to achieve commitment to the vision. Individuals who exhibit transformational leadership often have a strong set of internal values and ideals and they are effective at motivating followers to act in ways that support the greater good rather than self interest.

Value based leadership is related to transformational leadership:

"Leadership has a moral dimension. It involves values, including showing respect for followers, being fair to others, building community."
(Northouse 2004)

Heifetz (1994) explores the area of leadership as relationship. The leader helps the followers to develop change from confronting rather than avoiding conflict, by offering a 'holding environment' which builds trust, empathy and nurturance. Supported in this way, followers can feel safe to confront and tackle challenges.

Effective leaders are 'boundary spanners' with strong entrepreneurial skills that enable them to work across traditional divides and broker new inter-agency agreements and solutions (Frost 2005). Leadership in collaborative climates must not only be prepared to involve others in decision making, but must also be able to navigate and influence multiple organisational structures, establishing processes that facilitate ongoing communication.

There are three interlinked leadership tasks here:

1. Establishing a clear, shared multi-agency value base to underpin the achievement of the centre's purpose.
2. Giving individuals the confidence to carry out work of a high quality with autonomy.
3. Building communication networks and processes that increase multi agency collaboration and trust

This can be represented graphically, adapting Adair (1988 p.44)

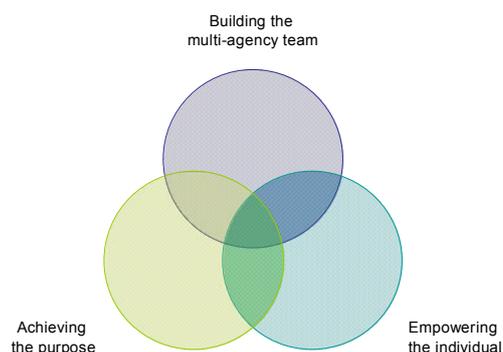


Figure 1. Interlinked leadership tasks

At the centre is the shared value base, linking the three interdependent tasks. If there is poor teamwork, the core purpose will be harder to achieve. Likewise if the individual is working with confidence in the purpose and shared value base, the team's functioning will be strengthened.

According to Coleman (2006) the demands on leaders stemming from collaborative working are parallel to those involved in the broader leadership of change and need to progress in three stages, as specified in Kotter's (1995) change model:

1. Creating a climate for change.
2. Engaging and enabling the whole organisation.
3. Sustaining change

Within this conceptualisation sits an important principle that 'bridging' activities are more useful in promoting open and inclusive leadership than 'bonding' relationships and processes. This is because bridging activities are essential to build commitment and connection between other agencies and networks, to support shared aims and address areas of common concern. Bridging is achieved by developing shared processes rather than structures, such as joint training days, networking opportunities, shadowing, cross-agency induction programmes and multi-agency representation on management boards. It demands an openness to alternative cultures and perspectives which may challenge the accepted wisdoms and givens of a particular group. (Putman 2003:278).

2. Pitfalls and warnings

Co-location alone does not lead to better communication, between different professionals, according to White and Featherstone (2005), who warned that agency mergers were no guarantee of better information sharing without the establishment of an interpersonal 'communication mindset'. They concluded that everyday practices must be opened up to challenge and critical appraisal. For example, inviting observation stints in other settings and ongoing reflection and scrutiny, such as reflexive discussions about professional identities.

Reconceptualizing leadership as shared by everyone, flattening hierarchies, and using authoritative rather than authoritarian structures, can all help meet staff members' fundamental psychological needs to connect, to feel capable, to count and

have courage to take risks in work groups, according to John's adaptation of the 'crucial C's' (2000). However, bitterness and disillusionment may follow when the rhetoric of new management is accompanied by job losses and increasing demands of "more for less". Workers may retreat under threat to traditional ways of working unless leaders can ensure the sustainability of the ethos in daily practice with children and families.

Moving towards more inter-professional teamwork is not an easy path (Morrow et al 2005), and leaders need to be prepared for team members to act out their fears in a range of ways, including active or passive resistance and expressions of professional anxiety.

3. What helps?

There is now broad agreement on the factors that promote successful multi-agency working (Sloper 2004):

- Clear leadership and a multi-agency steering group.
- Good communication and information sharing at all levels, with adequate IT systems.
- Sharing of resources.
- Joint training and team building.
- Clear aims and well defined roles and responsibilities.

Moss and Penn state that 'Vision is essential ... [it is] neither an optional extra nor a self-indulgent distraction,' (Moss and Penn, quoted in Clouston & John, 2006, p. 28). Where disputes arise between teams with different histories and working practices, it may be necessary to devote a team day to re-establish whole-centre core values. Protocols and practice guidelines may need to be jointly established to address key concerns about integration, set up communication structures and find collective solutions (op cit pp. 31, 36). Frost (2005) also found co-location and shared governance increased the success of partnership working.

4. What hinders?

Sloper (op cit) found that negative stereotypes and lack of trust were barriers to successful multi-agency working along with:

- Constant reorganisation and frequent staff turnover.
- Uncertainty about funding and sustainability.
- Difficulties in ensuring equity from partner agencies.
- Different professional ideologies and agency cultures.

Anning (2005) found conflicting beliefs and values within staff teams of two early excellence centres by tracking their responses to problematic situations. Even where values coincide, differences in practice can be an issue. For instance Easen (2000) found 'radically different notions' between professionals about practice, despite a significant consensus in values and shared purpose.

Secker and Hill (2001) listed four themes in problematic inter agency working, which build on the work of Sloper, Anning and Easen. These were:

- A reluctance to share information.
- Role boundary conflicts.
- Misunderstanding of agency roles.
- Differences in professional perspectives and models.

What can be done?

The leadership task is considerable. It is clear that leaders of integrated services must prioritise setting out clear aims, responsibilities, change timetables, joint planning, and shared resources. They must build commitment and good communication and model new ways of working, supported by joint training and support for staff. As Peck states: 'Thoughtful and realistic organisational development programmes during and subsequent to the creation of partnership organisations may be crucial to their success' (2002, reviewed by Clouston & John op cit p. 68).

Unfortunately there is currently very little research into tools that may help leaders' efforts to remove the barriers and improve collaborative working. However there is some evidence (Lyne *et al*, cited in Sloper 2001, p. 576) that shared learning in groups helps reduce inter-professional barriers. Elsewhere, while Frost's research (2005) into the complex issues and challenges of effective joined up working did not result in an unequivocal "what works" message, he did however, set out a comprehensive list of good practice tips that sustain and develop partnership work. Otherwise the research is scant with regard to methods and outcomes, rather than the factors and conditions involved in effective joined-up working.

The current study attempts to contribute to the growing field of practitioner research in this area, particularly that undertaken by children's centre leaders for the NPQICL, by analysing in detail the outcomes that followed a period of developmental work in two children's centres. Its approach was to explore the issues that were facing the leaders of multi-agency centres and by using a diagnostic tool in the context of a whole team development day to assess, improve and then review levels of collaboration and integrated practice within and between multi-agency centre teams.

