

**HOW CAN CHILDREN'S CENTRE LEADERS
BEST ENABLE INTEGRATED WORKING TO
FLOURISH?**

**Thesis submitted for the degree of
Doctor of Philosophy
at the University of Leicester**

**by
Julie Vaggers
B.Ed (HONS), MA, NPQICL**

**Department of Medical and Social Care
Education**

University of Leicester

December 2014

Abstract

Author: Julie Vaggers

How can children's centre leaders best enable integrated working to flourish?

Early, effective and integrated public service responses to the needs of children and families continue to be a cornerstone of National Policy. Children's centres are local resources offering a range of services across health, education and social care in order to improve the life chances of children and their families. Leadership is known to be the key to successful collaboration, bringing together people who have not worked together before. This research aimed to explore the challenges of leading an integrated children's centre.

The research used a qualitative methodology to identify new understandings about leadership approaches. It identified the barriers that prevented effective collaboration and developed a model to analyse and shift the current state of integration. It explored the meaning of integrated services and how leaders could establish a climate for collaboration.

Five strategic managers were interviewed. The main findings were that the concept of integrated services was unfamiliar and open to interpretation. Centres offered professionals an opportunity to be part of a learning community where they could share knowledge and build relationships.

Ten centre leaders took part in eight action learning sets. The main findings were that centres enabled staff to share knowledge and develop a shared purpose. Services needed to be well planned over a locality. Leaders needed to have a clear understanding about their own and others behaviours and learning needs.

The final synthesis of these outcomes was that four leadership processes were developed which could help leaders to enable integrated working to flourish. These were: thinking systemically, building and rebuilding relationships, nourishing self actualisation and utilising alternative approaches to solving complex problems.

The outcomes from this research mean that it will be possible for leaders to test out and explore new ways of leading a children's centre.

Acknowledgements

I would not have completed this thesis without the support and inspiration of my tutors and supervisors, specifically Dr Margy Whalley, Dr Karen John, Professor Liz Anderson and Patrick Whitaker (1952-2010). Their unwavering belief in my ability to write has helped me to reevaluate my academic capability.

I am indebted to the participants who agreed to contribute to this research. They gave their time, their paradoxes and dilemmas generously. I wish all of you the very best in your endeavours to ensure that integrated working can flourish. I would also like to thank the Governing Body at Rowland Hill for recognising my need to study in order to continue to practise leading.

I appreciate the support and the encouragement of my family over the years of this study.

I would like to thank Dr Elaine Wilmot for helping me climb the last literary stumbling blocks in the beautiful Yorkshire countryside.

I would not have finished this work without the generosity of my fellow PhD peers and their constant words of encouragement. My thanks go to Liz Klavins, Eddie McKinnon, Christine Parker and Jackie Drake.

Abbreviations

CAS	Complex adaptive system
DES	Department of Education and Science
DfE	Department for Education
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DCSF	Department for Children, Schools and Families
DfE	The Department for Education
DoH	Department of Health
DTI	Department for Trade and Industry
DWP	Department for Work and Pensions
IOR	Inter organisational Relations
NHS	National Health Service
NPQICL	National Professional Qualification in Integrated Centre Leadership
OFSTED	Office for Standards in Education, Children's Services and Skills.
EPPE	The Effective Provision of Pre-School Education
EYFS	Early Years Foundation Stage
ICCLRG	Integrated Children's Centre Leaders Research Group

TABLE OF CONTENTS

Abstract	(i)
Acknowledgements	(ii)
Abbreviations	(iii)
Contents	(iv)
Appendices	(viii)
Tables and Diagrams	(ix)
Structure of the Thesis	(xi)

Chapter 1: Introduction and background	1
1.0 Introduction: What is a children's centre?	1
1.1 Leadership of children's Centres	2
Chapter 2: Policy Initiatives	4
2.0 Introduction	4
2.1 An inconsistent and disjointed History	4
2.2 Short term thinking is a hindrance to the development of coherent practice	5
2.3 The normalisation of a silo mentality and the fragmentation of services	6
2.4 Early examples of integrated early years services	8
2.5 A gradual recognition of the value of early education	9
2.6 Changes of Government led to changing views about families	10
2.7 Whole system change was seen as necessary to integrate services from top to bottom	12
2.8 A lack of functional relationships led to a public outcry over the failure of public Services	15
2.9 Constantly revising the vision and purpose of children's centres	22
2.10 Difficulties in defining integrated services within a children's centre	27
Chapter 3 Literature Review: Children's Centre Leadership	36
3.0 Introduction	36
3.1 Definitions and concepts of leadership	36

3.2	Eight key integrated leadership processes	38
3.2.1	Guardianship	39
3.2.2	Encouraging realism, and having the courage to be imperfect	42
3.2.3	Tuning into systems thinking	48
3.2.4	Interpreting and translating vision and values	51
3.2.5	Championing relational practice	57
3.2.6	Understanding change	62
3.2.7	Sense making and stimulating research which embraces paradox	66
3.2.8	Utilising knowledge of inter-organisational relations and the theory and practice of collaborative advantage	71
3.3	Themes from the literature review	75
3.4	Rationale for this research about how to lead integrated working within a children's centre	78
Chapter 4:	Methodology	85
4.0	Introduction	85
4.1	Research Aims and Objectives	85
4.2	Research paradigms and methodological approach	86
4.2.1	Research Reflexivity	91
4.3	Research Schedule 2008-2013	93
4.4	Stage 1: Interviews with strategic managers	94
4.4.1	Sample	94
4.4.2	Data Collection	94
4.4.3	Data Analysis	96
4.5	Stage 2: Children's centre leaders research programme	97
4.5.1	Sample	98
4.5.2	Data Collection	98
4.5.3	Data Analysis	103
4.6	Research Ethics	105
4.7	Summary	106
Chapter 5:	Results	107
5.0	Introduction	107
5.1	Stage 1: Findings from the interviews with strategic managers	107
5.1.1	Strategic managers described children's centres as virtual	108

	centres and as hubs and spokes and this was the way in which professional could work together	
5.1.2	The concept of seamless and integrated services for families and children was often unfamiliar, very open to individual interpretation and one that would adapt over time.	109
5.1.3	Children's centres were places where professionals could support reassure and share knowledge together	110
5.1.4	Developing relationships was seen as critical to establishing integrated practice, liking and affirming one another helped to underpin a supportive network over time	111
5.1.5	Children's centres as learning communities providing opportunities to explore differences and build trust	113
5.1.6	Leadership of integrated working is emotional work requiring emotionally intelligent approaches	115
5.1.7	Children's centres were places where leadership was difficult because everyone was accountable to different professional bodies	116
5.1.8	Children's centres were places where many professionals struggled to understand how to make seamless working a reality but newly emerging models of leadership might help.	120
5.1.9	How does this material link to leadership?	122
5.2	Stage 2: Findings from action research with children's centre leaders	125
5.2.1	Children's centre leaders described children's centres as places where staff shared common interests, knowledge and goals through the development of a shared ethos and purpose	127
5.2.2	Integrated working required centre services to be operationally cohesive and synchronised over a geographical area	129
5.2.3	Integrated working required systemic thinking to ensure strategic and structural robustness in the planning and delivery of services	133
5.2.4	Integrated working required relational nourishment because relationships were all important,	136
5.2.5	Integrated working required children's centre leaders to have a	139

	clear understanding about their leadership behaviours and learning needs.	
5.2.6	Integrated working required alternative and creative approaches to solving complex problems	143
5.2.7	Researcher reflections on stage 1 and 2.	152
5.3	A synthesis of the data from stage 1 and 2	153
5.3.1	Systemic thinking	158
5.3.2	Build and Rebuild relationships	160
5.3.3	Self-actualisation	162
5.3.4	Alternative approaches to solving complex problems	164
	Chapter 6: Discussion	167
6.1	Introduction	167
6.2	An original conceptual model; Four overlapping leadership processes	167
6.3	How can productive professional relationships best be developed by centre leaders, given the different line management arrangements and people's capacity in terms of time, budgets and priorities?	168
6.4	How can professions best develop an insight into each other's roles and responsibilities?	170
6.5	What are the factors that contribute to successful collaboration between professionals?	174
6.6	How can leaders develop a shared approach to developing better outcomes for children and families?	175
6.7	Which leadership strategies and approaches contribute to the development of a culture of working together?	178
6.8	Methodological Implications	178
6.9	Implications for the children's centre which I lead as a result of this research. What has changed?	180
6.10	Conclusion	183
6.10.1	Future Research Directions	184
	References	188

Appendices

	Title	Page
1	The history of public service development	205
2	Vision as the art of possibilities	209
3	Leaders as social beings with collective wisdom	210
4	Four practical relational pushing strategies	213
5	Leaders who create social capital	214
6	NHS Framework for assessing relationships	215
7	Interventions and Strategies for leverage	217
8	A detailed research plan	219
9	A code of conduct check list prior to interviewing a manager	220
10	Letter inviting children's centre leaders to participate in the action learning set	221
11	A certificate certifying research participation	222
12	A detailed list of activities carried out in each session	223
13	PhD Upgrade and Ethics Review Report	224
14	Ethical agreement	237
15	Questionnaire for participants	239
16	List of organisations and partners working with the children's centres	244
17	Circles exercise showing levels of integration	245
18	Table showing levels of integration	251
19	Hand out showing different definitions of integration	255
20	The groups definition of integrative processes	256
21	A depiction of the metaphors used to describe a children's centre	259
22	The boundary objects	262
23	Postcards to ponder upon	268

Tables and Diagrams

	Page
Table 2.1 The changing names of the Government Education Department 1964-2010	6
Table 2.2 National Audit Office Summary of Children's Centre Functioning	23
Table 2.3 Themes from the Historical, Social and Political Context to Integrated Children's Centres: Eight critical themes that have been influential in the development of integrated services in children's centres	35
Table 3.1 Key OFSTED inspection judgements about leadership	44
Table 3.2 A balance sheet of losses and gains for practitioners experiencing integration	65
Table 3.3 Commonly used inter-organisational relations language	72
Table 3.4 Themes from the literature review: Eight critical leadership processes that support integrated services to flourish	76
Table 4.1: Showing the distinctive features between quantitative and qualitative studies	87
Table 4.2 Principles underpinning the data collection during Stage 2	99
Table 4.3 Example of a draft planning format for the action learning sets	101
Table 5.1 Showing how the questions in stage 1 interrelated to the group exercises in stage 2	124
Table 5.2 The Participants Information	125
Table 5.3 Attendance and Dates of Group Sessions	126
Table 5.4 Generative and degenerative behaviours	142
Table 5.5 Three stages of the journey to integrated working as a continuum	145
Table 5.6 Factors that support integrated working	148
Table 5.7 Themes and Leadership processes	155

Diagrams

Diagram 2.1	Sure Start Children's Centre Designations 2003-2010	18
Diagram 2.2	Showing the Shifts in emphasis in Government Policy towards integration of services	21
Diagram 2.3	Challenges and Concerns in the Early Years of Parenting	26
Diagram 2.4	Barriers to children's centres work with partners.	31
Diagram 2.5	Professionals potentially working together in a children's centre in 2010	33
Diagram 3.1	Guardianship Strands and how they weave together	40
Diagram 3.2	Models of Leadership Learning using ICT	54
Diagram 3.3	A model for transformational change through Presencing	56
Diagram 4.1	The self-reflecting spiral of action research	90
Diagram 4.2	This study's self reflecting spiral of action research	90
Diagram 5.1	Four leadership processes that enable integrated working to flourish and four borderlands that connect the processes.	157
Diagram 5.2	Systemic thinking	159
Diagram 5.3	Build and rebuild relationships	161
Diagram 5.4	Self-actualisation	163
Diagram 5.5	Alternative approaches to solving complex problems	166
Diagram 6.1	NHS Leadership Qualities Framework	172
Diagram 6.2	Roles and competencies for Boundary Spanners	177

Structure of the Thesis

Chapter One explains the nature of children's centres and the role of the leader in a children's centre. It explains the rationale for undertaking this research with reference to some of the challenges in leading collaborative working in Children's Centres.

Chapter Two explains how children's centres became part of public policy in England and what they are required to do. It identifies ten critical themes from the historical development of policy and social practice which have been influential in the development of Children's Centres and their leadership.

Chapter Three reviews the literature that is relevant for the leadership of integrated services in children's centres. It identifies eight key theoretical concepts significant to the leadership of Children's Centres and explores each in depth.

Chapter Four explains the research paradigm, methodology and methods used in the research. I consider my position as a researcher. It explains the ethical stance and shows how the two stages of research interrelate.

Chapter Five is in three parts. Firstly it explains and presents the analysis of the first stage of the research with strategic managers. It identifies findings as themes. The second part presents stage two of the research process and the analysis of the children's centre leaders' action learning sets. It identifies findings as themes. The third part of this chapter is a synthesis of the data from both phases of the research.

Chapter Six discusses the new leadership model emerging from the research with reference to the literature. It suggests practical applications for the future. This chapter also offers a reflection on the research process itself: its validity and being part of a PhD practitioner action learning set. It reflects upon my learning as a researcher and leader and considers the implications for children's centre leaders and possible future avenues of research.

Chapter One: Introduction and background

1.0 Introduction: What is a children's centre?

A Children's Centre is a local integrated resource for children under five and their families. It can offer a range of coherent early years services provided by health, education and social care professionals as well as the voluntary sector in order to improve the life chances of children and their families.

From 1997 to 2010 there was a significant policy shift towards the integration of early year's services through the Every Child Matters Programme. Practice guidance issued by the Department for Education and Skills explained that: *"Delivering children's centre services requires a range of agencies and organisations to work together"* (DfES, 2005a, p. 4). The Department of Education and Skills later went on to clarify in its National Standards for Centre Leaders that:

Sure Start Children's Centres bring together services for children under 5 and their families in new and radical ways. They offer children and their families services that integrate health, childcare, education, parent involvement, family support and employment services. Children's Centres that provide more and better integrated services are improving outcomes for children (DfES, 2007a, p. 3).

In the joint Department for Education and Department of Health document, Families in the Foundation Years (2011) children's centres were described as part of a coherent framework of services for families. This document referred to research that supported this vision. It referred to the Evaluation of Sure Start Local Programmes (Melhuish, 2010) describing how:

Evidence from the National Evaluation of Sure Start has demonstrated that the availability of high quality health services, early years education and support through the Sure Start Programme has resulted in families in Sure Start areas experiencing better child health, parenting, home learning environments and life satisfaction than families in non-Sure Start areas (DfES, 2011, p. 14).

The Select Committee report on children's centres described this coherence as innovative and ambitious:

The Sure Start programme as a whole is one of the most innovative and ambitious Government initiatives of the past two decades... in many areas it has successfully cut through the silos that so often bedevil public service delivery. Children's Centres are a substantial investment with a sound rationale, and it is vital that this investment is allowed to bear fruit over the long term (Children Schools and Families Select Committee, 2010, p. 3).

A six year study and evaluation of children's centres started in 2011, commissioned by the Department of Education and carried out by NatCen Social Research, the University of Oxford and Frontier Economics considered the working relationship with other organisations. This research noted a wide range of organisations that children's centre leaders worked with indicating the breadth of multi-agency working (DfE, 2012, p. 53) continuing in children's centres. This is despite the Education Secretary Michael Gove describing the Every Child Matters as "meddlesome" (Stewart, 2012, p. 27) and insisting on a narrower focus on educational achievement rather than the whole child.

1.1 Leadership of children's centres

Leaders of Children's Centres were required to be pioneers in the operation and integration of multi-professional teams. Collaboration with other services was seen as central to success. National Standards for Leaders of Children's Centres (DfES, 2007a) expected that:

The head of a Children's Centre must be able to show that they can:

- *Develop, inspire and motivate multi-disciplinary teams, so that their individual and collective strengths are deployed imaginatively and effectively*

- *Foster a climate of mutual trust and respect that facilitates effective partnership, communication, collaboration and integrated working practices within and beyond the centre*
- *Manage a complex set of relationships with other agencies and encourage constructive and critical debate (ibid, p. 17).*

Leaders of Children's Centres do not necessarily have a designated leadership role for all of the services provided through the Children's Centre. They are often held accountable for the quality of these services but lack clear lines of responsibility.

This study considers in some depth the social policy and politics of early years education. This is critically important in order to develop and construct new models of collaborative leadership. Understanding social policy contributes to a wider understanding about leadership, setting in context the structures and mechanisms within the system that pull people away from working together and constrain them. Knowledge of social policy helps leaders to navigate the chasms between silos of practice and to begin the mapping of shared territories and the building of bridges between professions.

Chapter Two – Policy initiatives

2.0 Introduction

This section introduces how the notion of separate early years services for children became established. It identified times and tipping points when ideas about *working together* in integrated settings were promoted and legislated for in policy. It explains the policy leading to the creation of children's centres during the Labour administration (1997-2010). It considers some of the interpretations of integrated services and some of the barriers. It identifies ten critical themes that have emerged from reviewing the history that influenced the development of children's centres and these are:

1. An inconsistent and disjointed history
2. Short term thinking is a hindrance to the development of coherent practice
3. The normalisation of silo mentality and fragmentation of services
4. Early examples of integrated early years services
5. A gradual recognition of the value of early education
6. Changes of Government which led to changing views of families
7. A lack of functional relationships which led to a public outcry over the failure of public services
8. Whole system change was seen as necessary to integrate services from top to bottom
9. Constantly revising the vision and purpose of Children's Centres, and
10. Difficulties in defining integrated services within a Children's Centre

These themes are summarised in the Table 2.6 at the end of this chapter.

2.1 An inconsistent and disjointed history

This section of the introduction locates the development of integrated children's centres within an historical context. It considers the social and political forces which shaped early years practice and provision in England.

“I used to think I was poor. Then they told me I wasn’t poor, I was needy. Then they told me it was self-defeating to think of myself as needy, I was deprived. Then they told me deprived was a bad image, I was underprivileged, Then they told me underprivileged was overused, I was disadvantaged” (Feiffer, 1965).

Just as the language of policy has changed from “poor” to “socially excluded” to “vulnerable families” so has the landscape of Government legislation. Government policy for families and children was and continues to be subject to sudden shifts as policy makers’ grapple with the need for short term decisions that win public favour and changing views on social policy, arguments over the causes of child poverty, concepts of intergenerational disadvantage and an unstable economy. This is summed up in Table 2.1 below, which shows the number of times that the Education Department has changed its name three times since 1997 when I became a head teacher. Perhaps this represents the shifting shape of policy, as each successive Government overtly attempts to declare its different political ambitions and beliefs.

2.2 Short-term thinking is a hindrance to the development of coherent practice

Since 1997, there have been no fewer than seven Secretaries of State in charge of schools. Between 1994 and 2011, in the local authority where I work, there have been seven Directors of Education Services. Their average service was two years and four months. Table 2.1 below illustrates the changes that have taken place within the Government; each change has required considerable resources.

Table 2:1 The changing names of the Government Education Department.

Year	Name	Ruling Party in Government
1964	The Department of Education and Science (DES)	Labour
1992	The Department for Education (DfE)	Conservative
1995	Department for Education and Employment (DfEE).	Conservative
2001	Department for Education and Skills (DfES).	Labour
2007	Department for Children, Schools and Families (DCSF)	Labour
2010	The Department for Education (DfE)	Coalition

The political context illustrates the short-term nature of policy decisions and lack of a coherent, long-term vision. Creating long lasting change requires a level of trust being built over time and a building of relationships. Warren Bennis, wrote in his book *Becoming a Leader* (2009), there are four critical ingredients that generate and sustain trust. They are constancy, congruity, reliability and integrity. He goes on to quote Francis Hesselbein, credited with turning around the girls scout movement in America, “*Short term thinking is the societal disease of our time*” (p. 152). The history of the development of children’s centres is peppered with short term thinking, leadership challenges and changes, inconsistency and competition.

2.3 The normalisation of silo mentality and fragmentation of services

Analysing key documents over history reveal many stories which appear to be interwoven. These include a pattern of short term planning and a lack not just of building upon evidenced based practice but an apparent inability to allow that evidence to build over time.

Having explored the history of public service development (see Appendix 1) tales emerge of different demands to address poverty, child labour and improving public health. These contributed to the development of silo services. Once established, these services became very separate institutions partly due

to the way they were funded, their exclusive training approaches and their hierarchical management structures. Key events in social history such as the World Wars, the introduction of the National Health Service and Education Reform further emphasised and reinforced these divisions.

During the nineteenth century urbanisation and industrialisation created poor living and working conditions for many. Growing moral concerns about baby farms (Sauer, 1978); child labour and high rates of death at birth caused a range of responses. Factory schools were opened, such as the one established at New Lanark in Scotland by Robert Owen (1771-1858) for the children of cotton mill workers. Health visiting was established by the Ladies' Sanitary Reform Association of Manchester and Salford Maternal, and eventually training was required for midwives. Charitable associations of that time, such as the Coram Charity and Barnardo's, were the pioneers of social work activity working alongside courts, hospitals and workhouses (Barker & Barker, 2010). Each service gradually developed its own professional standards and therefore unique traditions and went on to develop separate cultures, systems, qualifications, beliefs about practice, terminology, funding sources, benefactors, budgets, departments, unions, legislation and inspection. The historical development of these professional silos is important to understand. Individual services developed in response to particular needs and so rightly focussed on their strengths to address these. However, by not considering the wider issues opportunities may have been missed to collaborate to address society needs. As a consequence barriers to integrated working created by silos can be immense and problematic. Devita and Hillman (2005) describe this in their work on the political, sociological and political barriers to medical emergency team implementation:

Teaching the various health professionals exclusively their own profession creates a tendency towards cultural and intellectual isolation...The intellectual and role isolationism sets up a system of ownership, competition and egocentrism, and is perhaps the foundation for blame when things go wrong (p. 93).

2.4 Early examples of integrated early years services

Devita and Hillman's (2005) work confirmed that silo working could lead to ignorance, isolation and rivalry. There is evidence however, that some of these early childhood services did appear to conceptualise working together and alongside one another for the good of the whole child and family. In the early 1900's the first nursery schools such as Margaret Macmillan's nursery in Deptford (1911), were set up to address housing, health issues and were about caring and educating the whole child. Elizabeth Bradburn (1976) described the nursery as an adult learning centre, a focal point of a community care service, a health and education service, a day care centre, an extended child-rearing programme and training for parenthood:

There, in Deptford, one could see interprofessional co-operation and corporate planning. Members of different professions pooled their information about children and thus the school became a neighbourhood resource centre. In her Training Centre members of different social services met together at initial and in-service level. These different groups worked together, and had clear ideas about their roles. Their work differed, but they started from a common basis of agreement in that they all wanted to serve the best interests of children and parents (p. 165).

It is interesting to note that many earlier acts and reports did point out that change within one service would benefit another. Hadow in 1933, recognised how nursery schools could alleviate poor health with open air designs and that the nursery school....*"is a desirable adjunct to the national system of education; and ... in districts where the housing and general economic conditions are seriously below the average, a nursery school should if possible be provided"* (p. 187-8). However, Hadow also portrayed a deficit model of young children: *"The scope of attention in young children appears to be very limited, as they are lacking in the powers of mental organisation"* (p. 38).

The concept of cross agency support was raised forty years later in the Plowden Report in 1967 which recommended that *"Co-operation between*

family doctors, school and public health services and hospitals should be closer” (Recommendation 215 iv, p. 80).

After the Second World War (1939-1945) the Government increased its control over schools and local authorities. Local government lost many of its powers. The Government determined the curriculum in schools, the responsibilities and powers of the local authorities and the role and function of social workers. It was responsible for the introduction of the internal market and legislated about who could commission and provide health services. The Treasury controlled public expenditure and allocated funding annually to departments who in turn funded services. Departments competed for recognition and resources. Ideas about the integration of services for children do not appear to have been a priority, ideas about family and working parents varied greatly. Separate Government departments became powerful silos, cultural isolationism was perpetuated, and services for children remained fragmented.

2.5 A gradual recognition of the value of early education

In the 1990's there appeared to be a slow dawning of understanding of the value of a healthy and happy childhood on later life, and the value of a resilient workforce to the economy began to focus policy makers on the early years. Research from America (Schweinhart *et al*, 1985, p.548) about the cost benefit ratio between early childhood education having a lasting effect on adult life, was influencing policy makers and gaining public interest: *“Under- fives education has widely based public support because the prize of a better educated citizenry and workforce is important for the well-being of society and the country’s international competition”* (Audit Commission 1996, p. 57).

In 1995 Pat Broadhead (Professor Emeritus of Playful Learning at Leeds Metropolitan University) wrote about an emerging concept of *educare* and the establishment of integrated services funded together by social services and education. *“This draws on the best of each philosophy, combining education’s emphasis on all aspects of human development with social work’s emphasis on the family, health, protection and nurturing”* (p. 3). At the same time difficulties

about pay, working conditions and minimal joint training however, could lead partners to see such work as “*a diminution of their own traditions*” (p. 3).

A few pioneering multi-agency early years’ centres were trying to combine services under one roof. The National Children’s Bureau carried out a research project in 1997 and studied ten of these settings. It found that;

However, in spite of years of exhortation that services must work together, in many places barriers between social services, which are responsible for day care for young children and for services for children in need, education authorities, which run nursery schools and classes, and community health services, which support parents of young children and monitor children’s physical development, are still entrenched at every level (Makins, p. 2).

Structures within local authorities appeared to be mirroring those of Government departments, and operating as very separate services: politics and short term thinking had created empires of practice.

2.6 Changes of Government led to changing views of families

The schism of thinking between health interventions or social care and childcare, respite or preschool education continued to be seen in government policy making in the early 1990’s. Descriptions of parents as purchasers of nursery education, or as clients requiring a co-ordinated response between services or requiring parenting skills classes began to emerge. Just before the election of the Labour Government in 1997 there were two separate audit commission reports. In 1994 “*Seen but not heard, co-ordinating community child health and Social Services for children in need*” and in 1996 “*Counting to five, Education of Children under Five.*”

The 1994 publication stressed how changes in the 1990 legislation The National Health Service and Community Care Act separated out the commissioning and providing of services. GP’s had become fund holders. The

Children's Act of the previous year had meant that local authorities had to identify and support children in need.

As a result, many activities fall within the remit of both: and even areas exclusive to the NHS are shared between GP's and community health services. The potential for duplication, confusion and waste is considerable unless these changes are managed effectively. Many authorities are aware of the challenges they face and are taking steps to address them (p. 2).

'Seen but not heard' (1994) advised Central Government to endorse the status of children's services plans, to make them mandatory and to be jointly produced by health, social services and education services. However, although this document summarises the actions for health commissioners, community health services and social services departments in detail, there is little information mentioned for education or childcare. This document recommended the teaching of parenting skills as part of the school curriculum, (p. 4). It also recommended family centres as a focus for multi-agency community support for parents and children as one stop shops for young children and their families combining education, day care, social welfare and adult education.

The 1996 audit commission report was about the education of children under five. It recognised that "*care and education are intertwined in services for young children*" (p. 5). The statistics at that time showed that there were few services for children under three and even after three "*the quantity of services is not necessarily very great*" (p. 12). Public care was for a minority of children who were classified as being *in need*. Education for pre-school children was provided at the discretion of local authorities and "*to the initiative of the private and voluntary sector*" (p. 8). It recommended that education and social services should co-ordinate their work for children under five even though the legislation remained separate. The nursery voucher scheme of 1997 gave parents of four year olds the opportunity to purchase a local authority or private nursery, or playgroup, place for their child's pre-school year. The report acknowledged that "*The scheme poses for local authorities twin challenges of sustaining their funds in a competitive environment and sustaining goodwill amongst all local*

organisations working with under-fives” (p. 42). The report recommended that central government should strengthen inter-departmental co-operation in spite of separate legislation that often overlapped.

So in the last days of a Conservative government (1979-1997) no single coherent early years policy was in place. There was an unpopular nursery voucher scheme and a handful of pioneering integrated centres for children and families. Lessons from the past remained largely unheard despite its pioneers' messages.

Nursery Education has had its articulate advocates in the UK for nearly 180 years. However, views about the form it should take have varied according to social and economic conditions, and have reflected of the time about the roles of men and women, and the nature of childhood (Moss, & Penn, 2003, p. 52).

2.7 Whole system change was seen as necessary to integrate services from top to bottom

When the New Labour Government came to power in 1997 it signalled a new era for early years provision. From the practitioner perspective, it felt like the eruption of a volcano, celebrating an explosion of interest in the early years and a determination to end child poverty. The Labour manifesto declared; *“We will make education our number one priority; provide nursery places for all four year-olds”* (Labour Party Manifesto 1997).

From the beginning of its election into power, the Labour Party made it clear that education was one of its first priorities and this commitment developed into rapid and relentless eruptions of early year's initiatives.

Following the White Paper 'Excellence in Schools' (DfEE, 1997) the government announced the launch of a pilot programme of Early Excellence Centres, (EECs) to develop and promote models of high quality, integrated early years services for young children and families including high quality integrated care, child and adult education and family support. It invited

applications for 25 centres. By December 1999, 29 Centres had been identified, with a target of 100 by 2002. Centres were expected to demonstrate good practice in education, childcare and integrated year round services for children and their families, as well as providing training and disseminating good practice. In the Third Annual Evaluation Report 2001-2002 of Early Excellence Centres (Bertram & Pascal, 2002) we hear echoes of the words of Pat Broadhead (1995) from seven years earlier, when heads of Early Excellence Centres spoke of the barriers to effective multi agency working. Although some had made inroads to equalise pay and conditions, one head commented “*staff can perceive threats to their own expertise*” (p. 75) by the work of others. Training to rethink roles and responsibilities and to learn from one another was seen as vital. Integration was revealing differences in operational quality. Some centres were still struggling to establish local strategic links, particularly with health and social services as well as with funding and financial management and the development of middle management systems that enhanced their multi-agency working. The authors wrote that there were many challenges to multi professional team building and cohesiveness:

The ongoing expansion and evolution of the pilot EEC's, along with staff mobility within the sector, demands that EEC managers must work continuously at building team cohesiveness and a sense of common purpose and identity. Ensuring a coherent philosophy and set of working principles across large multi-professional teams continues to be a major organisational challenge for the pilot EEC managers (Bertram & Pascal, 2002, p. 82).

In 1998 The National Childcare Strategy, *Meeting the childcare challenge* (DfE) was launched to provide high quality affordable and accessible childcare, in order to help parents take up employment and to provide better outcomes for children. This strategy was to be delivered by local Early Years Development and Childcare Partnerships (EYDCP's) whose members were childcare providers from the public, private and voluntary sectors. EYDCP's were intended to draw together representatives from across children's services to develop and increase provision and look at the training needs of workers. Annual strategic plans were written to account for progress and to highlight

developments. Anning and Ball (2009) comment that *“These structures were influential for a period, since they were the mechanism which drew up the local plans for using central government funds directed at early years provision”* (p.21).

In 1998 Treasury and Home Office working together with colleagues from the Department of Health and the Department for Education and Employment produced the Cross Departmental Review of Provision for Young Children which set the foundations for Sure Start Programmes (DfEE 1999). Sure Start Local Programmes were started to provide integrated family support, health and early learning services in one place. According to Clode (2003) *“ The principle driver of integration was from the outset, the six cross cutting reviews set up by the Labour Government’s Comprehensive Spending Review initiated in 1997...The Social Exclusion Unit was already highlighting the so-called ‘wicked areas’ of public provision: cracks through which too many young children were falling”* (p. 4-5).

New initiatives were rarely given time to cool and solidify, just as crusts of solid evidence of impact would begin to form, different pressures would build and another initiative would emerge and demand attention, pulling services in another direction. Ideas about family and welfare were still unstable and often appeared to be illogical at best and at worst irrational. Polly Toynbee a British journalist and writer wrote in the Guardian Newspaper (24/7/98): *“Family for the Tories was anti-sex and moral control. For Labour it’s a code for poor families failing to survive, a language for helping families without stigmatising them. ‘ Family and parenting’ sounds like everyone – but Labour really means them not us”* (in Abbott & Moylett, 1999, p. 194).

Joined-up thinking, to solve joined-up problems, was publicly becoming Government rhetoric for the first time in the history of early childhood services. Professor Sally Power explored the conceptualizations of social justice embedded in the education action zones (EAZ) policy of 1997, and quoted Tony Blair (Prime Minister 1997-2007) saying *“ all too often governments in the past have tried to slice problems up into separate packages....in many areas dozens of agencies and professions are working in parallel, often doing*

good things, but sometimes working at cross purposes with far too little co-ordination and co-operation...Joined up problems demand joined up solutions” (2001, p. 17).

2.8 A lack of functional relationships led to a public outcry over the failure of public services

In 2002 one of the most critical and tectonic shifts in the landscape for the birth of the children’s centre programme occurred, the tragic and avoidable death of Victoria Climbié (1991-2000): *“Her death has become one of those major modern occasions where there seems to have been a collective sense of empathy for a stranger’s fate. She has become an embodiment of the betrayal, vulnerability and public abandonment of children”* (Beresford, 2003, p. 3).

Victoria and her carers interfaced with over seventy professionals in the twelve months from her arrival in London from Paris and her death in February 2000 (Stone and Rixon, 2008, p. 92). Victoria was placed in the care of her aunt Marie Thérèse Kouao by her parents who hoped to give her the opportunity of a better life in London. She was horrifically abused and tortured to death by her aunt and her aunt’s boyfriend Carl Manning. *“Victoria Climbié needed someone to listen to her life experiences, her concerns, her feelings and her perspective of her situation, but no one did”* (Lancaster, 2006, p. 65). Her tragic death and the deaths of other children Maria Colwell in 1973, Jasmine Beckford and Tyra Henry (both in 1984), Kimberley Carlile (1986), Leanne White (1992) and Chelsea Brown in 1999, highlighted yet again the lack of communication across agencies. This lack of integration was failing children, and vulnerable children were not being kept safe. Common features across all the inquiries into these children’s deaths found:

- Failure of communication between different staff and agencies.
- Inexperience and lack of skill of individual social workers.
- Failure to follow established procedures.
- Inadequate resources to meet demands

(Laming, 2003, p.5)

The subsequent 2003 Green paper Every Child Matters (DfES 2003) was written by the Government in response to the Lord Laming report regarding the death of Victoria Climbié in 2002. This identified five key themes to achieve better outcomes for children,

- 1 Being healthy
- 2 Staying Safe
- 3 Enjoying and Achieving
- 4 Making a positive contribution
- 5 Economic Well Being

The intention was to promote effective inter-agency working with a mutual understanding and commitment to safeguard children. Previous legislation attempted to make structural changes to professional silos, but the Every Child Matters (ECM) agenda attempted to make cultural change possible across the silos. It recommended that there should be a post of Director of Children's Services, accountable for education and social services. There should be a lead member for children in Local Authorities. Key services should be integrated as part of Children's Trusts. Local Authorities should work closely in partnership with public, private and voluntary organisations. Local Safeguarding Children's Boards should be created to replace Area Child Protection Committees. It created the post of Children's Commissioner to act as an independent champion for children (ibid, p. 9).

The first Minister for Children, Margaret Hodge spoke to the Local Government Association on July 8th, 2003:

All of you, whether you come from a health, education, social services or adult community services background have skills, knowledge and expertise which is both relevant and important. What we all need to do is to grasp and value that individual professional expertise, but break down the traditional professional silos which have inhibited professionals from talking to each other and working together.

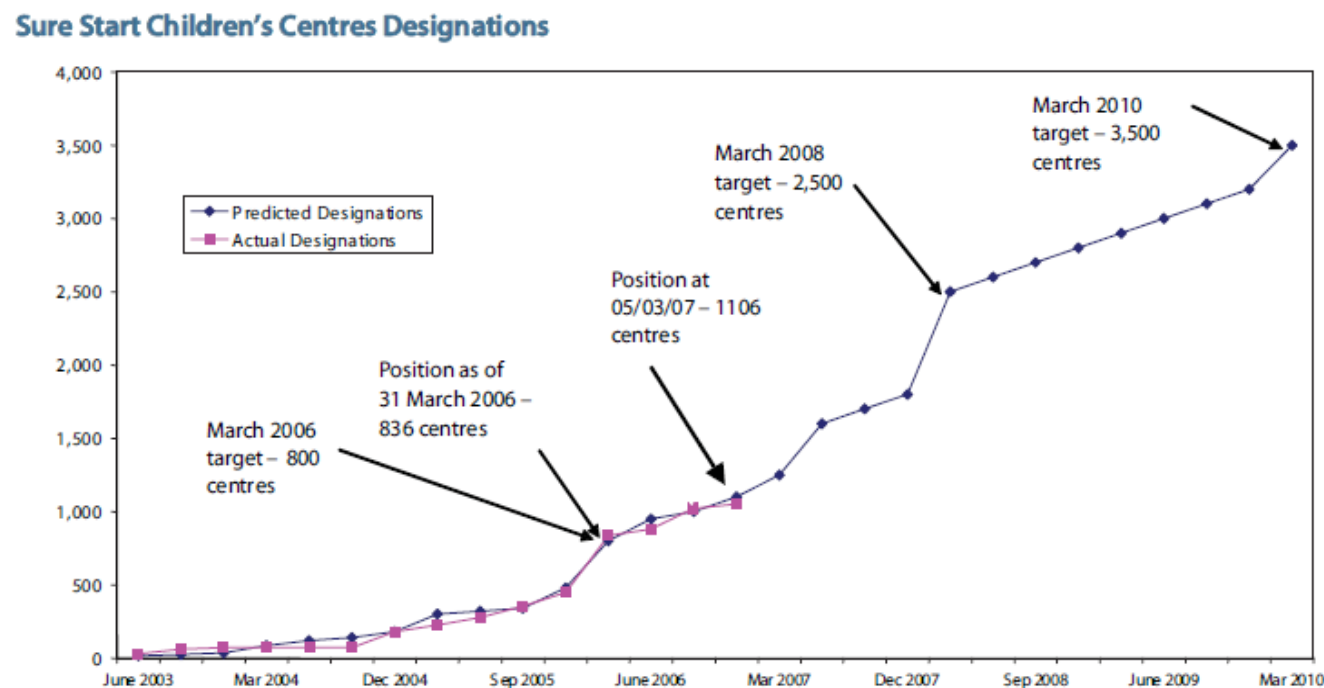
Silos were being challenged with significant changes in departmental organisation both at Government and local level. Massive changes occurred

with interdepartmental reorganisation, as Margaret Hodge went on to describe in her speech:

So in the new directorate in the DfES, we shall bring together many existing services; all the early years services which come under the Sure Start umbrella, the Sure Start projects, the childcare programme, the early education responsibilities and the children's centres...This reorganisation is a massive undertaking and will have huge implications.

The volcano that was to become the Sure Start Children's Centre Programme was emerging and children's centres were seen to be at the forefront of an integrated approach, ensuring the joining up of services and disciplines. This was recognised as a key factor in determining good outcomes for children (DfES, 2003, p. 7). Diagram 2.1 provides a graphic summary of the rapid expansion of children's centres between June 2003 and March 2010.

Diagram 2:1 Sure Start Children's Centre Designations 2003-210. A summary of the rapid expansion of children's centres between June 2003 through March 2010.



(Source : DfES, 2007b, p. 18)

In 2004 a ten year strategy entitled *Choice for Parents, the Best Start for Children* was jointly published by HM Treasury, DfES, DWP and DTI. It described a vision where every family would have easy access to integrated services through Children's Centres in their local community, offering information, health, family support, childcare and other services for parents and children. Most Children's Centres would provide early education and childcare. They would also act as a point of access to other providers, for example daycare, childminders or out of school childcare. For other services, for example health, family or parenting support, some Children's Centres would deliver services themselves, while others would also act as a gateway, pointing to other services locally. It also mentioned a new professional integrated leadership qualification for children's centre leaders, known as the National Professional Qualification for Integrated Centre Leadership (NPQICL) which was being piloted at that time. *Choice for Parents* described the critical role that children's centres would play in joining up services for families and delivering coherent integrated services for families and children,

Local authorities have a pivotal role in co-ordinating the various elements necessary to deliver integrated services for families. Working with their partners in Children's Trusts, local authorities will listen to the needs of parents, assess gaps in current provision and commission services as required. They will use the network of Children's Centres and extended schools to provide coherence in local delivery. From the perspective of parents, Children's Centres and extended schools will in many cases be the single access point to the range of services (HM Treasury et al, 2004 p. 58).

The Sure Start Children's Centres: Practice Guidance in November (DfES, 2005a) describes the movement from the development of different local initiatives such as Sure Start Local Programmes to children's centres as a "*mainstream national service*" (p.5). It also emphasised that evidence from the National Evaluation of Sure Start (NESS, 2005) showed significant variability in the degree that programmes were able to reach and support all families with

young children in their area and in the range of services available. The Sure Start guidance went on to say *“It is vital that children’s centres do not lose sight of their primary purpose: to improve children’s life chances”* (DfES, 2005a, p. 6).