Previous research findings

Using a schedule of ten critical incidents drawn from everyday workplace experiences, Anning (2005), researching two contrasting centres, found noticeable differences in staff responses, suggesting a lack of a joined-up approach across each of the teams. In 2006 I carried out a practitioner research study applying the ten scenarios (appendix A) as a diagnostic tool to a representative focus group of staff in my own centre. I found a similar gap between the intention (or rhetoric) of offering an integrated service to families and the reality of a lack of a joined-up approach. My focus was the implications of this analysis for centre leadership, in the context of the need to build a shared value base amongst three newly amalgamated teams. These were a local authority nursery school, with an acting head teacher, a college day nursery with a deputy manager, and a third wave Sure Start programme with two job share programme managers. Findings particularly pertinent to the challenge of leading such a diverse multi agency team were:

- Sure Start and day nursery staff had encountered more problematic incidents than nursery school staff.
- Sure Start staff's responses were more likely to prioritise parents rather than their young children.

- Nursery and day care staff had more confidence about strategies to use with the child as focus rather than parents.
- Responses referring to the family were few and seen as the province of the family support team, despite the centre's aim of offering services to the whole family
- There was little knowledge of each other's practice and resources available from the wider team
- There was considerable variation in how staff would tackle child protection issues
- Setting-based staff had less feeling of personal responsibility towards children living in the community, in contrast to Sure Start staff who regarded them as 'all our children'

As a result of analysing the responses to the diagnostic tool and recording staff suggestions for improving joined-up working following the focus group discussion, it was possible to draw up an action plan for the governors and leaders/managers which highlighted the need at this stage of the centre's development, for:

- Specific training in family support practice and defining staff's legal responsibilities.
- Clearer linking of centre policies to underlying values in a form of words that was appropriate for families.
- Preparation of nursery staff using job shadowing for an increase in critical incidents and problematic behaviour as the centre reach area expands.
- Stronger 'top down' messages from managers about the centre's vision, joined up working and sharing information about families.
- More emphasis in nursery on the child as part of a family unit and making opportunities to get to know mothers, fathers and families.
- Setting up opportunities for staff to exchange perspectives and gain feedback on a regular basis.

I found the critical incident model worked well as a diagnostic tool enabling an indicative assessment of the extent of collaborative working and areas where leadership actions were needed to close the knowledge and skill gaps across the multi agency team. The fact that the discussion of each other's practice stimulated staff to suggest improvements to develop a more joined up approach to families raised the possibility that the model could be extended and applied in other settings, embedded in an action planning framework in which the whole staff group could participate and in which the discrepancies in practice would become apparent. This could potentially develop staff ownership of the need to move towards a more unified practice, increase understanding and the readiness to learn from each other's different professional skills and share resources and ideas. The ultimate aim would be that families would benefit from a more joined up, coherent, consistent and value based approach.

Case Study Approach

For the current study, I approached two contrasting children's centres – Centres A and B – in which both leaders had recently completed the new National Professional Qualification in Integrated Centre Leadership (NPQICL). Centre A employed over 70 staff recently amalgamated from several well-established children and family organisations in a northern inner city. Centre B was a relatively small team of 16 staff covering a large housing estate in the east of England.

My approach as consultant/ researcher with both centres was the same:

- Phone interview, questionnaire and face-to-face discussions held with the centre leaders.
- Jointly plan and facilitate a development/visioning day using the critical incident tool with all staff.
- Return a week later to review learning and action planning from the day and collect written feedback from staff with analysis from the leadership team.
- Jointly assess outcomes at a two month follow-up visit to each setting, to review progress and achievements.

The critical incident tool (Annings 2005) can be found in Appendix A.

Case Study 1, Centre A: Methods, processes & outcomes

Description of Centre A – from discussions with centre leadership team

Centre A was a recently designated children's centre that had amalgamated multi-agency partners and linked organisations to offer integrated services to young children and their families in the locality.

The nursery school was originally opened in 1921, based on the practice of holistic care and education involving both parent and child, pioneered by nursery educator Margaret Macmillan.

The Family Centre, less than half a mile away, was a Second World War nursery set up by the Department of Health offering full day care for under fives. Taken over by Social Services in the 1970's, the emphasis of its work gradually changed to family support and in 1985 it became a Family Centre.

In 1999 the then headteacher and the current Family Centre manager started to work together and successfully obtained funding for an Early Start project to give young bilingual children and their families the chance to experience high quality early years education and learning through play, benefiting over 300 children and families, including a number of social services and SEN referrals. With further funding, the original family centre building was extended to incorporate a Neighbourhood Nursery with 75 places, a Health Room, crèche and parent-training rooms. There was an effective partnership with the local Sure Start Programme and outreach work, parent and toddler groups and family support were also offered in the community.

Under the overall leadership of the headteacher and the family centre manager, on 1st February 2007, over 70 multi-agency staff with backgrounds in education, family support and day care came together for the annual development day. Five separate teams participated in the day, including all 70 members of those teams. The people involved in this included:

- Nursery school staff (teachers and nursery nurses, parental involvement/bilingual outreach/health workers, students/parent volunteers).
- Neighbourhood nursery childcare staff (early years practitioners and support workers).
- Family centre staff (family support workers).
- Sure Start staff (community development and outreach).

- Health Visitors.

The top **three challenges in multi-agency working** facing the headteacher were reported as:

- Developing good practice but having to wait for funding/strategic approval.
- Getting funding and monitoring linked at a strategic level.
- Working across a split site.

The overall aims for the development day **for herself as leader** were:

- “to get a feeling that staff are beginning to develop a sense of self as a wider centre team (some inevitably more than others) and an understood perception of myself and the family support manager as *joint* managers.”
- In the longer term she wanted “a direction from staff about what *they* need most, in terms of training and development of partnership work, and thus a confidence that I know what the centre team need.”
- Aims for the centre in the short term were for staff to have an opportunity to mix, to share experiences and learn from each other. In the longer term she hoped they would “start to develop an identity and a shared understanding of their differing aims and professional procedures that can contribute to that identity.” (headteacher)

Centre A's themes – from centre leadership team's questionnaires and discussions

Five themes emerged from the initial questionnaire and discussions with the planning team:

- identity
- culture
- common aims
- democracy and equality
- working processes

Centre A's annual development day

In planning the day careful attention was paid to preparation for the focus group work, and the decision was made to start with single agency professional groups discussing the ten scenarios, with their team leaders as facilitators. After a break, staff again examined the critical incidents, but in mixed teams this time, the discussion facilitated by a member of the change team, not a team leader, who was briefed and later debriefed by myself. The rationale for a two stage process was to initially gather a consensus response from each team for each scenario rather than an individual view and to reinforce this with the team discussing the professional practice values underpinning that response. It was agreed that it was important to identify both the ‘what’ and the ‘why’ in responses to the critical incidents.

The group leaders were asked to ensure that everyone in the mixed group participated, especially the quieter members. They were reassured that not all ten scenarios had to be discussed at the second stage: it was more important to spend time on the situations that provoked the most different responses, the objective being

to discuss and learn about each other's practice rather than come up with 'the right answer'.

The plenary session allowed each of the eight groups to feedback their choice of one scenario that had interested or engaged the group most, and to draw out any surprises, shifts in understanding or 'Aha!' moments that had occurred.

At the end of the day I met with the group facilitators and asked them to record anything that had shocked them, any training needs that had emerged, what were the main differences in response of staff from different backgrounds, and were there any wider practice issues for the change team to take up. Their responses, together with the planning team's notes from the plenary, and the evaluation sheets that participants completed at the end of the day, became the raw data for the action planning session with the two centre leaders the following week. All staff were asked what they had learnt from the day, and what they thought the change team should tackle in the following 12 months before the next development day.

Centre A: staff comments

Staff reported that they had found the mixed groups very interesting:

"It was nice to hear different views and how different people handle difficult situations."

"I have learnt that we are all working towards the same goal, even though we may go about things differently i.e. policies etc."

"Good to introduce myself to different people and their roles."
(centre staff members)

Their **main learning** had been about the diversity of roles within the centre and similarities and differences in practice. The importance of information sharing and building relationships with other staff had been highlighted, along with a better understanding of the links between the centre teams.

Asked what the change team should be working on for the next year, there were many suggestions about job shadowing and continuing the joint training, integrating and networking activities. Many asked for an improved outdoor play area.

Centre A: facilitators' comments

The six facilitators of the mixed professional groups were asked about the evidence of collaborative working and the child/parent or family orientation of staff. They had several suggestions:

"We felt we could build on this more. Could key workers meet up (past and future) before the child's move between settings? Could the key workers do a home visit together?" (staff facilitator)

"Newer members of the group gave valid contributions. They were quieter compared to the more experienced members but nevertheless had the confidence to volunteer their ideas and information." (team leader)

A wider practice issue that emerged for all groups was clearer understanding of responsibility and procedures for child protection. A lack of confidence and knowledge in dealing with child protection had emerged from childcare and ancillary staff. In comparison social services' staff were seen as having a more overall picture and "instantly aware of what to do."

Centre A: action planning and follow up review

A month after the development day the planning team drew up a two-page action plan addressing the issues that the day had raised. Proposed actions were around:

- Information sharing about families/children between teams.
- Creating opportunities for staff to understand each others' roles: visits, meetings, sharing job descriptions, shadowing.
- Joint training and sharing training resources and opportunities.
- Work on aligning procedures, explaining agency recording and curriculum content.
- Increasing understanding about different parenting training/courses content.

This plan echoed themes in collaborative practice of:

- working processes
- trust
- resources
- communication & language

Centre A outcomes

Two months later I met with the planning team for a final session to review progress with the action plan. Successfully completed actions at this stage were:

- A team identity chart of staff photos was displayed in staff rooms so everybody, especially newer staff could recognise faces and roles.
- A date arranged for social services staff and managers to join education staff meetings to explain job descriptions and roles.
- Standing items for the change team collected at all team meetings.
- Guidance on transfer of records between teams and to primary school.
- Initial planning for next development day to include more multi-professional groupings.
- Outreach team to attend Nursery School/EY curriculum information sessions.
- Discussion of child protection procedures and forms with all day care staff.

Forthcoming actions were:

- Discussing more scenarios over shared staff lunch times (bi-monthly).
- Setting up 'dads photo project' for more focus on fathers.
- Clarifying different parenting courses and cascading content to all staff.
- Meeting to explain records and assessments.
- Sharing training calendars and training plans with all staff.

Proving more difficult to organise were:

- Education staff shadowing social services staff on home visits.

- Interagency discussions with health visitors and other partners.
- Passing information on family support work undertaken to day care team.
- How to share information with all staff.

The **major achievement** in the intervening period related to ‘sharing of resources’, namely the successful bid for £20K to develop the Family Centre outdoor play area, made possible with a matched contribution from the Nursery School Governing Body. The critical success factor here was gaining the school governors’ agreement and it was important that the Family Centre Manager sat on the school governing body.

Centre A’s strategic restructure of governance and management

By mid May the centre leadership team and governors had agreed the membership of four multi-agency management and governing teams, covering both strategic and operational responsibilities and a locality wide strategic coalition involving the three other Nursery Schools and Sure Start.

The Family Centre manager had been on the school’s governing body since its inception four years ago but the new structure indicates vastly more cross-team/agency representation and accountability at each level. For example, the senior management team now included the Childcare manager as well as the Sure Start family support co-ordinator, and all deputies. The Family Centre management committee consisted of the three senior managers, a Health Visitor, a Community representative and two parents. The governing body included senior managers, four parents as well as two staff and took on responsibility for development of Children’s Centre core services including childcare and school development. It now delegated this responsibility to the Family Centre management committee.

Gaining approval from Social Services for the Children’s Centre management committee to become a committee of the Governing Body had been the single most significant strategic change: “a breakthrough.” Having every multi-agency manager and deputy meeting together monthly to look at operational management issues as a group was “a first,” allowing them to begin to address differences, make quick decisions and share accountability. Since the headteacher was already chair of the management committee, it seemed logical to share responsibilities by agreeing that the centre manager should chair the senior management team. The ease with which this was settled demonstrated the practicality and importance of taking a peer approach to leadership.

Summary of learning from development day with Centre A

1. Value of structured time for reflection and review

The guidance within Championing Children Framework (2006) says developing reflective practice within the team, considering relevant research from different professions and learning from the experience of multi-agency working is essential to building a common understanding of aims as well as processes.

“Managers of integrated services should model a collaborative, open, inclusive approach in their own behaviour and build a shared value base and common purpose. A key to this is “displaying leadership across the whole system through behaviours such as listening, building alliances and challenging others if the expertise of colleagues or service users is not taken into account.” (Championing Children Framework, 2006, p. 13).

Feedback after the development day identified what staff and leaders gained from using this approach:

“So valuable to have this time to step back and think about things. We’re such ‘doing’ people – we just get on with everything. You’re helping us get a different, better view on what we’re doing.” (centre leader)

“It was extremely interesting and valuable to realise how we [differently] work/respond to situations.” (group leader)

“I have learnt the importance of different agencies working together and how they can benefit one another.” (staff member)

“How similar our approach is, how interlinked our thinking is, yet there are still some differences in policies.” (staff member)

2. Shared history: “They don’t realise how long this takes”

Both managers felt it was key to their successful collaboration that the first formal links between their organisations had been made 10 years ago. The will to work together had proved mutually beneficial and gave them as operational managers the confidence to make joint decisions and “run with it,” despite the “silo” mentality of education and social services structures. They recognised that it had been much easier for the head teacher who had more freedom to work across agency boundaries than the family centre manager. There had been continual resistance from social services’ line management and a lack of understanding and recognition from the wider organisation of the advantages of “boundary spanning” that still proved an obstacle to joint working and developing truly integrated services.