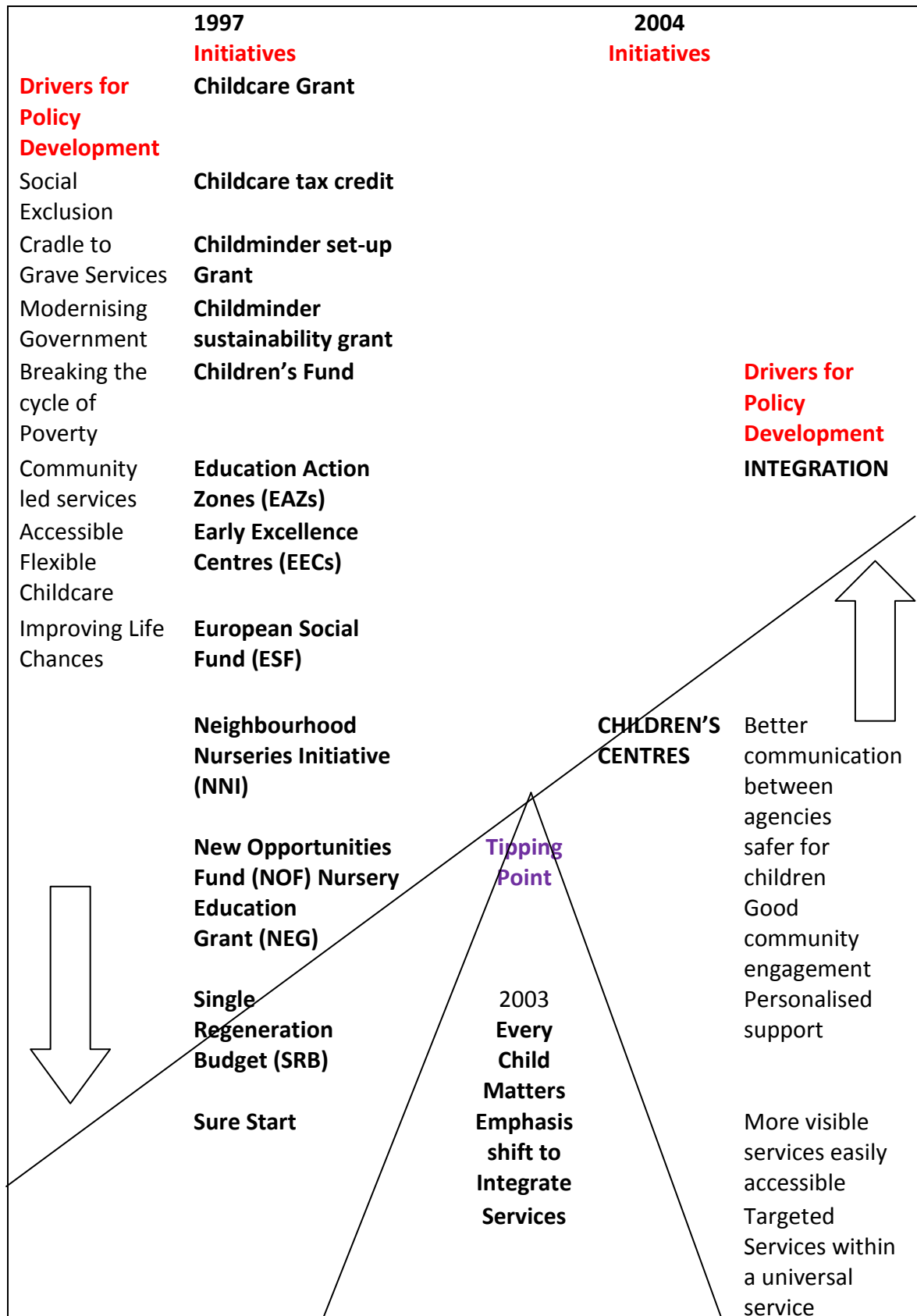
The Childcare Act of 2006 (HM Government, 2006a) required that the distinction between childcare and nursery education was legally removed for young children aged 0-5. Early years provision was termed to be the provision of integrated early learning development and care for a young child as set out in Section 40 of the Act.

Children’s Centres evolved out of many initiatives and had many social obligations placed upon them, as shown in Diagram 2.2 below. They were required to expand rapidly. Other expectations included dissolving silos, overcoming entrenched positions and defusing perceived threats to long held professional values and traditions.

Diagram 2.2 below demonstrates how the drivers for policy shifted in 2003 with Lord Lamming’s report into the death of Victoria Climbié and with the introduction of the Every Child Matters legislation (DfES, 2003). Previously there were many early years initiatives from grants, credits, action zones and funds. After this tipping point, in 2004 Children’s Centres became the major early years initiative with the drivers being safety, community engagement and better communication between agencies. Naomi Eisenstadt (the former civil servant in charge of the Sure Start Unit) wrote:

This green paper and the eventual legislation that followed it in 2004 fundamentally changed the way most professionals concerned with children think about their work. Hopefully, it also changed the way most of them do their work. Working in silos without thinking about the role other services play in determining child outcomes would no longer be acceptable (2011, p. 84).

Diagram 2.2 Showing the Shifts in emphasis in Government policy towards integrated services.



2.9 Constantly revising the vision and purpose for children's centres

In 2004 Children's Centres were expected to provide a core offer of services to families and children. *"All Children's Centres must offer access to the following core services:*

- *early education integrated with child care;*
- *family support and outreach to parents;*
- *child and family health services.*

In addition, they will act as a service hub within the community for parents and providers of childcare services for children of all ages – offering a base for childminder networks and a link to other day care provision, out of school clubs and extended schools. Centres will also have links with local training and education providers, Jobcentre Plus and Children's Information Services", (DfES, Sure Start Delivery Guidance 2004-06).

By 2006 this was described in the National Audit Office Report on Children's Centres as shown in Table 2.2 below.

Table 2:2 National Audit Office Summary of Children's Centre Functioning (2006)

How it delivers

Public, private and voluntary providers work together at a children's centre. The services they provide range from centre to centre but often include:

Integrated early education and childcare
 Baby weighing with health visitors
 Health checks
 Links to Jobcentre Plus
 Crèches
 Ante-natal and postnatal services
 Speech and language development
 Training sessions
 Support networks for childminders
 Play sessions
 Baby massage
 Signposting to employment opportunities
 Support for children and parents with special needs
 Pre and post-natal classes
 Home visits to families
 Play sessions in community settings
 Mobile toy libraries

Who provides the services?

Public providers

Childcare
 Family support
 Social care
 Health services (pre-natal, post-natal, speech and language therapy)
 Employment and training support, Jobcentre Plus
 Adult education support
 Children's information services
 Housing support services

Voluntary and private providers

Childcare providers
 Centre management service providers
 Community outreach organisations
 Ethnic support groups and refugee organisations
 Business and regeneration support agencies
 Housing support services

Sixty- seven centres were designated by April 2004. By 2006, 1000 centres were in place. Beverley Hughes the Minister of State for Children Young People and Families claimed that *“Many more centres will be opening over the next four years –we want one for every community by 2010, so no child or parent misses out on the advantages that the responsive and respectful service delivery approach in Sure Start Children’s Centres can bring”* (DfES, 2006a, p. 4). In November the DfES (2006a) produced a performance management system for local authorities to monitor the performance of Children’s Centres. The measures were as follows:

- 1. Learning and development outcomes** % of children who achieve a total of at least 78 points across the Foundation Stage Profile (FSP) with at least 6 points scored in each of the personal, social and emotional development (PSED) and communication and language and literacy (CLL) scales
- 2. Health outcomes** % of children in reception year who are obese % of mothers initiating breastfeeding
- 3. Child Poverty outcomes** % of children aged 0-4 living in households dependent on workless benefits
- 4. Outcomes for teenage mothers** % of teenage mothers aged 16-19 in education, employment or training (EET)
- 5. Access for the most excluded groups** % of members of the following groups in the children’s centre reach area with whom the children’s centre establishes contact
 - Teenage mothers and pregnant teenagers
 - Lone parents
 - Children in workless households
 - Children in Black and Minority Ethnic groups
 - Disabled children and children of disabled parents
 - Other groups which are priority vulnerable groups in the children’s centre area
- 6. Parental satisfaction** % of parents of children aged 0-5 in the children’s centre area satisfied with services

These performance measures required a co-ordinated response across different agencies and a commitment to share data.

The governance guidance for Sure Start Children's Centres and extended schools. (DfES 2007b), describes the vision for Sure Start Children's Centres as *"universal access points for integrated services for children and their parents at the heart of their local authorities"* (p. 3). It recommended that all Sure Start Children's Centres put in place advisory boards with representation from all stakeholders, including parents and the local community. Advisory Boards were expected to identify local priorities based on public consultations. They had to agree targets that would meet local needs and ensure better outcomes for children and monitor the work of the staff through performance management measures. These boards however, did not have a legal status so could not have financial authority or accountability.

In May 2009 the Apprenticeship Bill (HM Government 2009b) finally made children's centres statutory and in Part 9: Sure Start children's centres (Clauses 191 to 194) it stated:

Sure Start children's centres have no established statutory existence; they are just one way in which local authorities can choose to provide integrated early childhood services to meet their duties under current legislation. The Bill will give children's centres a specific statutory basis, and place new duties on LAs to establish and maintain sufficient numbers to meet local needs. This reflects current good practice, rather than creating any new requirements on local authorities or other service providers.

Children's centres were designed to be at the cutting edge of integrated service delivery, a one stop shop for parents especially in times of crisis. They were meant to meet many of the challenges and concerns of parents, as described in the National Audit Office commission's report (2006, p.18) as shown in Diagram 2.3 below.

Diagram 2.3 Challenges and Concerns in the Early Years of Parenting

(National Audit Office, 2006, p.18)



However, in the Sure Start Children's Centres Survey of Parents, (DCSF, 2009) over one fifth (22%) of respondents had not used their local centre simply because they did not know of its existence. Another 33% were aware of their local centre but had not used it, and the reasons given provided evidence that the centres were much more closely associated with child care and nursery services than with any of their other services. Forty Four percent of respondents who had a preschool child or were an expectant mother were using their local centre once a week with 15% using it between two or three times a week and once a week (p. 28).

There was clearly a need for much greater marketing. The key element of interagency working appeared unknown to the general public.

2.10 Difficulties in defining integrated services within a children's centre

Public reform has been deeply committed to resolving political, social and economic issues through early intervention in children's lives. We have yet to see what the long term benefits of an integrated early years system will bring us. Early research is telling us that:

In the main, we do not yet know the extent to which integrated working will benefit children.....we can perhaps say that integrated working creates the conditions that make improved outcomes for children and families more likely (Oliver et al, 2010, p. 44).

Children's centres were developed to provide a range of services to meet local needs. But above all, the biggest shift in policy direction was the conceptualisation that these services should be *integrated*. In 2005 the Department for Education and Skills defined this as multi-agency working:

Multi-agency working is about different services, agencies and teams of professionals and other staff working together to provide the services that fully meet the needs of children, young people and their parents or carers. (DfES, 2005a, p. 18).

Developing a multi-agency team was fundamental to integrated working in children's centres. However, defining what this team did to offer a truly integrated service was complex and could mean different things to different professionals, in different authorities and at different stages of a centre's development. Professionals involved in developing integrated services could be approaching the need for integration for very different reasons. A social worker might see integration in terms of a preventative system; a health worker may see it for child health promotion, an outreach worker as a means to reach the seldom heard and the most vulnerable members of the community. The potential for confusion and misunderstanding, unless these different approaches were openly debated and shared, were considerable.

The initial start-up guidance for children's centres identified four critical aspects to integration in centres:

- *A shared philosophy, vision and principles of working with children and families at all levels and by all partners.*
- *A perception by users of cohesive and comprehensive services. This is the real test of whether we are succeeding or not,*
- *A perception by all members of the staff team of a shared identity, purpose and common working practices, and*
- *A commitment by partner providers to fund and facilitate the development and delivery of integrated services (DfES, 2003b, p. 11).*

This is similar to the vision set out in the Government Report, *Raising Standards-Improving Outcomes*, Statutory Guidance on the Early Years Outcomes Duty (HM Government 2006b), which described the defining features of an integrated approach as:

- *A perception by service users of cohesive and comprehensive, seamless services*
- *A perception by staff in different agencies across a local partnership, of a shared purpose and common working practices, including the sharing of information*

- *A shared philosophy, vision and agreed principles of working with young children and their families.* (p. 5).

The message was clear that this way of working would benefit children and their families but the concept that coherent and cohesive services would result in better outcomes was a new and innovative approach.

The Child Health Promotion Plan (DoH, 2008a) also described how centres could offer an integrated service, because they were visible and accessible with a track record of community engagement, adding that: *“Multi-agency teams in children’s centres have been able to offer new and innovative services that are designed around the needs of the child and the family”* (p. 60).

This plan stated that integration did not necessarily rely on the co-location of service delivery. However, in the Sure Start Children’s Centre Planning and Performance Management Guidance (DfES, 2006b) it stated that *“The Government wants to see more co-located, multidisciplinary services that provide personalised support to children and their families. Children’s Centres are a key building block towards this goal”* (p. 2).

The Children’s Workforce Development Council (CWDC) was established in 2005 to collaborate with the DCSF and private, local, regional and third sector organisations across England to implement integrated working across the children’s service’s workforce. Their definition of integrated working in 2008 was that: *“Integrated working is when everyone supporting children and young people works together effectively to put the child at the centre, meet their needs and improve their lives”* (CWDC. 2008). CWDC developed an Integrated Qualifications Framework (IQF) which was a set of approved qualifications for the children’s workforce with the Children’s Workforce Network. This was implemented in 2010.

In 2006 the National Audit Office report on Sure Start Children’s Centres commented on how:

Having people from different organisations working together in an integrated way is an essential feature of children’s centres, and it is also

one of their greatest challenges. Children's centres provide an opportunity for effective joint working for the benefit of families, but there is a risk of confusion and disenchantment with collaboration because in many centres the expectations and responsibilities of the various partners are unclear (p. 9).

It also identified some of the barriers to working with partners, as shown in Diagram 2.4 below.

Diagram 2.4 Barriers to children's centres work with partners. (National Audit Office, 2006, p.9)



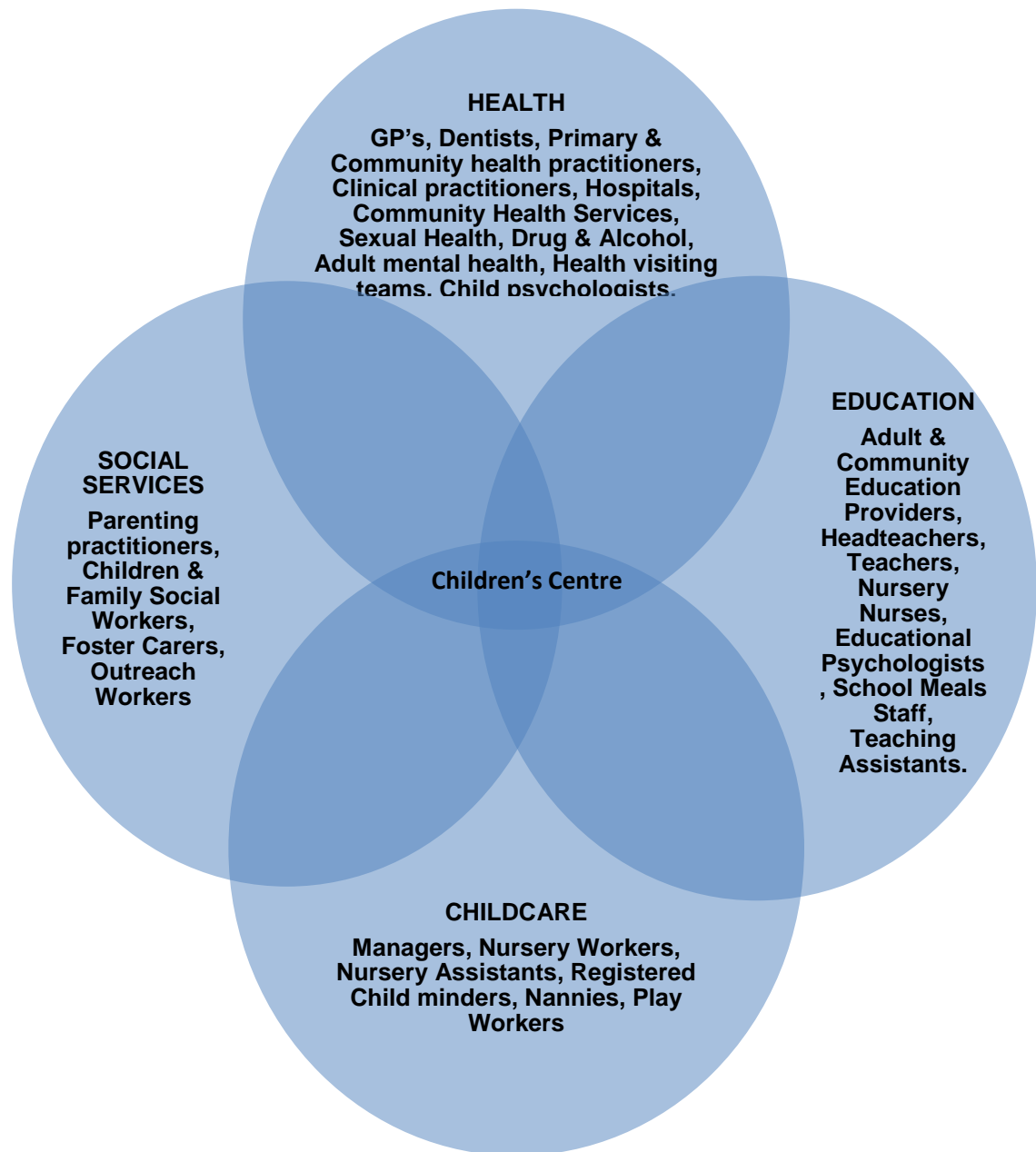
These barriers reflect the early research of the 1990's about Early Excellence Centres and the pioneering work of the early years centres of the 1990's. However, throughout the first decade of the twenty first century a firm commitment to integrated services, nationally and locally, was developing. Organisations and Government Departments sought to define what it meant. Children's centres were meant to provide a coherent environment, where professionals could work together and provide seamless services for families.

In The Sure Start Journey, A Summary of Evidence, (DCSF, 2008) strong leadership of multi-agency working was seen as vital:

Sustaining the commitment to multi-agency working was dependant on strong leadership, a shared long term vision of the benefits of joint working, an overall commitment to improving the life chances of children and recognition of the economic and social causes of disadvantage. In these areas roles and responsibilities were agreed and understood and protocols for responding to need were shared (p.24).

The Diagram 2.5 below shows who was potentially working together in children's centres across four disciplines. In addition to those depicted below there were also connections to the justice and crime prevention system, youth services, sport and culture, housing, employment services and the private and voluntary sector.

Diagram 2.5 Professionals potentially *working together* in a children's centre in 2010.



The ability and capacity of these professionals to work together was influenced by many variables. Trevor Chandler (2006) describes three levels of influence which could affect people's ability to engage in the integrative process. *"For any worker, whether they are an educationalist, health worker, social worker or volunteer, there are three levels that will influence their practice within multi-disciplinary teams and external agencies:*

- 1. Their personal life history and what has motivated them to work in their chosen profession.*
- 2. Their professional background, training and experience.*
- 3. The agency in which they work and what the beliefs, values, aims and objectives of the agency are"* (Chandler, 2006, p.142).

Added to this was the complexity of the centres themselves. The centres had to offer different services depending on their location and date of designation. They were also located within a local landscape of early years provision that would contain wide variations depending on local policy.

By 2009 Government aspirations regarding everyone working together were high, as described in the Department of Health's publication; *Healthy lives, Brighter Futures* (DoH, 2009b), and this is highlighted in a joint letter from Ed Balls, then secretary of State for Children, Schools and Families and Alan Johnson, then Secretary of State for Health:

With schools, GP practices, hospitals, Sure Start Children's Centres, the voluntary sector and government all playing their part in support of families, we can ensure that every child has a healthy start in life and a brighter future. Working together, we can continue to work towards our goal to make this the best place in the world to grow up, (DoH, 2009b).

Table 2.3 below summarises themes emerging from this chapter. Key aspects capture the complex history leading to the development of children's centres.

Table 2.3 Themes from the Historical, Social and Political Context to Integrated Children's Centres: Eight critical themes that have been influential in the development of integrated services in children's centres

An inconsistent and disjointed history	Short term thinking is a hindrance to the development of coherent practice	Normalisation of silo mentality and the fragmentation of services	Early examples of integrated early years services	A gradual recognition of the value of early education	Changes of Government led to changing views of families	A lack of functional relationships led to a public outcry over the failure of Public Services	Whole system change was seen as necessary to integrate services from top to bottom.	Constantly revising the vision and purpose of children's centres	Difficulties in Defining Integrated Services within a Children's Centre
Key aspects: Government policy changing direction frequently. Aspirations did not always match resourcing	Key aspects: Changes in Gov Policy & Leadership of departments. Inconsistent leadership	Key aspects: Charitable response to poverty Pioneers for social work , health visiting, midwifery establishing separate responses to need	Key aspects: Robert Owen Margaret MacMillan integration of education & childcare emerging in 1990's	Key Aspects: Hadow report 1933 High scope research 1980's	Key Aspects: Shifts of social policy viewing families as feckless or needy. Targeted intervention for the most vulnerable.	Key aspects Child deaths including Victoria Climbié 2000 Failures of Communication Inexperience of staff	Key Aspects : Every Child Matters agenda Need to recruit more health visitors Government departmental reorganisation	Key Aspects: Government Guidance shifting over time. Introduction of performance management	Key Aspects: Many barriers existed No one shared definition across agencies Outcome and impact of integrated services unknown

Chapter Three: Literature Review: Children's Centre Leadership

3.0 Introduction

This chapter aims to identify key themes and critical issues in relation to the role of the children's centre leader in the development of integrated services in children's centres. Children's centre leadership is an emerging field. This reviews considers the domains of health, social care and education and beyond to other fields of knowledge including community development, partnership working and inter-organisation relations, extending the key terms to include not just leadership in integrated children's centres but collaborative leadership as well.

Rather than listing leadership traits from the literature, that is the personal characteristics of successful leaders, I have focussed on researching *how* leaders can best lead the development of integrated services. Therefore this review has focused on process and context. As James Spillane and colleagues (2004) point out in their work on the distribution of school leadership there is very little data that illustrates the '*how*' of leadership: "*that is knowledge of the ways in which school leaders develop and sustain those conditions and processes believed necessary for innovation*" (p. 4).

This chapter identifies eight key themes from the literature that are relevant to Children's Centre leadership and these are shown in the table at the end of this chapter.

3.1 Definitions and concepts of leadership

Leadership in integrated centres does not follow the conventions of leader-follower. The leader of a children's centre is often not the formally acknowledged leader of the multiple organisations and agencies working together to improve children's lives through the work of the centre. Hierarchical relationships may not exist; formal managerial responsibilities may not be in place, because the professionals working together come from a range of

different agencies and groups. Margy Whalley (2006), the founding head of the Pen Green Centre for Children and Families in Corby Northamptonshire since 1983, confirms that:

Children's Centres also challenge our conceptualisation of leadership. The complex demands of running a Children's Centre mean that the leader or leaderful team that runs the centre have to co-ordinate different models of early education, childcare, family support and adult community learning, into one institution (Whalley,p.4).

My concern is how a children's centre leader can make things happen. Chris Huxham & Siv Vangen, drawing on their years of research into the management of collaboration, describe this concept of leadership as: *"the mechanisms that "make things happen" in collaboration"* (2005, p. 1165). They write that it is these mechanisms, the structures and processes embedded within collaboration, that lead a collaboration's policy and activity agenda in one direction rather than another. They describe three leadership media: 1) Structures, 2) Processes and 3) Participants. None of these, they theorise, is wholly within the control of the members of a collaboration, but can help move the collaboration agenda forward.

For the purpose of this review, management and leadership are viewed as symbiotic. An effective leader must manage resources appropriately; an effective manager must lead. Valerie Hall (1996) in her study of women leaders said:

"Leadership is philosophy in action with management an integral part. The women heads in this study were therefore simultaneously leaders and managers. Managing without leadership was unethical; leadership without management was irresponsible." (p. 11)

Leadership is also perceived as a reciprocal process, where everyone in the organisation and partnership influence each other and encourage one another to engage in leadership processes.

Therefore leadership is viewed as a social construct: *"as a collective achievement rather than the property of individuals"* (Ospina and Saz-Carranza,

2010, p. 406). Sonia M. Ospina and Angel Saz-Carranza in their study on Paradox and Collaboration in Network Management in two urban immigration coalitions in the United States confirmed that *“This view of leadership as a relational process by which groups engage in shared meaning making to achieve their collective purpose represents novel thinking in the leadership field”* (p. 414).

Another definition of leadership that is helpful is that of Patrick Whitaker, a primary head and an influential educational consultant and writer wrote: *“Leadership is concerned with creating the conditions in which all members of the organisation can give of their best in a climate of commitment and challenge. Leadership helps an organisation to work well”* (1993, p.74). Leaders of Children’s centres need to co-construct with partners the reciprocal processes, mechanisms and the overall climate that will enable integrated working to flourish.

3.2 Eight key integrated leadership processes

Eight key and integrated leadership processes emerge from the literature concerning coherent service delivery, and these are reviewed below.

1. Exploring guardianship. This means taking responsibility for one’s own area of expertise and sharing it with the team.
2. Encouraging realism, and having the courage to be imperfect. Being realistic about what is achievable and accepting responsibility for one’s humanity.
3. Tuning into systems thinking. Thinking systemically with insight and understanding of complexity.
4. Interpreting and translating visions and values. Understanding that the leader can help to facilitate understanding across and between agencies.
5. Championing relational practice. Promoting feminine values and the importance of relationships.
6. Understanding change and how it impacts on individuals.

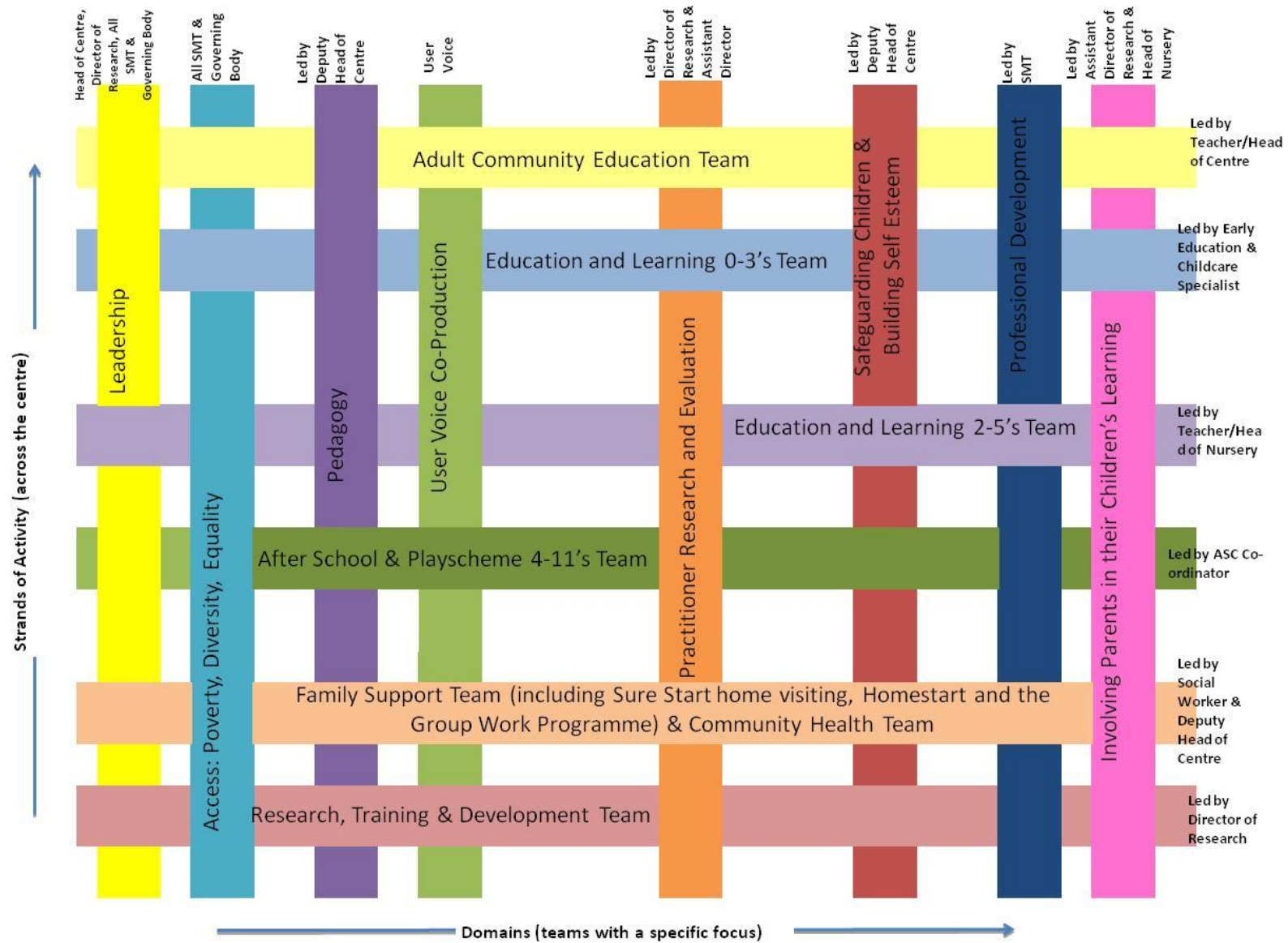
7. Sense making and stimulating research which embrace paradox. Expecting the organisation to embrace research and professional development.
8. Utilising knowledge of inter-organisational relations and the theory and practice of collaborative advantage. Exploring new domains to enhance one's own understanding.

3.2.1 Guardianship

One leadership concept that is relevant to how leaders can conceptualise their role and responsibilities within multi-professional teams is that of guardianship (Whalley, 2006), where professional heritage is openly shared, guarded and valued within a myriad of team expectations, roles and functions. *"It is much more likely in a Children's Centre that you will have a leaderful team of senior staff working alongside newly trained and newly qualified staff rather than one charismatic leader"* (Whalley, 2006 p.5). Diagram 3.1 below shows how co-ordination, supervision, line management and leadership responsibilities can be discussed and represented in a visual way so that it is shared out across a leaderful team in a children's centre (ibid). They show how the Pen Green Centre in Corby have represented eight strands of responsibility, six domains of activity and interwoven the teams in order to achieve a seamless response for families

Diagram 3.1: Guardianship strands and domains and how they weave together (Whalley, 2006)





This approach to offering an integrated response has been developed over some time. The climate of shared trust, time and commitment has led to a community development approach. Whalley (2006) suggested that this needed to be adopted by all staff in children's centres empowering everyone in the community: She writes:

Staff in children's centres need to:

- *Help individuals to be self-directing*
- *Encourage individuals to have more control over their own lives*
- *Be concerned with raising self-esteem and promoting learning as a lifelong experience*
- *Work towards equality of opportunities*
- *Encourage boundary pushing and constructive discontent (i.e not putting up with things the way that they are)*
- *Encourage people to feel that they have the power to change things*
- *Be about developing self-fulfilment. (Whalley,2006,p. 8).*

Guardianship represents a leadership approach that weaves together knowledge and experience. It creates a strong organisation that can hold families in distress and prevent them falling between gaps in services. It is a helpful and visual way of envisioning shared leadership in children's centres.

3.2.2 Encouraging realism, and having the courage to be imperfect,

Children's centre leaders need to be authentic and encourage people around them to do their best in often very difficult situations; they need to encourage a sense of perspective and realism. It is helpful if they are able to openly and honestly express their struggles, explain that perfection is unachievable and unhealthy and that doing your best with a sense of shared responsibility is the only way to manage in a sea of expectations. There are many responsibilities laid at the door of a children's centre often without giving any designated

authority to the team within. Rob Goffee and Gareth Jones (2006) at the London Business School write:

In organisations, the search for meaning and cohesion leaders provide has become especially acute...as hierarchies flatten, meaning disappears. We look to leadership to instil our organisations with meaning (p. 5-6).

A Children's centre leader is held accountable and responsible for better outcomes for children and families by amongst others, their Local Authority, OFSTED and local Governance boards. Children's centres must comply with several regulations in relation to the care of children. They must deliver high quality integrated services with partners. They are expected to ensure that their services meet local needs and reduce inequalities that have many causes beyond their direct control. Ofsted inspection reports give a written summary of outcomes for young children and their families, the quality of a centre's provision, the effectiveness of leadership and management and the centre's capacity to improve. Outstanding leaders are expected to demonstrate that they provide the highest quality of staff supervision for outstanding performance and that accountability frameworks such as Governance and strategic planning produce excellent outcomes. With regards to partners Ofsted expect that: *"There is a clear, shared sense of purpose between all parties... All partners take an active role in promoting high-quality, integrated provision which is highly responsive to local needs"* (OFSTED, 2011, p.26).

Table 3.1 below shows how Ofsted inspectors decide whether leaders are effective. There are seven descriptors for effective leadership. The grades are decided by inspectors when they investigate the effectiveness of leadership structures and processes.

Table 3.1 Key OFSTED Inspection Judgements about Leadership

How effective are the leadership and management?
The extent to which governance, accountability, professional supervision and day-to-day management arrangements are clear and understood.
The effectiveness of evaluation and its use in setting ambitious targets which secure improvement in outcomes.
The extent to which resources are used and managed efficiently and effectively to meet the needs of families, including those from target groups.
The extent to which equality is promoted and diversity celebrated, illegal or unlawful discrimination is tackled and the centre fulfils its statutory duties.
The effectiveness of the centre's policy, procedures and work with key agencies in safeguarding children and, where applicable, vulnerable adults.
The extent to which partnerships with other agencies ensure the integrated delivery of the range of services provided by the centre to meet its core purpose.
The extent to which the centre supports and encourages families in the reach area to engage with services and uses their views to develop the range of provision.

(OFSTED, Inspection of children's centres: evaluation schedule and grade descriptors, September 2011)

The Local Authority is also held accountable with the leader of the Centre to ensure top down strategic leadership as well as local bottom up networks that facilitate integrated working. Miriam Rosen, Her Majesty's Chief Inspector, wrote in 2011 that the new Ofsted Framework would allow inspectors to: *"consider how relentlessly the leaders, managers and governors pursue a vision for excellence, and how well they evaluate the school's strengths and weaknesses and use their findings to promote improvement"* (p. 72).

Currently there is an unequivocal message that leadership impacts on achievement and that leadership has to be relentless. Dennis Tourish from Aberdeen Business School and Ashley Pinnington from The British University, Dubai (2010) write that:

Interest in leadership is now intense in many organisations- and not always for good reasons. It is sometimes touted as a panacea for deeply

embedded problems, with Government in particular urging the universal application of models drawn from the private sector, on the assumption that they will be effective...Few of us perform miracles twice daily, and walk on water before 5.00 p.m. If leaders are expected to combine the saintliness of Ghandi, the forgiveness of Mandela, the compassion of Mother Theresa, the rhetorical skills of Martin Luther King, the vision of John F. Kennedy and the inspirational abilities of Winston Churchill, then we can only conclude that almost all of our organisations are in deep trouble (p. 198).

There are many other variables at play that can impact on success and it can be helpful if Children's Centre leaders are able to remain realistic about the expectations they face. Karen John (2008) writes about the importance of external mentoring for Children's Centre Leaders and states that: *"In order to meet the challenge of working with our own and others' discouragement, we need the courage to be imperfect. This requires reflecting on, rather than reacting to, the needs of clients or staff or the demands of every new initiative that comes along"* (p. 3).

Stephen Covey, motivational author and business management professor (2004) suggested that when a leader is able to blend together character and competence they will make wise judgements. He defined character as made up of:

- integrity- keeping your promises,
- maturity- combining courage and kindness, and
- abundance mentality - enjoying and learning from the success of others.

Competence included:

- a technical competence of the skills and knowledge in the field,
- a conceptual knowledge- an ability to think strategically and systematically and
- interdependence- a realisation that all life is connected.

An effective leader also needs to encourage their staff teams and partners to rationalise these many expectations in an authentic manner. Goffee and Jones (2006) wrote in their work about authentic leadership:

Inevitably, as leaders expose themselves, they will always show us weaknesses as well as strengths. But does this make them less attractive as leaders? We think not. Clearly, demonstrating strengths lends leaders legitimacy- but not if weaknesses are denied. The desire to be led by a real person demands that we know something of a leader's foibles and shortcomings. The claim of perfection will rarely convince us of another's humanity. And paradoxically, denying weakness is most likely to increase rather than reduce the leader's vulnerability (p. 19).

This view is supported by Belinda Harris's work (2007) on the emotional work of school leaders. She argues that emotionally deep relationships at work facilitate meaningful dialogue, deep learning, and collaborative agency, and promote positive affect and wellbeing. This new approach to leadership as emotional not rational work is necessary she writes, because:

... whilst politicians claim success for education reforms by quoting improvements in numeracy and literacy targets they refuse to acknowledge the deeper-seated negative effects of relentless change on the psychological health of schools and communities. Neither do they confront the relationship between many of their educational policies and the crisis in confidence felt in leaders, teachers and pupils in many schools. (p. 1)

Children's centre leadership is not for the timorous as Carole Beaty a children's centre leader in West Sussex understood (2011) when she wrote: "*The whole context of Early Years is political and in some ways this has been seen as a dangerous agenda, not for the faint hearted.*" (p. 162).

Since those who hold leaders to account have created a formula of strong leadership that equals strong outcomes, this needs to be located within the constraints of time. Sports coach Timothy Gallway's (2006) formula for

maximum performance at work and overcoming mental obstacles pointed out that: “*Performance equals Potential minus interference, $P=p-I$* ” (Gallwey, p. 17).

So do other factors need to be taken into account and managed? A more humane way of judging leaders by their outcomes could be: Effective leadership equals Effective outcomes minus rushed implementation and short term thinking: $EL=eo-ri-stt$.

Andrea Wild and Geoffrey Meads (2005) write in their research into health and social care interprofessional collaboration, real roots are required to embed collaborations: “*Collaboration is the tortoise to the hare of competition*” (p. 153).

Leaders who can be pragmatic and have frank dialogues with teams and Governors and Inspectors are more likely to develop a climate of competence in the face of targets and political demands. For as Margy Whalley (2006) wrote:

It is the job of Children's Centres' leaders to disequilibrate existing systems. If traditional approaches to working with children and families had been highly effective then we wouldn't have needed Children's Centres. Children's Centres leaders have to be community activists. In some cases they have to take on traditional bureaucratic systems and structures and they need support if they are to do this effectively” (p. 4).

Rosabeth Moss Kanter (2003) in her work on change management and innovation describes how leaders who can develop processes where everyone has the courage and imagination to innovate, the professionalism to perform and the openness to collaborate can co create a change adept organisation.

Encouraging a realistic authentic open approach and being honest about your imperfections requires a growth mindset, as described by Carol Dweck, a Professor of Psychology at Stanford University (2006). With this mindset, setbacks can be turned into success, barriers can be viewed in new ways and integrated centre leadership can be recognised as a learning process.

3.2.3 Tuning into systems thinking

Children's Centres have complex and shifting internal and external interacting processes. They might be described as a complex adaptive system. Benjamin B Lichtenstein (2006), Associate Professor in Management at the University of Massachusetts wrote in his paper about complexity leadership theory: *"A CAS is comprised of agents, individuals as well as groups of individuals, who resonate through sharing common interests, knowledge and/or goals due to their history of interactions and sharing of world views"* (2006, p. 3).

One view that emerged at the beginning of the 2000's was that the concept of *system leadership*. This field of thought emerged from systems theory. However, as Patrick Whitaker (2009) explains *systems theory* is about how things work, rather than what they are like:

Systems Theory takes a view of the world from two key perspectives:

- *The interrelatedness of all phenomena*
- *The interdependence of all phenomena*
- *The specialist and precise meaning of a system is an integrated whole, whose properties cannot be reduced to those of its parts* (p. 2).

Therefore, why separate out the leadership of a single person? If interdependency and authority is shared it may not be helpful to theorise that one leader is the single authority, separate from the processes at work. Whitaker (ibid) suggests that there are several limitations in the thinking about the systems leadership approach, these include:

- a basic incompatibility of ideas about top down authority and power,
- a political imperative to find a single solution, an outcomes agenda based on reductionism,
- the service landscape and its emphasis on boundaries and looking beyond them,
- a denigration of past learning about creative and imaginative leadership and

- a need for a grand polemic strategy.

Peter Senge (1990) a Senior Lecturer in Leadership and Sustainability at the MIT Sloan School of Management defined *systems thinking* as a key discipline for a learning organisation. He described it as a way of thinking about and describing the forces and relationships that shape the behaviour of systems. He described five new component technologies, personal mastery, mental models, building shared vision, team learning and systems thinking. He believed that systems thinking would lead to a better understanding of how to make effective change and to be in tune with the natural and economic world.

Business and other human endeavours are also systems. They, too, are bound by invisible fabrics of interrelated actions which often take years to fully play out their effects on each other. Since we are part of that lacework ourselves, it's doubly hard to see the whole pattern of change. Instead, we tend to focus on snapshots of isolated parts of the system, and wonder why our deepest problems never seem to get solved. Systems' thinking is a conceptual framework, a body of knowledge and tools that has been developed over the past fifty years, to make the full patterns clearer and to help us to see how to change them effectively (p. 9).

Margaret Wheatley (2007) an organizational consultant and researcher explored the connections between leadership and organisational change with the natural world even further. She believed in the self-organising capacity of *complex systems*. By looking at quantum physics, chaos theory, and biology she challenged conventional thinking about leadership. Rather than traditional western approaches of control, imposition, fear, scarcity and self-interest she advocated creativity, learning and adaptation, the certainty cycles, the triumph of order over chaos, the innate artistry in all of us and the enduring beauty of the human spirit.

The complexity of modern systems cannot be understood by our old ways of separating problems, or scapegoating individuals, or rearranging the boxes on an org chart. In a complex system, it is impossible to find simple causes that explain our problems or to know who to blame. A

messy tangle of relationships has given rise to these unending crises. To understand this new world of continuous change and intimately connected systems, we need new ways of understanding. Fortunately, life and its living systems offer great teachings on how to work in a world of continuous change and boundless creativity. And foremost among life's teachings is the recognition that human creativity and commitment are our greatest resources (p. 76).

Dame Pat Collarbone and John West-Burnham (2008) both former teachers explored systems leadership in education. They argued for a transformation of school leadership. They saw this as one dimension of several transformations required to move the school system towards system transformation, due to the impact of cumulative innovation. To some extent this was in line with Wheatley's (ibid) view of the world in which the only material form is that of relationships, and where there is no sense of an individual that exists independent of its relationships. Collarbone and West-Burnham envisage a school leader's role as extending beyond the boundaries of the school, leading extended services, networks, clusters and community initiatives. This would include working with local authorities, Government and other agencies, within a myriad of relationships. They acknowledged that there was a disconnectedness in this thinking however, because the primary function of the school leader was to prioritise their own school: *"The potential problem is that the old model of accountability, highly personal and focussed on institutional performance, will overlap with the new model of leadership and will potentially, compromise the integrity of the systems approach"* (Wheatley, 2007, p. 24).

For a children's centre leader tuning into and thinking about systems theory has its benefits. Accepting chaos, democracy and the foolishness of assumptions, recognising that individuals need one another, that control is impossible and that systems contain their own solutions are all helpful insights when creating a climate for integrated working.

We need less reverence for the plan as an object and much more attention to the processes we use for planning and measuring. It is attention to the process, more than the product that enables us to weave

an organisation as flexible and resilient as a spider's web (Wheatley, 2007, p. 112).

3.2.4 Interpreting and translating visions and values

Vision, defined as an ideal future state, is seen as essential to leadership. However, in the multi-professional arena of children's centres, where there are so many different professional beliefs and values, the concept of a leader being the primary vision bearer is an interesting one. Carole Beatty (2011) observed that:

Leadership within Sure Start children's centres is usually shared between different professionals who come to children's centre work from a variety of heritages and who need to meld these experiences into a seamless whole. These individuals need to evolve a shared vision and an ethos that will ensure that service-users are powerful and competent users of their own service with a clear sense of their own agency (p.163).

Values orientate everyone in an organisation towards achieving their shared vision. Co-constructing these values towards a shared vision can be problematic as it requires time and a commitment to dialogue together. Professor Stephen Ball (2003) points out in his research into the teacher's soul and the terrors of performativity, when different values conflict practitioners become stressed and caught up in, "*a kind of values schizophrenia*" (p.221).

Georgina Glenny and Caroline Roaf (2008) both former Special Educational Needs Coordinators (SENcos) concluded in their book about multi professional communication that, "*Making explicit the principles which guide actions is at the root of achieving mutual understanding. So it is an important function of local authority leadership to set up the context in which those principles and underpinning values can be debated and negotiated*" (p. 114). The leader of an integrated centre will have to encourage upwards so that their line managers commit to the time and resources necessary for collective debate.

As Deborah Ancona and her colleagues (2007) write in their work the incomplete leader, sense making, relating, visioning, and inventing are interdependent and vital leadership processes. Children's Centre Leaders have to use all of these processes to encourage an integrated approach. Margy Whalley (2006) also describes some of the key concepts:

Staff in Children's Centres are often from different professional heritages and will have had very different kinds of training. They may well have had experience in a range of different settings. When they come together to work within the Children's Centre they need to be able to hold onto the passions and beliefs that made them go into their particular discipline. However, they also need to work collaboratively and listen to the views of other kinds of professionals working in other domains. Increasingly staff within Children's Centres may be integrated professionals who have had more than one kind of training (p. 7).

It might be helpful to conceptualise the role of the leader as one of providing direction towards a wider common goal encompassing different philosophical approaches. In the DfES document (2006c) "Championing Children: A shared set of skills, knowledge and behaviours for managers of integrated children's service", leaders of integrated services are described as providing direction:

Managers of integrated children's services are leaders in many respects. They contribute to determining and articulating the vision for services, as well as making it happen. Because their knowledge of the needs and aspirations of children, young people and families is crucial to strategic thinking, they play a role in policy development. They should also model a collaborative, open, inclusive approach in their own behaviour, and build common purpose (p. 9).

Research by Professor Colin Eden, in collaboration with Chris Huxham, & Siv Vangen, (1989) has confirmed that the process of agreeing upon collaborative goals between organisations can be extremely difficult because of the variety of goals and constraints that different organizations and their individual

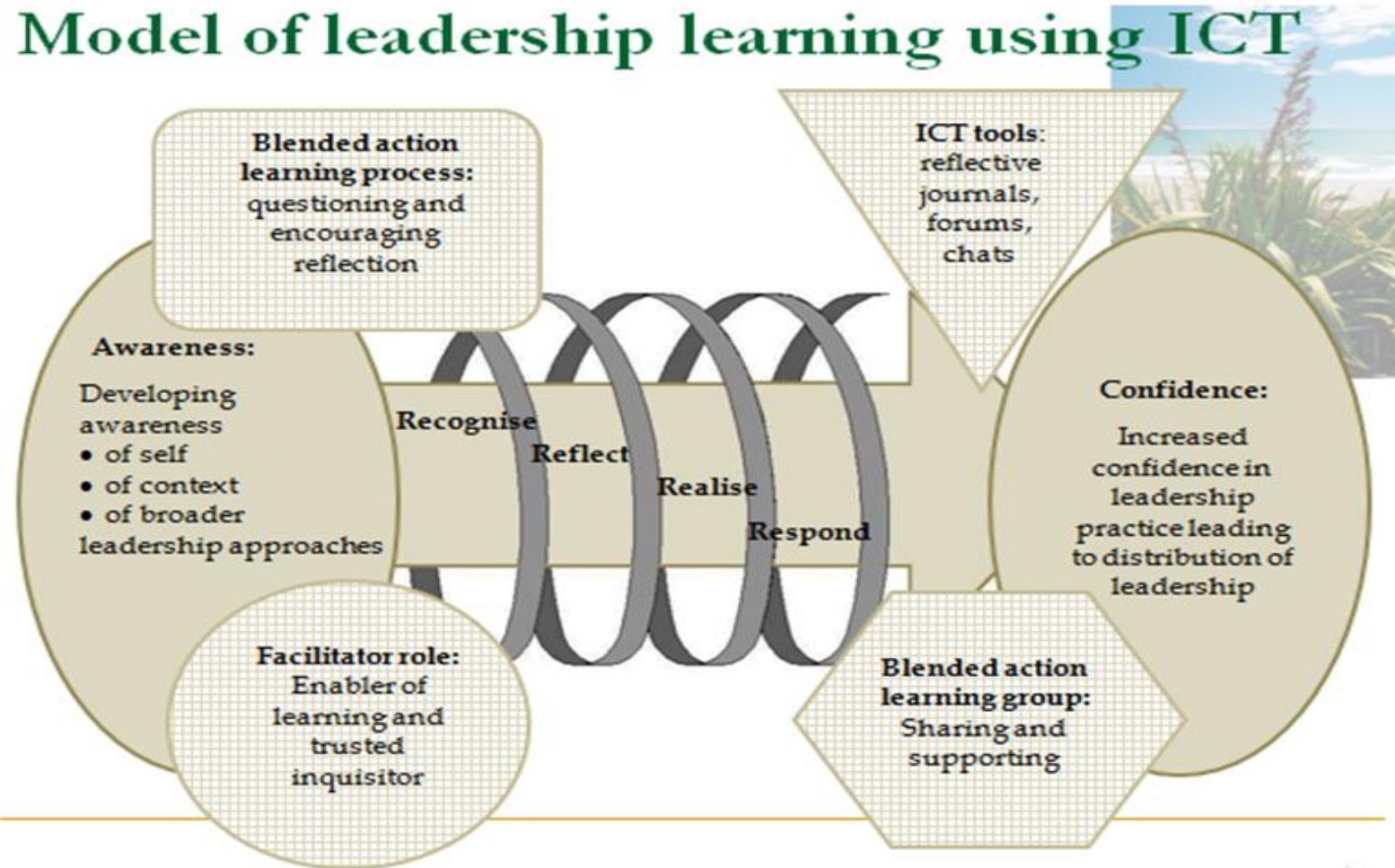
representatives bring to a negotiating table. They conclude that those involved therefore often have to take action without clear specification of what the endpoint should be.

The concept of the leader of an integrated centre being the translator and honest interpreter of visions and values might also be helpful. The National Standards for Leaders of Sure Start Centres (DfES. 2007a) expected leaders to: *“Work collaboratively to explore, clarify and develop shared values, principles and vision, recognising the diversity and difference within the local community”* and to *“Demonstrate the centre’s values, principles and vision in everyday practice”* (p,13). Ros Tennyson (2005) co-director of both the Partnering Initiative and of the Partnership Brokers Accreditation Scheme describes how the leadership role has shifted from figurehead to catalyst with new non-traditional leaders needing the: *“capacity to create clarity in the midst of our complex, information-rich, rapidly moving, politically unstable and economically unequal world”* (p. 9).

Kate Thornton’s work on leadership in the New Zealand Early Childhood Education sector (2009) is helpful here as she defines leadership as, working collaboratively in a learning community towards a shared vision. This requires courage and commitment. Her model of leadership learning using Information Communication Technology, illustrated in Diagram 3.2 below, allowed participants to:

- Recognise
- Reflect
- Realise
- Respond

Diagram 3.2 Models of Leadership Learning using ICT (Thornton, 2009, p.21).



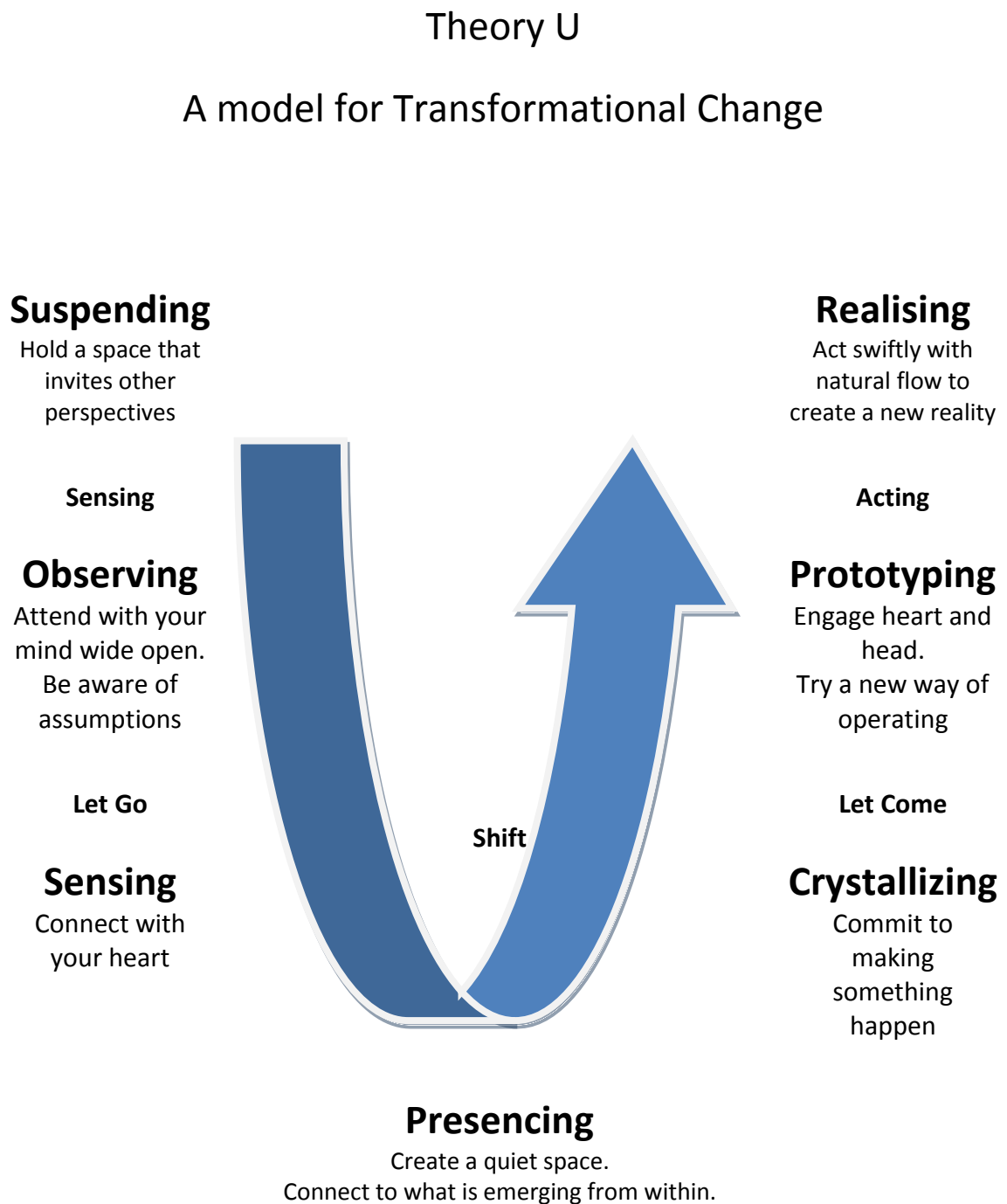
One alternative view of interpreting vision and values is from Dr. C. Otto Scharmer (2009) Senior Lecturer in Organization Studies at the Massachusetts Institute of Technology (MIT) Sloan School of Management. He suggests a staged process or journey through change towards a collective vision, called Theory U which is also described as “presencing”. This approach describes five levels of change acting as catalysts:

1. starting with our purpose,
2. regenerating ideas,
3. reframing them,
4. re designing,
5. restructuring
6. re-acting them.

Through moving from the left side of the U, as seen in Diagram 3.3 below, to the right, teams observe, dive into concrete experiences, sense, access the intuitive mind, suspend, wonder question and crystallize ideas.

“Presencing ...is connecting to source. Crystallizing means sustaining that connection and beginning to operate from it. The first practical aspect of this journey is to clarify what wants to emerge. Crystallizing facilitates the surfacing of a living imagination of the future whole. It clarifies the vision and intent of the emerging future” (Scharmer, 2009, p. 195).

Diagram 3.3 Model for transformational change through Presencing



Children's centre leaders attempting to interpret and translate shared vision and values may want to hold onto *the art of possibility* as described by Ben Zander a composer and conductor, and his partner Rosamund Stone Zander (2002). Together they describe a vision as a framework for possibility in their book *The Art of Possibility: Transforming Professional and Personal Life*. These criteria can be seen in Appendix 2.

Other authors who describe leaders as social beings with a collective wisdom and an innate ability to co-operate are: James Surowiecki (2004), Bishop Desmond Tutu (1999), Adam Kahane (2007) and Neil Abell (2010). They suggest humane ways to reach out, explore different viewpoints and encourage dialogue. Their work is described in Appendix 3.

3.2.5 Championing relational practice

Lord Laming, a former probation officer and social worker, in his report into the protection of children in England wrote: "*Relationships are crucial; it's not about structures, it's about making it work out there for children*" (2009,p.36).

Deborah Ancona and her colleagues (2007) describe recent shifts in thinking about relational leadership: "*Traditional images of leadership didn't assign much value to relating. Flawless leaders shouldn't need to seek counsel from anyone outside their tight inner circle, the thinking went, and they were expected to issue edicts rather than connect on an emotional level. Times have changed, of course, and in this era of networks, being able to build trusting relationships is a requirement of effective leadership*" (p. 3). She advocated three ways to do this namely through:

1. inquiring,
2. advocating
3. connecting

Joyce Fletcher's work (2001) on leadership and the interaction of gender and power in the workplace and relational practice is particularly relevant to

Children's Centre Leadership because it describes the relationship practice required for organisational transformation such as building webs of connections, teamwork, collaboration, partnership, and learning. Fletcher's research study of female design engineers described how certain feminine relational practices such as mutuality, empowerment, empathy, vulnerability and growth-in-connection were often *disappeared* not because they were ineffective but because of gender and power issues:

The disappearing dynamic helps us to see that there are powerful, gender-linked forces that silence and suppress relational challenges to organisational norms. The result is that behaviours such as relational practice are not merely difficult to encourage in organisations, they are systematically disappeared through a process in which they are coded as private-sphere (feminine) activities that stand outside the public-sphere (masculine) definition of work and competence (2001,p. 116).

Fletcher (ibid) argued that relational interactions have the power to affect change through mutual engagement and co-influence. Relational skills such as paying attention to emotional data, sensitivity to others' emotional realities, self-reflection and fluid expertise have the potential to transform organisations. However, her research identified that: *"People who engage in these practices are not simply unrewarded but instead are often misunderstood, exploited, or suffer negative career consequences for engaging in these activities. Those who enable others are likely to be characterised by co-workers as helpful or nice people rather than competent workers who are contributing to organisational learning"* (p.114). Her research also showed that women were motivated to enact relational practice because of three underlying forces:

1. *Expectations*: The expectation that they will act relationally;
2. *Skills*: The skill set to do so,
3. *Beliefs*: A belief in a relational model of effectiveness (p. 118).

In Children's Centres it is through relationships that people develop attachments and make the connections that inspire a feeling of responsibility, rather than an obligation, towards common goals and objectives. Leaders could utilise Fletcher's four practical pushing strategies (naming, norming, negotiating

and networking) to push back on the disappearing dynamic and make relational practice explicit and valued. These can be seen in more detail in Appendix 4.

Dr George Otero from the Centre for Relational Learning (New Mexico) worked with the National College for School Leadership to produce a leadership development programme called Better Together (2004-2007). He concluded that:

Building and nurturing trustworthy relationships now becomes a pivotal leadership function. Developing such relationships gives rise to community. Community is the vessel and capacitor for working in multiagency settings to transform people's lives. Integrated interventions will depend on finding ways of working with people that transcend but include professional technique and language "(2009, p. 2).

The programme's fundamental theme was that: "*The centrality and importance of social capital. Human relationships are fundamental to educational and social development, and learning is a social process; communities only exist and thrive to the extent to which they develop the quality of human relationships*" (Otero, 2007, p. 2).

Building on the work of Robert Putnam (2000) about social capital and the need to bond as social groups and bridge across social divides in order to create community action and engagement, West-Burnham, Farrar and Otero, (2007) explored the leadership qualities and behaviours that helped to weave these social webs. To see their descriptions of leaders who created social capital through bonding and bridging see Appendix 5.

The authors also identified conditions that promoted dialogue, these were:

1. Hospitality
2. Participation
3. Mindfulness
4. Humility
5. Mutuality
6. Deliberation
7. Appreciation

8. Hope
9. Autonomy

(West-Burnham, Farrar and Otero, 2007, p. 95).

These conditions acknowledge the existence of relationships without bounds, a relationship of mutuality and reciprocity as described by Buber (1970) an Austrian-born Israeli philosopher, as I and Thou (Kaufmann, 1996). They also require emotional intelligence. Daniel Goleman (1996) in his seminal work on emotional intelligence described five components of emotional intelligence including social skills that build networks, relationships, an ability to find common ground and persuasiveness. Kate Skinner (2010) an independent consultant in health and social care writing about leadership in social care said: *“The most likely path to success in collaborative working lies in the use of strong interpersonal skills”* (p. 50).

Vincent Waldron (2000) reframed emotion at work as a relational phenomenon. During his studies into emotions at work he looked at the ways employees communicate during emotional, stressful, or risky work situations. He believed that organisational relationships cause intense emotion because they are governed by informal rules and expectations (unlike personal liaisons). At work, relationship difficulties often occur in public view and can quickly be communicated across an organisation. Relationships at work are part of many dynamics, including power, loyalty, betrayal, that can lead to true emotions being hidden and this can lead to resentment and fury. Often an unwritten code of relational ethics emerges for relational morality and emotional rights and obligations at work. Waldron suggests that relationship maintenance is crucial and is what most people do most of the time, and that most jobs require: *“a kind of interpersonal emotional savvy if they are to be performed well”* (p. 80).

Angela Anning a research professor at the University of Leeds and a principal investigator at Birkbeck College, London, for the national evaluation of Sure Start, and her colleagues (2010) stressed the importance to create and maintain a sense of teamwork, casual coffee and corridor chats: *“All these*

activities took time and yet seemed an essential part of creating a team that could function” (p. 48). Time spent on team nurturing and maintenance helped to build mutual respect and understanding. Professor Angela Anning in her paper: Knowing Who I am and What I know: (2001) suggested that the destabilising of professional identities needed to be confronted and skilfully managed as new versions of knowledge were exemplified in new kinds of activities in integrated service settings. She went on to suggest that: “Little attention has been given to two significant aspects of operationalising integrated services. The first is the challenge for workers of creating new professional identities in the emergent communities of practice (who I am). The second is for workers to articulate and share their personal and professional knowledge in order to create new versions of knowledge (what I know) for new ways of working” (p. 9).

Edgar Henry Schein a former professor at MIT Sloan School of Management has recently written about Humble Inquiry (2013) He views this approach as essential for relational coordination and team work. *“Humble Inquiry is the fine art of drawing someone out, of asking questions to which you do not already know the answer, of building a relationship based on curiosity and interest in the other person” (p,2).*

Deborah Ancona and her colleagues (2007) suggest building relationships in the following ways:

1. Spend time trying to understand others’ perspectives, listening with an open mind and without judgment.
2. Encourage others to voice their opinions. What do they care about? How do they interpret what’s going on? Why?
3. Before expressing your ideas, try to anticipate how others will react to them and how you might best explain them.
4. When expressing your ideas, do not just give a bottom line; explain your reasoning process.

5. Assess the strengths of your current connections: How well do you relate to others when receiving advice? When giving advice? When thinking through difficult problems? When asking for help?

Of course it takes time to build these relationships and corridor chats are not always conducive to developing and deepening relationships. Geoff Meads, former Professor of Health Services Development at City University and his colleagues (2005) in their work on interprofessional collaboration in Health and Social Care stress the importance of continuity as a precondition for effective relationships, as well as directness, multi-plexity, parity and commonality. Meads' work (2000) with John Ashcroft the Research Director of the Relationships Foundation, Cambridge, UK, when they were exploring relationships in the NHS can be seen in Appendix 6. It is a framework for assessing relationships.

Leaders of children's centres are part of many networks of relationships that are complex, changing, intersecting and fluid. An understanding of relational practice and an ability to champion both informal encounters and formal systems can build social networks across agencies, develop reciprocity and interdependence.

3.2.6 Understanding change

Children's centres are constantly changing and evolving. As new practice and research emerges, and national and local policy changes direction so centre work must respond. A leader has to create the conditions where professionals feel part of the change process and remain committed to the overall purpose of the centre. Even once that sense of direction is established, professionals will leave and new colleagues will arrive. Leaders need to not only acknowledge the socio-cultural-historical context in which each profession is situated and organised, teams have to be able to respond and adapt to the changing individuals' views as they come and go. Angela Anning and her colleagues (2010) write:

...we would argue that managing multi-professional teams requires an approach to leadership that maintains an overall sense of direction, while being ready to adapt rapidly to changes in team membership as well as workplace priorities. To be a good manager you have to be a chameleon, responding appropriately to changing circumstances (p. 93).

Leaders face a considerable challenge when maintaining an ethos where change is embraced and its need understood. This requires a sophisticated response. Everton Children's and Family Centre headteacher Lesley Curtis and Diana Burton Professor at Liverpool John Moore's University (2009) considered the work of the leader of an integrated children's centre and posed the question as to whether the leader was a naive change agent or a canny political collaborator. Curtis and Burton described the leadership role as challenging, complex and crucial, involving considerable changes to familiar ways of working:

"The daily working with personnel from other professional cultures such as health and social care constitutes the biggest departure from the traditional school delivery of services. Thus, the role is both challenging and complex and its rigour lies partly in never compromising on quality for young children and their families.... The early years leaders role is crucial in establishing this approach" (p. 287).

The management of change therefore requires a clear moral purpose as Michael Fullan (2001) explained: *"Moral purpose without an understanding of change will lead to moral martyrdom. Moreover, leaders who combine a commitment to moral purpose with a healthy respect for the complexities of the change process not only will be more successful but will also unearth deeper moral purpose"*(p. 5).

Fullan in his work on change management in the education sector suggests that change is best understood rather than managed, due to its complexities, paradoxes, non-linear progression and messiness. He offered six reminders that support a deeper understanding of these processes.

1. The goal is not to innovate the most. Innovation can be organically built into an organisation and this develops the capacity and commitment to solve complex problems rather than frantically competing in a change marathon that exhausts everyone.
2. It is not enough to have the best ideas. Create a climate of democracy, affiliation and coaching.
3. Appreciate the implementation dip. Sensitive and empathetic responses to natural confusion and dips in confidence are important to avoid panic. Appreciate resistance, build emotional bonds, relationships and heal rifts.
4. Redefine resistance. Resisters have ideas that may have been missed and see alternatives that have not even been dreamt of. Respect the politics of the situation and trust the learning processes at work.
5. Re-culturing is the name of the game. Collaborative work will mean that the culture of the organisation is forever transforming itself.
6. Never a checklist, always complexity. Accept the dilemma that strategic bodies want linear plans to manage change and that these plans in reality require non-linear feedback networks and complex adaptive systems. Learn about complexity science and your role in disturbing consequences (Fullan, 2001, p. 34).

Fullan concludes:

“To recommend employing different leadership strategies that simultaneously and sequentially combine different elements seems like complicated advice, but developing this deeper feel for the change process by accumulating insights and wisdom across situations and time may turn out to be the most practical thing we can do- more practical than the best step-by-step models. For if such models don’t really work, or if they work only in some situations, or if they are successful only for short periods of time, they are hardly practical” (p. 48).

Pam Foley and Andy Rixon (2008) both lecturers in the Open University's Faculty of Health and Social Care have researched current changes in children's services. They discuss the concept of *being confident enough to let*

go when faced with changing roles and responsibilities. Interagency and inter-professional work means that there can be a multiplicity of roles operating in areas that were once the jurisdiction of just one practitioner (p.32). However, the ability to release roles will be dependent upon the moral and ethical reasons for this rather than, for instance, moving from specialist services to a more generalised approach for cost savings alone.

Foley and Rixon go on to explore the gains and losses that practitioners may experience through the change process when working across boundaries. They depict this in the balance sheet shown in Table 3.2 and suggest it may be a simple and useful approach to exploring the issues (p. 38).

Table 3.2 Balance sheet of losses and gains for practitioners experiencing integration

	Loss	Gain
Personal	Feeling deskilled Clarity of role Current colleagues	New co-training opportunities Interesting challenge Better communication with the practitioners with whom I mainly work
Organisational	Confusion Reorganisation costs	Better service for children Access to new resources

Sally Graham and Joy Jarvis (2011) from the University of Hertfordshire argue that leadership of uncertainty in children's centres requires everyone to lead, to work in collaboration with others and to imagine and create new ways of working: *"We will all need to be developing new identities as leaders"* (p. 142). These new leaders need a sophisticated, sympathetic and political knowledge of the impact of change. They have to support themselves and others to be

resilient in the face of frequent changes of personnel and confident to ethically let go and encourage leadership in others.

3.2.7 Sense making and stimulating research which embraces paradox

Children's centre leaders face daily dilemmas, they have to constantly juggle conflicting demands, fluid budgets and always need to consider what is best for the children. These decisions need to be located within what is reasonable, achievable and safe. Ancona and her colleagues (2007) explained how important sense making was because: "*Leaders are constantly trying to understand the contexts they are operating in*" (p.2). When mapping out goals and ways forward leaders have to have the courage to present a map that highlights features they believe to be critical, even if their map does not conform to the dominant perspective: "*making sense is more than an act of analysis; it's an act of creativity*" (p.2). The authors suggested four approaches to engaging in sense making:

1. Get data from multiple sources: customers, suppliers, employees, competitors, other departments, and investors.
2. Involve others in your sense making. Say what you think you are seeing, and check with people who have different perspectives from yours.
3. Use early observations to shape small experiments in order to test your conclusions. Look for new ways to articulate alternatives and better ways to understand options.
4. Do not simply apply existing frameworks but instead be open to new possibilities. Try not to describe the world in stereotypical ways, such as good guys and bad guys, victims and oppressors, or marketers and engineers, (Ancona et al, 2007, p. 3).

Carole Beaty (2011) believed that leaders needed a deep understanding of different professional heritages and different working practices: "*For a leader of a children's centre to coalesce the health, education, care, community and voluntary sector requires a strong understanding of local community needs, child development and different professional contexts*" (p.162).

Geoff Southworth (2006), Visiting Professor at the Institute of Education, University of London, spoke of the importance of leaders themselves being contextually literate:

The leader who develops contextual literacy demonstrates an understanding that schools are dynamic organisms continually evolving, rather than static organisations. It also requires a recognition that education contexts differ at every level, they differ between individual children, families, local communities defined by socio-economic class, ethnicity etc. With fluctuating staff morale and energy levels, the arrival of new staff and students and the departure of others amongst numerous other factors, schools have to continually adjust and make room for new energies, ideas and conflicts”, (Southworth, 2006 p.10).

One approach to contextual literacy is to encourage practitioner research. “*Staff in Children’s Centres have to be research active*” (Whalley, 2006, p.3) as this enables access to funding, encourages parental involvement and advocacy. Whalley went on to write that:

If we are to build the sustainable workforce that we need to deliver the integrated Children’s Centre strategy, if we are to develop this new territory, then we need proud professionals. Confident, competent and reflective practitioners who are capable of developing leadership learning within their own Children’s Centre; and also capable of building a national and international networked learning community across Children’s Centres, (p.9).

Anne Murphy (2010) writing in Zoe van Zwanenberg’s book, Leadership in Social Care, also referred to learning experiences and purposeful relationships: “*Critically it is about building mutually rewarding learning experiences in partnership; experiences which enable participants from across services to work on something real and meaningful together or, in other words, build a sense of real place, purpose, and perspective into the process*”, (p. 143).

Supervision that encourages sense making and inquiring into paradoxes is also important. Expecting a service culture where there is a commitment to high

quality service and strong supervision is critical (Skinner, 2010). Peter Hawkins and Robin Shohet, (1989) developed a model of supervision, which later became known as the seven-eyed supervision model. They explain that supervision needs to be formative, restorative and normative. Seija Ollila, from the Social and Health Management, University of Vaasa in Finland (2008) acknowledges that supervision when used effectively should cover evaluating working methods, crystallising issues, long- range planning, looking after policies and interpreting others' behaviours.

Narrowing the Gap was a two year research and development project (DCSF, 2007a) funded by the Department for Children, Schools and Families, and supported by the Improvement and Development Agency. Its purpose was to make a significant difference on a national scale to the performance of Children's Trusts in narrowing the gap between vulnerable, excluded children and the rest, set against a context of improving outcomes for all. It identified ten golden threads, which seemed to make a difference. One of these was uniting to succeed (sanity not vanity). They recommended, relentless inter-disciplinary training, an integrated training team (drawn together from at least education, social services, health and the voluntary sector) and a shared system of supervision.

Sonia M. Ospina and Angel Saz-Carranza (2010) discussed the concept of embracing paradox for collaboration in their American research. Within collaborative organisations paradoxes frequently occur when opposing demands co-exist. They suggested that it could help to make these tensions apparent and to accept them, within a collective process of meaning making. This could produce shared direction, commitment and a movement towards a common purpose. The artful management of paradox requires looking inwardly to honour the competing demands for unity and diversity, and this involves: facilitating interaction, promoting openness and participation and cultivating personal relationships. It also requires outward work, where dialogue and confrontation is managed to facilitate external collaboration. This can be achieved by maintaining credibility, multi-level working and cultivating multiple relationships.

Anne Murphy (2010) a researcher of collaborative learning processes, described the bedrock of collaborative leadership learning as uncertainty, disagreement, discomfort, insecurity, improvisation, intuition and muddling through. She goes on to say that: *“Learning about things to which we do not know the answers is a risky business for everyone and demands that all take responsibility to ensure that the outcomes meet the expectations – even when the questions are so ambiguous as to defy rational answers”* (p,142).

The Department for Education (DfES, 2007a) also expected leaders to answer many questions and address critical local issues:

The leaders of children’s centres have a responsibility to ensure that their centre really makes a difference to the individual children and families it serves. How well are those services managed? How well integrated and how effective are they in reducing the gap between the most disadvantaged children and their peers? Is every child and their family better off? Are they healthy, more resilient, better able to enjoy new opportunities? (DfES, 2007a, p.3).

Leaders of centres were expected to be leading the learning of everyone working with and for children in the centre and Carole Beaty (2011) advised that effective leaders would keep the following at the centre of their practice:

- Understanding the importance of early experiences in creating a dynamic environment for young children;
- Seeing the child in a holistic way;
- Being mindful of the way in which young children learn most successfully;
- Creating situations in which parents are involved in many different ways in their children’s learning ;
- Engaging other professionals in the process of supporting children’s learning (p.166).

This is sometimes described as pedagogical leadership, where leaders develop learning communities that take the time to debate and discuss practice and create, share and articulate pedagogical knowledge.

Promoting the learning, growth and development of young children is hugely important work with profound consequences for the future. Leaders of children's centres are faced with ethical and moral choices in every aspect of their work. They need to develop a deep understanding of the theoretical frameworks that underpin the professional practice in their centres. The work of the pedagogical teams within every children's centre will be to construct together the pedagogical framework for their centre, according to the values and principles that they hold about their work with children and families" (NCSL, 2009, p. 27).

In order to create a climate for philosophically coherent delivery of services a children's centre leader has to encourage an approach to learning which places every practitioner's needs, feelings, thoughts and experiences at the heart of the centre. This requires a very sophisticated level of pedagogical leadership. By creating plentiful opportunities to explore dilemmas and paradoxes and seek sensible responses, a leader could activate learning for individuals and groups that deepen a shared understanding of values and beliefs. Children's centre leaders need to nurture this sense making in a sophisticated way across disciplines, since early years pedagogy encompasses all the ways in which early year's providers help children to learn and how they interact with children and their families. In this way: *"Research functions not as a distraction from practice but as a development of it"* (Schön 1983, p. ix). Donald Schön's influential work examines professional knowledge, professional contexts and reflection-in-action.

Sense making through supervision, research, pedagogical debate and embracing paradox are critical processes for leading integrated services. This is underpinned by researching oneself and reflecting upon personal motivations and past influences: *"I for one am convinced that within the helping professions, there is no question of the necessity to achieve a good measure of self-understanding. These days I am bold in my assertion that those with responsibility for leading or looking after others are encouraged and supported to engage in deep self-reflection and self-development"* (John, 2008, p.59).

3.2.8 Utilising knowledge of inter-organisational relations and the theory and practice of collaborative advantage

Looking outwards and exploring research from alternative paradigms can help children's centre leaders reframe the difficulties they encounter when developing integrated working processes. Chris Huxham and Siv Vangen (2006) point out: *"It is far from straightforward to translate mainstream theories of leadership to collaborative settings"* (p.202). They describe the messiness, contradictions, tensions, dilemmas, multiple views, dynamics and frustrations of intention in collaborative work, and they go on to say: *"For those involved in complex multi-party, multi location, interacting social collaborations, the complexity will be obvious, and the message here is about learning to love it and manage it"* (p.253).

Steve Cropper Professor of Management at Keele University and colleagues (2010) write that inter organisational relations (IOR) research: *"focuses on the property and overall pattern of relations between and among organisations that are pursuing a mutual interest while remaining independent and autonomous, thus retaining separate interests. For all IOR researchers, the aim is to understand the antecedents, content, patterns, forms, processes, management, or outcomes of relations between or among organisations"*(p.9). There is much that can be learnt from this field. It has a defined language and vocabulary that could be very useful in integrated centres. Table 3.3 below presents the commonly used names, descriptors and acts used to describe inter-organisational entities which serve as a useful discussion document to help collaborators clarify their ideas and help leaders to guide, stabilise and steer these complex interactions. This is an important part of the trust building process. This is described by Chris Huxham and Siv Vangen (2010) as the *Trust Building Loop*: *"Two factors are critical to building trust. The first is about the expectations of partners and formalising future potential together and agreeing aims. The second is about risk taking which requires enough trust to create a platform for future more ambitious collaboration"*, (p.77).

Table 3.3 Commonly used inter-organisational relations language (from Cropper et al, 2010, p.5)

Names for inter-organisational entities			
An alliance	An association	A cluster	A coalition
A collaboration	A consortium	A constellation	A cooperation
A federation	A joint venture	A network	A one stop shop
A partnership	A relationship	A strategic alliance	A zone
Descriptors for inter-organisational entities			
Collaborative	Cooperative	Coordinated	Interlocking
Multi-organisational	Interprofessional	Joined up	Joint
Multi agency	Multi-party	Multi-organisational	multiplex
Trans-organisational	Virtual		
Names for inter-organisational acts			
Bridging	Collaboration	Contracting	Co-operation
Franchising	Networking	Outsourcing	partnering
Working together			

Alongside the concept of collaborative advantage, where something is achieved collaboratively that could not have been achieved alone, lies collaborative inertia (Huxham & Vangen, 2006). This inertia is mired in difficulties, in communicating and gaining agreement to act, differences between parties on organizational purpose, procedures and structures, professional languages, accountabilities, and power. *“Collaborative inertia captures what happens very frequently in practice: the output from a collaborative arrangement is negligible, the rate of output is extremely slow, or stories of pain and hard grind are integral to successes achieved”*, (p. 60).

This inertia is further defined by Cropper and Palmer (2010) in their accounts of IOR dynamics:

- Threat-rigidity theory

A rigidity in established routines and responses means that IORs may avoid change, even when environmental pressures suggest that change is needed. Under threat or pressure managers become rigid in their thinking.

- Learning disabled theory

IOR's may fail to evolve as they become trapped by their own success, which inhibits them from responding appropriately to new conditions which emerge.

- Stability theory

Forces for change are counter-balanced by forces which reinforce stability. IOR responsiveness may be inhibited where stability forces, embedded in IOR practices and routines, outweigh change forces. Familiar risk adverse social networks may inhibit innovation. (Cropper and Palmer, 2010, p.649)

What these forces have in common is a resistance to change, resulting in inertia. Barbara Gray (2010) Professor of organisational behaviour at Pennsylvania State University, describes eight intervention tasks and techniques which may exert some leverage over how partners are interacting and shift a state of inertia. For a summary of Barbara Gray's ideas see Appendix 7. These include: visioning, convening, reflective intervening, process managing, problem structuring, brokering, conflict handling and institutional entrepreneurship.

Gray's elaborated description of tasks and techniques that help facilitators to shift inertia is similar to that of boundary spanning and networking which Anning and her colleagues (2010) identified in their research into children's centre leadership. They describe these leaders as being at the "*cutting edge of practice development*" (Anning et al, 2010, p. 93).

Chris Skelcher, Professor of Public Governance at the Institute of Local Government Studies and colleagues (2004) in their work on effective partnership and good governance, also identified the importance of boundary spanning:

We identified a number of “boundary spanning” individuals who operated as entrepreneurs in creating new solutions to public policy problems. They had well-developed skills at mobilising political, financial and technical resources from a range of sources and bringing these to bear on particular needs and issues... these individuals start from the problem rather than the procedures. They are adept at managing the procedures, but only because this is necessary in order to gain access to resources that will deliver their objective (p.4).

The creation of boundary experiences, boundary groups and organisations, boundary object creation and their use is discussed by Barbara Crosby and John Bryson (2010) from Minnesota University when they explore integrative leadership and the creation and maintenance of cross-sector collaborations. Collaborative exercises such as mapping and navigating relationships support the cognitive, social and behavioural complexity required in integrative leadership, especially since they argue that cross-sector collaborations are more likely to form in turbulent times. They define cross boundary groups as “collections of actors who are drawn together from different ways of knowing or bases of experience for the purpose of coproducing cross boundary actions...Adeptly designed forums allow boundary groups to have boundary experiences, defined as shared or joint activities that create a sense of community and an ability to transcend boundaries amongst participants” (p. 220). Boundary objects: “are typically important in helping people create shared meaning. Boundary objects are physical objects that enable people to understand others’ perspectives. Beyond that, boundary objects can facilitate the transformation of diverse views into shared knowledge and understanding” (p. 220). They conclude by saying: “The normal expectation ought to be that success will be very difficult to achieve in cross-sector collaborations, regardless of leadership effectiveness”, (p,227).

There is a great deal of pertinent knowledge and approaches in the IOR literature that is relevant to the leaders of children's centres. Its focus on the relationships between organisations and the processes that can be employed to encourage collaborative advantage is significant. This knowledge could support the facilitation of the climate required to develop a shared commitment to integrated working that will benefit children and their families. Michael Beyerlein a Professor for Organizational Leadership and Supervision at Purdue University Indiana and colleagues (2004) add that participation in collaborative activities often brings an intrinsic satisfaction, especially when things go well. The fun, playfulness and pleasure did not come from extrinsic motivation but from meeting complex challenges, performing effectively and deriving satisfaction from the success of these efforts: *"in other words, fun is not the cause of their success; it is a by-product of their successful efforts. Therefore, by focussing on the other factors, the fun will be likely to follow"*, (p.23).

3.3 Themes from the literature review

This review has identified eight leadership processes from the literature that support the development of integrated services. The disciplines they have originated from and the key authors are listed in Table 3.4. There is a scarcity of literature on how to lead a coherent integrated children's centre. This is at odds with the continuing emergence of interprofessional service paradigms.

Table 3.4 Themes from the literature review: Eight critical leadership processes that support integrated services to flourish

Exploring Guardianship	Encouraging realism and having the courage to be imperfect	Tuning into systems thinking	Interpreting and translating visions and values	Championing relational practice	Understanding change	Sense making and encouraging research that embraces paradox	Utilising knowledge of inter-organisational relations & the theory & practice of collaborative advantage.
<p>Key aspects:</p> <p>Leaderfull teams</p> <p>Visual representation</p> <p>Collaborative activity</p> <p>Self directing</p>	<p>Key aspects:</p> <p>How does leadership impact on achievement?</p> <p>In fact leadership is one of many variables at play.</p> <p>Reflective authentic responses that accept imperfection</p> <p>Leadership development opportunities vital to cultivate inventiveness</p>	<p>Key aspects:</p> <p>All processes are interrelated, interdependent, integrated.</p> <p>Systems thinking lead to a better understanding of how to make effective change.</p> <p>Systems are in tune with the natural world.</p> <p>Systems are creative; its material form is relationships.</p>	<p>Key aspects:</p> <p>A danger of values schizophrenia.</p> <p>An important function of Local Authority Leadership.</p> <p>Providing direction</p> <p>Brokering of viewpoints</p> <p>Presence, theory U.</p> <p>Wisdom of crowds</p> <p>Ubuntu</p> <p>Creative open listening</p>	<p>Key Aspects:</p> <p>Relational practice required for organisational transformation.</p> <p>The need for trusting relationships.</p> <p>Feminine relational practice often disappeared due to gender and power issues.</p> <p>The importance of social capital and dialogue.</p> <p>Emotional intelligence critical</p>	<p>Key Aspects:</p> <p>The reality is that personnel is constantly changing</p> <p>Clear moral purpose essential</p> <p>Change to be understood rather than managed.</p> <p>Need to be confident enough to let go.</p> <p>Need to develop new resilient identities & new ways of working</p>	<p>Key aspects</p> <p>Need maps for sense making.</p> <p>Need to be contextually literate</p> <p>Research active</p> <p>Building mutually rewarding learning experiences in partnerships</p> <p>Supervision critical</p> <p>Artful management of paradox.</p> <p>Pedagogical</p>	<p>Key Aspects</p> <p>Useful vocabulary for names of entities, descriptors and acts</p> <p>Collaborative inertia what cause it?</p> <p>Useful interventions: visioning, convening, reflective interviewing, process managing, problem structuring, brokering, conflict handling, institutional entrepreneurship</p>

			Mindfulness			leadership required	ip, boundary spanning. Boundary explorers Champions Multi- lingual translators Shock riders Cartographers Navigators of cultural borderlands Meteorologists of system turbulence.
Key Authors: Whalley, M. (2006).	John,K (2008)) Covey,S (2004) Harris,B(2007) Anacona et al (2007)	Whitaker,P (2009) Senge, P (1990) Wheatley, M (2007)	Fullan M (2001) Eden (1989) Huxham, & Vangen, (1996) Scharmer (2009) Stone Zander & Zander, 2000 Surowiecki, 2004 Kahane's (2007)	Fletcher, (2001) Otero, G (2004) Goldman, D (1996) Maslow (1940's) Meads et al(2005) Relationships Foundation Cambridge UK	Fullan M (2001) Foley and Rixon (2008) Graham and Jarvis (2011)	<i>Schön</i> (1983) Siraj-Blatchford, (2002) Whalley (2006) Narrowing the gap	Huxham, C and Vangen, S (1996) Cropper, S, Ebers, M, Huxham, C Smith Ring, P. (2010)
Discipline: Early years leadership	Discipline Psychology	Discipline; Science, Quantum Physics, Biology.	Discipline: Social Network Theory	Discipline: Psychology, Anthropology	Discipline: Policy Studies Community Development	Discipline: Education	Discipline: Community development. IOR.