3. Culture: “Learning how we differently manage”

During the research, a staffing issue had emerged in relation to more direct accountability and supervision of a member of the nursery school staff who was now based at the family centre. Although knowing this kind of situation could not be resolved overnight and had been difficult for the person involved, both managers recognised that they had real differences in style and reporting mechanisms and that the family centre manager not only had a more directive style with staff, but security issues of the setting required a tighter structure around procedures such as signing in. The more direct supervision possible in the nursery school setting made these processes more informal.

In order to work together, senior managers had discussed their different approaches and personalities, the headteacher being “more trusting, more democratic” and the family centre manager “more sceptical, more authoritarian.” They had agreed that the ethos of the centre allowed for both management styles to exist since they line managed different groups of staff, although when there had been difficulties about new posts or shared staff they needed to listen to and take on board the other’s opinion, respecting professional boundaries.

“We don’t have issues – we don’t argue because we know we have differences.” (Family Centre manager)

The development day had brought out and clarified some interesting differences in approach between the staff teams. The Family Centre/Social Services based staff

worked mainly with parents, but had become very child focused. The early years and childcare staff groups both worked primarily with children but emphasised the importance of parents. Sure Start staff's approach was through the parents. Sometimes managers wanted Sure Start staff to be more child focused, both in relation to child protection concerns, where they felt the friendship relationship blurred boundaries and also in the emphasis on giving time for parents, which had resulted in upset and crying children being put into the crèche, whether or not they were ready for it.

Differences in boundaries had emerged and highlighted continued differences in perspective. For instance family centre and social services staff maintained very strict professional boundaries, whereas education staff, worked across a wider spectrum of parents (a significant number of staff were local community members and had worked in school for years, so in these cases the boundaries were even more blurred between staff and parents). The headteacher was mindful of the need to remind her staff about confidentiality when discussing children.

One stark cultural issue had engaged staff on the development day. It emerged that there were very different views about children sharing parents' beds, with social services staff saying they would be concerned to hear this practice occurring in families, whereas childcare and education staff felt this to be normal family behaviour and were shocked that it would be regarded suspiciously. Discussions of this kind around values were prized by staff.

"We rarely have the chance to discuss like this. It gives an objective view."
(staff member)

4. Democracy & equality: empowering role of the change team

Both managers recognised that they had worked hard with the change team to involve every member of staff in the process of integration. They felt staff were a lot more aware of each other, with regular meetings between social services and family support staff, while family support and family aides' meetings were now a regular feature once a month, with outreach staff coming in to meetings.

"We've pulled them in, we make sure they feel inclusive in that, to look at group stuff." (centre leader)

The external colleague and member of the planning team reported a definite shift since the action planning session after the development day, with "everybody much more clued up about the whole development than they were."

It was felt that including more staff members in the change team and senior management team, set a precedent for what was expected in terms of collaboration for more integration. Individuals were getting more confident and "coming out with things now," demonstrating more ownership of the joint enterprise.

5. Building a base for collaborative working

As part of the final review session I asked the two managers to carry out a *forcefield analysis* of the factors pushing towards and pulling against creating an internal culture of collaboration (Coleman, NCSL 2006, p. 56). The results of the managers' analysis are shown in Table 1 below.

Table 1. Centre A: forcefield of collaborative practice

Things that help (Accelerators)	Things that hinder (Brakes)
One front door to services: families see it as one service for children, do not feel stigmatised if receiving family support.	Split site makes it more difficult for staff and managers.
Centre managers' shared vision & commitment: with underpinning background links to each other's primary focus and core values (feminism, families, young children, improving life chances for people in local community).	Extra responsibilities, increased staffing, huge time investment not recognised in salary (social services manager).
Development of trust, openness, centre managers having the same kind of energy and drive to develop services.	Management (social services) not grasping what it means: not really signed up to children's centre integration, always having to explain the complexity, make it move it from bottom up.

Both leaders knew that the other held an equally deep commitment to developing empowering services for families with young children, which gave them a "bottom line" of purpose and principle as a reference point when differences arose. The use of the critical incident tool had allowed staff to discover the core values underpinning each other's practice, and although it revealed differences in focus between professional disciplines, these were seen as complementary and useful once they were clearly articulated.

6. The 'must haves' in collaborative working

This study reinforced many of the findings from the literature and the recent DCSF toolkit and resource book, but particularly highlighted the following eight actions, which played a significant part in improving collaborative working in this centre after the development day:

1. Visibly modelling collaboration at senior leadership level.
2. Joint action planning and review using all staff and change team (diagonal slice).
3. Protected, facilitated time for whole team development in multi-disciplinary groups.
4. Sharing and pooling of resources, both human and financial.
5. Ensuring all agencies' managers were represented on operational and strategic management groups.
6. Understanding cultural and procedural differences in team, agency and professional perspectives and responses.
7. Information sharing about families, roles, job descriptions, records, procedures.
8. Joint training, joint lunches, attending each others' team meetings.

Out of these eight actions, the one that the three senior leaders felt had most significant impact during the period was number 5, getting a genuinely representative membership to four key operational, strategic and locality-wide groups.

For the leadership team, the key to effective collaborative working was a history of joint working over time and the shared vision across the centre staff and leadership

to get the best possible life chances for young children and their families in their community. The main trigger provided by the development day was building a clearer appreciation amongst staff of the fact that each agency had a different focus, but that there was a clear connection and common core value base between teams.

Deciding to pool funding for rebuilding, extra rooms, internal refurbishment and the forthcoming new outdoor play space had been very significant. The single entry doorway for all services had become a signal of the new integrated services for both families and staff and the managers saw the new play area project as a further demonstration of their joint commitment to create an environment where 'all our children' can grow and play together.

Case Study 2, Centre B: Methods, processes & outcomes

Description of Centre B – from interview with centre leadership team

Centre B had started as a third wave Local Sure Start Programme, which from its early days had contracted with a private provider to set up an onsite 24-place day nursery within the building. Although the Health Centre was across the car park, joint working between family health visitors and children's centre staff was not strong, possibly due to the centre having originally appointed its own health visitor as part of the Sure Start team.

The centre's services – offered to 850 families in the wide catchment area, covering the whole estate – included family support, midwifery, health promotion and jobs brokerage. Particular strengths of the former Sure Start programme were the volunteer programme and the parents' organisation. The local population was mainly white, often three generation families, but with a preponderance of very young parents. There were also a significant number of transient families. Low employment rates, teenage pregnancy and escalating debt problems were endemic. The main challenges of the neighbourhood had been the large number of lone parents, an increasing drug and alcohol dependent culture and other lifestyle-related health problems.

The new centre manager had requested outside facilitation for a team 'visioning' day, since she felt morale and team working were lacking after staff losses due to restructuring. There had been a gap in leadership, and several different centre managers. The full staff team numbered 16 at the time of the development day, divided naturally into four separate teams:

- admin
- family support
- play
- health visiting

Day Nursery staff were not included in the day at this centre.