3.4 Rationale for this research about how to lead integrated working within a children's centre

I am a headteacher of a nursery school and a children's centre within the fifth most deprived borough in London and the tenth most deprived district in England. Approximately three quarters of the Borough's children and young people come from ethnic minority communities with over one hundred and ninety different languages being spoken.

The nursery school offers education to one hundred and seventy children aged two to four and their families in a deprived ward in Haringey. The school is also part of a consortium with two other nursery schools and is an early years teaching centre supporting more than one hundred practitioners each year. The centre has a target to work with over one thousand families, with children under five years of age.

Families in the area face many difficulties including: temporary and non-decent housing, overcrowded households, poor health, and high levels of mental illness, poverty and unemployment. The children's centre aims to work with a range of professionals and voluntary groups to address these issues, including midwives, health visitors, infant psychologists, family support, social services, citizen's advice, job centre plus, housing, workers educational association, and public health. The centre also delivers childcare.

Currently in 2014 the children's centre hosts and delivers a range of services on site, from ante natal appointments to stay and plays, breastfeeding advice, free Healthy Start vitamin distribution, child protection meetings and supervised access. These services are available for families from 8am to 6pm forty eight weeks of the year. I line manage about forty staff, I work with many other professionals and organisations. I have no designated leadership role with those partners I work with to provide centre services to families on the site.

I was also the course tutor, mentor and assessor for the National Professional Qualification for Integrated Centre Leadership Programme for five years. I

worked with over one hundred centre leaders to help facilitate their leadership of integrated children's centres. I could identify with many of the struggles that they faced when trying to provide integrated responses to families and children's needs.

There are many reasons why I was interested in undertaking this study. I wanted to learn how to be a better leader of integrated services. As a headteacher, tutor and children's centre leader (1997-to 2014) I wanted to:

- Create a climate where everyone felt part of a shared endeavour
- Find more creative responses to the barriers and tensions I was experiencing when attempting to integrate services
- Explore practical and new leadership processes
- Explore new professional cultural backgrounds and the borderlands between cultures
- Lead a cohesive centre where cultural and professional differences were understood, respected and protected.
- Be better equipped to support colleagues in their leadership of integrated settings

However, the skills that I had learnt from being a headteacher did not seem to be transferable to the new climate of integrated working. Huxham and Vangen wrote: *"It is far from straightforward to translate mainstream theories of leadership to collaborative settings"* (2006, p.202). Traditional views of leadership and the traditional value base of public service professionals do not necessarily provide a transferable knowledge base for the work of an integrated children's centre leader. Philip Haynes (2003) a Professor at Brighton University with a research interest in complexity theory and public policy writes *"Public service managers do not want to be identified only with the implementation of output-based objectives. They need to be viewed as the creative managers of the numerous tensions and contradictions in the public policy process"*, (p.156).

Prior to the start of this study I was finding it difficult to manage these tensions without any perceived authority and yet I was held accountable for the development of the children's centre, its inspection outcome and its public reputation. I wanted families to have a seamless local service, from a coherent, proactive and responsive team of multi-agency professionals.

It seemed as if this was unachievable in 2008 when I first started this study. There were limited services available on site, no network of partners providing services, little strategic management, limited data and no shared understanding of what a children's centre was. Government policy and frameworks for children's centres, with its rationality, its bureaucratic solutions and ideology of rulemaking, were at odds with my lived experience. As a centre leader I lived in a world of uncertainty, emotional psychodynamic encounters and changing realities (Ferguson, 2005, p.783). I was trying to follow the strategy by establishing the centre as the hub for services for families. I was experiencing similar struggles to foster integrating working relationships as described earlier in this introduction in Diagram 2.4 which depicted barriers to children's centres work with partners. I encountered difficulties with:

- Time pressures, to take advantage of all the documentation and advice about integrated working
- Unclear strategic management,
- Different physical locations.
- Different budget streams.
- Brief encounters with part time colleagues who themselves felt overwhelmed.
- Different professional experiences, knowledge, skills and vocabulary
- Different line management and supervision arrangements
- Different pay and conditions
- Apparent polarities of opinion with no time to debate and clarify approaches.
- Lack of strategic support or vision to create the necessary circumstances for relationship building.

I knew all agencies shared the responsibility to develop this new way of working but agreed with this observation, made by the House of Commons, Children, Schools and Families committee: *“The problem with joint responsibility is that it might mean no effective responsibility, with each part of the system doing its own work but with no-one ensuring that it all adds to coherent policy and actions”* (2008, p.2).

Harry Ferguson’s research (2005) interested me, he wrote that child protection has an aesthetic sensibility which includes mobility, movement and creativity in practice and an expressive dimension that is located within the relationships that are deeply embedded in child protection encounters: *“Encounters between workers and users of services are mediated through the emotions, senses and body in ways that give rise to complex feelings and forms of reciprocity and resistance”* (p783). I wanted to explore this further and this study aimed to find new ways to embed better relationships and to understand my own emotions and senses, in order to move on from a culture of historic turf wars. Raham (1998), in an evaluation of full service school provision described turf warfare as, *‘interjurisdictional battles’* and *‘the powerful politics of agency budgeting and authority that can hinder collaboration’* (p.28). Western culture also has a powerful tradition that diminishes feeling in favour of reason (Sandelands and Boudens, 2000, p.47). I needed to develop new approaches, as reasoning alone was not helping, to develop integrated services for families that would make a difference and serve them well.

I wondered why I could not be the designated leader, but as Reder and Duncan (2003) point out: *“This call for reorganisation fundamentally misses the point about the psychology of communication; that individuals and groups create and recreate their own boundaries based on beliefs, attitudes, work pressures and so on. Furthermore, each episode of communication has an interpersonal dynamic of its own, and clarity of understanding will not necessarily be enhanced by different organisational structures. In our view, efforts to enhance professionals’ capacity to think, and therefore to communicate, would be more rewarding”* (Reder and Duncan, 2003, p95). I hoped that the opportunity to

study would give me the opportunity to reflect, think and hopefully enhance my ability to communicate and develop alternative leadership approaches.

Changing professional identities reflect changing times, as Geoff Meads and colleagues (2005) research in Health and Social Care reveals: “*The differences which give rise to the need to collaborate can be subsumed under a shared identity rooted in the recognition of participation in a shared endeavour. Professional identity is not fixed and immutable. It is a product of history and culture, and will continue to develop in the light of the global modernising forces*” (p.28). I have always been passionate about children and families experiencing the best services, enjoying learning together and feeling welcome and being active participants in the development of their own local services. I wanted to lead an organisation that was consistent, coherent, and seamless and with services that were interrelated to one another where colleagues co-operated and communicated effectively, with a unifying vision and where diversity was its strength. The school I was leading was changing and the opportunity to study meant I could reflect further about my changing professional identity.

I hoped to find new ways forward for people working together in order to maximize the children’s centre’s potential for impact. I also hoped to better understand and interpret events and behaviour I was experiencing in myself and in others. I hoped to find new effective processes that I could use in the future to emancipate and free myself from frustrating situations where I felt little progress was being made in the development of integrated services for families. My motives for this research corresponded with Jürgen Habermas’s (a German sociologist and philosopher in the tradition of critical theory) construct of worthwhile knowledge and modes of understanding (1972). He defined three cognitive interests, prediction and control, understanding and interpretation, and emancipation and freedom. These motives helped to shape this study’s methodology.

This research aimed to enable new ways forward to meet the expectations

placed upon a children's centre leader and also to move beyond reductionist descriptors of leadership attributes required for the facilitation of integrated services. This required the exploration of alternative theoretical frameworks across the disciplines of social work, health, education and adult learning. The research approach was to engage managers and early years' leaders in one locality to:

- develop a constructive critical discourse around the development of multi-disciplinary and interagency working,
- critically analyse the current state of their relationships with partner agencies and deconstruct and reconstruct alternative states and
- develop system consciousness and deepen the level of debate between professionals providing locality-based services through children's centres.

I was motivated to undertake this study in the hope that it would help not only my own professional development but that of other children's centre leaders beyond existing national leadership programmes. The findings might benefit individual children's centre leaders, emergent leaders and leadership teams and be of interest to Local Authority managers and those involved in developing an integrated approach to service delivery.

Leading the development of an integrated service within a children's centre is complex and infinitely challenging. Successful collaborations can increase capacity, resources, share the risks and create opportunities for learning (Sandfort and Milward, 2010, p. 148). In practice rather than seizing the *collaborative advantage* too often *collaborative inertia* sets in (Huxham and Vangen, 2005a). This research aimed to explore why this might happen and consider ways to enable collaborative advantage.

Naomi Eisenstadt former Director of the Social Exclusion Task Force responsible for the setting up of the Sure Start Programme (1999-2006) is of the opinion that "*The building of the quality of leadership and management in Children's Centres will in the medium to long term improve outcomes for children*" (2011, p,143). She concludes that a failure to recognise the

complexity of leading children's centres has been directly linked to major implementation problems with the roll out and rapid expansion of the children's centre programme from 67 centres in 2004 to 3500 centres by 2010.

Whilst there have been many studies on leadership in schools and research into interprofessional care in health services, there has been little research on the leadership of integrated services in children's centres. Traditionally in education, leaders have gained promotion through exemplary practice in their field and by building trust with their colleagues within their own professional domain. A leader in a children's centre has to step out from their area of professional expertise in order to develop philosophically coherent services. This requires new ways to develop trust and recognition across many services provided by the centre. This study would give me the opportunity to explore new approaches with strategic managers and other children's centre leaders.

Therefore this study aimed to determine how children's centre leaders could develop strategies that would bring people together and develop collaborative practice which could flourish. This has not been previously explored in depth.

Chapter Four

Methodology

4.0 Introduction

This chapter is about the research aims and objectives, the selected paradigms and the methodological approaches chosen to address the aims and objectives of this research. It explains the stages of research, how the research participants were selected, what they did and why. It describes the data analysis process and the ethical considerations.

Ultimately, the critical aim of this research was to provide better outcomes for families and children through the provision of philosophically coherent integrated services. Research is beginning to show how integrated working can benefit children and impact positively on outcomes for children and families (Oliver et al, 2010, p. 44). Effective leadership is crucial, as Chris Pascal and Tony Bertram from the Centre for Research in Early Childhood wrote in their report about the impact of early education as a strategy in countering social-economic disadvantage: *“Early indications have shown that the leadership of multi-agency partnerships required for effective delivery of the range of services is critical”* (2012, p. 24).

4.1 Research Aims and Objectives

As this study has demonstrated in the introduction there are many barriers in place preventing effective children’s centre collaborative work with partners. Therefore the precise research aim was: How can children’s centre leaders best enable integrated working to flourish?

After this primary question the research wanted to explore the following sub research questions:

- How can productive professional relationships best be developed by centre leaders, given the different line management arrangements and people’s capacity in terms of time, budgets and priorities?

- How can professionals' best develop an insight into each other's roles and responsibilities?
- What are the factors that contribute to successful collaboration between professionals?
- How can leaders develop a shared approach to developing better outcomes for children and families?
- Which leadership strategies and approaches contribute to the development of a culture of working together?

This research aimed to increase understanding of the world of children's centre leaders through the individuals actively involved in the development of integrated services for children and families. As a children's centre leader involved in the development of these services myself, I was both a researcher and a participant, following Cohen and Manion's (2005) contention that: *"In rejecting the viewpoint of the detached, objective observer – a mandatory feature of traditional research – anti-positivists would argue that individuals' behaviour can only be understood by the researcher sharing their frame of reference: understanding of individuals' interpretations of the world around them has to come from the inside, not the outside"* (p. 22).

4.2 Research paradigm and methodological approach

This research uses a qualitative approach. Qualitative research can be described as a method of inquiry which seeks to understand human behaviour and the reasons behind that behaviour. Kuper, Reeves and Levinson (2008) consider that qualitative research *"allows for the generation of rich data and the exploration of "real life" behaviour, enabling research participants to speak for themselves"* (p. 337). The study aimed to help research participants to speak for themselves, seek meaning and gain insights into the complexity of human interactions within a children's centre: *"Qualitative research is based in a belief that we continually create and construct our social world by negotiating with others the meanings of our actions"* (Robert-Holmes, 2011, p. 70).

This study rejected alternative paradigms such as positivism because the researcher can obtain an in-depth understanding of the research phenomenon and in this study become emerged within the participants' view point. This approach allows the researcher to explore a wide range of participants' perceptions of leadership in children's centres. It did not select a quantitative approach such as scientific methods or experimental testing since this was an exploratory study with no directly comparable or testable hypothesis. Instead there are research questions which are exploratory in nature and require in depth insights into the human experience. A quantitative approach such as scientific methods or experimental testing would have been at odds with the participatory element of action research. Table 4.1 below considers the different approaches and explains why a qualitative approach was used for this study.

Table 4.1 Showing the distinctive features between quantitative and qualitative studies

Quantitative Approach	Qualitative Approach
Associated with the positivist tradition, a philosophical position based upon the use of empirical data and scientific methods. Human behaviour is seen as predetermined and controllable.	Associated with the anti- positivist tradition and constructivism, a position based upon an intent to understand social realities through the interpretation of those being studied
External researcher as an observer of social reality, testing and verifying data against determined laws and theories.	Internal researcher part of the ongoing action being investigated, working directly with research participant's definitions of reality.
Investigates social science: psychology, economics, and marketing.	Investigates the social world: social phenomenon and processes
Concerned with measurements, variables, modelling and analysis of data	Concerned with subjectivity: the meanings through which humans interpret the world
Methods results in numerical data and consideration of variability and values.	Open ended methods emphasis on depth of meaning and understanding

This qualitative research paradigm for this study is located within the belief systems or paradigms of *critical theory* and *constructivism*, which are about concern for the innate creativity and 'meaning making' capacity of individuals, are action focused and future orientated. Critical theory originated from a philosophical tradition known as the Frankfurt school, which was developed

further by Jürgen Habermas. Habermas theorized about politics and rationality and suggested that communication, self-reflection and analytical methods which provoked discourse would lead to insight and emancipation. He wrote that this would lead to “*Liberation through knowledge*” (1974, p. 9). Constructivism builds on the theories of Jean Piaget and Seymour Papert, which situate the construction of knowledge with the learner in the real world. Papert (1991) proposes a shift from the transmission of verbally expressed formal knowledge to the creation of a multitude of learning situations, to produce innovative opportunities to build knowledge. These paradigms are best suited to this research because the aim was not simply to understand the world of the integrated centre leader but to transform it. Consequently the research participants were invited to reflect on their lived experience, social perception and construct their own realities in a variety of innovative ways, helping them to build a new understanding about the processes that best enabled integrated working to flourish.

The approach that was used was action research. Action research was defined by Peltonen and Halonen in their work on action research, social research and critical social science theory, as: “*a form of collective and co-operative, self-reflective enquiry undertaken by participants in social or educational situations in order to improve the productivity, rationality, and justice of their own social or educational practice*” (1998, p. 80).

This study aimed to work collaboratively within a nurturing environment with feedback from critical and discerning colleagues who were prepared to look deeply at their work. Jillian Rodd, an educational and developmental psychologist and a senior academic based at the University of Plymouth and also at the University of Melbourne (1998) wrote: “*It is the interpersonal aspect of Action Research which makes it particularly relevant for early childhood practitioners, given the philosophical focus on the importance of positive and constructive interpersonal communication and relationships for all the children and adults who are concerned with care and education services*” (p. 76). This approach was fundamental to this study which was primarily exploring how people related on an interpersonal and professional level to one another in the workplace.

Heather Waterman from the School of Nursing, Midwifery and Health Visiting, University of Manchester and her colleagues in their paper: *Action research: a systematic review and guidance for assessment* (2001) considered there were two particular features of action research, the cyclic process and the research partnership. The cycle of plan, act, observe, reflect is focused on a need to change practice. This matched the aim of this research. The second feature was that the research partnership is collaborative, participatory and democratic. *“Action research aims to increase the ability of the involved community or organization members to control their own destinies more effectively and to keep improving their capacity to do so”* (Greenwood and Levin, 1998, p. 6). This was a fundamental aim of this study and therefore was embedded into the planning and working processes.

Wilfred Carr, Professor of Philosophy of Education at the University of Sheffield and Stephen Kemmis, Professor of Education at Charles Sturt University, Australia (1986) defined the spiral of action research as shifting between four stages, plan, act, observe and reflect. This is developed through the reconstruction of the past and construction of the real world. It is located in practice, in the social context and dependent upon participatory discourse. Diagram 4.1 below shows the self-reflecting spiral of action research as depicted by Carr and Kemmis. Diagram 4.2 shows how the two stages of research in this study were intertwined. Discourse in a collaborative, democratic process produced ideas that were then taken into practice. It also shows the adjacent spiral of reactions that wove throughout the process. These reactions were: unease, which sparked curiosity, exploration, which encouraged discussion and the inspiration of new ideas that could be applied in practice.

Diagram 4.1 Showing the self – reflecting spiral of action research: (Carr and Kemmis, 1986, p.186)

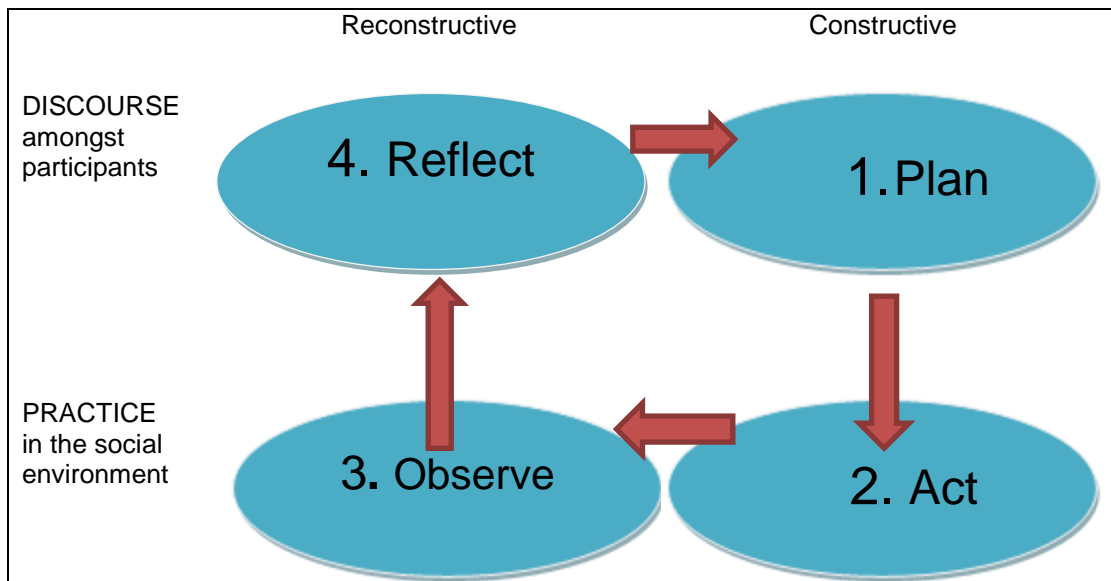
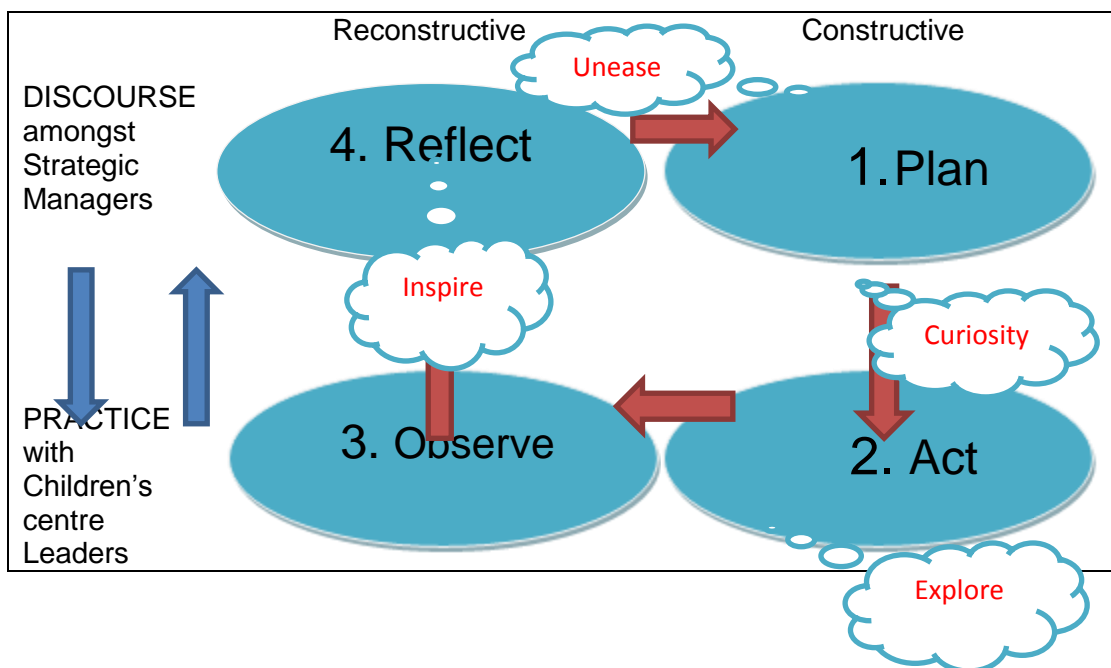


Diagram 4.2 Showing this study's reflecting spiral of action research



Ben Boog (2003) from the University of Groningen, The Netherlands, made some recommendations to improve the practice of action research. These recommendations have been taken into account in this work. These included: a sincere emancipatory intention, a mutually supportive learning process, and that the interaction between the researched and the researcher must form the basis for the quality of the produced knowledge. There was an explicit emancipatory vision guiding this work from the start: to improve outcomes for children and families. It set out to be a mutually supportive learning process for both the participants and the researcher. The interactions described in the next chapter demonstrate new knowledge that makes recommendations for the “*empowerment, emancipation and democratization*” (p. 434) of services for children and families.

4.2.1 Research Reflexivity

Some critics of qualitative research claim that it is limited as a method because the data produced is not necessarily replicable and is often based on small scale research or case studies. In chapter six I consider the validity of this qualitative study against Sarah J. Tracy’s (2010) eight key markers of quality in qualitative research including (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence. Qualitative research is also often criticised that it lacks objectivity and scientific rigour. In particular the position of the researcher within the study and that the reactive effects of the researcher becoming involved with the data might cause the data to be subject to bias. Researcher reflexivity is vital to address this argument. In the introduction to this study I have considered my motivation for undertaking this research and made explicit my relationship and influences to the research aims and objectives. This is critical:

“This influence should be made explicit in qualitative research papers. It is distinctly different from what the quantitative world would call “bias,” because the term bias implies that there is a true reality that the researchers’ perspectives are hindering them from seeing”.(Kuper, Reeves and Levenson, 2008, p. 405).

My motivation for undertaking this research was partly an attempt to manage my professional frustration with my inability to deliver philosophically coherent or fully integrated services to families. I was not ideologically impartial because I was passionately interested in this subject, which was practitioner research carried out primarily in my own work setting. I understand working in this way this can lead to an inexact subjective view and that my account could be an account of my reality rather than a reproduction of it (Cohen, Manion & Morrison, 2005). The conclusions of this study would not represent a universal truth; it was relative only to my leadership development, setting and circumstances.

I needed to remain conscious of being an “insider researcher” and the benefits and drawbacks this could bring’ Dr Elaine Wilmot, an education and leadership consultant, (2003) wrote:

There are obviously some disadvantages to being an insider researcher. As an insider researcher one has a familiarity with the context because of one’s immersion in it, but this can be a disadvantage in that it may lead to the ignoring of some problems that an “outsider” might just wish to highlight. It could lead to a distorted picture, which is based on subjective judgements rather than a more objective viewpoint that an outsider may bring (p.38).

Therefore I regularly over six years tested out my ideas and findings within the PhD learning community at Pen Green. This community was a group of five PhD students involved in early years research. The group met every six to eight weeks and used critical incident analysis developed by psychologist John C. Flanagan (1954) in order to question each other’s research approach. In the group we shared insights each other’s contexts, history and roots and leadership stories. The group helped me to be more aware of my stance and possible influences within the study.

There are multiple ways to understand children’s centre leadership so my choice of methods would have inevitably limited my understanding of this complexity. My choice of methods was to a certain extent based on my ability to work study and develop professionally at the same time as carrying out

research and academic studies. Dr Robin McTaggart from Deakin University Australia, (1996) wrote: *“to do action research is to plan, act, observe and reflect more carefully, more systematically, and more rigorously than one usually does in everyday life”* (p.10). I also understood as Keith Morrison wrote in 1998, those closest to the problem are in the best position to identify it and work towards its solution. Martyn Hammersley (1992) Professor of Educational and Social Research at the Open University said there may not be certainty but there can be confidence and confidence that our account represents our reality and does not reproduce it.

4.3 Research schedule 2008-2013

In 2008 this study involved a year of being curious and reading and asking questions about the role and function of a children’s centre. I also kept a professional journal. I reflected on my career and how I had changed and developed as a leader.

In 2009 I then determined to explore strategic managers’ perspectives to better understand their vision and how they were going to build the strategic foundations within children’s centres for an integrated response to families in need. This then led to working with children’s centre leaders to find ways to put the strategy into local practice.

In this way the research was conducted in two stages. First interviews to familiarise the researcher with the common themes that emerge from a range of strategic managers, then second to build on this knowledge to run a series of action learning sets with a sample of leaders over a period of ten months.

Stage 1: This ran from 2009-2010 and involved local strategic managers. I wanted to interview them because I wanted to know if they had a clear vision that would help me better understand my role as a leader of a children’s centre. I thought I might then be able to bring this clarity into the action learning group. The interview set out to elicit their views about the development of integrated services in children’s centres. In one-to-one tape-recorded interviews, strategic

managers shared their views on integrative working practices. I wanted to hear from the managers' perspective their views about children's centres and the centre leader's role because I also wanted an external viewpoint from people not directly line-managing a children's centre. I hoped to bring in this fresh viewpoint into stage two of the research in order to widen and possibly deepen the discussions.

Stage 2: Took place in 2010-2011 and involved a practitioner-led action-research learning community. This was a series of facilitated action learning sets where the research participants, all leaders of children's centres, deconstructed the integration of existing services within their settings. Together, using critical analysis techniques, they interpreted the complex qualitative data that the group generated. It set out to enable "*Capacity building in the wider community*" (Marshall, 2011, p. 246). Brenner's (1985) thirteen steps for carrying out a content analysis of open ended data helped me to develop a more detailed action plan and timeline. See appendix 8.

4.4 Stage 1 – interviews with strategic managers

4.4.1 Sample: The sample was purposive as I selected the strategic managers who knew me and had a connection to the children's centre. I sought representatives from a broad range of services covering, mental health, midwifery, and social care and Local Authority representation.

The purpose was to elicit their views on integrated centre leadership and their views would inform Stage 2 of the research.

4.4.2 Data Collection

Strategic managers agreed to be interviewed individually, and I prepared a semi-structured format, which I sent to them a few days in advance of the meeting. I tape recorded each of the interviews and sent the written transcripts to them for their approval. I selected the following questions because:

- There were based on my personal experiences as a leader and I wanted to know more about these issues.

- They would help to understand the problems associated with leading integrated services.
- They were associated with the literature in the introduction of this study.
- They would help to develop the hypothesis development and testing required in stage 2 of this research.

The questions were open ended to encourage the interviewees to think deeply about the issues. The questions can be seen in the Box below.

Stage 1 Interview Questions

1. What does the term children's centre mean to you?
2. Why are we "working together?"
3. Who is working together?
4. What do you value about working together?
5. What difference does it make?
6. What helps create a common understanding between professionals?
7. What makes integrated working fun and enjoyable for you?
8. What are your thoughts regarding the golden threads report? This question was asked because I was interested to know if the policy makers I was interviewing were intending to develop practice based on this evidence. This research project was developed by the DCSF, the Local Government Association (LGA) and the Improvement and Development Agency for local government. It published evidence based practice to support the development of new systems in Local Authorities when co-ordinating early intervention services.
9. Any further comments.

I used these interviews as Kvale (1996) regarded them, namely as an opportunity to see knowledge generated between humans through conversations. I hoped to be able to gain an insight into the world of a very small group of professional partners from across health, education and social care, to explore their beliefs, perceptions and understandings and not to accept or make generalisations. I intended to use the themes generated from the interviews as prompts for the research in Stage 2.

I also found helpful the suggestions of Fred N. Kerlinger (1970), formerly of the School of Education at the University of Oregon, to delve deeper into participant's motivations, reactions and responses. It was important that I considered if the interview would benefit the interviewee; how to ensure they would remain anonymous; what to do if a chasm of differing opinions was opened; and what validity did managers of services have in describing the knowledge, information, values and attitudes of children's centre leaders? To counter balance these potential shortcomings I shared my motivation for these conversations and was open about my curiosity and interest, and offered to share my findings. I put several ethical boundaries in place (described below in section 4.6) in order to develop trust. I accepted my subjectivity and tried to be aware of my own cultural repertoire (Barker and Johnson, 1998, p. 230). I deliberately interviewed them each of them in their own settings to put them at ease and to fit in with their schedules. I used a conduct reminder to ensure consistency and to maintain professional boundaries, (See Appendix 9).

4.4.3 Data Analysis

To undertake a detailed analysis of the recorded data, I made a permanent record using transcription. In this way I attempted to preserve the data in its purest form, realising that no transcript can reach the optimum reality inferred using narrative (Lapadat & Lindsay 1999). I tried to remain sensitive to context, be reflexive and avoid being constructivist (Denzin 1995).

The analysis followed the principles of thematic analysis, a technique for organising and gathering data from interviews. In this type of analysis the themes emerge from the data rather are imposed by the researcher (Joffe & Yardley, 2004). This involved making sense of what the interviewee described and understanding their personal viewpoint. The approach was inductive and iterative, influenced by the researcher's perspective and the unique circumstances of the research participants.

For analysis of these transcripts I followed the steps for thematic analysis recommended by Smith and Osborne in Smith (2008, p. 53-80) as can be seen in Box 2 below:

Box 2 Thematic Analysis

1. Read the transcript several times
2. Annotate in the left hand margin interesting & significant phrases
3. Look for similarities, differences, echoes, amplifications, contradictions,
4. Look for emerging theme titles and write them in the right hand margin and create concise phrases that “*capture the essential quality of what was found in the text*” (p. 68).
5. Begin to make theoretical connections which are never the less grounded in the original text and annotations.
6. List emergent themes and seek connections between them.
7. List clusters of themes, continually tracking back to the text and the words of the participant. Use number references and include key words from the text.
8. Create a master table of themes for all the participants interviewed
9. Translate the themes into a narrative account and link to the literature

4.5 Stage 2 Children’s centre leader’s research programme

This stage set out to start and overlap with Stage 1 interviews being completed. This consisted of a range of exercises and questions which were closely linked to the question prompts from Stage 1. The findings from Stage 1 therefore helped shape the action learning sets for Stage 2.

The first session set out to build the community. After that the sessions were developed to reach a common understanding of integration in our centres. Later sessions built an agreed consensus of how to enable integration to flourish and discussed the leaders’ role in children’s centres. The links between the interview questions in Stage 1 and the exercises in Stage 2 are shown in Table 5.1 in the results chapter.

Each group session influenced and guided the explorations of the next session, in the hope of finding new ways to lead the integration of services in order to

achieve better outcomes for children and families. For a detailed list of activities carried out in each session, see Appendix 12.

4.5.1 Sample:

In the second stage of my research I invited all the sixteen centre leaders in one local authority to participate in a facilitated action learning set to reflect upon and critically debate integrated services in our settings. I asked participants if they were prepared to commit to a year of monthly meetings. I wrote to all sixteen centre managers and spoke at a meeting inviting them to participate, a total of ten leaders accepted (See Appendix 10).

The primary basis on which I chose this purposeful sample of participants was their role as leaders in integrated children's centre services. I tried to consider age, gender and ethnicity within the action learning set participants, however, as the cohort was self-selected it was difficult to guarantee that the group was balanced demographically. One limitation was achieving a balance in gender representation, as the majority of childcare professionals are female: Peter Moss, Professor of Early Childhood Provision at the Institute of Education, London has studied workforce issues in early childhood education and care. He concluded that: *"Early childhood work is one of the most highly gendered of occupations. In all countries where information exists, the work is overwhelmingly undertaken by women and where men are employed it is usually one (or two) in an otherwise female environment"* (Moss, 2000, p. 12).

4.5.2 Data Collection

My approach to this stage of my research was influenced by Wendy Lee (2009) and her work as Project Director on the Educational Leadership Programme in New Zealand. Table 4.2 below shows her key messages and how I tried to put these principles into practice when working with the leaders who had agreed to participate in the research group.

Table 4.2 Principles underpinning the data collection during Stage 2

Educational Leadership Programme	The Integrated Children's Centre Leadership Research Programme
Build a community to learn from one another, to seek transformation through participation.	Participants received a journal as a recognition of their participation and involvement. The journal was provided for participants to record memories of leadership experiences, what was said in the group and to envisage future developments in their settings
Meet regularly to maximize the learning, engage in a year of "why?"	In between sessions each person took away a bridge the gap postcard with a visual image and question to ponder upon. The next group session always started by exploring these thoughts, as this was to bridge the time between sessions, maintain a connection and identify critical themes. These can be seen in appendix 23..
Have something visible that shows members they are valuable and tells others they are engaging in the process.	Each participant received a framed certificate as a contract of engagement and in recognition of their participation and co-validating their researcher role, (see Appendix 11).
Support centres, in seeing themselves as research communities, explore their provocations for taking part.	The certificate confirmed that they would be carrying out a piece of action research in order to develop an effective action plan – in order to enable integrated working to flourish in their centres. The group was named The Integrated Children's Centre Leadership Research Programme 2009 – 2010, also known as the ICCLRP.
An absolute requirement is a named consistent person.	I led and facilitated the group, however, they co-constructed the research.
Consider how to maintain the excitement of the learning community.	We shared lunch at each session, which everyone appreciated and enabled further engagement. The group would attend a fully-funded conference together including an overnight stay.
Explore myths and legends; re-engage in the language of theory.	We explored metaphors and myths and developed our own theoretical ideas.
Let the group chose the research question.	The content of each of our meetings was determined by the group to some degree. Although the aim of the research was dictated by this study's research question, the group determined the topic of conversation, the questions to explore when we met and the direction we would go in.

Having established the principles in which I wanted to work with the group, I then looked at the structure and timetable of each action learning set. I realised

that if I were to let the group co-construct the direction of our explorations I could not plan too much in advance. However, I had planned some activities based on the emerging findings from Stage 1.

I also knew that each individual would need time to separate their daily concerns from the group in order to think clearly about the research question. I felt that there was potential for some leaders work anxieties to flood the group and that this might impede the work to be done. So I decided to structure each group session to allow time to discuss work dilemmas and then to move onto the group work. This structure allowed us to recognise, reflect, realise and respond to critical issues in our leadership of integrated services. I did this by adapting Kate Thornton's (2009) work as described in the introduction, which is described in Table 4.3 below, but each time we met the group set the direction of travel and therefore the content for the next session.

Table 4.3 Example of a draft planning format for the action learning set.

Time	Learning opportunity	Topic/Discussion	Resources
12.00 →	RECOGNISE: Thoughts, reflections and feedback on our previous session	<ul style="list-style-type: none"> Any changes since we last met? Who are we now working with? Which service is the most integrated or least integrated? 	
	REFLECT: Activities and data created and any links to theory and new emergent ideas →	<ul style="list-style-type: none"> How are our Professional relationships? What are our Families experiencing? What measures could we use to assess levels of integration? What are the dilemmas in our practice? What is the history beneath these stories? 	
	REALISE: Some further thoughts on the research process and constructive feedback from the action learning group →	<ul style="list-style-type: none"> What needs to change? What can I do? What will we go away and try? Experiment with? Read? 	
14.00	RESPOND: Plans for the next session →	<ul style="list-style-type: none"> Take away handouts, Bridging Postcard and reflect on any shifts in our practice in our journals and bring back thoughts to next session. 	

These exercises were iterative and emerged from what was learnt from the Stage 1 interviews and from themes which arose from the centre leader's discussions.

Burgess and Taylor (1995) commented when writing about facilitating enquiry and action learning groups for Social Work Education that: *“Facilitators should also help to balance reflection, new thinking, planning and action, stimulate a culture of reflection and review, and enable the group to use problems as*

learning opportunities” (p. 120-121). I regularly reviewed my role during the action learning sets with the participants in order to act on their feedback and to develop my experience as a researcher.

The group took responsibility for developing the methodology of the action learning set, its emancipatory intentions and refined its approach. Ben Boog (2003) advocated that:

Action research establishes participatory ethics in the hearts and minds of all participants, which is a starting point for democratized societies. To be an adequate action researcher the social scientist must:

- *juggle action theories and methodology;*
- *be explicit in his ethical stance;*
- *know numerous methods and techniques to facilitate experiential learning, in order to raise the self-consciousness and self-knowledge of the subjects involved in the research project;*
- *have gained experience in the application of methods to assess different empowering effects during and after the research process (p. 436).*

I constructed the table of exercises (Appendix 12) after the work was done. This had to be the case to operate within Boog’s participatory ethical stance and to be an adequate social scientist. It felt risky but the principles and structure helped me to take that step as the facilitator. This was made explicit to the participants in the first session as the first six exercises laid the foundations of how the group would work together.

This methodological approach sought to remind the group of their quest for understanding and where their sources of encouragement were for their participation in this research. We looked at the advantages and disadvantages for us all in being part of this action learning set. Cohen, Manion, and Morrison (2005) refers to this as the costs/benefits ratio: *“The costs/benefits ratio is a fundamental concept expressing the primary ethical dilemma in social research. In planning their proposed research, social scientists have to consider the likely social benefits of their endeavours against the personal costs to those taking*

part” (p,50). We considered who would support us whilst undertaking this research, our provocation, motivation, what we wanted from each other and who might influence us. This was going to be demanding work for all those involved in this research requiring close scrutiny, careful reflection and a renewed determination to better integrate services in their centres.

Each session started by reflecting on the previous session. This was deliberate act in order to recognise the work we had achieved and reflect on what to do next. It was also an iterative approach to deepen the group’s understanding and to confirm and validate emerging findings.

At the start of Stage 2, each centre leader completed a simple descriptive self-administered questionnaire. This was carried out to determine the demographics and background of the group. It asked them a range of questions about themselves and their settings. It also asked the same questions that were asked verbally of strategic managers in Stage 1 during the interviews for the same reasons given above and for comparing and contrasting views.

Each group session was recorded on a portable tape recorder and this resulted in sixteen hours of recordings to analyse along with paper-based group exercises. The exercises were deliberately intended to allow participants to stop their busy lives, settle into the group, surface ideas and sustain one another. This is discussed further in the Ethics section of this chapter.

4.5.3 Data Analysis

With the group members’ permission I recorded each session. The use of the tape recorder to record each session was a demanding and reassuring process. Transcribing the recorded conversations took time, and I needed to do this work as soon after the session as possible in order to recall who said what; building on the use of thematic analysis as used in stage 1. Asking the group to read and confirm, challenge and contradict the recorded session was a useful way of triangulating the evidence that was beginning to surface. I needed to be sure that they would get the transcript before the start of the next session in

order to allow theme enough time to do this. This needed careful planning and a systematic approach, as I could only plan what we wanted to explore in the next session when the preceding session indicated a possible line of travel.

Wherever possible I asked participants to identify and agree the themes from their responses. Using their written responses on post-it notes helped us to sort and code in numerical order the number of similar responses to each question. It also meant that I had a backup record of our work should the tape recorder fail, which I found reassuring, as I would still be able to identify clusters of comments. The group members clarified meanings, and priorities were identified. The advantages were twofold, as it allowed individual opinions to be aired and differences noted. Every individual was able to contribute comments, and a collective response was developed. The post it notes approach used the principles of thematic analysis. This is sometimes known as the Nominal Group Technique, which is a participatory technique for collecting data developed by Keith Morrison (1993), who was Senior Lecturer in Education at the University of Durham.

When analysing the data generated from the action learning sets I used the Delphi technique developed by John Cogan, Professor of Education, University of Minnesota, and Ray Derricott, Director Centre for Continuing Education University of Liverpool (1998). This consisted of three steps:

Step 1- Individuals responded to questions or statements in writing either alone or within a small group.

Step 2- The group leader (myself as facilitator) collated the written responses and clustered them according to their frequency or significance. This was then passed back to respondents for their comments and feedback on the group's responses. They needed to consider if they agreed or not with the groups response.

Step 3- I repeated step 2 as required and responses were re circulated, although it was important to set a date by which responses would finally be fed back to the whole group. Polarised responses were considered, areas of agreement and disagreement were thought through.

The advantage to this approach was that it allowed for out of sight data collection, which could then be considered by the whole group; however, as facilitator I had to do more work in synthesising the data.

4.6 Research Ethics

In order to maintain ethical integrity at the start of my research I approached the Director of Children's Services within my local authority. She approved and encouraged my work. I contacted the Local Authority Ethics Board, who after reviewing my plans suggested that my University's approval was adequate. Pen Green Centre for Leadership Training and Development Advisory Group gave approval on behalf of the University, once I had satisfactorily completed a PhD Upgrade and Ethics Review Report, (see Appendix 13).

My desire to pursue further studies was endorsed by the Governing Body and recorded in my annual Head Teachers Performance Management Review. I updated them on my progress annually at a Governing Body meeting.

All participants were invited to take part and shape the nature of our discussions so that the research was participatory. I endeavoured to maintain the Council of the British Educational Research Association's Ethical Guidelines (2011). Initially I sought voluntary informed consent, supported openness and disclosure, and offered participants continued right to withdraw and privacy. I explained to participants the nature of this research and informed them of the findings. As mentioned earlier in Section 4.4.2, prior to the interviews with the strategic managers I used an ethical agreement to ensure anonymity, including a code of conduct which explained the use of a tape recorder. I deliberately asked to carry out the interviews in the manager's settings. I attempted to construct the interview in a way that power was shared, rather than belonging to interviewer or interviewee - to see it as a gift shared (Limerick, Burgess-Limerick and Grace, 1996). To protect the identity of the participants I did not name them or their settings. Questionnaires could be returned anonymously unless the respondent wished to identify themselves.

All individuals involved in this study received an ethical consent letter, which gave them information about my research, and they signed to agree to take part

and indicated whether that would like to receive a copy of my findings, (see Appendix 14). They could choose whether to participate – so I was not exercising my power over them. Because the action learning set methodology was developed by the participants themselves as a group, I hoped that they did not feel that they had to say what I wanted to hear. I approached everyone using a staged approach:

1. An initial explanation of my research & how their work and views could help me and how it might be beneficial for their work.
2. An ethical agreement to take away and consider
3. A signed agreement returned to me by an agreed date

One obvious segment of the population of children's centres not included was the children. Since most integrated teamwork is with the most vulnerable families, I did not feel I was able to assess the impact of the leader's role in this work with very young children for the purpose of this study. The primary focus of this study was how centre leaders could develop different professional approaches and skills to engage more effectively in the leadership and development of integrated teams.

4.7 Summary

In this chapter I have explained why I rejected certain paradigms and why I selected a qualitative approach using critical theory and constructivism. I have explained the research process, the emancipatory character of action research and its relevance to this investigation. I have explained this study's ethical approach and how the data produced was analysed. I have considered the issue of researcher bias and its potential impact. In the next chapter I will share the results and the participant's voices from the two research stages.

Chapter Five: Results

5.0 Introduction

The results will be presented in three parts. The first two parts comprise of the results of stage 1 and stage 2 of the research and the final part will be a synthesis of the data from both stages.

5.1 Stage 1: Findings from interviews with strategic managers

Five managers were interviewed. They each were responsible for the delivery of services that were beginning to be located within children's centres. Three managers were female, two were male. Their job titles were:

1. Head of primary care mental health (including access to psychological therapies),
2. Senior Team Leader Social Care (Referrals & Assessment),
3. Midwife (Health Services) responsible for the allocation of midwifery services across Children's Centres
4. Family Support Team Leader (Children's Services) and
5. Head of Early Years Standards (Children's Services)

Each manager was responsible for a different professional discipline. These were health, social care, family support and education.

The main themes that emerged were:

Children's centres where many different professionals worked together were perceived by the managers as:

- Virtual centres with hubs and spokes which brought professionals together.
- Places where the concept of integrated services was unfamiliar open to individual interpretation and adaptive over time.
- Places where professionals could support, reassure and share knowledge together.

- Places where developing relationships was critical to establishing integrated practice, liking and affirming one another helped to underpin a supportive network over time.
- Learning communities
- Places that required sensitive leadership drawing upon emotional intelligence.
- Places where leadership was difficult because everyone was accountable to different professional bodies and there were many barriers and inconsistencies.
- Places where many professionals struggled to understand how to make seamless working a reality but newly emerging models of leadership might help.

5.1.1 Strategic managers described children's centres as virtual centres and hubs and spokes and this was the way in which professionals could work together.

The managers used language such as virtual and a hub and spoke model to describe children's centre service delivery. They described the movement of staff and families as going in and going out of children's centres over time, even over a lifetime. Four managers described children's centres as a hub and spoke model of service delivery providing advice, information and outreach. They described staff going in and out to of centres to offer support and advice with lifelong potential:

A hub of where people get advice and information on a range of things.
(Family Support Team Leader)

There is also a real potential to link in the business of one children's centre with other local centres and neighbourhood renewal centres and have a hub and spoke model of local activity (Head of Primary Care Mental Health)

One manager saw it providing a single point of access and two other managers mentioned childcare.

One manager described children's centres as initially a place but able to develop over time into a hub of local activity: *I think as the possibilities of the potential of children's centres grow, it's more than a physical place; it becomes a place that can crystallise the coming together of people.* (Head of Primary Care Mental Health)

5.1.2 Children's centres were places where the concept of seamless and integrated services for families and children was often unfamiliar, very open to individual interpretation and one that would adapt over time.

One manager mentioned a single point of access:

It really means bringing together the services that enable children and their families to flourish and providing a single point of access for those families to a range of services that hopefully work closely together and integrate what they do with a range of different professional outlooks but hopefully bringing together those different views .(Head of Early Years Standards)

Childcare was seen as part of the children's centre remit by only two out of five managers.

Families would have access to a range of services and provision, and those services and provision could be around childcare, presumably for the 0-5 year olds. (Family Support Team Leader)

Each manager defined the term children's centre differently.

I think also it's a place where people come in but it's also a place where people go out to as well, go out from... I think we also have to accept that we will sometimes have to go to them as well as the first instance. (Senior Team Leader Social Care)

A lifelong association for families where they can receive advice and support around family issues and health issues and maybe financial issues and whatever else the centre offers, a lifelong association. (Midwife)

Another manager described virtual services developing from this model: *They are centres for children where the network teams' work will be based both partly virtually and in reality ...It's developmental.... probably not everyone is exactly sure what shape they will take until it happens.* (Senior Team Leader Social Care)

None of the managers referred to a Local Authority Strategic vision or mentioned Government Policy or talked about other Local Authority approaches or even one another's disciplines. The concept of children's centres seemed very unfamiliar and unique.

5.1.3 Children's centres were places where professionals could support, reassure and collaborate with sharing knowledge.

Service managers told me that they valued working with managers who had been very open to working together. These managers had recognised that services had different ways of working but always held the family at the heart of these different approaches. Sharing professional skills and practical problem solving was also valued.

Reaching an agreement by focusing on the needs of the family was valued by two managers.

I think what I've really valued is we always hold the family at the centre of what we are trying to do, and come to an agreement, compromise - call it what you will, that will benefit the families. (Family Support Team Leader)

Someone who has an understanding of doing different things together as opposed to everyone doing the same thing, someone who can see the benefit and potential of different training, different orientation, different ethos to seeing the world, to seeing families, a sort of systemic complementarities. (Head of Primary Care Mental Health)

Sharing professional skills and practical problem solving was appreciated by two managers.

I value both the down to earth practical knowledge and experience that they have but also their very strong professional skills that they have and their ability to be very supportive at problem solving and to work closely to develop services but also to focus on the quality throughout. (Head of Early Years Standards)

Children's centres are so valuable- because there is lots of expertise that you can access through someone else and you can go to them and say I have got a problem. (Midwife)

Working together to support a family appeared to be a more familiar and comfortable concept than that of children's centres. For some of the managers it appeared to feel safer to work across professional divides if the focus was on the family and not on who was the designated leader.

5.1.4 Developing relationships was critical to establishing integrated practice and liking and affirming one another helped to underpin a supportive network over time.

Building relationships was frequently mentioned as a process to develop working together. Three out of the five managers said that getting to know people personally, getting to know others' views on life and learning about one another made the work enjoyable. Learning about each other on a personal level was seen as helpful. Two managers said not having to work alone was important. One manager discussed humour as a factor, which made work more enjoyable and helped the leader maintain their authenticity:

If you've got a variety of people working together there will usually be at least one person you can get on with on a personal level so can gel with together and so you can work together as a pair of people you can work together with a wider circle and so it goes on but if you don't know anything about each other and you are just coming together and you do

the minutes and then go onto another meeting it doesn't actually do anything very constructive (Midwife).

It's a really exciting part of our work really to be able to understand and to get a really much better knowledge of the work of co professionals that you have worked alongside for many years but actually to get to know what their skills and knowledge are and their motivation in a much better way, it's very interesting but it also helps our work and helps us looks outwards and makes it interesting (Head of Early Years Standards).

Humour was seen as helpful to encourage work satisfaction and to share the humanity and vulnerability of leaders.

Well I think for me fun and enjoyment is important in regards to working life and actually I think it's even more important the more distressing and difficult client work is, because it's incredibly draining and I think humour has an important part to play in our clinical work too...I think leaders of teams have a really important role in creating the boundaries for fun and enjoyment.... I think that's quite important for me and my team, but not in such a way that makes them think you're not confident, or you don't have the skills, but just to soften the edges, to say look none of us are perfect and it's ok .(Head of Primary Care Mental Health)

Another manager talked about the importance of time to socialise. Time to socialise was important in order to develop networks.

"Meetings need to be well chaired; people need to be allowed to have a bit of time to network, to socialise as well" (Senior Team Leader Social Care).

All the managers made reference to relationships. Relationships were seen as helpful for assisting the work and eased the sharing of knowledge.

5.1.5 Children's centres as learning communities providing opportunities to explore differences and build trust.

Learning about one another through joint training was seen as helpful in developing a sense of togetherness:

I think for me it's about learning about the other services, the other professionals, attending training, having joint training, and getting it from their point of view. And I think for me it's one of the growing areas I think that's going to make it work, with more togetherness in terms of co-habiting. (Family Support Team Leader)

It was also seen as healthier not to work in isolation:

I think seeing things from another profession's viewpoint is really, really interesting. Bringing other professionals to the table and it being integrated and being able to express and share your viewpoint because sometimes there is a malaise to it. The fact that it is a healthy mixture...integrated working has given us an opportunity to see things from other professional perspectives. They can use their expertise, so we have moved from old adversarial positions to a more integrated position where everyone can share their ideas (Senior Team Leader Social Care)

It is very easy for us all to work in isolation and in different furrows, going along but actually to get a better joint understanding of what we are doing and why we are doing it and to develop some sort of joint vision about where we are going is fun, you know, getting other peoples' view on life (Head of Early Years Standards)

The actual process of problem solving together and professionals learning together, to understand what each profession does, was seen as helpful. One manager felt that working together to explore differences was critical to being able to build confidence, trust and respect between professionals:

Shared training and talking was also seen as helping to clear up misconceptions and solve problems.

It is about professionals working together to really understand what we all do because there are lots of common misconceptions... so if jointly if we understand what children's centres are when we are working with families it is much more likely to get out there... You know we have got doctors in here who don't have a clue what children's centres are (Midwife)

I think it is the actual process of problem solving...It is useful to have training sessions as well and when we do have joint training sessions those things are useful and do create a better understanding when you are actually looking at the needs of groups of individual children (Head of Early Years Standards)

I think if you have good communication and you are talking to one another and I think it's about not being prepared to give up... it's like a drip..... Like a critical mass (Family Support Team Leader)

I think meeting together and more regular contact. Spending more time with each other, listening to each other... how do we develop that common understanding when we have very limited contact? I think the fact that more people are sitting around the table now helps. (Senior Team Leader Social Care)

The managers said that training helped to create a common understanding by offering opportunities to explore people's differences and build confidence, trust and respect.

I think it's about people having the confidence to tell people what makes them different rather than trying to hide that and keep it a secret...if we can work clearly together with those kinds of families and actually acknowledge that working with those kinds of families feels difficult, feels awful and respond to the impact of some of those families which often means we end up fighting together as professionals, but respond to that in a more thoughtful way and say "well what's happening here, what is that about, why is this happening" then I think passing that most extreme test can really help us then work with a whole range of families in a really

clear way. In conclusion to your question there's some really other whole good stuff isn't there about trust and respect? (Head of Primary Care Mental Health)

Shared training and Induction could help to make stronger connections.

Better induction across the services as well, Shared induction..., I don't think we are there yet but induction has to be two ways because that's where you get professional respect. (Senior Team Leader Social Care)

You need to do training all the time you need to communicate all the time...I think we need a strong sense of vision of where we are going and times when we can get together away from the job for joint training sessions and even for social events. I think joint training sessions and having some kind of joint vision developed about where we are going is important because if people understand why they are doing something it then actually gives it purpose makes a purpose to what they are doing doesn't it? (Head of Early Years Standards)

Sharing common goals and vision was seen as vital to overcome barriers and for staff to understand why children's centres were important.

The first thing is you have to have a common goal, there are lots of midwives who actually don't see the point of working with children's centres or who either don't see the point of working with children's centres or they think it's just a case of moving the services out of the GP surgery or health centre or that it is just a case of relocation, so it is really important that you understand the importance of a common vision (Midwife).

5.1.6 Leadership of integrated working is emotional work requiring emotionally intelligent approaches.

Several managers talked about the need to build strong interpersonal relationships. One manager spoke about the importance of liking one another and how this would lead to respect and trust. He felt that authenticity and being

able to share our vulnerabilities was very important. The importance of liking one another could help people enjoy being in the workplace.

I think the most important one, which probably isn't talked about a lot, but for me is the most important one is, and this isn't necessarily very PC but its whether people like each other. I think we really underestimate the impact of not liking each other as professionals or liking each other as professionals and I think how to bottle that and how to use that in a professional way is really important and it does link to respect and trust but you know and certainly how I manage my service there's nothing better than people smiling at someone, people being helpful, people answering the phone in a way that's welcoming (Head of Primary Care Mental Health)

Definitely the working culture of trust it's a pre requisite isn't it? You can't move forward if people don't trust one another. (Head of Early Years Standards)

It would be nice to see the social workers once a fortnight go down to or up to a children's centre say every Wednesday at twelve expect them to pop down to the network for a cuppa and see what is available and in two weeks' time people coming up here (central office) even if it is only two or three people, a nursery nurse, a midwife, a teacher pop in here for a cuppa, a tea, a biscuit, meet a few people while networking. Let's break some of the old taboos and become partners. (Senior Team Leader Social Care)

5.1.7 Children's centres were places where leadership was difficult because everyone was accountable to different professional bodies. There remained many barriers and inconsistencies in place to overcome in order to establish effective integrated multi professional practice

There were few consistent themes across the professions emerging from the interviews about how to establish effective integrated practice in centres. Two

managers mentioned strategy and both stated commitment from the top was critically important.

Clearly the commitment from the top is really important but I think that's also about having clear strategy and having an agreed strategy from the top and having a clear vision about where people are going and where they want the services to go and obviously that filters right the way through the organisation hierarchy. So people then have a shared understanding of what the intended outcome is for. And I think that really is crucial, but that's not just about writing a glossy strategy, that's about how the strategy makes sense to the workers throughout your service.
(Head of Primary Care Mental Health)

The first one about commitment from the top is essential and the reason we are that far forward in here with Health is because we have had that commitment from the top from both the PCT and children's services.
(Head of Early Years Standards)

There were differing views about training teams across the professions despite an earlier acknowledgement that building networks helped to develop practice over time. Regarding training, one of the women managers thought training should be relevant and help to build a shared understanding:

Yep I would go along with multi-disciplinary training as well. From the point of view that it is essential and it does build understanding. I think it's also got to be relevant and purposeful I suppose it's got to move you forward hasn't it? So I agree with training but not just training for the sake of putting it on. (Head of Early Years Standards)

Two male managers were less enthusiastic:

The issue about training, I'm much more sceptical about I think there is a use but sometimes I think it's over played in regards to this concept of integration I think what's probably for me much more important is how we tie up our internal processes and systems, so for instance a lot of the research coming out on preventing parental illness and research that I am quite heavily involved with the department of health and social care

and institute of excellence around work between children services and adult services is as much to do with things like performance indicators, those drivers that push services into a particular direction and how we tie those together we can do as much bringing services together at a local level as possible but if the KPI's and the national drivers are driving people apart then they're going to be looking for different things, they're going to be talking a different language.(Head of Primary Care Mental Health)

The Senior Team Leader Social Care felt quite strongly that generic interdisciplinary training was not helpful.

I don't think that there has to be relentless training. I think the minute you say relentless I am going to say no anyway, a lot of my team are locums I want them to be on interdisciplinary training. I don't want them going on interdisciplinary Child Protection training, never again, whenever you send a social worker on inter disciplinary Child Protection training they just become the expert, they get hung by the teachers and the Education Welfare Officers and the Special Educational Needs Coordinators because they say they don't get a service, everyone has a go at them because of the Common Assessment Framework.

He went on to suggest:

What does work is multi-disciplinary training around multi-disciplinary work around the networks... Integrated training team yes and a shared culture of trust needs to be developed.

Both of these managers shared similar views against any form of shared supervision stating that:

The shared supervision- I'd be interested to see that research, because I'd be much more sceptical about that as a model of improving interagency working. I'm a real fan of people remaining true to their core business and I think supervision has different meanings and supervision can mean so many different things. (Head of Primary Care Mental Health)

Shared supervision definitely no, absolutely not, read our code of conduct, one to one, we are bound as a profession to a to a system which has a minimum of four weekly sessions with an extremely descriptive system of how to do it , there are a certain number of boxes which have to be ticked. (Senior Team Leader Social Care)

Another manager was fairly hesitant about this, saying:

A shared system of supervision is something that needs a lot of thought about it. It's around what actually happens on the ground but also professional supervision and I think some people are quite jealous of that but also as a practitioner I might be quite anxious about providing professional supervision for someone whose training I don't really know about. It's something that needs a lot of thought about it. (Head of Early Years Standards)

The lead midwife also felt the idea of shared supervision would not work:

A shared system of supervision is quite difficult as you can see I am a supervisor of midwives that is totally different to the kind of supervision that the health visitors get which is totally different to the kinds of supervision that the social workers get although they are kind of similar to ours is and I don't even know what you get so I don't quite know how that would work. Ours is statutory and we have to be supervised in a certain way and we have an actual hard copy printed code by which we have to as supervisors work to and that is set by law whereas it is not the same as for most other professions and we as midwives are unique in the medical profession for doing that.

One manager was in favour of shared supervision and said:

I agree with that. That's very important and even in our small ways which we've talked about and I think this year this time round we will be doing it together because we've mentioned that but I suppose last year was very different but I think now that things are embedded and more settled then I think you know certainly that's something I agree with totally (Family Support Team Leader)

One manager was in favour of annual appraisals and two others suggested how helpful it could be to talk about cases across agencies. But one of these managers did point out that it can be difficult for their workers to prioritise these meetings saying:

Because the professionals are not embedded into the centre they go in do their thing and come out. They are not willing to attend and you have to drag them kicking and screaming and you have to shove and push them and say actually you do have to go to this when they say but we have so much to do. (Midwife)

I think there are some really interesting concepts around cultural borderlands between agencies and different professions, and I guess from me it's about just acknowledging that they exist, it's not about saying they're wrong or they don't exist it's about saying they do exist and it's just about acknowledging that and saying what do we do with it? How do we manage it, how do we manage that space? Just to allow people to that really. (Head of Primary Care Mental Health)

There were many contradictions in the responses to this question. Despite being presented with an evidence based research report, the managers did not appear to be willing to act on all of its recommendations, particularly regarding supervision. They preferred to keep this practice on their turf.

5.1.8 Children's centres were places where many professionals struggled to understand how to make seamless working a reality but newly emerging models of leadership might help.

I had hoped that these interviews would enable me to answer the following questions:

How can productive professional relationships best be developed by centre leaders, given the different line management arrangements and people's capacity in terms of time, budgets and priorities?

How can professions best develop an insight into each other's roles and responsibilities?

What are the factors that contribute to successful collaboration between professionals?

How can leaders develop a shared approach to developing better outcomes for children and families?

Which leadership strategies and approaches contribute to the development of a culture of working together?

Very few common views emerged, apart from socialising, spending time together and few ideas were given as to how this might happen. Given that these managers were in a position to mandate their teams to spend time in a children's centre being involved in training, networking and building relationships they did not share any details as to how they intended to do this.

The managers all saw the issues differently reflecting their own professional realms and different stances. They gave few systemic suggestions as to how to shift the current state of children's centre provision into a secure integrative one.

The manager of mental health in primary care talked about family therapy, professionals being conductors of orchestras attempting systemic change and said that:

I guess for me, the core of your work is about integration and integrated work isn't it? ok I think because I'm a family therapist you'd be surprised if I didn't say this- there is real benefit for thinking systemically about the concept of interagency working and integrated working and obviously the pure systemic models, some are developed from thinking about families but many are developed thinking about machines and cybernetics and how machines fit together... one of the analogies often used in family therapy when working systemically is that it is often like being a conductor of an orchestra, and you have different groups in the orchestra that will do different things and one of your job is to bring them in on time or to try and help them complement each other rather than work against each other. (Head of Primary Care Mental Health)

The manager of early years standards talked about the children and the EPPE research (2004):

I think from my perspective looking at quality and how children develop and achieve. It is always keeping the sightline, what difference is it making to individual children? Is it making things better for them? If not why are we doing it? Are we supporting families so make things as good as we can for children? Are children achieving more than they did in the past because of that? For me it is the ultimate thing in measuring all of this is a bit like the EPPE research, what is it that are the keys things that make a difference to children and their achievement and their development?

The managers made some suggestions regarding leadership approaches such as leaders focusing on the families, concentrating on what's making a difference. The managers valued an integrated approach but I realised that the burden fell on the leaders of children's centres to make it happen.

5.1.9 How does this material link to leadership

There was a lack of a clearly articulated model for the strategic leadership of children's centres or a clear strategy for developing integrated working practices. The results did not reflect the themes from the literature review. At times, some of the managers appeared to tune into the fundamental need for leaders to behave humanely (encouraging realism and having the courage to be imperfect). They also discussed the importance of relationships but did not champion this to any extent. They did refer to sense-making through training but did not embrace research that considered cross discipline supervision which might address professional paradoxes.

There was no mention of guardianship, systems thinking, interpreting and translating vision and values, understanding change and utilising knowledge of inter-organisational relations and the theory and practice of collaborative advantage.

All of the themes contained elements of interest for those aspiring to lead children's centres. Senior leaders were constrained by their heritage, their hierarchical position, their distance from working with families and operational staff. Collectively aspects of these interviews therefore helped to inform Stage 2 of the research. The second stage of this research would focus on how the leaders themselves might ensure integrated working would succeed in their settings. These leaders would be accountable for families receiving coherent services from a range of professionals. The research design would have to accommodate this and build capacity in the wider community. Table 5.1 below demonstrates the links between the interview questions in stage 1 and the group activities in stage 2.

Table 5.1 Showing how the Questions in Stages 1 interrelated to the group exercises in Stage 2.

Stage 1 Question Prompt	Stage 2 Group Exercises
What does the term children's centre mean to you?	Discuss metaphors for integration
Why are we "working together?"	Share Case Studies, ask parents in your setting if they would like to tell their story about how it felt and what they saw and what they thought about the way professionals and services worked together with you and your child.
Who is working together?	Using coloured circles to map who you are working with and what the level of integration is.
What do you value about working together?	When working with other professionals what works well and what is proving difficult. Describe your provocation for taking part in this research.
What difference does it make?	Tell a story about a strongly integrated service which impacted positively on a child and/or a family and how you nourished the relationship, robustly shared strategy, achieved operational cohesiveness and synchronised your geography?
What helps create a common understanding between professionals?	Develop a continuum of integrative processes on a long roll of wallpaper. Getting to Green: Recording shifts in practice and what works. List generative and degenerative leadership behaviours that impact upon integrative processes.
What makes integrated working fun and enjoyable for you?	Develop a group contract as to how we will work together – consider what will make this enjoyable for you.
What are your thoughts regarding the golden threads report?	Reflections on being part of the group.

5.2 Stage 2: Findings from action research with children's centre leaders

Ten children's centre leaders agreed to become part of a research programme for one year. I called this opportunity: The integrated children's centre leadership research programme. Information about the ten centre leaders who participated in Stage 2 of the research is described Table 5.2 below. To view the questionnaire they completed see Appendix 15. I was able to recruit two male participants and eight female participants.

Table 5:2 Stage 2 Participant's Information

Characteristics	Information about the Participants
Gender	Eight women Two men
Age Range	Average age forty eight Youngest was thirty eight, oldest was sixty.
Ethnicity	Predominantly White British. One participant was Black Caribbean One participant was White European
Qualifications	Seven Graduates Two with masters degrees Six had teaching degrees Two were qualified nursery nurses One qualified nurse One creative arts manager Two had the National Professional Qualification for School Headship Four had the National Professional Qualification for Integrated Centre Leadership
Prior experience of collaborating with health and social care	Two people said their experience was very limited Eight people said they had some knowledge
Type of Children's Centre they were leading	Seven managing phase one centres Three managing phase two centres
Who were they accountable to for the delivery of services?	Nine members were accountable to School Governing Bodies One was accountable directly to the Local Authority

The group provided pseudonyms to preserve their anonymity. They called themselves: Dawn, West, Jan, Florence, Renee, Paul, Faith, Andy, Natalie and Paula.

The Table 5.3 below shows the number of sessions and how many leaders attended each session. Overall the leaders took part in twenty-five exercises over eight sessions, each two hours long, from September 2009 to June 2010.

Table 5.3 Attendance and Dates of Group Sessions

Number of sessions	Dates	Number of Participants in attendance
1	Thursday September 17 th 2009	8
2	Thursday October 22 nd 2009	8
3	Thursday November 12 th 2009	7
4	Thursday December 10 th 2009	7
5	Thursday January 14 th 2010	7
6	Thursday March 18 th 2010	7
7	Thursday May 27 th 2010	8
8	Thursday June 24 th 2010	9

The main themes that emerged were:

Integrated children's centres were perceived by centre leaders as places where:

- Staff shared common interests, knowledge and goals through the development of a shared ethos and purpose.
- Services needed to be operationally cohesive and synchronised over a geographical area.
- Systemic thinking was necessary to ensure strategic and structural robustness in the planning and delivery of services.
- Relationships were all important requiring relational nourishment.
- Leaders needed to have a clear understanding about their leadership behaviours and learning needs.
- Alternative and creative approaches helped to solve complex problems

The data emerged as the leaders discussed their work, developed a model of an integrative continuum and explored their own generative and degenerative leadership approaches.

5.2.1 Children's centre leaders described children's centres as places where the staff shared common interests, knowledge and goals through the development of a shared ethos and purpose.

The leaders consistently described children's centres as a place for families and children that was warm, friendly, a sanctuary, an agent for social change combating social isolation and at the heart of the local community. Their views were quite emotive, optimistic and located the centre at the heart of the community. This was in contrast to the descriptors given by managers who described sections of service delivery such as education, childcare and inclusion. It was also different to the hub and spoke and virtual model described by senior managers. The children's centre leaders all had a clear vision that they expressed passionately:

A children's centre is place where families come together with their children to grow by means of physical and spiritual support. They can access services that enhance their lives, health, well-being, educational needs where families can have a sense of community spirit (Faith).

A children's centre offers integrated provision in the community where people from different services and diverse backgrounds come together to work with children and families. It is a learning community finding new ways of working in multi-disciplinary teams and an agent of social change combating isolation and supporting families in developing a sense of identity and belonging within their communities (Natalie).

All the leaders within the group aspired to have individuals working in their settings and localities who resonated with shared values.

What I am trying to instigate with the private nursery that I work with is that all the professionals across the centre come together to discuss the

children's cases. We need to have a system to share our professional practice and understanding and the principles we are working with. In my view if we don't have that then the integration will be fairly loose (Andy).

They wanted a clear strategic direction to help enable this to happen. They expressed the opinion that creating the climate of co-operation required some level of strategic commitment to a common goal or interest, however, small. They described policy vacuums, the lack of co-ordinated strategic overview and plan of action from above, rigid historic institutionalised thinking, politics, the lack of database systems, having to break through glass ceilings to connect to those that had the keys to help, understaffing in other services and lack of information about future funding. During the group sessions the following issues were raised as barriers to integrated working:

- Recruitment delays
- Different visions/perceptions from professionals of an integrated service
- Lack of time
- Resistance to change
- Preference for old ways of working
- No opportunities to develop new skills for a new way of working
- Juggling numerous roles and responsibilities.
- Lack of experience

These barriers mirror those discussed in the introduction and also with my motivations for this research.

"Yes I think so, as someone who has just started this journey, you don't know what is expected of other services. When I start to talk to another service (I am often unsure of what other centres are already doing with that service and I have this vision of a person say a midwife going to various other centres and saying they know what they are doing here but not in that other centre) and so I am living with the uncertainty of what I

am actually doing and what I should be asking of them? It would be more helpful if I said to them what are you doing at centre A, centre B?- do you want to do it here?" (Renee)

The centre leaders had talked to parents and explained how parents had described an integrated response to their requirements. They told each other that parents described integrated services as:

- A one stop shop
- Services all in one place
- Everything in one place
- A familiar person who can give me immediate and practical assistance
- All of you working together for me
- Knowing I can get everything here and I do not have to go anywhere else

Parents also described to the centre leaders when they did not get an integrated response from professionals. Two parents said strongly that they really hated to say things repeatedly to different people at different times and sometimes to the same people over again: *"If I could just get all of you into the same room at the same time and explain my story just the once"*.

5.2.2 Integrated working requires centre services to be operationally cohesive and synchronised over a geographical area.

The group identified that with strategic managers support they would be better able to ensure what they called "Operational Cohesion and Geographical Synchronicity".

Operational Cohesion meant that responses to families and children were flexible and seamless at the point of delivery. This required a smooth flow of information and a shared approach to case work.

The group further described this as an operational approach that was dynamic and transparent. They gave examples of when communication between agencies was effective. This included partners frequently sending in information

for parents with leaflets and posters, developing joint referral routes and meetings:

They are flexible about the times they offer their services to meet local need (West)

Our joint meetings around the child are increasing as we develop relationships with one another (Jan)

“Geographical synchronicity” which the group defined as: services either in one place or across a close locality, was seen as the best option for families. The group described it as having services co-located under one roof. Where this was not possible it was best for services to be close by and for the services in the locality to be synchronised to allow for easy access across the area. For example not offering drop in groups all on the same day but spread across the week in different places.

All members of the group felt that families benefitted from co-located services either in the same building or very close proximity, this is often described as services within pram pushing distance. They preferred to have professionals co located in their centres:

I was reflecting on co-location and how you if didn't need to have to go out to try and knock on peoples doors and try and get invited to meetings, you had somebody there, and you could go to her immediately. I guess that for me if you are co-located it's all alright, it's going to work, because actually so many of the informal conversations can occur which helps you build a new perspective. (Renee)

A few years ago I struggled with the speech and language service in school. The last two terms our relationship with the team has really improved and it was down to personalities really and that time was made to meet with our therapist, so she was very open and friendly, very interested in the centre. We took time to meet as a senior management team and we did talk about our backgrounds and we did spend time to talk about the different children's needs. She was co-located in the centre one day a week for the whole of the last two terms so I could see

what was happening, she was always feeding back to us, we had multi agency protocols in place she was part of our multi agency group we only meet half termly but she was part of that and I could see the good practice. (Florence)

Having identified these key concepts the group considered what would need to happen in order for these shifts in policy direction to occur. For example, in order to achieve operational cohesion the group expressed the following preconditions for growth:

- Centre leaders being involved in recruitment from the start of the process
- Multi agency team meetings which ask and seek feedback such as: what is working well? Not so well? What would be better?
- Input from all involved to develop the potential of a shared service
- Clear lines of accountability for all aspects of the work
- Agreeing over time which meetings and training sessions to attend together
- Lots of opportunities for two way flow of communication
- Shared goals for working together
- Shared database
- Useful and effective information sharing

Finally the group considered geographical synchronicity and identified the following elements that would assist in the development of services that were co-located, close by and synchronised.

- Co-location
- Synchronized sessions
- Well-advertised locally
- Connecting similar services on the same day
- Connecting meetings on the same day as services
- Establishing a shared system of knowing where each other are; when in and out of the centre
- Being available

- Co-creating a shared perspective into the needs of the local families and community; gaining deeper insights together.
- Training together.
- Close proximity-Shared office space, working in close proximity
- Co-located within the systems in the centre.

Shifts they suggested would help operational cohesion were:

- Questioning each other and asking is this good enough?
- Being flexible within transparent ethical boundaries
- Having the courage to step out of traditional expectations of the role

Shifts in their leadership that would facilitate geographical synchronicity would be:

- Acknowledging and addressing tensions e.g. split line management arrangements

Simple techniques were described by the group that could help facilitate a better understanding of working together. This would they hoped lead to everyone understanding the Children's Centre was a complex adaptive system. Renee described how she:

On the practical side of things, because I can forget things, I have blocked the time out in my diary to meet with partners, so everyone who shares my diary knows that I am doing this and that I am unavailable for these times. If I don't do that explicitly then something can come up and you can find yourself double booked. Also reminding the person who supervises and line manages you that you have made this commitment.

There is someone allocated to come in every half term and there is a phone service for parents. We have a strong relationship and she attends our local cluster meetings. (Florence)

They come in for weekly appointments and they meet, plan and evaluate their services in the local cluster meetings. They regularly send in

information for parents with leaflets and posters. Communication is good as are the links. (Andy)

5.2.3: Integrated working required systemic thinking to ensure strategic and structural robustness in the planning and delivery of services.

All the leaders in the group demonstrated innovative systemic thinking; they wanted to be more adept in their work.

“even though I am in my sixties I still feel some days as if I am only just starting out and I really love this job so much but you need time to reflect and also for developing insights into other people’s perspectives and you can feel quite isolated and then those insights will help me to develop other people in my own setting” (West).

They were all keen to scrutinise mental models of their work. One example of this is when the group mapped out who they were working with to provide children’s centre services. The group discussed a generic list of organisations and professionals they were collaborating with (see Appendix 16). There were some local variations. They listed fifty four partners and organisations. Each person then made a visual map of their organisation and the levels of integration between the centre and the partners and organisations they were working with in order to deliver an integrated service for families and children. They used a red circle for those services least well integrated, amber for those with whom they were developing an integrated relationship and green for those they felt were most tightly integrated with and were truly providing an integrated service. They placed the circles on the sheet at various distances from the centre in the middle. This could also show how agencies were relating to one another. For an example of this work (see Appendix 17). I also collated their photographic data onto a table for the group’s use, (see appendix 18). This exercise helped the leaders scrutinise and express their work in a deep and meaningful way.

These leaders wanted to better understand their roles, others roles, resource implications, integrative processes and professional dynamics. *“It is not so*

much that I have all the knowledge but that I can put in place the tools and the systems in place for the family and child to be held and helped to move on”
(Renee)

The group developed an approach that would help integration to flourish that they called “Strategic and Structural robustness”. This meant that there was a shared vision, which had been developed over time with constancy and commitment, with co-constructed aims and the active involvement of strategic managers was the next critically important theme.

The group felt that this approach would ensure the development of integrated services and give a sense of clarity and purpose to the professionals involved in working together. They commented that:

A Governor at the school is involved in this work and has used their knowledge to join people up and make the connections between people so they are developing a shared vision (Paula).

The service has a really strong ethos which fits in with ours and so they don’t just come and do their slot we work well together (Paul).

I was involved in the recruitment of someone from another service who was located at my centre. I was involved in the interview and her appointment so I have a strong feeling that when you have a new service coming on board that you have to be involved by senior management right from the start and this ensures impact and continuity right from the start (Renee).

In order to develop a systemic approach and strategic and structural robustness the group listed the following pre conditions for growth:

- A deliberate intention and vision that is clear to all
- There is a vision and commitment to maintaining consistent personnel
- Strategic managers involved from the start
- Multi agency delivery is planned in from the start
- A commitment to joint training

- Shared budgets
- Time given to building a shared vision
- Shared supervision
- An understanding that changes in personnel will affect services and that resources will have to be front loaded to start developing a shared understanding and commitment over again.

Renee described how without a shared vision, professional boundaries can become barriers, even when there is a shared relationship:

I struggle with the concept of health being totally integrated because I feel in some areas we are working towards the same values and principles and in other areas we are not. There are a lot of professional boundaries that can become barriers, even if I do have health visitors that come to deliver a service and even if I try to establish relationships. I think the vision I have in my mind of integration is very different to theirs, even though I have a relationship with them. We need time to shape a shared vision.

West wanted a national approach to so that practitioners and managers:

Give the time allowed to develop these relationships in the centres. It's not just someone comes and delivers a service and they go away again. A national approach would be where practitioners know what integration means and it is planned from the start.

Time was seen as vitally important in order to develop an integrated approach.

Shifts that these leaders felt they should take responsibility for in their leadership of strategic and structural robustness were:

- Everyone being seen as a learner
- Experimenting and trying it out for a while and reviewing it
- Establishing the time to discuss role expectations and limitations
- Recognising the impact of the change process and being able to manage this.
- Developing shared aspirations

- Being creative and fearless

5.2.4. Integrated working required relational nourishment because relationships were all important.

The children's centre leaders consistently championed relational practice and spoke with great clarity about the need for relational nourishment, relational networks and relational candour. *"It's about relationships isn't it? (Dawn) I think the main thing that makes it successful is the relationships (Andy). The centre is not fully integrated unless there are relationships with all of the people who work there and with the families (Jan).*

The group was asked: What do you think helps create that common understanding between professionals? Sharing was the strongest theme, shared time together, shared training, shared outcomes, shared values, and a shared understanding of each other's roles. All of the group were keen to develop reciprocal and mutually respectful relationships with colleagues from other agencies. They believed that a common understanding could be developed through having shared conversations. Senior managers had also expressed how critical relationships were to establishing integrated practice. However, when the children's centre leaders were asked a supplementary question: What were your key leadership challenges in leading integrated services for your centre? They expressed frustration at the barriers they were experiencing in developing these relationships. They felt this was impeding the development of shared conversations and integrated practice. Two of the group also expressed a lack of self-confidence when engaging with colleagues from other agencies and therefore feeling unable to discuss issues as an equal.

The group suggested the following ways to develop professional relationships and networks for sharing a common understanding. Regular opportunities to be together were the strongest theme followed by shared training. *"Regular team meetings and Continuing Professional Development opportunities...Keep the lines of communication open and have regular updates of service and evaluating the impact on users and looking at what can we improve?" (Jan)*

“Training together and having time to meet and discuss strategic planning, shared service level agreements looking at funding and a shared vision” (West). Being honest and authentic was next *“admitting to my own mistakes and ignorance which allows others to make mistakes”* (Dawn) *“keeping a sense of perspective given the persistent challenges that face us”* (Paula). These responses mirrored the senior managers responses but there appeared to be a disconnection between policy and practice. Managers and leaders knew what needed to happen in order to build relationships however, there appeared to be very limited opportunities for this to happen. The leaders were keen to socialise, and spend more time together with their multi professional partners but these commitments were not being realised. The centre leaders said that this possibly related to a lack of time and capacity on both the part of the managers and themselves. They said it might also be linked to short term thinking, unreasonable deadlines and other external pressures.

All the leaders felt that they had the necessary attributes to build relationships with colleagues. These included: flexibility, being open minded, passionate, and innovative. Paula seemed to sum up the group when she wrote that: *“I have a willingness to be involved in working with partnership with other professionals, I value what all individuals bring to working in this way to support children and families, and I bring flexibility and work hard to make good relationships”*.

The group identified a set of relational processes without which they felt there would be no capacity to move along the continuum. This included consistency, trust and transparency. Without this they said communication would be poor, no joint working would occur, protocols would be unlikely to be established and relationships would not flourish.

The leaders were in agreement that building the necessary relationships for integrated practice were a constantly changing process: West said:

“It does feel a bit out of control because you can be building up a good partnership with someone and then they leave or there is a restructuring or something, so something you have got well underway -the work has to start again with somebody else. So the process is broken”. But as Paul pointed out, schools had a strong sense of constancy in the face of constant change:

“Although you are starting again you are building up your own internal capacity aren’t you? So you are more outward looking. You know what is required so if there is an external change someone leaving then you are better placed to actually pick up from where you are at and I do think we ...in the way that schools are the last moral place ...there is some sense of solidity at the centre, even if there is a lot of flux going on around you. I feel much more keyed in now than I did two years ago. I have experience I didn’t have before and our network of centres is better established”.

Natalie thought that: *“centres are not islands that you just go there and deliver a service there, it’s got to have bridges on and off it into the community and into the families- it’s about relationships isn’t it? Leaders have to build those networks and relationships”.*

The group developed a concept of “Relational nourishment”. This represented the warm, empathetic and encouraging relationships between professionals that would foster the development of integrated working. It described a way of relating to one another that was direct, honest, supportive and collaborative. Examples of relational nourishment were described by the group as:

I feel that everyone is a member of the team and fully involved in all aspects of the centre, they don’t isolate themselves in a case load we meet, plan and evaluate services together (Paula).

There is a good relationship between us and I always feel I can call upon him even if they are not working with children in the centre. He keeps in contact with me regularly; he is very supportive (Florence).

They make sure that families who use their service know about the services available here in the centre and our joint meetings about children are becoming more effective as we develop our relationships with one another” (Paul).

The group identified the following growth factors as critical for relational nourishment:

- Being introduced

- Choosing and being involved in the decision to work together
- A motivation to work together
- Both parties feeling wanted and needed
- Constant personnel: a regular familiar physical presence over time.
- Arrangements in place for two way honest feedback
- Having regular contact
- Shared training
- Shared Induction
- Learning together
- Having opportunities for being more than your role: offering insights and other skills and strengths

As leaders they recognised that the shifts in their leadership in order to ensure relational nourishment were:

- Openly acknowledging one's own ignorance
- Remaining open minded
- Being generous
- Being honest
- Valuing everyone's expertise and knowledge
- Being a listener
- Being curious
- Wanting to know about the person
- Being open and friendly

5.2.5. Integrated working required children's centre leaders to have a clear understanding about their leadership behaviours and learning needs.

The leaders in the group were very open and honest about their professional struggles in leading a Children's Centre. Being part of the group helped them to bring issues into perspective. They became more accepting of what they did not know and through the group discussions became more aware of how complicated the work was. They consistently expressed a strong sense of

personal responsibility for the work and the need to keep a balance between their life and work to remain composed.

Paul said how these discussions had made him think of an operating room and how the professionals integrate their different perspectives in order to care for the patient and he added that: *"We haven't as a group of professionals defined our task in the way that they do in an operating room but remember the every child matters agenda is still relatively new and we are still working it out"*. Renee added: *"We forget we are still in the early days and we forget that the notion of interprofessional work is much older"*.

Leading a children's centre is complex work as children's centre leader Jan described in the action learning set: *"In my case what was a tightly integrated service has become a loose one now due to circumstances. My difficulty is when external factors affect the level of integration, like the health visiting service. This wasn't the case last year, we were much closer, but now they are much further away with the recruitment crisis. They were very well integrated before but due to a national crisis they are not."* (Dawn)

The group was reminded by one participant that the difficulties of leading integration were not "other" people's fault. As we discussed in our first session, we needed to own the problem and understand our part within the problem.

"It is not about making value judgements is it? We are just trying to make sense of what it all means. We might as individuals have different views of the same service?"(Renee)

Dawn said that by being part of the group her perspective about her role had changed: *"When I first took on the role of centre manager I thought it would be about co-ordinating room bookings and acting in some ways like a caretaker but now I am beginning to see that it is much more complex than that"*(Dawn).

For many in the group there was a gradual realisation that their work was very different to how they had originally conceptualised it. West said:

"I think it was hard enough for us to develop this new way of working that is inviting health and everybody in, it was a big step forward for all of us."

It was even harder for them because they had to move out of their comfort zones and at the beginning I think it took quite a long time to do that. It has taken a lot of building up and personal development for all of us. That has been a real journey for us and them together."

The leaders in the group were honest and frank reflecting, discussing and deliberating about their capabilities.

Actually for me it has been a very steep learning curve whereas some people who have been working in this field for a lot longer are in a different part of the continuum than me (Faith).

"What I struggle with is that you never seem to have time to consolidate, as soon as you do then something else new comes up and then you can't consolidate and move something up to another level". (Renee)

"I feel like I have been on a steep learning curve and I think I am on a bit of a plateau and I feel a need to consolidate what I have learnt before I take anything else on or I will just slide back on the slope again before I can take it to the next step". (Paula)

They became more aware of how the landscape was constantly changing around them while they were trying to establish integrated provision and therefore the encounters that they experienced were dynamic. They acknowledged that they were part of the problems and the barriers that occurred.