The centre leader listed the following as her **top three challenges** in multi agency working:

- Building relationships between staff in the different settings and agencies.
- Building clear lines of communication between agencies.
- Awareness, understanding and acceptance of the different values, cultures and visions of the different local agencies.

For herself as leader, she wanted the development day to move forward the process of action planning, to build the team and reduce barriers to multi-agency working by improving understanding between different agency members. In the longer term she wanted the day to improve and develop the services needed by local families.

For the centre she wanted “staff to feel they are part of the process to move the centre forward, by working with staff from partner agencies”. She wanted multi-agency relationships between centre staff and colleagues in health, social care and education to improve, and services to be flexible and parent-led. In the longer term she wanted the centre to be recognised by the Local Authority Early Years service for its high quality, multi -agency flexible services, and to be seen as integral to local area based services.

Centre B’s themes – from discussions with centre leader

There were five main themes uppermost for this centre before the day, apparent from discussions and questionnaire in the planning stage:

- trust
- commitment and determination
- culture
- power
- risk

For some time, this centre had experienced a lack of leadership and direction and since the original manager had left a year before, two inexperienced staff had been simply directed to “act up” without training or support. Two interim manager appointments had not materialised. This, coupled with uncertainty about the future role of the centre in the local authority’s new commissioning arrangements had resulted in low staff morale, and a lack of confidence and self esteem. The new centre manager could see many strengths in the work with families, but this was overshadowed by a culture of coercive leadership and a lack of professional autonomy. Relationships between staff were fractured, and there was little partnership working between teams and between the centre and outside agencies.

“They’re lost without absolutes. They go back to where they’ve been threatened. The attitude is “Why bother? We’ll all be out of jobs next March.” We’re at a really early stage of rebuilding. We need to start marketing ourselves if the centre is to survive, to work with other groups in a more fulfilling way. I want to release them from the chains of not working together, and all their rules and rotas.” (centre manager)

Planning Centre B’s visioning day

Although generally staff were quite keen to participate in the development day, presented as a visioning day to underpin the sense of making a new start with the new manager, they could see no point in the suggestion to spend part of the afternoon session together in a group activity, bowling or ice skating.

“Fun? What’s that?” (staff member)

They had no previous experience of team building or team development days and the manager suspected that team events had been to receive information or direction rather than to share vision and values.

Accepting that this was indicative of the baseline state of relationships within the team, the centre manager instead ensured that there would be a shared lunch together as part of the day, and that some of the health visitors from the neighbouring health centre would join the session, and stay for lunch. Considerable thought was paid to the composition of the mixed professional groups for the ten scenarios exercise, and which members of the team would be asked to facilitate both sets of the small group discussions. Between the planning session and the day the manager made some changes of group leaders to enable more staff to take a leadership role. She took the risk of not only choosing key enablers in the team, but also one or two staff who had been highly resistant to changes she had proposed.

On arrival at the centre I noticed a tall fence erected between the children's centre and the health centre, and inside the building the large number of key pad locked doors between different parts of the building, zoning it into clear 'no go' areas for parents and separate services. The reason given for this emphasis on security was the risk that a violent parent might try to gain access to a child, partner or member of staff. The new manager saw this perceived threat as actually posing a very low risk and felt it conveyed negative messages to families, but had not yet gained staff agreement to remove the key pads. She had, however replaced signs on doors saying "Only 10 people at any one time" and "Please leave this room as you find it," with the more welcoming "Family Room".

Centre B's Visioning Day

The manager introduced her aims for the day at the outset as providing direction for joint multi-agency action planning that would result from the exercises, that was already underway in various areas of work. She explained her hope that the positive attitudes she knew staff held towards parents could be extended to each other. Often, she said, we do not understand where other professionals are coming from and this day is a chance to improve that.

A total of 19 Centre B staff members and four family health visitors representing the four different teams attended the 'visioning day'. In order to enable attendees to get to know each other better as colleagues, the day began with an ice breaker exercise in which they were asked to share what they were passionate about in their work and in their home life. They were asked to work with people they did not already know very well. The feedback in the whole group allowed participants to hear more about the rounded lives of other staff, and also the areas of work that really motivate their colleagues and why. This encouraged staff to start to articulate and share the values underpinning their practice prior to engaging in more challenging enquiry.

After getting to know each other better, four focus groups comprised of single-agency teams met to discuss all ten scenarios. The aim here was to enable each team leader to assess their team members' responses and move towards a consensus team approach. Then the groups were mixed up so that there was at least one representative from each team in the new multi-professional groupings. This time facilitators were briefed to allow the discussion to focus on the scenarios where there seemed to be very different responses from the group members. Finally, the groups came together to share and discuss their responses in a plenary session, each bringing one scenario that had really engaged the group and brought out a range of different approaches.

Centre B: staff comments

Following both sets of group work (in teams and in mixed professional groups), comments showed that there had been a shift in understanding:

“Eye opening”
“It helped us get to know people”
“We’re completely different!”
“We found we did want to share information”
“Why hadn’t we thought of that before?”
(staff members)

One of the main learning points to emerge in the plenary was the contrast between team cultures and levels of confidence. The health visitors, although feeling well supported by their colleagues and accustomed to sharing expertise and knowledge within the team, were often inundated with work and under resourced. At times they had felt quite jealous of the children’s centre’s resources in terms of available funding and opportunities to do nice things with families like trips and fun activities.

Staff in the centre-based teams on the other hand, had on several occasions felt quite unsupported in problematic situations and this was accentuated by the fact that most of them lived and worked within the local community. Several staff could remember restless weekends from being left with unresolved child protection anxieties. They felt parents were more likely to bring them their difficulties than go to the health visitors, who arguably had much more experience, skill and informed colleague support to deal with tricky family situations. They also stated that health visitors could also drive away at the end of the day unlike centre staff.

“How much health visitors share ideas with each other! We miss a lot of that here.”
“There’s a lack of communication between health visitors and this team.”
“There’s always been that barrier...” (staff members)

The group’s ideas to help resolve this discrepancy between the centre teams and the health visiting team were to arrange more joint visits to families, to learn to share information more and to start to find opportunities to share resources. They now knew they had different perspectives on confidentiality and they needed clearer guidance on policies, procedures and responsibilities in child protection work.

Another difference that had emerged from the exercise was the lack of a consistent view about tackling prejudice. Some staff accepted, or even agreed with discriminatory values being expressed by parents (arising from scenario 4, offensive remarks by a parent about Gypsies) and this had led to a long discussion about their own values. Scenario 9 (Grandfather objects to Amran wearing girl’s clothes) had also provoked a long discussion about honouring cultural backgrounds and what inclusion means.

The group’s conclusion was that they needed further opportunity to discuss their own personal values, and suggested joint diversity training, incorporating more professionals and other centres involved in the consideration of cultural differences. They thought this would be a way of opening up and learning how to challenge discriminatory views from colleagues that were undermining a professional response to families.