Renee revealed that: *"I can feel very vulnerable when I work on my own and I know that I need others to support me in this work, I can't do it alone".*

The group continued to share stories about the evolution of children's centre services and now the group was asked to consider the shifts that they could make in their leadership to create change across the four factors. They started by listing generative and degenerative behaviours onto post it notes, as summarised in the Table 5.4 below:

Table 5.4 Generative and degenerative leadership behaviours

Generative	Degenerative
<p>Openly acknowledging one's own ignorance Remaining open minded Being a learner Being generous Experimenting and trying it out for a while and reviewing it Questioning – is this good enough? Being Honest</p> <p>Valuing everyone's expertise and knowledge Acknowledging and addressing tensions e.g. split line management arrangements Being a listener Being curious Wanting to know about the person</p> <p>Establishing the time to discuss role expectations and limitations Recognising the impact of the change process and being able to manage this. Developing shared aspirations Be creative and fearless</p> <p>Being open and friendly Being flexible within transparent ethical boundaries Having the courage to step out of traditional expectations of the role</p>	<p>Working based on rigid/entrenched methods Overly controlling Not valuing learning</p> <p>Lack of trust Being dishonest Culturally arrogant Not valuing others suggestions Giving mixed messages</p> <p>Not listening</p> <p>Working in isolation Being distant Overly high expectations</p> <p>Being constrained by fear and abuse of power</p> <p>Being inflexible</p>

When the group first met there was a feeling among its members that the lack of integrated working was the fault of others or the system. Through the work and discussions, the group came to acknowledge that they had a major role to play in ensuring effective integrated practice. They became open to the idea of taking a lead in making things happen.

5.2.6: Integrated working required alternative and creative approaches to solving complex problems

The children's centre leaders in the group enjoyed the originality, inspiring and creative elements of their work. *"I did seven years of local authority work and I can still feel the constraints you are under, the different pressures. Now as a children's centre leader it's completely a different feeling. It's good to hold on to that and to feel that you can be creative and still own the agenda"* (Andy).

The entire group spoke very positively about the exercises which they carried out together. These included mapping, idea generation, reflective postcards and using a journal. The group said that these activities helped them to surface new ideas thereby creating alternative approaches to solving complex problems, particularly because as a centre leader said: *"leading integrated work means that I am constantly learning at the edge of my capability"* (Dawn).

The group discussed two known models of stages of integration. One based on Frosts' work (2005) with colleagues looking at how to develop multi-professional teamwork for integrated children's services. This described four levels moving from cooperation to collaboration to coordination to merger. The other was based on Early Excellence Research (Bertram et al, 2000-2001), which described four models: a unified model, a coordinated model, a coalition model and a hybrid model, (to see the hand-out view Appendix 19). The group then carried out an exercise where they mapped on a large piece of wallpaper what a journey towards integration might look like. The group discussed whether it was possible to create a linear depiction of integrative processes within a continuum. They had concerns that this could have been seen as too simplistic and might have implied a seamless road or journey to a clear end in sight.

They described the development of integrated provision as far more complicated than that. They saw it as a very organic process, a constantly changing and dynamic state.

They described it as a journey and that there were many routes to a destination. In fact it might be the case that there may never be an end point or

a final destination. This exercise promoted this deeper level thinking and enabled them to find innovative solutions and generate shared meaning and find alternative solutions to new integrative possibilities.

Together they developed a conceptual model of integration represented as a journey with three stages. The stages were described as:

1. Secure,
2. Developing,
3. Emerging.

When describing securely integrated services the group spoke of a shared vision, strong relationships, regular close communication and co-location. They told of wonderfully supportive relationships, shared caseloads and smooth referrals systems. Services were flexible in terms of timing of services, running joint sessions, being responsive to centre enquiries, and there was an ethos of shared planning and collaborative evaluation of services. *"We share something special together"* (Dawn). All the leaders consistently spoke of the need for strong interpersonal and professional relationships in order to provide strongly integrated services.

Developing integrated practice was seen to be at a much more reductionist level. Services were being delivered but there had not been shared input into their development, leaders were unaware of their impact and were always initiating professional dialogue. *"They deliver a service at the centre but we only have occasional email contact when setting up the service and occasionally we share family information"* (West). The leaders were optimistic though saying they were expectantly waiting to see how things would develop and were building on past personal links where these were in place.

Words used to describe emerging integrative processes were oblivious, little, just, confused, lacking, isolated and no forum for decision making, no real joint working, no contact, no services provided, and no staff. Relationships were described as poor, characterised by little discussion, leaders felt they were only involved when necessary; relationships were inconsistent and lacking in trust and transparency. *"They come in to work with the children but I have never*

seen them personally” (Dawn). “They keep to their own remit which seems to prevent us from working more closely together” (Renee). “It feels like it is always dependant on us to maintain contact as there are no direct sessions operating from the centre currently” (Florence). For a detailed record of this exercise see Appendix 20.

Table 5.5 below shows the three stages of developing integrated practice subdivided by the requirements for:

1. Relational nourishment
2. Strategic and structural robustness
3. Operational cohesion
4. Geographical synchronicity

Table 5.5 Three stages of the journey to integrated working as a continuum

	Secure	Developing	Emerging
Relational nourishment	The relationships have commonality, parity, breadth, multiplexity, continuity & directness.	Talking has started and relationships are developing	The relationship is poor, inconsistent, lacking in trust and transparency with little contact.
Strategic/ Structural Robustness	Services are planned collaboratively, shared vision building, and shared aims clearly defined.	There is a shared commitment to shared planning of services but barriers exist, e.g. recruitment. Short term pilot projects in place. Developing some protocols, in the process of developing a local forum for decision making.	Information/ Knowledge about each other's services and its potential is unknown. No process is known to exist to develop collaborative vision building. Personnel may attend meetings but there is no resulting action, no proactive engagement
Operational cohesion	Flexibility of response, joint case work, shared caseloads, shared planning, seamless flow of communication.	Developing some protocols, working together when there is CAF. Short term pilot project. Occasional sharing of information	Each service keeps to its own remit- neither reach out, no familiar ways of contacting one another
Geographical Synchronicity	Co-located, close by- pram pushing distance.	Some synchronisation of services in locality.	Rarely present in centre or no presence.

Another key exercise for the group was the metaphor exercise from Session one. Members of the group described their vision of integrated services. These included quilts, bread, teams and food. I have included the participant's voices at length in recognition of the value placed on their contributions. They thought deeply and were creative in their conversations. Two examples of their metaphors were:

I had several metaphors but the one I chose in the end was a team of really focussed cyclists cycling towards a common goal, it is a team that requires strength both mental and physical strength, if someone goes slower it is a team effort of working together to ensure everyone gets to the end of the race. The team effort is interesting because it means that you never are on your own you are always part of a team and it feels like there isn't anyone there who goes off and does their own things. The leader changes as well and leadership is shared. (Renee)

I thought of a great barrier reef which sustains life and has a beauty and offers shelter and helps the life it supports to grow. There is water that can move and speed things along and it also can be calm and still. It doesn't stay the same it continually re-grows and regenerates itself. (Faith).

The metaphors described were varied but had common features. They described integrative processes as dynamic, changing, growing and capable of regeneration and reinvention. Appendix 21 which how I presented their ideas to the group.

Another successful activity in terms of identifying creative ways of solving problems was the introduction of boundary objects. The group received six boundary objects; these were developed from the literature review in this study (see Appendix 22). The objects facilitated discussion and debate and could be used at staff meetings, planning sessions and other such like events. The boundary objects were developed from the results of this research and

considered how leaders could practically enable integrated working to flourish they were intended to explore the minutiae of multi professional working,

I have used one of the boundary object activities with my advisory group and the outcomes were that: It was a useful way of getting two different professional groups talking, sharing and discussing issues in relation to the integration of our services. It was a good way of acknowledging differences and agreeing on shared values, it got the group going and allowed a hundred percent contributions. I noted some of the people's reactions and that the professionals were a bit shy at first and some went with the process more than others. Generally everyone took a part and I will use the materials again. (Renee)

All of these exercises led the group to be able to further develop their integrative continuum showing the four factors to ensure services flourish. It also showed the preconditions for growth at each stage and their personal leadership shifts required to move along the continuum, as seen Table 5.6 below.

This conceptual model represents how by thinking creatively and collaboratively the group were then able to identify professional services and relationships that appeared to be stuck. The leaders could then consider the actions to take to shift the inertia, exert some leverage and to move towards a more developed and secure integrative state.

Table 5.6 Factors that support integrated working – A matrix

	Confident	Shifts in my leadership	Developing	Pre-conditions for growth	Emerging
Relational nourishment	The relationships have commonality, parity, breadth, multiplexity, continuity & directness.	Openly acknowledging one's own ignorance Remaining open minded Being generous Being Honest Valuing everyone's expertise and knowledge Being a listener Being curious Wanting to know about the person Being open and friendly	Talking has started and relationships are developing	Being introduced Choosing and being involved in the decision to work together. A motivation to work together Both parties feeling wanted and needed Constant personnel: a regular familiar physical presence over time. Arrangements in place for two way honest feedback Having regular contact Shared training Shared Induction Learning together. Having opportunities for being more than your role: offering insights and other skills and strengths.	The relationship is poor, inconsistent, lacking in trust and transparency with little contact.

	Confident	Shifts in my leadership	Developing	Pre-conditions for growth	Emerging
Strategic & Structural Robustness	Services are planned collaboratively, shared vision building, and shared aims clearly defined.	Everyone being seen as a learner Experimenting and trying it out for a while and reviewing it Establishing the time to discuss role expectations and limitations Recognising the impact of the change process and being able to manage this. Developing shared aspirations Be creative and fearless	There is a shared commitment to shared planning of services but barriers exist, e.g. recruitment. Short term pilot projects in place. Developing some protocols, in the process of developing a local forum for decision making.	A deliberate intention and vision that is clear to all There is a vision and commitment to maintaining consistent personnel Strategic managers involved from the start Multi agency delivery is planned in from the start A commitment to joint training Shared budgets Time given to building a shared vision Shared supervision An understanding that changes in personnel will affect services and that resources will have to be front loaded to start developing a shared understanding and commitment over again.	Information/ Knowledge about each other's services and its potential is unknown. No process is known to exist to develop collaborative vision building. Personnel may attend meetings but there is no resulting action, no proactive engagement

	Confident	Shifts in my leadership	Developing	Pre-conditions for growth	Emerging
Operational cohesion	Flexibility of response, joint case work, shared caseloads, shared planning, seamless flow of communication.	Questioning each other and asking is this good enough? Being flexible within transparent ethical boundaries Having the courage to step out of traditional expectations of the role	Developing some protocols, working together when there is CAF. Short term pilot project. Occasional sharing of information	Being involved in recruitment from the start Multi agency team meetings which ask and seek feedback- what is working well? Not so well? What would be better? Input from all involved to develop the potential of a shared service. Clear lines of accountability for all aspects of the work Agreeing over time which meetings and training sessions to attend together Lots of opportunities for two way flow of communication. Shared goals for working together Shared database Useful & effective information sharing	Each service keeps to its own remit- neither reach out., no familiar ways of contacting one another

	Confident	Shifts in my leadership	Developing	Pre-conditions for growth	Emerging
Geographical Synchronicity	Co-located, close by-pram pushing distance.	Acknowledging and addressing tensions e.g. split line management arrangements	Some synchronisation of services in locality.	Co-location Synchronized sessions Well-advertised locally Connecting similar services on the same day. Connecting meetings on the same day as services. Establishing a shared system of knowing where each other are; when in and out of the centre. Being available. Co-creating a shared perspective into the needs of the local families and community; gaining deeper insights together. Training together. Close proximity: Shared office space, working in close proximity Co-located within the systems in the centre.	Rarely present in centre or no presence.

5.2.7 Researcher reflections on Stage 1 and 2

All the participants were very positive about my role as the facilitator. They were all very motivated, keen to explore and understand how to lead integrated working and attendance was good. The centre leaders welcomed the opportunity to network over monthly sessions and share hopes and aspirations. The group said it felt like a safe place in which to take risks, tell stories and challenge each other.

Through constantly reviewing the previous session, planning for the next and with bridging exercises (such as the postcards to ponder on, to see theses see Appendix 23) , everyone in the group kept the purpose of the meetings in mind. By taking emerging ideas from the group back to their centre communities they created their own spirals of research. Dawn wrote:

The challenges and activities have been relevant and accessible. Where we have been unsure, our questions have been responded to clearly and sensitively so that we are able to ask more without fear of ridicule. The sessions have been well planned, leading on from our responses, allowing more time to develop our thoughts whilst giving everyone opportunities to respond and reflect their perceptions. I have been constantly supported and encouraged by the facilitator to share my thoughts and ideas in a safe arena. I have grown as a leader through these sessions and whilst I may not have managed to put all my learning into practice yet, it is there waiting in the wings.

The following examples illustrate the actions which followed the reflective sessions in the action learning sets. They also illustrate a series of action research cycles.

- The centre leader arranged a meeting with the family support worker and her line manager to establish her exact role and how it aligned with the children's centre team. They developed an update board, which they both used to keep updated about what was happening when they were off site.

- The centre leader and health visitor reviewed the impact of the breastfeeding support service and adjusted the times of the sessions and added other baby groups on the same day. They agreed this created a more joined and layered service with greater attendance.
- The centre leader met with the speech and language therapist and agreed some joint goals and agreed to review these regularly. This included the therapist spending time in the nursery and the stay and play groups offering parental advice. The therapist also ran staff training which encouraged everyone to work together.
- The centre leader described how he built the relationship with the family support worker by being available and including her in social events. He embedded joint supervision sessions with the family support worker and her line manager which led to a more integrated service.
- The centre leader made a conscious decision to be open, friendly and interested in the work of the speech and language therapist. This led to a respectful and trusting relationship where it was easier to communicate and to develop a shared understanding of each other's roles and impact for children.

The group developed a shared vocabulary over time. If the strategic managers had been able to participate this may have helped develop a locality wide vision and understanding of the role of children's centre leaders.

5.3 A synthesis of the data from stage 1 and 2

During both stages of the research many coherent suggestions emerged from children's centre managers and leaders that could support the development of more effective integrated practice. This was despite the forces they all described that restrained integrated working,: lack of time, rushed decision making, silo mentalities, political changes of direction, unrelenting change and demands, external expectations of rationality and internal emotional dilemmas.

This section of the results chapter concludes that in order to address the issues above and to develop flourishing integrated working and productive relationships it is possible to synthesise the results from both stages of the

research into four leadership processes. The four leadership processes suggest that:

1. Children's centre leaders should utilise their ability for thinking systemically.
2. Children's centre leaders need to continually build and rebuild relationships across networks.
3. Children's centre leaders need to nourish a stable and meaningful perception of self-actualisation.
4. Children's centre leaders should promote alternative approaches to solving complex problems whenever possible.

Table 5.7 below illustrates how the themes from the findings from the two stages of this research have led to the emergence of these four leadership processes.

Table 5.7 Themes and Leadership processes

Themes from the Research (Stage 1 & 2)	Leadership Processes
<ul style="list-style-type: none"> • Developing integrated services is best supported when there is an opportunity to develop a learning community to explore differences and build trust • Operational cohesion is critical and geographical synchronicity is vital • It can help to see ourselves as leaders in a different light and to situate ourselves in new fields of knowledge • Developing strategic and structural robustness is incredibly helpful. • There may not be a shared concept of what integrated services are so this needs to be discussed and seen as adaptive • The opportunity to explore complex issues in an action learning set based upon secure principles can help leaders to develop professionally. 	<p>1. Thinking Systemically</p> <p>This will help address the barriers to collaborative working Leaders who think systemically will consider how operational issues are connected, how services need to synchronise across a locality and how new fields of knowledge from other fields can benefit the sector</p>
<ul style="list-style-type: none"> • Relational nourishment is important to develop effective professional relationships • Working together with each other was valued by managers and leaders for support, reassurance and knowledge sharing. • Developing relationships was critical to establishing integrated practice, liking and affirming one another helped to underpin a supportive network over time. • Developing integrated services is better supported when there is an opportunity to develop a learning community to explore differences and build trust. 	<p>2. Build and rebuild relationships</p> <p>Leaders who facilitate connections and nurture networks in the knowledge that this will have to be repeated regularly overtime will potentially develop robust relationships across and between professionals</p>
<ul style="list-style-type: none"> • Leaders need to understand their leadership approaches and whether they are generative or degenerative • Leadership of integrated working is emotional work requiring emotionally intelligent approaches • There remain many barriers and inconsistencies in place to overcome in order to establish integrated multiprofessional practice • There are tools such as boundary objects that can help navigate through the cultural changes and shifts that are needed to address past assumptions 	<p>3. Self-Actualisation</p> <p>Leaders who are self-aware and act with integrity may find it easier to manage new experiences and be resilient to new challenges.</p>
<ul style="list-style-type: none"> • Looking closely at whom I am working with and using metaphors can help me to locate my work on an integrative continuum • Many and varied leadership approaches may help and some are only newly emerging in this new world of leadership 	<p>4. Alternative approaches to solving complex problems</p> <p>Leaders who use this approach appreciate connectivity, visualise complexity& may be better able to innovate and explore new possibilities</p>

Furthermore these four leadership processes overlap. Children's centres are complex adaptive systems; therefore the four main themes are interconnected by the concept of cultural boundary spanning. Within this complex adaptive system each of the four leadership processes described are inter-connected through overlapping borderlands. This concept can be represented though a Venn diagram (Diagram 5.1): the circles represent the four main themes and the overlapping circles represent the borderlands. This represents the leaders' ability for systemic thinking and their ability to facilitate the climate for integrated working. This diagrammatic representation of this new concept connects the leadership processes into a holistic and iterative approach.

The four main themes are:

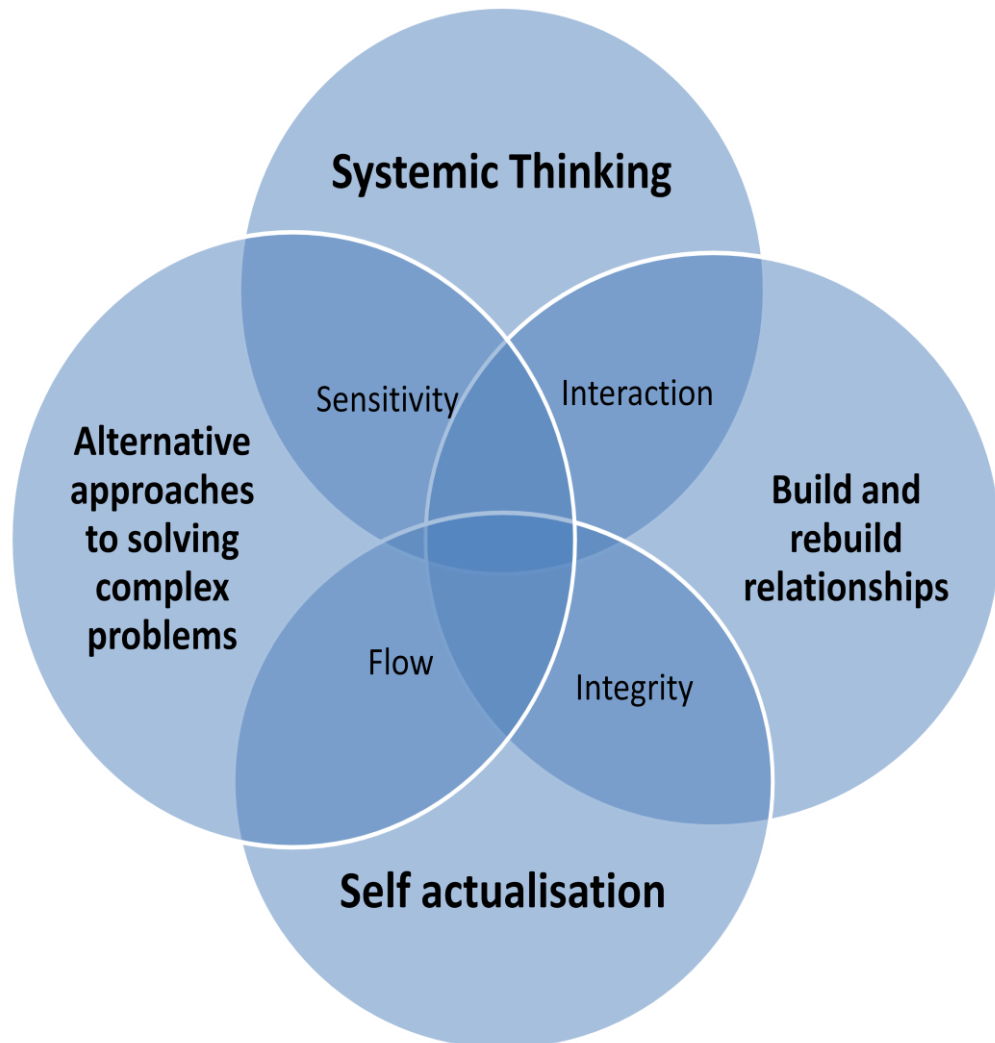
1. Systemic thinking
2. Building and re-building relationships
3. Self-actualisation
4. Alternative approaches to solving complex problems

The borderlands are:

1. Interaction
2. Integrity
3. Flow
4. Sensitivity

Diagram 5.1 below shows how the processes and borderlands connect and interact with each other. Each of these four leadership processes is described together with the relevant "borderlands" in subsequent sections.

Diagram 5.1 Four leadership processes that enable integrated working to flourish and four borderlands that connect these processes.



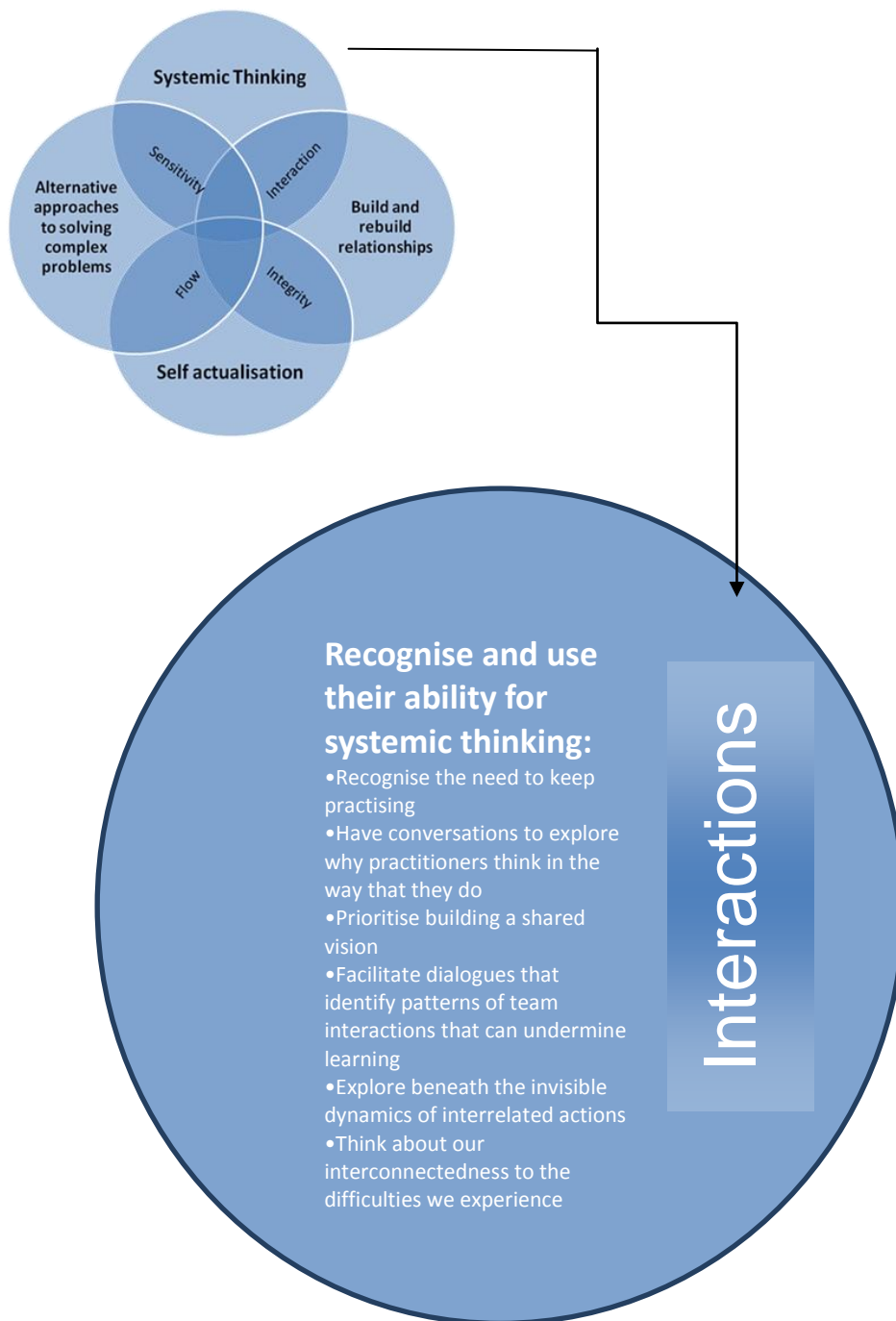
5.3.1 Systemic thinking

Children's Centre leaders described how they could help enable integrated working to flourish by utilising their ability for thinking systemically. Within the current policy agenda children's centre leaders explained they had to work within the constraints of a relatively autocratic and hierarchical Local Authority structure. Government has dictated the aims of the organisation and these may be at odds with Local Authority and local community aims. It is this type of systemic thinking that will be critical for children's centre leaders if they are to influence and lobby Local Authority and central Government for the strategic and structural robustness identified as critical factors for integrated working. The children's centre leaders understood that integration was a continuum that shifts from being loose to tight, as described in the results from Stage 2. They were also able to consider their role in developing this continuum. Diagram 5.2 shows the factors that support integrated working and that might help leaders focus on the areas that could help make the biggest shift from emerging into developing into secure integrative practices.

Managers and leaders described how individuals will always have internal and external pressures with the potential for collaborative inertia (as described in the introduction) so a children's centre leader could utilise their systemic thinking to design their interactions between agents. This would facilitate the conditions for relationships to build over time. A cultural borderland emerges illustrated in Diagram 5.2 below of interactions, dynamics and subtle connections that move the systemic thinking leader into the process of continual relationship building based upon mutuality and reciprocity.

Diagram 5.2 shows the practical applications which children's centre leaders may wish to experiment with when facilitating the atmosphere for integrated working. By utilising their ability for systemic thinking with highly insightful connections they move into a new leadership process, namely relational practice. I have described the borderland between these two spheres as *interactions*.

Diagram 5.2 Systemic thinking



5.3.2 Build and rebuild relationships

Children's Centre Leaders can help enable integrated working to flourish by continually building and rebuilding relationships across networks. All the participants in this research said that building relationships was critical for successful integrated working. This data suggests that greater attention should be paid to the development of relational nourishment.

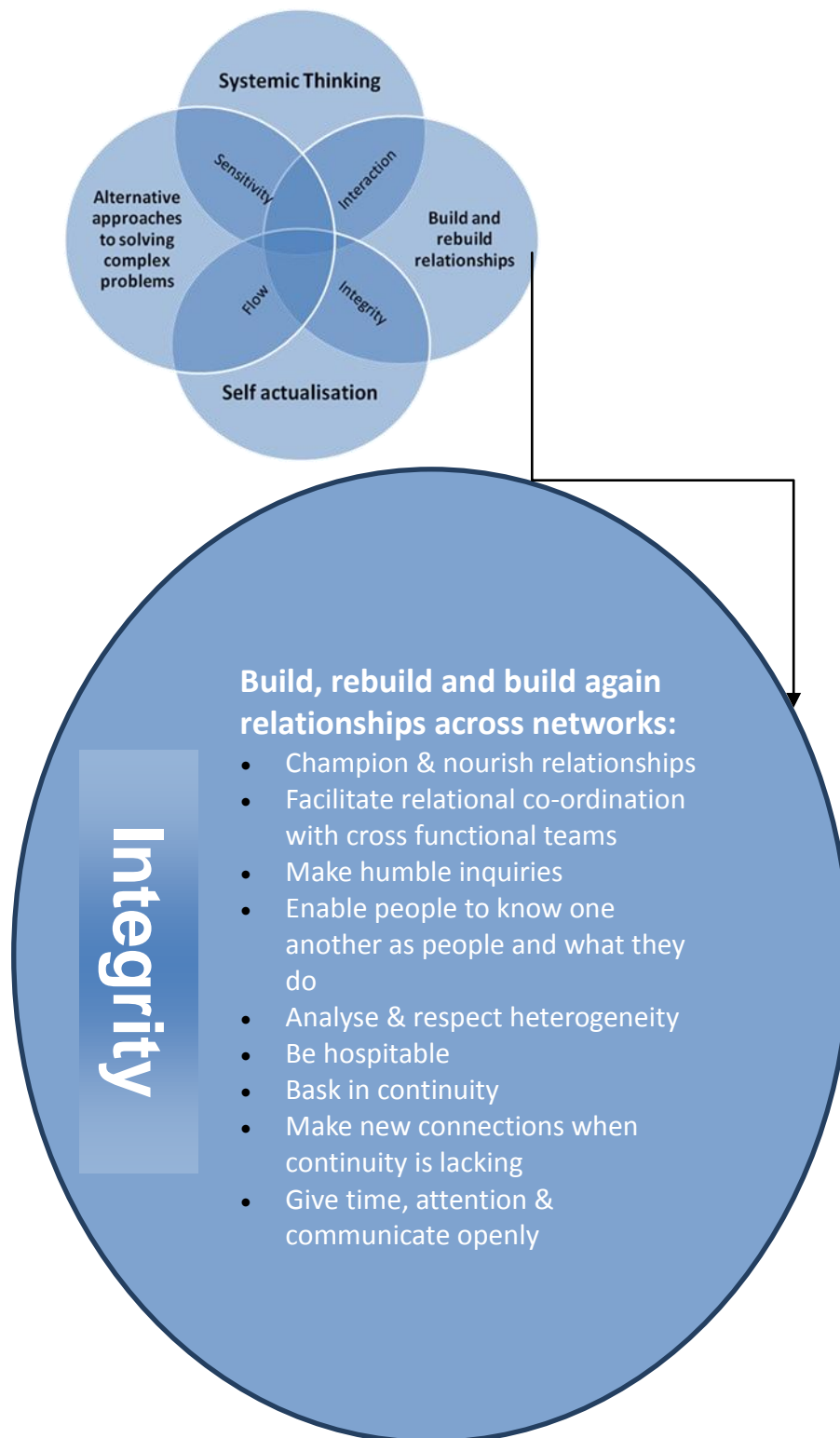
When building relationships in children's centres appear difficult there may be leverage points, when it is possible to shift deeply entrenched professional roles and identities to build new ways of working together. Making deliberate and practical attempts to establish, nourish and grow relationships across professional divisions may help leaders to embed an approach that can be revisited when new personnel arrive and staffing changes occur.

The interconnected borderland between relational practice and the third leadership process of self-actualization becomes apparent. Building trusting relationships requires integrity, authenticity and honest curiosity. The framing of children's centre leaders as relational champions relies on their individual integrity and fairness.

Table 5.3, in the earlier section 5.2.5, was developed by the centre leaders in this research describes generative and degenerative leadership behaviour. Table 5.5 considered relational shifts that leaders could consider and the signs that signal the pre-conditions for growing nourishing relationships. These are further illustrated and delineated in Diagram 5.3 below. It gives some practical suggestion as to how a leader can build the relationships necessary for effective integration. The boundary between the building of relationships and a children's centre leader's need to nourish a stable and meaningful perception of self-actualisation is *integrity*.

By asking questions and being curious a children's centre leader is utilising a useful platform to tentatively develop relationships between professional groups

Diagram 5.3 Build and Rebuild Relationships



5.3.3 Self-Actualisation.

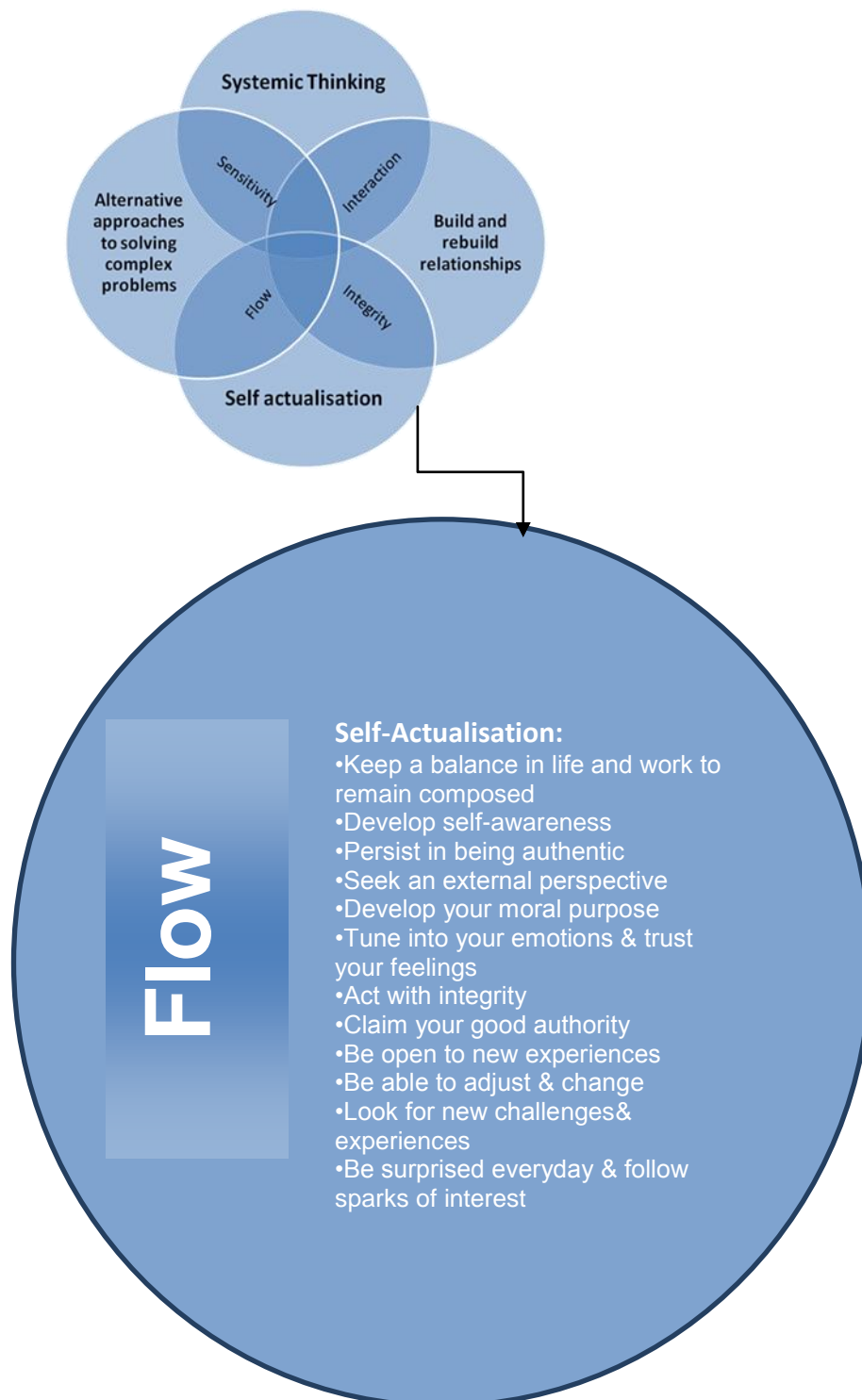
Children's Centre Leaders can help enable integrated working to flourish by nourishing a stable and meaningful perception of self-actualisation. During Stage 2 of the research, children's centre leaders expressed how they felt about leading integrated services ,particularly their frustration about a perceived lack of direction from their managers. Children's centre leaders need to be aware of the impact of the degenerative changes around them on their self-actualisation and ensure that their way of being is credible and trustworthy in such an emotive arena. Trusting your own judgement and that of others is a critical leadership process. Children's centre leaders leave an impression in all their day-to-day encounters.

The leaders recognised their need to nourish and maintain a stable and resilient sense of self in order to nourish and build the confidence of the people around them. They talked about who supported them in their work and they valued networks of support such as the action learning sets.

Acknowledging different values and being clear about the value that this diversity of opinion brings was mentioned by one of the strategic managers from the NHS in Stage 1. He explained how a leader had to conduct the team like an orchestra in order to bring the different views, which were of equal value, together into one performance.

All participants acknowledged the importance of learning together and the leaders suggested creative approaches to build shared knowledge. Confident emotionally sensitive leadership enabled creativity to flow, moving the leaders on to find solutions to address issues they were struggling with. This is the borderland that takes the children's centre leader from self-actualisation into the fourth leadership process in this study that of creativity through the cultivation of *flow*. This borderland described as flow is represented below in Diagram 5.4. Children's centre work was described as emotional work, which required a creative response to rationalise and express shared meanings and potential connections.

Diagram 5.4 Self –Actualisation



5.3.4 Alternative approaches to solving complex problems

Children's Centre Leaders can help enable integrated working to flourish by promoting enjoyable creative approaches to solving complex problems whenever possible.

Creativity has been a constant theme throughout this study. Children's centre leadership was described as demanding and complex work. It required dedication and hard work. Creative approaches such as those developed during Stage 2 of this study (for example see Appendix 22 Boundary Objects and Appendix 23 Postcards to Ponder on) can help multi-disciplinary and multi-agency teams communicate ideas, visualise concepts and experiences, and express thoughts feelings in verbal and non-verbal ways.

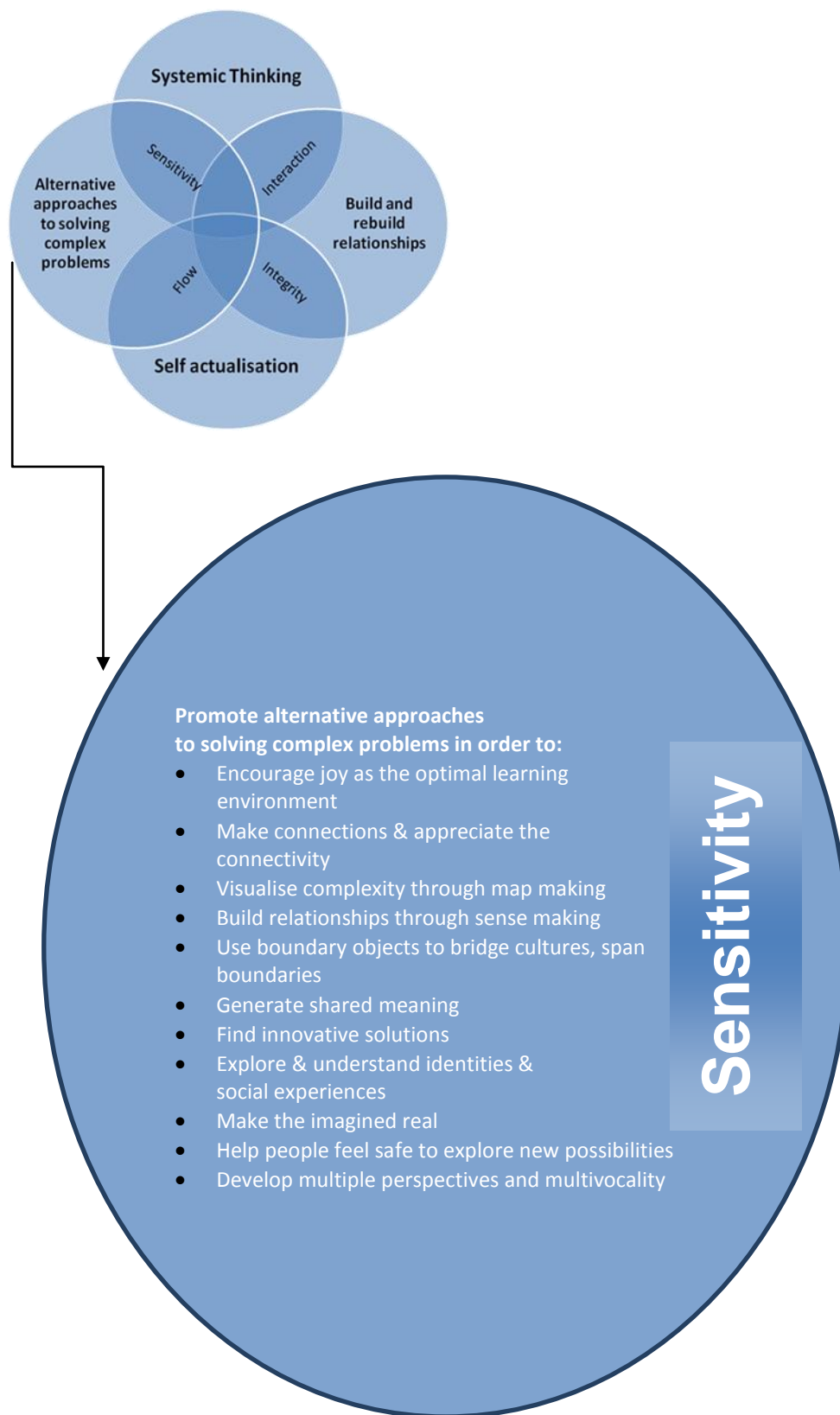
The leaders wanted to practice new approaches to bring professionals together and develop a better understanding of each other's cultural heritage. During Stage 2 of this research the group used metaphors to represent their ideas about their centres. This can be a useful and creative approach to encouraging discussion about integrated working.

As shown in Diagram 5.5 below the interface and borderland between creativity and systemic thinking processes, is *sensitivity*. In order to move between these processes children's centre leaders needed to be sensitive to difference, empathetic and ethical. The ability to move between these processes and juxtapose them as circumstances require was a skilful one. The leaders in this study expressed their commitment to developing their skills as leaders and their joy at learning together.

The group has challenged me sometimes having to think beyond what I have currently been doing so I have rearranged the services and we have streamlined things. Now we have two things for babies running at the same time so we have a baby stay and play running at the same

time as breastfeeding support and what we find now is we catch people who come to the baby's stay and play with breastfeeding support advice, so we are able to link up services. We altered the timing in order to better suit mothers based on feedback from them slightly, only by half an hour but it made a difference. We moved it half an hour later so that it didn't clash with sleeping times so it worked better. That was our aim to suit mothers. So it is joining up those services and coming at it from different perspectives. We reviewed numbers which are now starting to pick up after we began to join up different groups and services. (Jan)

Diagram 5.5 Alternative approaches to solving complex problems



Chapter Six: Discussion

6.1 Introduction

This chapter examines the research findings in light of the existing literature. It concludes with summarising what has been learnt. It considers future areas for research which have been illuminated by this new knowledge.

6.2 An original conceptual model: Four overlapping leadership processes

This research has delivered an original model for integrated children's centre leadership. In a constantly evolving and moving landscape understanding four leadership processes with overlapping borderlands might be helpful, when travelling through unfamiliar interprofessional service paradigms.

These processes or criteria could help leaders practice their craft and create the climate in which integrated working can flourish. They could provide pedagogical launching pads described by Sarah Tracy (2010) in her paper on qualitative research:

Criteria serve as shorthand about the core values of a certain craft... Rules and guidelines help us learn, practice, and perfect....Guidelines provide a path to expertise...In short guidelines and best practices regularly serve as helpful pedagogical launching pads across a variety of interpretative arts (p. 838).

These processes can be aligned with the research aims and objectives. This study set out to explore the leadership of integrated services in children's centres, and asked the following questions:

- How can productive professional relationships best be developed by centre leaders, given the different line management arrangements and people's capacity in terms of time, budgets and priorities?
- How can professionals' best develop an insight into each other's roles and responsibilities?
- What are the factors that contribute to successful collaboration between professionals?

- How can leaders develop a shared approach to developing better outcomes for children and families?
- Which leadership strategies and approaches contribute to the development of a culture of working together?

6.3 How can productive professional relationships best be developed by centre leaders, given the different line management arrangements and people's capacity in terms of time, budgets and priorities?

Build and re build relationships

Leaders who facilitate connections and nurture networks, in the knowledge that this will have to be repeated regularly overtime, will develop robust relationships between professionals.

As shared in the Literature review , building trust over time, active participation, and involvement, knowledge of one another's roles and constraints and direct communication creates a commonality, parity, breadth, multiplexity, continuity and directness (Meads, 2000), which are critical for building a clear pathway towards effective integrated services for families and children.

Gittel, Godfrey and Thistlethwaite (2012), suggested the following structural interventions could be coordinated, coproduced and co-led within a relational system of organisational change: selection, training, conflict resolution, performance measures, rewards, meetings, boundary spanners, protocols, information systems and faculty design. These techniques could be used in children's centres.

These opportunities can provide leverage. Children's centre leaders inquire, advocate and connect (Ancona, 2007) across professions at every opportunity. In this research the centre leaders referred to these levers as opportunities to nourish professional relationships.

Benyamin B. Lichtenstein (2006) writing about leading complex adaptive systems makes the same point:

Making interactions and relationships primary creates a new avenue for improving ethical and behavioural standards in an organisation, for it is much easier to identify a set of appropriate rules for interactions than it is for someone (who?) to distinguish between appropriate and inappropriate leadership behaviours. Complexity leadership theory also provides a pathway for respecting diversity, not only through its formal emphasis on heterogeneity, but also because cultural respect is much easier to cultivate through one-to-one interactions than it is to consistently enact through one-to-many leadership exchanges (p. 8-9)

Another approach is the guardianship model (Whalley, 2006), as described in the introduction, which suggests cross centre task teams. This model emphasises sharing accountability and building a shared vision.

Co-ordination as defined by Jody Gittel (2002) as: “a mutually reinforcing process of communicating and relating for the purpose of task integration”, (p. 300). Gittel is a professor of management at Brandeis University in Australia. In a study of postsurgical care in nine hospitals she found that strong relationships between service providers led to more effective relationships with customers and increased satisfaction and loyalty. She suggested that managers should therefore select, train, and reward service providers in a way that supports the formation of strong working relationships between them. She explains this supports the development of more relational structures with cross functional teams rather than reinforcing silos and traditional bureaucratic structures. In my own setting we now offer multi agency induction sessions to debate the role and function of children’s centres.

Centre leaders and Local Authority Managers may wish to embed practices that develop relational co-ordination. Children’s centre leaders may wish to encourage the creation of cross-functional teams that hire and train practitioners. Leaders could develop cross functional performance measurement and rewards. Leaders could utilise cross functional boundary spanners such as case managers or care coordinators, cross functional protocols such as referral routes and cross functional information systems.

6.4 How can professions best develop an insight into each other's roles and responsibilities?

Nourish Self Actualisation

Recognising the complexity of integrated centre leadership is critical because leading is emotional work, which needs clear boundaries that are well maintained. Dr. Belinda Harris, is Associate Professor and Director of Postgraduate Taught Courses at the University of Nottingham, reminds us that *"The leader's way of being is the glue that makes their words and actions either credible and trustworthy or suspect and anxiety-provoking to those in their care and sphere of influence"* (p.72).

Maya Angelou American author and poet wrote: *"People will forget what you said. People will forget what you did. But people will never forget how you made them feel."* (Kregel, 2003, p. 263). If professional partners are left with the feeling of being trusted and seen as capable this will leave a lasting impression.

Leaders who are self aware and act with integrity will be able to manage new experiences and be resilient to new challenges. This sense of self-actualisation is a continual process of working to one's full potential, being aware of one's own identity and with a strong sense of personal authority and moral responsibility (Goldstein, 1939, Maslow, 1943, Rogers, 1990). This approach helps leaders manage their settings in the face of constant change and in the current landscape of early year's provision. At present in 2014 Government Policy continues to be shifting, often conflicting and changing at a rapid pace. For example I am unable to be certain of the future financial sustainability of any of the services that I lead, and this is true for most children's centre leaders. Inspection demands are often perverse, conflicting and inconsistent. Phil Goss, Senior lecturer in counselling and psychotherapy at the University of Central Lancaster illustrates this well in a letter in the Times Educational Supplement, (31/05/13) in response to a number of letters from Head teachers about the current pressure they are experiencing: *"The continuing lack of suitable candidates for school leadership posts remains no surprise while*

principals are being asked to put their careers on the line each time they are visited by England's school inspectorate Ofsted. This debate would benefit from insights from depth psychology, as there are powerful unconscious influences at work here". His argument is that leaders have come to embody society's aspirations for successful lives and hopes for a happier society. These leaders supposedly have the power and authority to make this happen by raising aspirations and ensuring student success. In this sense society is projecting on to leaders the "ideal parent figure": He continues, *"We should stop seeing the school as the panacea for all that is faulty or inadequate about society, and therefore the repository for our own inadequacies when they do not live up to our unrealistic expectations"*. Leaders need to be consciously aware of these demands in order to be able to rationalise them.

Carl Rogers (1990), American psychologist and one of the founders of the humanistic approach (or client-centred approach) to psychology, described the fundamentals of person centred learning in his book "A way of being". He described as a fundamental precondition: *"The Leaders, or persons who are perceived as authority figures in the situation, are sufficiently secure within themselves and in their relationships to others that they experience an essential trust in the capacity of others to think for themselves, to learn for themselves"* (p. 299). When leaders were able to promote a person centred approach, he argued, this led to a growth promoting climate for mutual learning, which was deeper, more rapid and more pervasive.

A sense of good authority is also a critical leadership process for self-actualisation and a growth-promoting learning environment. Dr Karen John, a Consultant Psychologist and Psychotherapist, describes good authority as:

Claiming our "good authority" requires understanding our own and others' needs...being clear about our beliefs, values and boundaries, and about the requirements of those involved in a range of situations along with the confidence to be responsible for, and take and stick to, decisions on behalf of others - sharing our considerations with, and consulting with others, when reasonable to do so. Ultimately, our sense

of belonging and self-authority are emotionally felt, rather than cognitively known, and therefore, parents/leaders who doubt their belonging, worth and self-authority invariably have children/staff/citizens who also lack these essential feelings, (2012, p. 108).

This builds on the notion of good authority and this resonates with the NHS Leadership Qualities Framework (2013) seen below in diagram 7.4. This framework lists acting with integrity, continuing personal development, managing oneself and developing self-awareness as critical leadership processes. In response to the question what is leadership? The Leadership Academy website concluded: *“The Leadership Framework is based on the concept that leadership is not restricted to people who hold designated management and traditional leader roles, but in fact is most successful wherever there is a shared responsibility for the success of the organisation, services or care being delivered”* (<http://www.leadershipacademy.nhs> accessed on 13/-9/13).

Diagram 6.1

NHS Leadership Qualities Framework: Demonstrating personal qualities



It is rare to find a leadership framework that emphasises integrity but it is important. Much of the work in children’s centres is about ambiguity and

uncertainty so it is important that the leader acts with integrity to provide an ethical, local and flexible response. Children's centre leaders need to retain their spontaneity and a continued freshness of appreciation (Maslow, 1943). Children's centre leaders may find it helpful to remember that to nourish the process of self-actualisation they need to: Remain open to new ideas, look for original approaches, find sources of inspiration and see the world afresh.

I suggest an external view through the use of external supervision would be helpful in order for children's centre leaders to recognise absurd demands and rationalise adverse pressures. External supervision, by which I mean, a supervisor who does not have a line management role and is outside of the authority or governance of the organisation, has always helped my leadership role and is helpful in gaining an external perspective. I have always received supervision from a professional in a field different from my own. Sirpa Laitinen-Vaaananen, a principal lecturer at the Teacher Education College in the JAMK University of Applied Sciences, Jyväskylä, Finland has carried out research that suggests that when the supervision is carried out by someone outside of the profession that it provides more opportunities for enhancing critical thinking, reflective practice and self-directedness and does not get dominated by management tasks and expectations (Laitinen-Vaaananen, Talvitie & Luukka, 2007).

An external supervisor from a different professional body might in this case help as Lucy Chipchase and colleagues (2012) suggest in their research on inter-professional supervision in an intercultural context.

In the interprofessional context, supervision from educators whose profession differs from that of the students can be a beneficial and rewarding experience for students. Characteristics of supervisors deemed important by students included being supportive, sensitive and realistic about what could be achieved, in addition to having prior experience, (p. 469).

This Australian Health research study reported that students and supervisors would have preferred to have a supervisor from each of the professions to be in

attendance throughout the placement and that supervision from one's own profession was also needed as well. Local Authorities, centre leaders and organisations managing children's centres may want to consider what inter-professional opportunities could be put in place that would complement profession specific supervision. This could include discussion groups across agencies looking at current critical early years issues such as free-birthing and herd immunity levels. This would provide opportunities to see early years work through the different professional lenses.

6.5 What are the factors that contribute to successful collaboration between professionals?

Develop Systemic thinking

Leaders who think systemically will consider how operational issues are connected. They will look to see how services can be synchronised over a locality. They will see themselves as part of a wider system. They will seek new fields of knowledge to benefit their families.

Although the language of *working together* appears to have disappeared in the latest Children's Centre Statutory guidance (2013) "*links*" to organisations are mentioned throughout, as is "*Provision of integrated support in response to identified strengths and risk factors within individual families and support for troubled families*" (p. 14). The core purpose remains the improvement of outcomes for young children and their families and to reduce inequalities between families in greatest need and their peers (p. 7). However, the whole system change seen as necessary to integrate services from top to bottom was a Labour Government initiative (1997-2010). This research has illustrated the need for children's centre leaders themselves to think systemically and reflect on the inter-related nature of integrated working. Senge (1992) describes how this helps us understand the subtlest shifts occurring within our settings:

At the heart of a learning organisation is a shift of mind - from seeing ourselves as separate from the world to connected to the world, from

seeing problems as caused by someone or something “out there” to seeing how our own actions create the problems we experience. A learning organisation is a place where people are continually discovering how they create their reality. And how they can change it (p.12).

A leader who utilises systemic thinking and relationship building through sophisticated and subtle interactions will help facilitate integrative processes within the complex system of children's centres. Lichtenstein makes the same point *“Whereas...leadership research has been focussed on durable, distinctive properties of entities, a complexity-inspired model of leadership in events, presents an alternative conceptual framework, based on relationships, complex interactions, and influences that occur in the space between individuals”* (Lichtenstein, 2006 p. 9).

6.6 How can leaders develop a shared approach to developing better outcomes for children and families?

Practice alternative approaches to solving complex problems

Leaders who use alternative creative approaches to solving complex problems appreciate connectivity. They can help others visualise complexity and support innovation and explore new possibilities. Jarlath Benson, a psychotherapist and group analyst suggests that when working with a group: *“Do consider using imaginative techniques in your group. You will find them not only a playful and creative way of working but a powerful medium for channelling psychological energy and generating new alternatives and solution (2008p.219).*

Leaders could prioritise: opportunities for creativity, the cultivation of curiosity and interest, which are the pre-conditions for cultivating ‘flow’ in everyday life and developing habits of strength (Csikzentmihalyi, 1997). Csikzentmihalyi defined ‘flow’ as a state of mind achieved when someone is fully immersed in a task, full of energy, fully involved and enjoying the process.

Michael Rosen, a British children's novelist and poet, believes that creativity is *“at the heart of human thought, activity, endeavour and emotion”* (p. 9). This approach is supported by the definition of creativity proposed by Bernadette Duffy, head of the Thomas Coram Centre, who was a contributor to the Demos

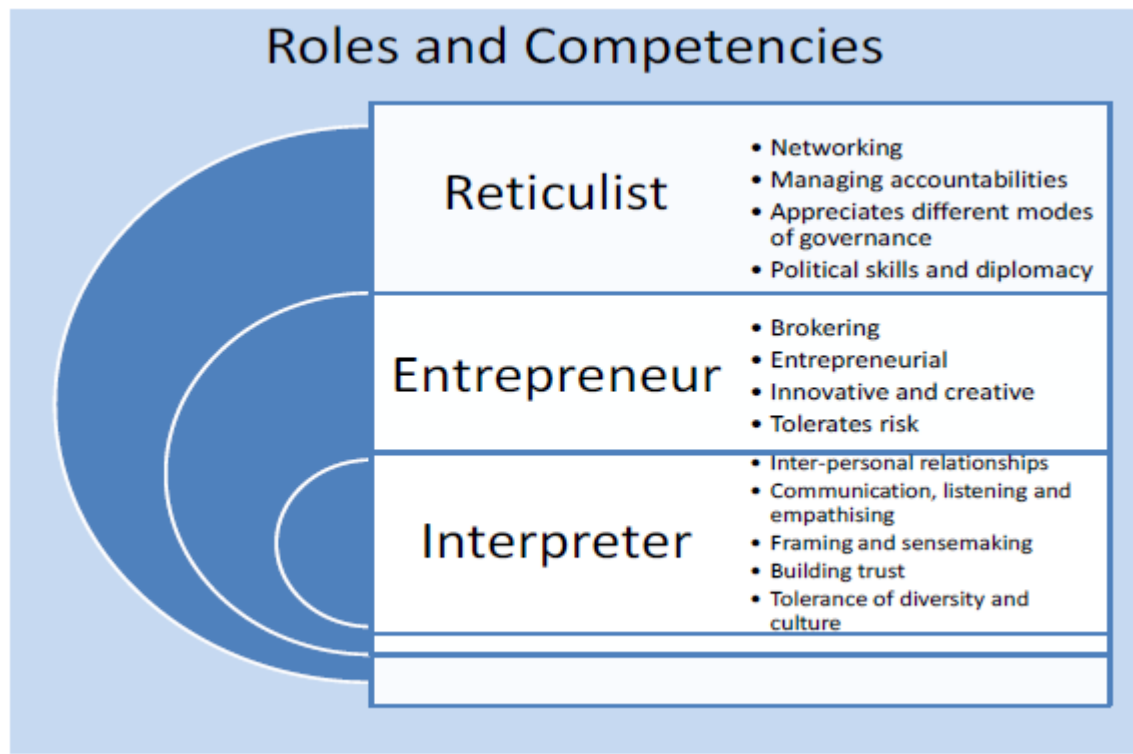
report “Born Creative” (2010). She wrote: *“Creativity means connecting the previously unconnected in ways that are new and meaningful to the individual concerned, to make real something that you have imagined”* (p. 19).

Bill Lucas the Director of the Centre for Real-World Learning and Professor of Learning at the University of Winchester explains why this is helpful: *“Your mind likes metaphors because making connections is one of the key principles of the way it works. When you create a metaphor your mind is holding two ideas in the same space and looking at them from different angles. This is a key element of creativity”* (2005, p. 94).

Seymour Sarason and Elizabeth Lorentz (1998) in their work, *Crossing Boundaries: Collaboration, Coordination, and the Redefinition of Resources*, looking into resource networks in schools in America, propose new and alternative models of leadership. When people act as catalysts for change they act as boundary spanners, crossing boundaries, as mutually enhancing resource exchangers who can alter and enlarge accustomed perceptions of self-interest and who help communities form maps of the ecology of the community in order to understand, apply and traverse diverse personal community networks. These imaginative descriptions of leadership capture new and dynamic images of leaders as cartographers and creative agents.

If children’s centre leaders seek to find opportunities for creative approaches to problem solving, such as map making, this may help shift an inflexible attitude or culture. In this way they are acting as boundary spanners, which Dr Paul Williams from the Cardiff school of Management at the University of Wales, describes in his paper, “The Competent Boundary Spanner” (2002) as the entrepreneurial element of the boundary spanner’s role. Diagram 6.2 below lists the three roles and competencies that Williams identified including two others “reticulist” and “interpreter”.

Diagram 6.2 Roles and Competencies for Boundary Spanners (Williams, 2002, p110)



Williams explains that the entrepreneurial element of the boundary spanner's role reflects the view that current public policy problems are not readily amenable to traditional approaches, but rather demand the application of new ideas, creativity, lateral thinking, and a rejection of conventional practices.

This approach requires sensitivity. *"The conversations with boundary spanners around building and sustaining relationships inevitably invite references to defining personality traits, characteristics and personal values. Respect, openness, honesty, tolerance, approachability, sensitivity and many others are viewed as desirable qualities, and the best boundary spanners are considered to be those with an easy and inviting personality, particularly those who are able to divest themselves of their organisational and professional baggage"* (p.116).

6.7 Which leadership strategies and approaches contribute to the development of a culture of working together?

The aim of this study was to increase understanding of the world of children's centre leaders through the individuals actively involved in the development of integrated services for children and families. It also hoped to provide better outcomes for families and children through the provision of philosophically coherent integrated services. It has proposed several practical ideas that might help children's centre leaders enable integrated working to flourish.

6.8 Methodological implications

In order to reflect upon the justifications for the methods used in this study and whether it is a valid study I returned to Sarah J. Tracy's (2010) eight criteria for qualitative research as a model for best practice. These included: worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence.

Assessing my work against these criteria has been important for me to assess the legitimacy of this study.

Is this a worthy topic? The topic of integrated centre leadership is a timely one, considerable public sector finance has been invested in the establishment of these centres. Significantly there is limited research to evidence that professional collaborations in these universal settings have the greatest impact for the most vulnerable, or how leaders of children's centres can support the collaboration of these services.

Does it possess a rich rigour? This study has taken place over six years and over two stages accompanying the development of an integrated children's centre. Changes in inspection, funding, staffing personnel and economic circumstances have guaranteed a complexity in both service delivery and the stories the leaders and managers have shared. I have remained immersed in the role as children's centre leader over the time of this study. I have read a great deal and explored the literature at length.

Is the study sincere? This study has been carried out by someone in the role of a children's centre leader working with other leaders in the field. Action resulted after each investigation. For example improved documentation and information for staff, families and partners:

- An information sheet for staff about the children's centre in the staff handbook.
- An insert for parents about the centre to be used on home visits to share with parents.
- A partnership agreement which was used with partners when developing and delivering joint services.
- A regular newsletter highlighting what else the centre offered as well as play and learning opportunities.
- Induction training for all staff on centre services and presentations by partners.

Does this study have credibility? The two stages of research set out to triangulate with one another and also were informed by the historical context and development of children's centres and the literature review

Does this study have resonance? This answer may lie in the future when I share the findings with a wider audience. This study has affected me and how I lead the centre in which I work. I have a greater understanding of my role as a boundary spanner, map maker and interpreter. I have shared the findings with future partners and hope that a foundation has been laid down for collaborations that are both solid and flexible.

Does this study make a significant contribution? This research has helped me refine my skills as a leader. I make no claims that it represents a universal truth but it has generated new knowledge. It has illuminated practices and approaches that may be helpful and has given me time and space to transform how I collaborate with others.

Is it Ethical? I have considered this in the chapter about methods and described how I endeavoured to uphold ethical approaches. At the end of each

interview and group session I reflected on my role as researcher and facilitator and sought to build on this knowledge when we met next. I wanted to develop my role as researcher and asked and received feedback in order to develop my research techniques and remain in harmony with my lived moral code, (Aubrey et al, 2000). During stage 1 I asked interviewees:

- What did I do that was effective in this interview?
- What would be better next time I interview someone?

During stage 2 I asked members of the action learning set:

- What have been the key features of the facilitator's role?
- What has worked well?
- What could be even better?

Is there meaningful coherence? The story of children's centre leadership told in this study is apparent in all its complexity.

Findings from these stages have interconnected into four leadership processes i) thinking systemically, ii) building and rebuilding relationships, iii) nourishing self-actualisation and iv) utilising alternative approaches to solving complex problems.

6.9 Implications at the Children's Centre I lead as a result of this research: What has changed?

Six years ago at the start of this study there were no maternity services running at Rowland Hill. We received no data on new births in our locality. We could not target appropriate support to families who might have benefitted from our services. Nor could we work in partnership with health visitors or midwives to make a difference in the lives of those who needed a helping hand.

Six years on there are still issues around data sharing, and health visitor recruitment has not impacted enough for the centre to offer the healthy child programme. However, we do have antenatal services available on site, good relationships with partners and jointly deliver training on site.

It is clear with hindsight that the situation has not remained static over the six years; managers with vision have at times allowed data to be shared. Centre leaders have worked hard to develop networks, build trust and celebrate successful collaborations with partners. There are plans afoot to make multi agency forums local, accessible and proactive. The most recent children's centre inspection report praised the exceptionally strong leadership team and the excellent partnership arrangements and recognised how *"Rowland Hill functions as one integrated service that delivers continuous provision from pregnancy until children start primary school (Inspection Report, 29th /30th January 2014, p. 5).* This study has given me the opportunity to develop cognitive complexity (Striver, 1991). *A capacity to freely and wholeheartedly engage with another's subjectivity (i.e. drawing out others' ideas), being able to acknowledge and affirm that reality while maintaining and being in touch with one's own to the extent that one could add to those ideas and create something new (p. 174).*

It has also contributed to the children's centres leaders ability to create something new. I recently asked participants in the action learning set if there had been any long term impact for them from taking part in this research and Dawn described how:

Discussions during the group and reflections in between sessions helped me to analyse why some partnerships were stronger than others leading on to identifying steps to improve the weakest ones. In many ways I was quite insecure in my leadership when the group met, making me unsure that I had the skills, resources or capacity to make changes. Working with others and using the strategies presented to us by Julie gave me a different way of thinking about situations and the confidence to try new methods of approaching a challenge. Realising that the reasons why some partnerships were difficult to initiate, grow and maintain were myriad and not all down to my own inadequacies has enabled me to engage with people in a range of ways, sharing the development with them, taking them on the journey with me. Using the games and techniques during these sessions I have been empowered to guide my staff and other colleagues into recognising the barriers to

building strong working teams and partnerships and showed them how to develop strategies to move forward. Certainly being part of this group has increased my confidence in my own leadership skills and my understanding of what needs to happen and needs to be in place for robust partnership working. (March 2014)

Undertaking the research has made me a stronger advocate for the principles and approaches that facilitate integrative working. I have spoken out in favour of shared systems, training, recruitment, supervision and team building amongst the professions. I have supported team leaders to build relationships with professional partners through humble inquiries and to see opportunities for connectivity. Some of this work has been carried out through the new training and development centre set up in collaboration with two other nursery schools at Rowland Hill. The facilitated action research programme from this study has been accredited by Middlesex University and will hopefully act as a catalyst for dialogue and debate between participants who are keen to nourish integrated working. The Local Authority asked centre leaders from the ICCLRP to run multi-agency induction sessions across all agencies to inform and debate the work of children's centres. A multi-agency working party was set up to write the programme and this is now an established programme.

In this study I have attempted to build a cultural literacy and competence to better understand integrated working, to attune myself to the dilemmas of developing philosophically coherent services. I have grown my tolerance for divergence and ambiguity. This study has helped me to become more aware of the complexity of service integration and has increased my capacity to recognise and respect the beliefs and practices of others.

It is hard to know what the future might be for children's centres like Rowland Hill. I want families and children to have access to services quickly when they need them. I want these services to be responsive in order to stabilise families' lives and to help them build resilience and hope for the future. My hope for the future is that I am able to mirror in the services I provide and as a professional, the stability, sensitivity and coherence that the leadership of the children's centre requires.

6.10 Conclusion

To summarise, this study has explored the leadership of integrated services, seeking answers to the questions posed in the methods section 2.2:

- How can productive professional relationships best be developed by centre leaders, given the different line management arrangements and people's capacity in terms of time, budgets and priorities?

There will always be restraints working against collaborative working however, understanding the need to build relationships, and that these need nourishing continually over time might help. By being curious, interested and welcoming leaders can build a secure pedagogical launching pad for collaborative dialogues.

- How can professionals' best develop an insight into each other's roles and responsibilities?

It cannot be possible to understand the nuances of every profession but it is possible to know and understand oneself. By building a strong sense of self actualisation a leader might persist, be authoritative and enable the organisations to prioritise the time needed for professionals to spend time together.

- What are the factors that contribute to successful collaboration between professionals?

Systemic thinking can help create seamless working by recognising inertia and spotting leverage points. Leaders can then be better prepared to span boundaries at the right moments.

- How can leaders develop a shared approach to developing better outcomes for children and families?

There needs to be a greater recognition that a shared approach takes time, it cannot be rushed and requires a long term commitment. A shared commitment to working together with opportunities to broker viewpoints and creatively build

connectivity is vital. Alternative approaches to solving complex problems are necessary.

- Which leadership strategies and approaches contribute to the development of a culture of working together?

This study has drawn together eight critical leadership processes from the literature, which support integrated working to flourish. It has identified four original processes and overlapping borderlands that emerged within the action learning sets and proved useful to the children's centre leaders who took part in this study. Understanding and facilitating these four leadership processes may be of use in others' leadership of integrated services in children's centres. It suggests processes that leaders can practice to build a climate that fosters a culture of working together. Within each process it has identified practical ideas and approaches to deliberately surface answers as to how to develop a culture of working together in which integrated working can flourish.

The leadership actions identified in this study must be situated within an understanding of social policy. This helps to depersonalise struggles, threat rigidity, and inertia. History, politics and social interventions have created a system of early years provision which in turn has created layers of national and local bureaucracy. Knowledge of how the system has been created enables leaders to see beyond traditional boundaries and routine practice.

6.10.1 Future Research Directions

Accountable bodies, Local Authorities may wish to test out this conceptual model so see if it can be enhanced, proven and applied to support the leadership of integrated services. They may wish to consider if it can support the professional development of leaders of integrated services.

Possible future research directions might be to consider if this model provides opportunities as a framework for external supervision? Could it help to champion relational practice? Could it help navigate and map new ways of working? Would it help all parties to prioritise the time needed from budgets to create sense making forums? Would it be possible for strategic managers and

service delivery managers to work together in a series of action learning sets to plan the necessary changes required to embed integrated working?

This leadership conceptual model could be transferred across the early years system including those at a strategic management level. Strategic managers within Local Authorities are located within a hierarchical system, possibly without a mandate or the authority to establish integrated networks. This model would provide a framework for training, support and supervision. This would facilitate the development of co constructed policy frameworks, including locality based models of service provision. It could provide a basis for an emotionally literate response to diminishing budgets.

Health visitors are about to be relocated from Public Health into the Local Authority. This model would support their transition, encouraging health visitors to build new relationships based on mutuality and reciprocity. It could be used to support conversations about practice and traditions within different disciplines. It could help in the development of cross functional teams and support self actualisation and professional confidence. New professional networks could be developed using systemic map making and shared sense making.

As new neighbourhood initiatives emerge, post election, this model could support the development of a sustainable model of leadership. Leaders, grounded in a thorough understanding of social policy, would be better able to stimulate change in the system creating a complex and adaptive future.

This thesis initially set out to:

- Develop a constructive critical discourse around the development of multi-disciplinary and interagency working
- Critically analyse the current state of their relationships with partner agencies and deconstruct and reconstruct alternative states.

- Develop system consciousness and deepen the level of debate between professionals providing locality-based services through children's centres.

It has transformed practice in the setting that I lead. The centre leaders involved in this research told me that it had transformed their practice. Whilst there are no certainties that these approaches will work in every setting by reflecting upon the ideas contained in this study, leaders of children's centres may recognise when to shift collaborative inertia into collaborative engagement.

Florence a children's centre leader reflected that she was able to do this:

Being part of the Leadership Research Group had a huge impact on me at that time in my career. I sadly left the borough following voluntary redundancy shortly after the leadership research sessions. However, I took a new self-reflective approach to my leadership as I developed in new leadership posts in a new Local Authority. The most powerful aspect was the understanding that the importance of multi-agency working takes time and most importantly that time is well worth investing in, as effective relationships are vital to ensure successful outcomes for all children. I have a deeper respect for other professionals as I take more time to really listen and as a result I have gone to develop stronger relationships across agencies (March 2014).

Leading integrated work in a children's centre is complex work. There is no one simple linear pathway to follow. It requires a sophisticated, subtle and sensitive approach. It requires courageous steps forward into new territories. It demands heightened levels of self awareness and self reflection. I conclude by returning to Jürgen Habermas' work on critical theory, a belief system that I hope has flowed through this study and its research process. He wrote "Self-reflection leads to insights due to the fact that what has previously been unconscious is made conscious in a manner rich in practical consequences" (1974, p.23). All the participants in this study made conscious rich practical leadership processes that have helped them to lead integrated working to flourish. It is important that I close with the voice of a children's centre leader:

I found the experience very helpful in providing me tools and new ways of working with centre's partner. I have used some of the tools in centre meetings bringing together different partner agencies and parents and users. I have also used the shared knowledge and experience of my colleagues to build my confidence and knowledge base and become more able to support the work of the centre in a multi-agency environment. Overall I valued the time I spent with you and colleagues as a unique learning opportunity. (Renee, March 2014).

References

- Abell, N. & Rutledge, S.E. (2010) Awareness, Acceptance and Action: developing mindful collaborations in international HIV/AIDS research and service. *British Journal of Social Work* 40, 656-675
- Abbot, L. & Moylett, H. (Eds), (1999) *Early Education Transformed*. London: Falmer Press
- Ancona, D., Malone, T.W., Orlikowski, W.J. & Senge, P.M. (2007). In: Praise of the Incomplete Leader. *Harvard Business Review* 85(2) 92-100 Reprint R0702E (pp 1-9)
- Anning, A. (2001) Knowing who I am and what I know: developing new versions of professional knowledge in integrated service settings *British Educational Research Association Annual Conference*, University of Leeds, 13-15 September
- Anning, A. & Ball, M. (2009) *Improving Services for Young Children, from Sure Start to Children's Centre*. London: Sage
- Anning, A., Cottrell, D., Frost, N., Green, J. & Robinson, M. (2010) *Developing Multi-professional Teamwork for Integrated Children's Services*. Maidenhead: Open University Press
- Audit Commission (1994) *Seen But Not Heard: co-ordinating community child health and Social Services for children in need*. London: HMSO
- Audit Commission (1996) *Counting to Five, Education of Children under Five*. London: HMSO
- Ball, S. (2003) The Teacher's Soul and the Terrors of Performativity, *Journal of Education Policy*, 18(2) 215-28
- Barker, C. D. & Johnson, G. (1998) Interview Talk as Professional Practice. *Language and Education*, 12(4) 229-42
- Barker, R & Barker, S. (2010) Social Work and Every Child Matters. In: Barker, R. (Ed) *Making Sense of Every Child Matters: Multi-Professional Practice Guidance*. The Policy Press: Bristol
- Benson, J. (2008) *Working More Creatively with Groups*. Routledge. London
- Beaty, C. (2011) *Integrated Children's Centres: overcoming barriers to truly integrated services*. London: Routledge
- Bennis, W. (2009) *On Becoming a Leader*. New York: Perseus Books

- Beresford, P. (2003) House of Commons Health Committee. *The Victoria Climbié Inquiry Report Sixth Report of Session (2002–03)* published 25 June, House of Commons London: The Stationery Office
- Bertram, T., Pascal, C., Bokhari, S., Gasper, M. & Holtermann, S. (2002) *Early Excellence Centre Pilot Programme Second Evaluation Report 2000-2001* St Thomas Centre Birmingham, Centre for Research in Early Childhood
- Bertram, T. & Pascal, C. (2002) *Early Excellence Centre Pilot Programme Third Annual Evaluation Report 2001-2002*: St Thomas Centre Birmingham, Centre for Research in Early Childhood
- Beyerlein, M., Johnson, D. & Beyerlein, S. (Eds) (2004) Complex collaborations Building the capabilities for working across boundaries, *Advances in Interdisciplinary Studies of Work Teams, Volume 10*. Emerald Group Publishing Ltd: Oxford
- Bolton, G. (2006) *Reflective Practice Writing and Professional Development* (2nd edn), London; Sage
- Boog, B. (2003) The Emancipatory Character of Action Research, Its History and the Present State of the Art. *Journal of Community and Applied Social Psychology Vol 13*: 426-428
- Bradburn, E. (1976) *Margaret McMillan Framework and Expansion of Nursery Education*. Surrey: Denholm House
- Brenner, M., Brown, J. & Canter, D. (1985) *The Research Interview*. London: Academic Press
- Broadhead, P. (1995) Researching the Early Years Continuum. *BERA dialogues 12*. Clevedon: Multilingual Matters
- Brown, G. (2003) *Pre Budget Speech*. London: HM Treasury.
http://webarchive.nationalarchives.gov.uk/20100407010852/http://www.hm-treasury.gov.uk/prebud_pbr03_speech.htm
 Accessed 21/09/11.
- Brown, G. (2004) *Budget Speech*. London: HM Treasury.
http://webarchive.nationalarchives.gov.uk/20100407010852/http://www.hm-treasury.gov.uk/budget_2004_report.htm
 Accessed on 21/09/11
- Bryson, J. M. & Finn, C. B. (1995) Creating the future together: developing and using shared strategy maps. In: A. Halachmi & G Bouuckaert (Eds) *The Enduring Challenges in Public Management: Surviving and Excelling in a Changing World*. San Francisco: Jossey- Bass
- Burgess, H. & Taylor, I. (1995) Facilitating Enquiry and Action Learning Groups for Social Work Education. *Groupwork Vol. 8(2)* pp.117-133.

Carr, W. & Kemmis, S. (1986) *Becoming Critical*. Lewes: Falmer

Chandler, T. (2006) Working in Multidisciplinary Teams. In: Pugh, G. & Duffy, B. (Eds) *Contemporary Issues in the Early Years* (4th ed). London: Sage
Children's Workforce Development Council (2008). *Integrated working explained. Integrated working, ensuring a child only tells their story once*. Leeds: CWDC

Children's Workforce Development Council (2009). *The Composition, Needs and Aspirations of the Nanny Workforce in England*. (The Social Issues Research Centre, Oxford) Leeds: CWDC

Children Schools and Families Select Committee, *Sure Start Children's Centres* (House of Commons, 2009-2010, Volume one, fifth report of session)

Chene, R. (2000) Teaching the Basics of Intercultural Leadership: Some Reflections *IN* Kellerman, B & Matusak, L.R. (Eds.) *Cutting Edge; Leadership 2000* College Park MD: James MacGregor Burns Academy of Leadership

Chipchase, L., Allen, S., Eley, D., McAllister, L. & Strong J. (2012) Interprofessional supervision in an intercultural context: a qualitative study. *Journal of Interprofessional Care (Impact Factor: 1.48)* 26(6):465-71.

Civil Service College Directorate (2002) *Navigating Change: a practitioner's guide for delivering change successfully within public services*. London: CMPS

Clode, D. (2003) *Integrated Working and Children's Services - Structures, Outcomes and Reform: A Briefing Paper*. London: Integrated Care Network

Cogan, J.J. & Derricot, R. (Eds) (1998) *Citizenship for the 21st Century: an international perspective on education*. London: Kogan Page

Cohen, L., Manion, L. & Morrison, K. (2005) *Research Methods in Education (5th edn)*. London: Routledge Falmer

Collarbone, P & West- Burnham, J. (2008) *Understanding Systems Leadership securing excellence and equity in education*. London: Continuum International

Cooperider, D.L. & Srivasta, S. (1987) Appreciative inquiry in organisational life. *IN* W.A Pasmore and R.W. Woodman (Eds) *Research in Organisational Development and Change, Vol.5, pp129-69*

Cropper, S., Ebers, M., Huxham, C & Smith Ring, P (2010) *The Oxford Handbook of Inter-organisational Relations*. New York: Oxford University Press

Cropper, S. & Palmer, I. (2010) Change, dynamics, and temporality in inter-organisational relationships. In: Cropper, S., Ebers, M., Huxham, C. & Smith Ring, P, *The Oxford Handbook of Inter-Organisational Relations*. New York: Oxford University Press

Crosby, B.C. & Bryson, J.M. (2010) Integrative leadership and the creation and maintenance of cross-sector collaborations. *The Leadership Quarterly*, 21 211-230

Covey, S. (2004) *The 8th Habit from Effectiveness to Greatness*. London: Simon and Schuster. 189

Csikszentmihalyi, M. (2002) *Flow: the classic work on how to achieve happiness*. London, Random House.