Finally, the group said they thought improved communication was essential. They proposed planning and offering summer activities in conjunction with local schools and other centres. They felt they needed to clarify changes in roles and posts. They said they needed to know exactly who to go to about child protection issues. The scenarios had also reinforced the need to see the child as part of the family.

Centre B: staff and facilitators' feedback

A range of comments was recorded at the end of the session, most reinforcing the group learning. Several related to the need for further joint exploration of values and principles, but open to a wider range of professionals and parents. All of the following comments were made by staff:

“We should consider involving groups of parents/children in obtaining their views on the services provided and those needed.”

The need for joint training on child protection was seen as vital.

“Consider lobbying to ensure training is available to all children’s centre staff regardless of their employer.”

Suggestions for joint working included work shadowing, joint visiting, joint team meetings, joint supervision and joint working groups to develop joint working policies.

“Involve other partners in our meetings and informal gatherings.”

“Move from working alongside each other to working with each other.”

There was a sense of a new appreciation that the members of different teams had the same objectives but were not working together.

“We have the same objective but we achieve it separately.”

There was also a clear sense of the benefits of coming together.

“Good relations=more likely to share information=peer support=better outcomes for parents.”

The fence between the buildings was used as a metaphor of separation between the agencies:

“It’s like walking alongside a chain link fence, us on one side, partners on the other. When needed, we can join hands through the fence and work together until the problem is solved.”

“Wouldn’t it be better to remove the fence?”

Centre B: action planning

In the follow up meeting a week later with the centre leader it was apparent that the day had already triggered some follow up multi-agency initiatives. A meeting had been arranged with health visitors to discuss how to move forward to improve links, and a family-support working group had started to look at ideas for joint work. Staff would be attending allocation meetings with health visitors. More joint lunches had been suggested.

As a leader she had been astonished that the day worked as well as it had and it proved to her that the staff could think in multi-agency working terms and about tackling the issues that arose. Before the day she had not known that they had the skills to come up with their own objectives. Now that she knew they had that language and culture, albeit buried, she would have more confidence in moving on despite resistance from one or two staff. She thought the day had given the team quite a lot of confidence, although it would be up to her as leader to build on this to see results. Her priorities were now to:

- Arrange diversity training and tackle prejudice.
- Set up working groups to action plan from the day's feedback, specifically creating links with social workers and health visitors.
- Build on the experience of using a wider range of staff as leaders/facilitators to disperse leadership skills within the centre.
- Continue to model a gentler style of leadership: a new experience for many staff.
- Empower staff by encouraging them to expand their practice and try out their ideas.
- Ensure her colleague manager (unable to be present on the day) was up to date with what had already happened in terms of building bridges.

"I'm going to have a hole in that fence before I've finished...no joking." (centre leader)

Centre B: outcomes at follow up review

At the review session two months later, the centre manager listed a considerable number of positive changes that had taken place within the staff team and in their relationships with parents. Several of the improvements were related to the handling of critical incidents, which she had recorded in her learning journal during the intervening period.

1. Improved staff morale, commitment, communication and cohesiveness

After the visioning day the manager reported staff had been very enthusiastic. Team meetings had changed, "much more positive." Staff had "become brave" having the courage to say what they thought, "even to each other." As a result of the day, people began to feel they had a right to a view. The morning after the visioning day two parents had come in to apologise for not being able to attend. Since then many more parents had been coming in to the centre.

Some sticky personnel issues had been resolved: the staff involved had not reacted angrily or become too defensive. They were able to say "I see where you are coming from," showing more understanding.

There was now more communication "on so many levels and in so many ways." People were standing up for themselves; their self worth had increased. As far as she was aware not one was looking elsewhere for jobs now, or if so were not talking openly about it as before. She was less aware of staff "talking in a corner and suddenly falling silent" when she came into the room.

“Up to that day I had only attempted to work with the people that I knew were willing to engage. I left the rest. If I said “Can anybody help?” I knew no heads would turn... Now these very people are coming to me.” (centre manager)

It had been clear that there had been a lot of talking about the day amongst the team and with the people who had been absent. A direct result had been an acknowledgement of the need to come closer as a team. One individual previously highly resistant to the idea had voluntarily moved in to the open plan office.

2. Impact on relationships with parents

The manager had noticed a real change in the way staff communicated with parents.

“Previously if a parent had a beef about something the attitude was ‘Nothing to do with us; you have to talk to them up there’ and they wouldn’t be averse to a fair bit of winding up a parent on a topic too. Not any more. Now the approach is ‘It’s not quite like that, you know’ and ‘The reason we are doing it is...’ And that’s a direct result of discussing those scenarios and recognising the need to pull together in responding to parents. Before, the different teams didn’t see themselves as partners.” (centre manager)

Staff were now actively encouraging the use of the building out of hours by outside groups, even though it meant extra duties to open up the building and the outside gate, shutters, internal doors and then lock it all up again each time.

A major transformation had been the deactivating of all the security keypads. The issue had been debated at four different team meetings and it had been finally resolved to remove them at the beginning of September. The centre manager then had to explain the change to a group of parents (including 3 who had been previously banned from entering the building). The parents were very annoyed that *they* had not been consulted, and just as with the staff, the centre manager had to explain why she thought the risk of a violent incident was unlikely. She acknowledged parents’ fears but explained that the locks conveyed a lack of respect to parents because they prevented open access to the centre, and actually made staff in reception more vulnerable because they would have no swift escape if they were attacked. She explained that staff were working to *avoid* and *prevent* violent behaviour by creating a calm and respectful atmosphere, trained in the skills to respond sensitively to upset parents. (From manager’s journal account)

The centre manager was able to use this real life critical incident to model a respectful but robust response, coherent with the ethos and values she wished to demonstrate to staff and parents.

It was important that the manager was able to demonstrate this value based response to parents, in front of staff. She was able to convey that the decision was part of the centre ethos of respect for parents and how to face rather than avoid confronting conflict, while clearly showing she was listening to the other’s point of view. This was followed by an alternative solution to the problem, along with an explanation, grounded in the values she wanted embedded in the centre’s practice.

Centre B: summary of outcomes

At the two-month review the centre manager reported the following outcomes:

- Half the team were actively now seeking training to enhance their role or personal and centre development, including six people embarking on degrees or postgraduate diplomas.
- The centre was now involved in a number of pilots, new projects, and interesting training initiatives, with staff supporting each other to get involved.
- The atmosphere in the building had completely changed.
- The admin team had reorganised, taking on increased responsibilities.
- The centre was actively developing new services again.
- The manager had 80% staff behind her, leaving a small group still not entirely trusting her or able to understand the new ethos.

Progress could be seen evidenced in:

- A new weekly liaison meeting with health visitors, community workers and centre staff.
- Student social workers starting placements in the centre, supported by a member of staff.
- Other agencies now working from desks in the building (KIDS, the local authority's inclusion development team, a new qualified teacher working both in the nursery and with other centre staff, health visitors now coming in to run groups in the centre, and evening training for parents and staff in personal safety).
- Three new parents' groups now constituted and running from the centre.
- The nursery had requested her help on its Board, which she now attended and the daycare staff were now attending centre team meetings.

“Staff have stopped saying no – or putting up barriers” (centre manager)

Reviewing her own action plan priorities from two months earlier the manager reported that:

- Diversity training was being organised, using a variety of methods, trainers and approaches, but all based upon first building respect for others.
- The deputy manager was forging links with social workers and two centre staff had committed to attend weekly health visitor clinics for three months and then rotate amongst the team.
- Staff had been encouraged to attend outside training courses and then give presentations to the rest of the team.
- Using a 'kind but firm' leadership style, she had gained trust and respect from staff who could see that certain individuals could no longer get their own way
- All staff were now engaged in their own action planning process feeding in to multi-disciplinary task groups who would take this further for the centre as a whole.
- Keeping her colleague manager in the communication loop was now an active process, to avoid staff deploying “divide and rule” tactics.

“It's important to explain, not just why I'm doing something, but the beginnings of my vision for where it's going. It's not enough if people don't see it as part of the bigger picture.” (centre manager)

The two issues the centre manager was still facing were

1. Family support workers' reluctance to discussing cases with health visitors.
2. Unhelpful responses (“I don't know”) from staff.

She was tackling the first by countering one by one all their objections, and offering to accompany staff to the meetings. The second was being challenged using humour, announcing “a ban on ‘don’t know’ - because it is not helpful unless you follow it up with an offer to find out”, and on one occasion directly challenging the unhelpful response. (From manager’s journal account)

Objectives that were still to be achieved by the centre were:

- Outreach with many more families living in the surrounding area.
- Offering services to the 400 under 5s identified as living locally.
- Making contact with the primary school next door and parents at the school gates.

Learning from Centre B’s development day

“This is where the day helped: we were dealing with all these issues relating to people from other agencies. We didn’t realise that we were dealing with each other like that.” (staff member)

Researcher’s reflections

- It is not surprising that issues arising in collaborative practice such as trust, communication and language, accountability, resources and common aims (Vangen & Huxham 2005, p. 38) are as important to resolve *internally* in a multi-agency team as between the team and its outside partners. There can be a tendency in teams to see difficulties in creating partnerships originating from other agencies, rather than a reflection of the areas that are currently problematic within the team.
- An observation from this case study was the direct relationship between the leadership *qualities* that were demonstrated by the manager and the move towards more integrated and value-based practice that occurred in the centre after the development day. To illustrate this connection I have used the framework contributed by a recent school leadership focus group (NCSL May 2007, p. 7) in Table 2.

Table 2. Leadership qualities and staff practice

Leadership qualities demonstrated	Evidence of changing practice by staff
Commitment and visibility.	Move to open plan office, better timekeeping, opening the centre after hours for parents.
Recognition and acting on staff concerns.	No longer planning to leave Listening to parents’ views.
Giving value based reasons for contentious decisions.	Explaining difficult situations to parents.
Constructive approach to conflict.	Openly voicing opinions in meetings.
Providing development opportunities.	Volunteering for training and cascading practice development.

Leader's reflections

1. Involving staff in the process

“Saying ‘We’ was a big theme on the day. Now I’m hearing staff say it to each other and to parents.” (centre manager)

It was essential for this centre leader to “get staff onside and feel part of the process” in order to move the centre forward in developing multi-agency work with partner agencies. The skills she chose to use to achieve this were to demonstrate an open, consultative style and to resist automatically giving her own solutions to problems. Instead she would ask the team for their views, working for consensus, even if it took a lot longer. With individuals this meant using coaching skills rather than direction, coupled with plenty of encouragement to try out their ideas. “Before I came into post, responsibility meant blame,” she reported and many staff were still reluctant to initiate or suggest ideas for more effective joint work. Being reminded by one member of staff to book a date for the diversity training, following several concerns about staff attitudes to differences that arose on the development day, was an example of a member of staff owning the process of change herself, and starting to set the pace.

Building loyalty was crucial the manager felt. She had gained this by listening to and then standing up for staff against the wider organisation. Being seen to act on their behalf was essential if staff were to trust her commitment and belief in them as individuals and then her vision for the centre. This process is two-way. As a result of actively supporting her staff through problematic situations, the manager’s personal commitment and investment in the team had increased.

2. Changing the culture: “Being the change you desire”

The first case study showed the importance of demonstrating collaborative working between the two centre leaders as a way of encouraging the sharing of responsibilities, mutual respect and equality amongst the different teams. In centre B it was important for the leader to model the practices she wanted to see staff adopt towards each other, with parents and with outside agencies. She did this by:

- Showing her commitment by arriving first each day and leaving last.
- Tackling rather than avoiding conflict, i.e. proactively intervening.
- Explaining how decisions link to a set of underpinning values.
- Challenging attitudes that conveyed disrespect.

These practices go one step further than the process-building, ‘softer’ skills such as support and coaching described in the previous section. These behaviours start to involve staff in active self-leadership. They require effort and often courage to carry through and there is the risk of failure or fall-out. The leader’s satisfaction is immense when staff start to demonstrate such practices themselves.

Tackling problematic situations directly and facing rather than avoiding conflict had been alien to centre culture:

“They [parents] were quite taken aback: somebody had taken on board their issue. They [staff] were taken by surprise that I went right in to the hornets’ nest and talked directly to the parents.” (centre manager)

3. Understanding the importance of centre history: including what you don't know

Two months after the development day at Centre B, once staff felt safe, the leader was told about the experience of a previous team day in which staff had been humiliated in front of parents. Their expectations had understandably been very negative and it became clear why they appeared initially defensive and perplexed by the suggestion that it could be enjoyable to spend time as a team in this way. Although not apparent during the planning stage, the importance of outside facilitation for this event was now evident, allowing the centre leader to participate in all the exercises, listening, contributing and learning as a member of the group, and to be alongside the team preparing and sharing lunch. This was a very different way of seeing a leader behave for this team.

Summary

The original aims of this research study were to find out:

- What works best in leading a centre towards a more integrated approach to working with children and families.
- What are the advantages for leaders of applying the critical incident model as a diagnostic tool in multi-agency team development.
- What success was achieved with the action plans drawn up after a development day applying the critical incident-based tool.
- What learning could be applicable to leaders in similar settings.

It had already been established by Anning (2005) and earlier work in my own centre that applying a diagnostic tool consisting of a set of critical incidents or “what if?” questions to mixed groups of staff was a useful way of discovering gaps and inconsistencies in practice between teams. It was also clear that this approach was a good method for leaders to help staff to articulate and share values underpinning their practice, which could then be linked to the overall ethos and vision of the centre.

To find out whether using the tool as part of a process of whole staff team development would work as a lever to encourage more effective joint working, build learning within teams and improve responses to families, the model was applied in two different multi-agency centres. The process was identical in both:

- Identification of current centre themes with leaders.
- Joint planning of development day involving all multi agency staff/volunteers.
- Application of the diagnostic tool.
- Joint team and centre action planning.
- Review of progress after two months.

The results from the two case studies revealed that when the tool was applied thoughtfully by leaders within the context of a single staff development day, it had far reaching effects:

- It offered staff an opportunity to find out about and question each other's practice with children and families. This led to increased confidence in articulating the values underpinning their work.
- It enabled team leaders to see discrepancies, gaps in knowledge and skills training within teams.

- It helped staff themselves identify ways of working closer together and sharing resources.
- It stimulated joint action planning from staff.
- It resulted in more representative management and governance structures and pooled capital funding (centre A).
- It led to marked improvements in responding to parents and better staff morale and increased staff confidence (centre B).

Conclusions

Assessing and then improving the effectiveness of collaborative working is an essential task for leaders of new and amalgamating multi-agency teams offering integrated services.

The Government encourages leaders to take forward a programme of transformational change:

“Inclusive and facilitative in their approach, inviting ideas, they should lead change from a clear value base ...developing a shared understanding ...shared language...including the very sensitive issues associated with bringing together different cultures and asking professionals to work in different ways” (DfES, p. 10).

The two case studies described in detail above involved:

- Whole team events to develop increased multi agency collaboration.
- A diagnostic exercise using the critical incident scenario tool in mixed multi-agency groups.
- Feedback and action planning by staff.
- Review and analysis of progress with leadership teams.

The action research process took place over five months in each centre, using the centres as case studies to examine whether whole team use of the critical incident tool could improve the effectiveness of multi-agency collaboration. During the review sessions I was able to discuss applications from research with centre leaders, such as:

- Bridging versus bonding.
- Forcefield analysis.
- Transformational leadership strategies.
- Journaling for reflective practice.

The centre leaders reported that work on building a shared value base and a common language to translate these values to parents was a useful, timely intervention for their centre teams. They found the focus on staff responses to the problematic situations in the scenarios represented a useful diagnostic and action planning tool, promoting increased understanding amongst multi-agency teams of each other's beliefs and practices and improved joined up working.

The progress in both centres with the action plans drawn up after the development/visioning day was remarkable. Not only had most of the changes requested by staff been achieved, but the day had triggered a latent will in both centres to improve centre integration, which found expression in some unexpected ways. In Centre A, there was renewed energy to find more representative and

inclusive governance arrangements, and a new urgency to securing funding for the landscaping of the grounds. In Centre B there was a direct impact on parents' involvement and presence in the building, and many changes that the new manager had identified but staff had resisted, suddenly became possible.

Reviewing their learning with centre leaders after the development days in each centre highlighted the following key factors in building effective multi-agency collaboration:

- Prioritising time for jointly developing reflective practice.
- Understanding the importance of team history.
- Understanding cultural and practice differences.
- Involving staff in the process as equals.
- Sharing power and information.
- Modelling collaborative and value-based practice.
- Clearly articulating the centre's vision and ethos to staff and parents.

All seven themes are closely linked to the values, skills and attitudes the groups of multi agency staff considered most likely to produce effective outcomes for each problematic scenario in the critical incident tool.

It is hoped that this research may provide encouragement and help to new, emergent and established centre leaders stepping over the threshold of new integrated children's centres. These leaders embark on the triple challenge of forging a multi-agency team, building a shared value base and supporting individual staff members in providing a responsive, respectful and empowering service to children, parents and families. Jointly constructing and then sustaining a multi-agency context, a shared and coherent set of underpinning values for this practice is an essential first step on the journey.

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Appendix A
Schedule of critical incidents

<p>1. A mother often arrives to pick up her child in the early afternoon smelling strongly of drink and behaving erratically. One day when she arrives she is obviously so drunk that you fear for the safety of the child.</p>
<p>2. Patrick refuses to share a bike during an outdoor play session. Lee pushes Patrick off the bike violently. Patrick rounds on Lee and hits him hard. You sort out the conflict, but both children are left with scratches and minor bruises. When the children are collected later that day you tell the parents about the incident. Lee's dad praises his son for 'standing up for yourself'. He tells you that he has taught his son to hit back when provoked.</p>
<p>3. Hayley has been with you for ten weeks. She will only play in the domestic play area or with the table top toy when an adult is present at the activity. She refuses point blank to try any other activities or to go outside.</p>
<p>4. You overhear a parent in your setting loudly making offensive remarks about the number of 'Pakis'/ 'Gypsies' that are moving into the area.</p>
<p>5. An eighteen-month-old child persists over a period of two weeks in crying hysterically and throwing tantrums when her mother drops her off in the mornings. She is agitated and under pressure to get to work on time. Some colleagues believe the child should be left to 'cry herself out' as all other tactics have failed to settle her. They believe that 'fussing around her' will make her worse.</p>
<p>6. A student on placement reports to you that she has just seen Raji, a four-year-old, playing out overtly sexual behaviour in the role play area.</p>
<p>7. A parent tells you that she is worried about her new neighbour. She moved into the house with three young children, all under five, several weeks ago. She seems anxious about leaving the house. Her children are not allowed to play in the garden. She is frequently heard screaming at the children and shouting that she'll put them into a home if they don't shut up.</p>
<p>8. A two-year-old in full day care still refuses to eat anything but sweetened yoghurt after several weeks with you. Her mother does not appear concerned when you talk to her about Ashley's eating habits. She says she's always been a fussy eater. Some of the other toddlers are beginning to demand yoghurt at mealtimes.</p>
<p>9. Amran is being brought up by his grandparents. Grandfather arrives to collect Amran earlier than expected and Amran runs across to him dressed in a long skirt and a bonnet. Grandfather is angry and tells the child to take off those girl's clothes now. He tells you that you are not to allow Amran to dress up in girl's clothes again.</p>
<p>10. Hussein, aged three, looks permanently tired and listless. He always seems to have minor cuts and bruises, but when asked about them can explain them easily enough. He has been seen by other parents playing out into the late evenings with a gang of older children on the estate.</p>

Appendix B

Definition of terms

The following working definitions of terms often used interchangeably in this field, using definitions set out by Frost (2005, p.13) and amplified in the DfES Toolkit (2006) are adopted in this report:

Multi-agency or inter-agency teams or individual staff co-operate to provide complementary services; collaborate for common outcomes, and co-ordinate plans towards shared goals. Practitioners share a sense of team identity, but maintain links with their home agencies through supervision and training. The team works with universal services, not just individual children, but small group, family and whole school work.

Multi-disciplinary teams consist of individuals with different professional backgrounds who share common objectives, making a different but complementary contribution to a service

Joined-up working overcomes existing professional and institutional barriers to provide seamless services to families

Integrated centre services operate from a single service hub in the community, usually a school or early years setting, with multi agency practitioners delivering coordinated, cohesive and comprehensive services to children and families. It has a management structure that facilitates integrated working and commitment by partner providers to fund and facilitate integrated services.

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