Curtis, L. & Burton, D. (2009) Naïve change agent or canny political collaborator? The change in leadership role from nursery school to Children's Centre, *International Journal of Primary, Elementary and Early Years Education* 3-13: Vol 37:3, 287-299

Denzin, N.K. (1995) The experiential text and the limits of visual understanding. *Educational Theory*, 45, 7-18

Department for Education (1997) Excellence in Schools, White Paper. London: DfE

Department for Education and Employment (1995) *Leadership and Management Programme for New Headteachers (HEADLAMP)*. London. DfEE

Department for Education and Employment (1998) *National Childcare Strategy Green Paper: 'Meeting the Childcare Challenge'* London: HMSO

Department for Education and Employment (1999) *Cross departmental Review of Provision for Young Children*. London : DfEE

Department for Education and Skills (2003a) *Every Child Matters*. London: HMSO

Department for Education and Skills (2003b) *Sure Start Children's Centre Start up Guidance*. London: DfES

Department for Education and Skills (2004) *Childcare: How Local Markets Respond to National Initiatives*. National Centre for Social Research. London: DfES

Department for Education and Skills (2005a) *Sure Start Children's Centre Start up Guidance*. London: DfES

Department for Education and Skills (2005b) *Common Core – Skills and Knowledge for the Children's workforce* London: DfES

Department for Education and Skills (2006a) *Sure Start Children's Centre Practice Guidance*. London: DfES

Department for Education and Skills (2006b) *Sure Start Children's Centre's Planning and Performance Management Guidance*. London: DfES

Department for Education and Skills (2006c) *Championing Children: a shared set of skills, knowledge and behaviours for managers of integrated children's service* (2nd edn), London: Stationery Office. 190

Department for Children, Schools and Families, DCSF (2007a) *Narrowing the gap (2007-2009)*:
<http://www.c4eo.org.uk/narrowingthegap/documentsandpublications.aspx>
accessed 29/04/12

Department for Children, Schools and Families, (2007b) *The Children's Plan: Building brighter futures*. London: DCSF

Department for Education and Skills (2007a) *National Standards for Leaders of Sure Start Children's Centres*. London: DfES

Department for Education and Skills (2007b) *Governance Guidance* London: DfES

Department for Education and Skills (2007c) *Every Parent Matters*. London: DfES

Department of Health (2008a) *The Child Health Promotion Programme: pregnancy and the first five years of life* London: DoH Publications

Department of Health (2008b), *Healthy lives, Brighter Futures* London: DoH Publications

Department for Children, Schools and Families, (2008) *The Sure Start Journey - a summary of evidence*. London: DCSF

Department for Children, Schools and Families, (2009) *Sure Start Children's Centres Survey of Parents*, London: DCSF

Department for Education and Skills and Department of Health (2011) *Families in the Foundation Years*. London: DfES

Department for Education (2012) *Evaluation of Children's Centres in England (ECCE) Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas*. London: NatCen & University of Oxford

Department for Education (2013) *Sure Start children's centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus*. London: DfE

DeVita, K. Hillman & R. Bellomo (2006) *Medical emergency teams: implementation and outcome measurement*. New York: Springer

Drummond, M-J. (2000) *Haringey Early Excellence Network, Interim Evaluation Report*. Cambridge: University of Cambridge

Duffy, B. & Marshall, J. (2007) Leadership in multi-agency work. In: Siraj-Blatchford, I, Clarke, K & Needham, M (Eds), *The Team Around the Child: multi-agency working in the early years*. Stoke-On-Trent: Trentham Books

Duffy, B. (2010) Using creativity and creative learning to enrich the lives of young children at the Thomas Coram Centre. In: Timms, C. (Ed) *"Creative learning in the early years is not just child's play..."* Born Creative. London: DEMOS

Dweck, C. (2006) *Mindset: The New Psychology of Success*. New York: Ballantine Books

Education Committee, *Governance and leadership of the Department for Education* (House of Commons, 2012–13, Third Report of Session)

Education Committee, *Foundation Years: Sure Start Children's Centres* (House of Commons, 2013-2014, Fifth Report of Session)

Eden, C. (1989) Using cognitive mapping for strategic options development and analysis (SODA) IN J. Rosenhead (Ed), *Rational Analysis in a Problematic World*. Chichester: Wiley

Eisenstadt, N. (2011) *Providing a Sure Start: How Government Discovered Early Childhood*. Bristol: The Policy Press

Feiffer, J. R. (1978) US cartoonist, cartoon caption. In: W. Safire, "Disadvantaged," Political Dictionary

Ferguson, H. (2005) Working with Violence, the Emotions and the Psycho-social Dynamics of Child Protection: Reflections on the Victoria Climbié Case: *Social Work Education, Vol 24, No 7, 781-795*

Fisher, J. (2012) *Transition curve* (<http://www.businessballs.com/freepdfmaterials/processoftransitionJF2012.pdf>) accessed 8th April 2012)

Flanagan, J.C. (1954) The Critical Incident Technique, *Psychological Bulletin*, 51, 327-59

Fletcher, J.K. (1998) Relational Practice: a feminist reconstruction of work. *Journal of Management Inquiry*, 7:2 163-186

Fletcher, J.K. (2001) *Disappearing Acts: Gender, Power and Relational Practice at Work*. Cambridge: Massachusetts Institute of Technology

Foley, P. & Rixon, A. (2008) *Changing Children's Services: Working and Learning Together*. Bristol: Bristol Policy Press

Frost, N. & Lloyd, A. (2006) Implementing multi-disciplinary teamwork in the new child welfare policy environment. *Journal of Integrated Care*. Vol 14:2, 11-17

Fullan, M. (2001) *Leading in a Culture of Change*. San Francisco, Jossey-Bass

Gallway, W. (2006) *The Inner Game of Work: Overcoming Mental Obstacles for Maximum Performance*. London: Thomson Texere

Gauntlett, D. (2007) *Creative Explorations: New approaches to identities and audiences*. London: Routledge

Gittell, J. (2008) Relational Coordination and Performance: A Process Approach. *Harvard Business Review*, Volume 98, Issue 47

Gittell, J., Hoffer, G.M., & Thistlethwaite, J. (2013) Interprofessional Collaborative Practice and Relational Coordination: Improving Healthcare Through Relationships. *Journal of Interprofessional Care* 27.3, 210-213

Glaser, B.G. & Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine de Gruyter

Glenny, G. & Roaf, C. (2008) *Multiprofessional Communication making systems work for children*. Maidenhead: Open University Press

Goffee, R. & Jones, G. (2006). *Why should anyone be led by you? What it Takes to Be an Authentic Leader*. Boston: Harvard Business School Press

Goldstein, K. (1995) *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man*. 1934. New York: Zone Books

Goleman, D. (1996). *Emotional Intelligence*. London: Bloomsbury

Goss, P. (2013) Who Wants to Step Forward and Lead? Anyone?: *Times Educational Supplement* 31st May

Graham, S. & Jarvis, J. (2011) Leadership of uncertainty. IN Trodd, L. & Chivers, L. (Eds) *Interprofessional Working in Practice: Learning and working together for children and families*. Maidenhead: Open University Press

Gray, B. (2010) Intervening to improve inter-organisational partnerships. IN S. Cropper, M. Ebers, C. Huxham, & P. Smith Ring. *The Oxford Handbook of Inter-organisational Relations*. New York: Oxford University Press

Greenwood, D.J. & Levin, M. (1998) *Introduction to Action Research: Social Research for Social Chang*. London: Sage

Habermas, J. (1971) *Knowledge and Human interests* (trans. J. Shapiro). London: Heinemann

- Habermas, J. (1974) *Theory and Practice* Boston: Beacon Press
- Hadow, H. (1933) *Infant and Nursery Schools. Report of the Consultative Committee* London: HMSO
- Hall, V. (1996) *Dancing on the Ceiling: a study of women managers in education*, London, Paul Chapman
- Hargreaves, A. & Fink, D. (2006) *Sustainable Leadership*. San Francisco: Jossey-Bass.
- Harris, B. (2007). *Supporting the Emotional Work of School Leaders*. London: Paul Chapman
- Haynes, P. (2003). *Managing Complexity in the Public Services*. Maidenhead: Open University Press
- Hawkins, P. & Shohet, R. (1989) *Supervision in the Helping Professions*. Milton Keynes: Open University Press.
- HM Government. *The Childcare Act* (2006a) London: The Stationery Office
- HM Government. (2006b) *Raising Standards - Improving Outcomes: Statutory Guidance on the Early Years Outcomes Duty* London: The Stationery Office
- HM Government. (2009a) *Next Steps for Early Learning and Childcare Building on the 10-Year Strategy*, London: The Stationery Office
- HM Government. *The Apprenticeship Bill* (2009b) London: The Stationery Office
- HM Treasury (2004) *Choice for parents, the best start for children: a ten year strategy for childcare*, London: The Stationery Office
- Hodge, M. (2003) Speech to Local Government Association 8/7/03.
<http://www.guardian.co.uk/society/jul/08/childrensservices>
 accessed 26/09/2011
- House of Commons, Children, Schools and Families committee, (2008) *The Department for Children, Schools and Families and the Children's Plan: Government Response to the Committee's Second Report of Session 2007–08 Fourth Special Report of Session 2007–08* London: The Stationery Office
- Huxham, C. & Vangen, S. (2000) Leadership in the shaping and implementation of collaboration agendas: How things happen in a (not quite) joined-up world. *The Academy of Management Journal*, Vol. 43, 6, 1159-1175.
 194

- Huxham, C. & Vangen, S. (2003) Enacting Leadership for Collaborative Advantage: Dilemmas of Ideology and Pragmatism in the Activities of Partnership Managers. *British Journal of Management*, Vol. 14, S61–S76
- Huxham, C. & Vangen, S. (2006), *Managing to Collaborate: the theory and practice of collaborative advantage*. London: Routledge
- Huxham, C. and Vangen, S. (2010) Doing things collaboratively: realising the advantage or succumbing to inertia? IN Van Zwanenberg, (Ed). *Leadership in Social Care, Research Highlights*. London: Jessica Kingsley
- Hammersley, M. (1992). *What's Wrong with Ethnography?* London: Routledge
- Jenkins, J. & Jenkinson, M. (2006) *The 9 Disciplines of a Facilitator: Leading Groups by Transforming Yourself*. San Francisco: Jossey Bass
- Joffe, H. & Yardley, L. (2004). Content and Thematic Analysis. IN D. Marks, & L. Yardley, (Eds). *Research methods for clinical health psychology*. London: Sage
- John, K. (2008) Sustaining the Leaders of Children's Centres: The Role of Leadership Mentoring *European Early Childhood Education Research Journal, Special Issue: Leadership & Management*, 16 (1): 53-66
- John, K. (2014) A Case Study of Efforts to Lead Democratically When Good Authority Is Undermined, *UK Adlerian Year Book 19th volume*
- Kahane, A. (2007) *Solving Tough Problems*. San Francisco: Berrett-Koehler
- Kaufman, W. (1996) *Martin Buber, I and Thou*. New York: Simon & Schuster
- Kelinger, F. N. (1970) *Foundations of Behavioural Research* (3rd edn) New York: Holt
- Kelly, B. (2003) *Worth Repeating: More Than 5,000 Classic and Contemporary Quotes*. Grand Rapids: Kregel Academic & Professional
- Kuper, A., Reeves, S. & Levinson W. (2008) An introduction to reading and appraising qualitative research. *BMJ* 337: 404-407
- Kvale, S. (1996) *Interviews*. London: Sage
- Labour Party (1997) *Manifesto*
<http://www.labourparty.org.uk/manifestos/1997/1997-labour-manifesto.shtml>
 accessed 04/08/09
- Laitinen-Vaaananen, S., Talvitie, U. & Lukka, M.R. (2007) Clinical supervision as an interaction between the clinical educator and the student. *Physiotherapy, Theory and Practice*, 23, 95-103

- Laming, H. (2003) *The Victoria Climbié Inquiry*, House of Commons Health Committee. London: HMSO
- Laming (2003) *The Victoria Climbié Inquiry Report Sixth Report of Session*. House of Commons London: The Stationery Office
- Laming, H. (2009) *The Protection of Children in England: A Progress Report*. London: HMSO
- Lapadat, J. & Lindsay, A. (1999). Transcription in research and practice: from standardization of technique to interpretive positionings. *Qualitative Inquiry* 5:1, 64-86. 195
- Lancaster, P. & Kirby, P. (2006) The Early Years Curriculum. In: Pugh, G. & Duffy, B. *Contemporary issues in the Early Years, (4th edn)*. London: Sage
- Lee, W. (2009) unpublished Seminar: *The Educational Leadership Programme in New Zealand*: Corby: Pen Green Leadership Centre. Further information available at <http://www.elp.co.nz/> accessed 5/7/2014
- Lichtenstein, B., Uhl-Bien, M., Marion, R., Seers, A., Orton, J. & Schreiber, C. (2006) Complexity Leadership Theory: an interactive perspective on leading in complex adaptive systems. *Emergence: Complexity and Organization*, 8:4, 2-12
- Limerick, B., Burgess-Limerick, T. & Grace, M. (1996) The politics of interviewing: power relations and accepting the gift. *International Journal of Qualitative Studies in Education*, 9 (4), 449–460
- Lucas, B. (2005) *Discover Your Hidden Talents: The Essential Guide to Lifelong Learning*. Stafford: Network Educational Press
- Makins, V. (1997) *Not just a nursery...multi-agency early years centres in action*. London. National Children's Bureau
- Marshall, J, (1999) Living Life as inquiry. *Systemic Practice and Action Research*, 12: 2, 155-171
- Marshall, J. (2011) Images of changing practice through reflective Action Research. *Journal of Organisational Change Management* 24:2, 244-256
- Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, 50:4, 370–396
- McNiff, J. with Whitehead, J. (2002) *Action Research: Principles and practice* (2nd edn) New York, Routledge
- McTaggart, R. (1996) Issues for participatory action researchers. In: O. Zuber-Skerritt (Ed) *New Directions in Action Research*. London: Falmer

- Meads, G. (2000) *Relationships in the NHS Bridging the Gap*. London: Royal Society of Medicine Press Ltd.
- Meads, G., Ashcroft, J., Barr, H., Scott, R., & Wild, A. (2005) *The Case for Interprofessional collaboration in Health & Social Care*. Hoboken: Blackwell
- Melhuish, E., Sylva, K., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2002) *The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 8. Measuring the Impact of Pre-School on children's cognitive progress over the pre-school period*. London: DfEE and Institute of Education, University of London
- Melhuish, E., Belsky, J. & Leyland, A. (2010) The impact of Sure Start Local Programmes on Five Year Olds and Their Families, *NESS Research Report 28*; London:DCSF/HMSO
- Moss, P. & Penn, H. (2003) *Transforming Nursery Education*. London: Paul Chapman
- Moss Kanter, R. (2003) *On the Frontiers of Management*. Cambridge: Harvard Business School
- Morrison, K.R.B. (1998) *Management Theories for Educational Change*. London: Paul Chapman
- Moss, P. (2000) *Workforce Issues in Early Childhood Education and Care* For consultative meeting on International Developments in Early Childhood Education and Care, The Institute for Child and Family Policy Columbia University, New York May 11-12, Thomas Coram Research Unit Institute of Education, University of London
- Murphy, A. (2010) Collaborative leadership, the importance of place-based development. *IN* Van Zwanenberg, (ed) *Leadership in Social Care, Research Highlights*. London, Jessica Kingsley
- National Audit Office (2006) *Sure Start Children's Centres*, London: The Stationery Office
- National College of School Leadership (2009). *National Professional Qualification of Integrated Centre Leadership Course Materials, Booklet 13: Leading Learning*. Nottingham: NCSL
- NESS (2005) *Early Impacts of Sure Start Local Programmes on Children and Families*. National Evaluation Report 013, Nottingham: DfES Publications
- NHS Leadership Qualities Framework (2013)
<http://www.leadershipacademy.nhs.uk/discover/leadership-framework/demonstrating-personal-qualities/> accessed 5/7/2014.

- OFSTED (2009) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills*. London: The Stationery Office
- OFSTED (2011) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills*. London: The Stationery Office
- OFSTED (2014) *Ofsted Inspection Report: Rowland Hill Children's Centre 29th-30th January*
- Office for National Statistics (2008) *Birth statistics, England and Wales (Series FM1)*
- Oliver, C., Mooney, A. & Statham, J. (2010) *Integrated working: a review of the evidence* Thomas Coram Research Unit, Institute of Education, University of London, The Children's Development Workforce Council
- Ollila, S. (2008) Strategic support for managers by management supervision. *Leadership in Health Services* 21:1, 16-27
- Ospina, S. & Saz-Carranza, A. (2010) Paradox and Collaboration in Network Management. *Administration & Society* 42, 404
- Otero, G. (2009) Unpublished *Thinkpiece for National College of School Leadership*, Nottingham, UK. NCSL Better Together handbook 2004-2007
- Papert, S. & Harel, I. (1991). *Constructionism*. London: Ablex
- Pascal, C. & Bertram, A. (2012) Praxis, ethics and power: Developing praxeology as a participatory paradigm for early childhood research, *European Early Childhood Education Research Journal*, 20:4, 477-92
- Peltonen, J. & Halonen, T. (1998) Two conceptions of action research: a continuum of traditional social research and a new critical social science, Towards Understanding Leadership in Early Childhood Context: Cross-Cultural Perspectives. *Acta Universitatis Ouluensis, E Scientique Rerum Socialium* 35, 79-92
- Piaget, J. (1977) *The Development of Thought: equilibration of cognitive structures*. New York: Viking
- The Plowden Report (1967). *Children and their Primary Schools. A Report of the Central Advisory Council for Education (England)* London: Her Majesty's Stationery Office
- Power, S. (2001) Joined-up Thinking? Inter-agency Developments in Education Action Zones, IN S. Riddell & L. Tett, (Eds) *Education, Social Justice and Inter-agency Working: Joined up or Fractured policy?* London: Routledge
- Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster

Raham, H. (1998). 'Full Service Schools', *School Business Affairs*, 64:6, 24-28

Reason, P. (1994) Three approaches to participatory action research. In: N.K. Denzin & Y.S. Lincoln (Eds) *Handbook of Qualitative Research*, 324-39. Thousand Oaks: Sage

Reder, P. & Duncan, S. (2003) Understanding communication in child protection networks. *Child Abuse Review* 12:2, 82-100

Roberts-Holmes, G. (2011) *Doing your Early Years Research Project* (2nd edn) London: Sage

Rodd, J. (1998) Action Research in Early Childhood Settings throughout the World: Towards Understanding Leadership in Early Childhood Context: Cross-Cultural Perspectives. *Acta Universitatis Ouluensis, E Scientique Rerum Socialium* 35, 71-78

Rogers, C. (1995) *A Way of Being*. New York: Houghton Mifflin

Rogers, C. & Stevens, B. (2002), *Person to Person: The problem of Being Human*. London: Souvenir

Rook, R. (2010) Value Added: learning to make people thicker. In: Coates, M. (Ed.) *Shaping a New Educational Landscape: creating a new context for learning*. New York: Continuum

Rosen, M. (2007-2008) *Chief Inspector of Schools Annual Report*, OFSTED, London: The Stationery Office

Rosen, M. (2010) Foreword in *Born Creative: Creative learning in the early years is not just child's play...* C.Tims (Ed) London: DEMOS

Sandelands, L. & Boudens, C., (2000) In S. Fineman, (Ed) *Emotions in organisations*. London: Sage

Sarason, S. & Lorentz, E. (1998) *Crossing Boundaries: Collaboration, Coordination and the Redefinition of Resources*. San Francisco: Jossey-Bass

Sandfort, J. & Milward, H.B. (2010) Collaborative service provision in the public sector. In: S. Cropper, M. Ebers, C. Huxham & P. Smith Ring, *Oxford Handbook of Inter-organisational Relationships*. New York, Oxford University Press

Sauer, R. (1978) Infanticide and Abortion in Nineteenth-Century Britain *Population Studies*, 32:1, 81-93

Scharmer, C. (2009) *Theory U: Leading from the Future as It Emerges*. San Francisco: Berrett Koehler

- Schein, E.H. (1985) *Leadership and Organizational Culture*. San Francisco, Jossey-Bass
- Schein, E.H. (2013) *Humble Inquiry: The Gentle Art of Asking Instead of Telling*. San Francisco: Berrett-Koehler.
- Schön, D.A. (1983), *The Reflective Practitioner: how professionals think in action*. New York: Basic Books
- Schatz, M. & Walker, R. (1995). *Research as Social Change*, London: Routledge
- Sanchez-Hernandez, M. & Grayson, D. (2010) Using Internal Marketing to Engage Employees. *Corporate Responsibility Working Paper Series*. Cranfield University
- Schweinhart, L. J., Berrueta-Clement, J. R., Barnett, W. S., Epstein, A. S. & Weikart, D. P. (1985) The Promise of Early Childhood Education *The Phi Delta Kappan* 66: 8, 548-553
- Senge, P. (1990) *The Fifth Discipline: The Art and Practice of The Learning Organisation*. London: Century Business
- Skelcher, D., Mathur, N. & Smith, M. (2004) *Effective Partnership and Good Governance: Lessons for Policy and Practice*. Birmingham: Institute of Local Government Studies
- Skinner, K. (2010) Supervision, and leadership think piece. In: Van Zwanenberg (Ed). *Leadership in Social Care, Research Highlights*. London: Jessica Kingsley
- Smith, J.A. & Osborn, M. (2008) Interpretative phenomenological analysis. In: J.A. Smith (Ed), *Qualitative Psychology: a practical guide to research methods* (2nd edn). London: Sage
- Southworth, G. (2007) Defining Leadership for learning in the early years. In : *Siraj-Blatchford, I. & Manni, L. Effective Leadership in the Early Years Sector (ELEYS) Study*. Institute of Education: University of London
- Spillane, J., Halverson, R. & Diamond, J. (2004) 'Towards a theory of leadership practice: a distributed perspective.' *Journal of Curriculum Studies*. 36:1, 3-34
- Stewart, W. (2012) *A dangerous lesson to forget*. Published in TES magazine, 25 May
- Stone, B. & Rixon, A. (2008) Towards Integrated Working. In: P. Foley & A. Rixon, *Changing Children's Services: working and learning together*. Bristol, The Policy Press and Open University
- Stone Zander, R. & Zander B. (2000) *The Art of Possibility: Transforming Professional and Personal Life*. New York: Penguin Books

- Surowiecki, J. (2007). *The Wisdom of Crowds: Why the Many Are Smarter Than the Few*. St Ives: Abacus
- Tennyson, R. (2005) *The Brokering Guidebook*, The International Business Leaders' Forum (BLF) Cambridge University, The Partnering Initiative
- Thornton, K. (2009) *Blended Action Learning: supporting leadership learning in the New Zealand ECE sector*. Submitted PhD thesis. Victoria: University of Wellington
- Tournish, D. & Pinnington, A. (2010) Learning from current trends in leadership development in Scotland. *IN* Z. Van Zwanenberg (Ed). *Leadership in Social Care, Research Highlights*. London, Jessica Kingsley
- Tracy, S. (2010) Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research. *Qualitative Inquiry* 16:10, 837-851
- Tutu, D. M. (1999) *No Future Without Forgiveness: a personal overview of South Africa's Truth and Reconciliation Commission*. London: Random 200
- UNICEF (2007) *Child Poverty in Perspective: an overview of child well-being in rich countries*. *Innocenti Report Card 7*. Florence: UNICEF Innocenti Research Centre
- Waldron, V. (2000) Relational Experiences and emotions at work. *IN* Vincent, R. (Ed) *Emotion in Organizations* (2nd edn). London: Sage
- Waterman, H., Tillen, D., Dickson, R. & de Koning, K. (2001) Action Research: a systematic review and guidance for assessment. *Health Technology Assessment*, 5:23
- Whalley, M. (2006) *Children's Centres: the new frontier for the welfare state and the education system?* National College of School Leadership (NCSL) www.nationalcollege.org.uk
Accessed 31/1/12
- Whalley, M., John, K. & Formosinho, J. (2008). Editorial, *European Early Childhood Education Research Journal*. 16:1, 1-3
- Whalley, M., Chandler, R., John, K., Reid, L., Thorpe, S. & Everitt, J. (2008) Developing and sustaining leadership learning communities: implications of NPQICL rollout for public policy local praxis, *European Early Childhood Education Research Journal*. 16:1, 5-38
- Wheatley, M. (2007) *Finding Our Way: Leadership for an Uncertain Time*. San Francisco: Berrett-Koehler
- Whitaker, P. (1993) *Managing Change in Schools*. Buckingham: Open University Press

Whitaker, P. (2009) *Applying systems theory to leadership in services for children, families and schools- a critical review, with suggestions for future developments*. Corby: Pen Green Centre (*unpublished*)

Williams, P. (2010) Special Agents: The Nature and Role of Boundary Spanners: Paper to the ESRC Research Seminar Series – ‘*Collaborative Futures: New Insights from Intra and Inter-Sectoral Collaborations*’, University of Birmingham, February <http://www.download.bham.ac.uk/govsoc/pdfs/special-agents-paper.pdf>
Accessed 5/7/2014

Wilmot, E. (2003) *The Development of a New School as an Inclusive School*, DProf Thesis: Middlesex University

Appendices

The History of Public Services for Families and Children

Key:

Social Services	
Education	
Childcare	
Health	

Date	Key Change	Main effects
1601	The Poor Law	Required each parish to levy rates to care for destitute people without family support.
1640	House of Commons invited Comenius to England to establish and participate in an agency for the promotion of learning	Comenius (1592-1670) a Czech teacher, scientist, educator and writer, was one of the earliest champions of universal education
1816	The first nursery school in the United Kingdom opened.	Established at New Lanark in Scotland by Robert Owen (1771-1858) for the children of cotton mill workers
1833, 1844, 1867	Factory Acts	Restricted the use of Child Labour
1870	Forster Education Act	State Funding for minimal education prepare majority of children for work.
1872	The Infant Life Protection Act	Required foster parents receiving more than one child for maintenance in return for money to register their houses with the local authority. Brought into force due to dismay of babies dying in baby farms.
1896	Women Sanitary Inspectors' Association Founded ultimately to become the Health Visitors association	The earliest organised health visiting scheme was set up by the Ladies' Sanitary Reform Association of Manchester and Salford Maternal. Health visiting was established to combat high infant and child mortality. The Association was set up to safeguard the interests and improve the status of women public health workers and to promote the interchange of relevant technical and professional knowledge

1902	Midwives Act	Before this act, midwives were untrained. This act made it law that all midwives should be trained and registered. A Central Midwives Board was formed to set the standards that midwives would have to work to.
1906	Education (Provision of Meals) Act	Introduced free school meals.
1907	Education (Administrative Provisions) Act	This act introduced a schools medical service.
1907	Notification of Births Act	Required early notification of a child's birth ensuring health visitors could visit within ten days.
1911	Margaret McMillan (1860-1931) and her sister Rachel established an open-air nursery for poor children in Deptford	Their emphasis was on fresh air, exercise, and nourishment and hygiene still prevails today.
1918	Maternity and Child Welfare Act	Local Authorities were required to ensure the health of expectant mothers, children under five not in schools, establish teams of health visitors and to educate parents in health related matters.
1933	The Hadow Report	Proposed an open air education for the youngest children and the establishment of Nursery Schools.
1939-1945	Second World War	Wartime Day Nurseries established.
1944	Education Act	Established a national system of education for children aged 5-14
1948	The National Health Service was formed.	It was the first time anywhere in the world that completely free healthcare was made available on the basis of citizenship rather than the payment of fees or insurance premiums. Regarding Health Visiting the act required that health visitors carried out home visiting for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers and the measures necessary to prevent the spread of infection.
1948	Children's Act	The 1948 Act transferred responsibility for children's welfare from the Poor Law Guardians, approved schools and voluntary organisations to new local authority Children's Departments, with trained

		Children's Officers. The state starts to take responsibility for the care of children at risk.
1948	Nurseries and Child-Minders Regulation Act	Required nurseries and childminders to register and satisfy the local health authority that the premises, staffing and qualifications were appropriate.
1960	Circular 8/60	Prevented the opening of any further local authority nursery classes due to finances and the lack of teachers.
1962	The Health Visitors Association Formed.	
1962	The Pre-School Playgroups Association was formed	Now the Pre-School Learning Alliance-the PLA remains a major pre-school childcare charity.
1963	Children and Young Persons Act	Significantly the state started to take a preventative view to care for families not just after family breakdown but to act to prevent it.
1966	The Plowden Report	Recommended nursery expansion founded on the principle of parent partnership.
1969	Children and Young Persons Act	Raised the criminal responsibility from the age of 8 to 10. Established community homes removing the term approved schools.
1970	The Local Authority Social Services Act	Established a single Social Services Department in each local authority, emphasizing the need for a co-ordinated and comprehensive approach to social care, supporting families, detecting need and encouraging people to seek help.
1972	The White Paper A Framework for Expansion in 1972	Promised Nursery Education for all those who wanted it but it never happened.
1975	The Children Act	Social workers given rights to remove children from their families and for courts to remove parental rights.
1976	Court Report. Committee on Child Health Services Fit for the Future. Report of the Committee on Child Health Services (Chairman: SDM Court). London: HMSO, 1976	Report recommended that some GPs should specialise in providing the paediatric care for their practice and that health visitors should have geographic rather than practice responsibilities.
1983	The Pen Green Centre for under 5's and their families opened	One of the first multifunctional centres with a multidisciplinary team along with Hillfields in Coventry (1971) , Thomas Coram, London (1998) Woodlands Park,

		London (1977)
1988	Education Reform Act	Introduced grant maintained schools, local management of schools, a national curriculum, testing at the end of each key stage. Started an era of increasing control over what was taught and how it was taught.
1989	The Children Act	Recognises parental responsibility needs to be shared with the state, public services to work in partnership with families and welfare of the child to come first.
1990	Rumbold Report Starting with Quality (DES, 1990)	Stressed the importance of quality in early year's education.
1990	The National Health Service and Community Care Act	Introduction of internal market- Split the role of the Health Authority & Local Authority. Local authorities were to assess need and then purchase support. NHS trusts established as competitive providers.
1994	The Audit Commission Report; Seen but Not Heard	Made a case for one stop shops for young children and their families combining education, day care, social welfare and adult education.
1996	The Audit Commission Report; Counting to Five: Education of Children Under Five	Made a case that education and care were intertwined, that the focus should be on needs not services, co-ordinate education and social services, strengthen interdepartmental co-operation between Department for Education & Employment and the Department of Health.
1996	The Conservative government introduced the first stage of a Nursery Voucher scheme	These were linked to a set of guidelines for pre statutory settings: Desirable Outcomes for Children's Learning on Entering Compulsory Education (SCAA, 1996).
1997	Election of Labour Government	Manifesto prioritises education, nursery places for all four year olds and to pilot early excellence centres combining education and care for the under-fives

Here are the criteria that enable a vision to stand in the universe of possibility:

- *A vision articulates a possibility.*
- *A vision fulfills a desire fundamental to humankind, a desire with which any human being can resonate. It is an idea to which no one could logically respond, “What about me?”*
- *A vision makes no reference to mortality or ethics, it is not about a right way of doing things. It cannot imply that anyone is wrong.*
- *A vision is stated as a picture for all time, using no numbers, measures, or comparatives. It contains no specifics of time, place, audience, or product.*
- *A vision is free-standing- it points neither to a rosier future, nor to a past in need of improvement. It gives over its bounty now. If the vision is “peace on earth” peace comes with its utterance. When “the possibility of ideas making a difference” is spoken, at that moment ideas do make a difference.*
- *A vision is a long line of possibility radiating outwards. It invites infinite expression, development, and proliferation within its definitional framework.*
- *Speaking a vision transforms the speaker. For that **moment** the “real world” becomes a universe of possibility and the barriers to the realization of the vision disappear.*

(Zander and Zander, 2002, p. 169)

Four Criteria for a wise crowd from James Surowiecki 2004

1. Diversity of opinion	If you can assemble a diverse group of people who possess varying degrees of knowledge and insight this is better than a group of experts that can be very narrow in its ideas.
2. Independence	This keeps the mistakes that people make from becoming correlated. It also means that independent individuals are more likely to have new information
3. Decentralization	People are able to specialize and draw on local knowledge. It tends to make people more productive and efficient. Those closest to the problem the more likely they are to have a good solution to it.
4. Aggregation	Some mechanism exists for turning private judgments into a collective decision.

Ubuntu: A South African ethical ideology focusing on people's allegiances and relations with each other, the belief in a universal bond of sharing that connects all humanity.

Bishop Desmond TuTu (1999) in his account of his work as head of South Africa's Truth and Reconciliation Commission *"A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, based from a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed"* (p, 31).

Adam Kahane's (2007), Ten Suggestions

Pay attention to your state of being and to how you are talking and listening. Notice your own assumptions, reactions, contradictions, anxieties, prejudices, and projections.

Speak up. Notice and say what you are thinking, feeling, and wanting.

Remember that you don't know the truth about anything. When you think that you are absolutely certain about the way things are, add "in my opinion" to your sentence. Don't take yourself too seriously.

Engage with and listen to others who have a stake in the system. Seek out people who have different, even opposing, perspectives from yours. Stretch beyond your comfort zone.

Reflect on your own role in the system. Examine how what you are doing or not doing is contributing to things being the way they are.

Listen with empathy. Look at the system through the eyes of the other. Imagine yourself in the shoes of the other.

Listen to what is being said not just by yourself and others but through all of you. Listen to what is emerging in the system as a whole. Listen with your heart. Speak from your heart.

Stop talking. Camp out beside the questions and let answers come to you.

Relax and be fully present. Open up your mind and heart and will. Open yourself up to being touched and transformed.

Try out these suggestions and notice what happens. Sense what shifts in your relationships with others, and with the world. Keep on practicing. (p. 129).

Professor Neil Abell, and Associate Professor Scott Edward Rutledge, Looking deeply with “mindfulness” (2010)

Moving towards action based on self-awareness and mentalisation



Fletcher, 2001 Four Practical Relational Pushing Strategies

Naming: Calling attention to relational practice at work by:

- Using a language of competence that captures the complexity and skill involved in working from a model of growth-in-connection. For example using a vocabulary that includes interfacing and continuous teaching.
- Describing the intended outcome of relational practice and its value added potential. Explaining the use of the word “we” as productive collective effort and collective achievement through competent team leadership.
- Name relational practice that others do to create allies and challenge masculine practices or norms. Substitute effective when someone else uses nice or sensitive.

Norming: Calling attention to organisational norms of effectiveness and the potential costs or negative consequences and offering different relationally based alternatives by:

- Questioning organisational concepts and suggesting rotating models of leadership.
- Reflect from a relational perspective, recognise pressures to act didactically and make conscious efforts towards mutuality and reciprocity whilst appraising the risks. Step out of the expert role and signal openness to being influenced by others, mentor colleagues and be authentic.

Negotiating around the disappearing dynamic. Assign a monetary value to relational competency, name your skills and make visible the organisational norms and the differential impact of this norm on women and men.

Networking to create growth-in-connection networks that encourage and foster relational practice such as support groups, dilemma groups and on-line chat groups.

Descriptions of leaders who create social capital through bonding and bridging: West-Burnham, Farrar and Otero (2007)

- Actively articulating and sharing social norms and values, initiating rich conversations and recognising that beliefs and values were always emerging and developing.
- Facilitating and enabling sophisticated networks which connected and empowered individuals, creating a common language.
- Building leadership capabilities in others, sharing power and authority, through trust, respect, competence, personal regard and integrity.
- Involving the community, understanding their motivations and ensuring real and significant decision making that made a real impact.
- Celebrating symbols and rituals, with pride, unity and commitment
- Modelling interdependence and reciprocity, acutely aware and sensitive to their emotional impact on others, showing a sophisticated process of caring and sharing.
- Supportive of collaborative action, participative and active.

An NHS Framework for assessing relationships (Meads, 2000 p.43-6).

Commonality	<p>Valuing similarity and difference</p> <p><i>Commonality enables individuals and organizations to work together towards shared goals. While tensions can be creative, and there may be differences in roles and responsibilities, if these are not set in the context of some shared objectives and understanding, then the likelihood of performance-hindering conflict may be increased. Shared culture reduces the risk of misunderstandings, difficulty in articulating shared objectives and the lack of a shared basis for resolving differences of opinion. This applies both to professional and organizational cultures. A sense of common identity, of ultimately being in the same boat, can reflect the strength of the relationship as well as providing a basis for its development. Different professional and organizational cultures in the contemporary NHS have been a frequent problem, engendering misunderstanding, mistrust and competing interests.(p.44)</i></p>
Parity	<p>Use and abuse of power</p> <p><i>Parity does not mean equality in a relationship. Authority, influence or rewards in a relationship may rightly vary, although it is important that differentials are accepted and not abused. It is rarely a simple picture, for there are many different kinds of power (financial control, regulatory or sapiential authority, political influence, control of delivery, or exit and veto rights) in a relationship, and different parties in a relationship are likely to have different kinds of power. Parity requires, and is fostered by, participation and involvement which ensure that people have some real say in decisions that affect their work. Lack of participation may mean that strategic objectives are not owned, reduce morale and stifle innovation. Inadequate influence in a relationship with respect to tasks or responsibilities is a frequent source of frustration (p.44-45).</i></p>
Multiplexity	<p>Breadth of knowledge</p> <p><i>Multiplexity looks at the breadth of the relationship. This can enhance mutual understanding and enable a broader appreciation of the range of skills and experience that individuals or organizations can contribute. It helps avoid strategies which ignore the realities of the underlying relationships and may open up new opportunities that arise from unsuspected common ground or unrecognized resources. Knowledge of a counterpart's organization or department is important to appreciate the constraints under which they work, to identify shared objectives and to develop appropriate ways of joint working. Knowledge of role or skills is important for the effectiveness of joint work and helps avoid flawed assumptions or misunderstandings, missed opportunities or suboptimal resource utilization. Knowledge of</i></p>

	<p><i>the person (such as his or her interests or values) can strengthen the relationship and aid its management (p.45).</i></p>
Continuity	<p>Shared time over time</p> <p><i>Time is the currency of relationships. The continuity of contact over a period of time provides the opportunity for both individual and organizational relationships to develop, although difficult decisions may need to be made about which relationships to invest time in. When time is actually invested in a relationship is also important: time invested at the start of a relationship can avoid time-consuming problems downstream.</i></p> <p><i>The length and stability of the relationship over time creates the opportunity for individual rapport and improved mutual understanding to develop, as well as providing a context for long-term issues to be addressed at an organizational level. Where staff turnover is high – as we have found in many parts of the local NHS in London – locking in the benefits of individual and informal relationships to create an organizational history and overview of the relationship is often important. Managing change in the relationship is important if such benefits of change as career progression and bringing in new people are to be achieved without undermining the quality and effectiveness of existing relationships (p45-46).</i></p>
Directness	<p>Quality of the communication process</p> <p><i>Directness influences the quality of communication in the relationship. The medium of communication affects the amount and quality of information exchanged. Face-to-face communication, for example, allows non-verbal signals to be picked up and immediate responses to be made, so enabling better understanding. It is perhaps of particular importance for difficult or particularly important issues. It is, however, resource intensive so it is important to ensure that the right medium is used at the right time. The channel of communication influences both the quality and efficiency of information exchange. Both can be reduced if channels are blocked or if information and decisions are too often received second-hand, via messages or through several levels of bureaucracy. Accessibility and responsiveness are key issues here. Communication style and skills are also significant. The structure of the communication must be complemented by the right behaviour. For instance, a lack of openness can impede trust and undermine partnership. A cycle operates: openness can create trust and trust can encourage openness, but a downward spiral of decreased trust and impaired communication can also develop (p.46).</i></p>

A summary of Barbara Gray's (2010) Intervention tasks and techniques to exert leverage over how partners are interacting and shift a state of inertia.

1. **Visioning:** This requires someone who has legitimacy in the eyes of the other stakeholders, who has political clout and knows the issues. They can launch a new partnership by imagining the potential value of a collaborative alliance and by conveying this vision to them. One approach is to build consensus on a preferred future that can be realised over time. Another is the use of shared strategy maps (Eden, 1989, Bryson and Finn, 1995). Constructing cognitive maps of views on a topic and combining them to reflect everyone's perspective.
2. **Convening:** Convenors can introduce partners and organise the means of identifying, selecting and enlisting participants, which are a critical component of success. They also need clout, breadth of vision and legitimacy. They can prepare feasibility assessments and conflict assessments. They can determine process designs, and consider group size and where participation and decision-making will be located. Deciding process transparency in advance can reduce trust violations and set up necessary feedback loops critical for maintaining trust.
3. **Reflective intervening:** The intervener seeks information about the alliance by encouraging participants to study themselves, their past, and the present and future changes that might be required. Action research (Reason, 1994) supports this type of intervention, as does appreciative inquiry (Cooperider and Srivastva, 1987).
4. **Process managing:** Attention to process dynamics and group dynamics support successful collaboration. Process designers can advise participants and encourage debate about expectations, representation, decision-making processes, ownership, responsibilities, power sharing and foster transparency and constructive norms. Process interveners and process facilitators can bring technological expertise and process skills to ensure consensus.
5. **Problem Structuring:** This approach introduces the analysis of shared problems and options and methods for deciding amongst them. *Cognitive maps* allow each partner to depict the key component of the problem and how they believe these are linked together; they reveal chains of reasoning (Eden, 1989). Partners can then construct a joint map of key constructs and levers. *Multi-attribute utility theory* (MAUT) offers partners the opportunity to rank preferred solutions to problems and determine where priorities converge and see where trade-offs amongst the choices can satisfy the most important issues for each partner. *Analysing interconnected decision areas* (AIDA) helps partners to identify two possible and alternative responses to a problem, resulting in a decision graph. After selecting a set of problems it is possible to map out options and compare the compatibility of options and distinguish viable from unfeasible options. These approaches enable groups to visualise interrelated components of problems and raise concerns about the partnership to the surface for discussion during the process.
6. **Brokering:** Brokers handle information-sharing amongst partners, joining unconnected networks by filling structural holes, building linkages and increasing information flows. Brokers with cultural fluency can serve as translators to facilitate

alliances across cultural boundaries. Power Bridging is important in networks where there are imbalances of power between groups. This type of brokerage can provide standing for low-power partners and to build bridging roles.

7. **Conflict handling:** This task can be undertaken by one of the partners or by a third party. Conflict can occur at any point and conflict handling is a critical skill for interveners to avoid inertia. Mediation is a successful dispute resolution process within IOR (rather than negotiation, arbitration or litigation) because parties are treated respectfully, personal worth is affirmed, they experience psychological success, are willing to accept change and are voluntary participants who select their own course of action. Mediators reframe disputes, reassess the value of partnerships, design ground rules, facilitate disclosure of interests, construct solutions, ensure sustainability and build trust. This involves supplanting stereotypes with more realistic appraisals, joint data gathering trips, repeated demonstrations of promises being kept, sharing of common experiences and perspective taking activities.
8. **Institutional entrepreneurship:** New ways of working require cognitive shifts, and a shift in routines, practices and new structural arrangements. Emerging fields are devoid of norms, so the institutional entrepreneur will have to ensure buy in from all parties, anticipate resistance, and design and promote the institutionalisation of norms and agreements. (p.668-684)

Appendix 8: detailed research plan based on Brenner's (1985)

Step 1 Briefing – understanding the problem and its context in detail.	Step 2 Sampling (of people, including the types of sample sought)	Step 3 Associating (with other work that has been done)	Step 4 Hypothesis development.	Step 5 Hypothesis testing.	Step 6 Immersion (in the data collected, to pick up all the clues)	Step 7 Categorizing (in which the categories and their labels must: (a) reflect the purpose of the research; (b) be exhaustive; (c) be mutually exclusive).	Step 8 Incubation (e.g. reflecting on data and developing interpretations and meanings).	Step 9 Synthesis (involving a review of the rationale for coding and an identification of the emerging patterns and themes)	Step 10 Culling (condensing, excising and even reinterpreting the data so that they can be written intelligibly).	Step 11 Interpretation (making meaning of the data)	Step 12 Writing, including giving clear guidance on the incidence of occurrence; providing an indication of direction and intentionality of feelings; being aware of what is not said as well as what is said- silences; indicating salience (to the readers and respondents).	Step 13 Rethinking
What I did 2008 → 2009 → 2010 → 2013 → 2014												
<i>Research , read , discuss, ask, journal, reflect upon the work of a children's centre leader and how they can enable integrated working to flourish, what's it like? Why is it so difficult? Why does it take so much energy? Why doesn't it seem like anything is happening?</i>	<i>Identify the population, the centre community, parents, children, staff, other leaders in the locality, professional partners. Devise strategy and time line of questions.</i>	<i>Read recent case studies, visit websites that have on line support, talk to other leaders & professionals. IPA also does this.</i>	<i>Look at all the data that I have collected and identify processes which appear to help encourage integrated working.</i>	<i>Ask people to test out the emerging processes that I have been developing and see what happens</i>	<i>Listen and re listen to taped interviews and group work consider nuances and interpret the data</i>	<i>Develop my data analysis techniques</i>	<i>Leave time between sessions for reflection and e mail the group for verification or not of my interpretations</i>	<i>For every emerging theme track back to the evidence and how it was checked with participants</i>	<i>Prepare what will be shared in the PhD group in a way that it is clear and concise and valid.</i>	<i>Test out findings with peers</i>	<i>Re visit findings with PhD group</i>	<i>Re visit findings with PhD group</i>

My code of conduct check list prior to Interviewing a Manager

At Interview-

STARTING

Ethics-

1. Check how long we have.
2. Have another consent form handy -
3. Are they happy to be taped? For me to take notes? The tapes will be destroyed once the study has been completed & marked.
4. What would they like to be called- job title? Is that too identifiable? Is there only one of them? Would they prefer – professional partner from the Health Service?
5. Best description of role? -As regards to working together to develop integrated services at Rowland Hill.
6. Where shall I e mail the transcript?
7. What will be the agreed time limit for changes?
8. Do we share a construct of “integrated working” or do we need to construct one together?

Power issues- send questions in advance, go to interviewee’s location, go with how long they can spare, construct the interview in a way that power is shared, rather than belonging to interviewer or interviewee. “A gift”

PARTING

Evaluation of session

Letter inviting Children's Centre Leaders to participate in the Action Learning Set

Integrated Children's Centre Leadership Research Programme 2009-2010

Hi Everybody

I am writing to ask you to co-research integrated centre leadership with me. I intend to gather a group of heads of centres so that we can influence policy and practice.

The theme of this research is to investigate; **how can children's centre leaders enable integrated working to flourish?**

The purpose of the study is to explore **what might help us and other leaders in developing successful collaborations between professionals which result in better outcomes for children and families?**

I would be very grateful if you could spare me some time. I am hoping to facilitate an action learning group which will meet once a month at Rowland Hill for two hours on the following dates. The sessions will run between 12-2pm and lunch will be provided for you (an opportunity for a proper lunch break rather than snatched time!)

Thursday September 17th

Thursday October 22nd

Thursday November 12th

Thursday December 10th

Thursday January 14th

Thursday March 18th

Thursday May 27th

There is a small pot of funding for this project which we could use to visit Pen Green Children's Centre – where I am studying- and they have offered to share their practice, this could be on socio spatial mapping, tracking data, child observations or we can chose an area of interest. (travel costs will be met and the cost of the visit normally £80 per person). Or we may wish to use the funding in another way.

I hope that these sessions will offer you an opportunity to;

- **Have quality thinking time together**
- **Develop new ways of working,**
- **Collect evidence for your SEF,**
- **Provide an opportunity to exchange ideas**
- **Have some time out to reflect on your professional practice.**
- **Learn about the latest research into integrated working.**
- **Share our research findings with the local authority.**

If you have any questions or concerns regarding any of the above, please do not hesitate to contact me. I appreciate how busy you all are and so am very grateful for your support and feel that this work will help us considerably with providing seamless, integrated and responsive services that really do meet children's and their families needs.

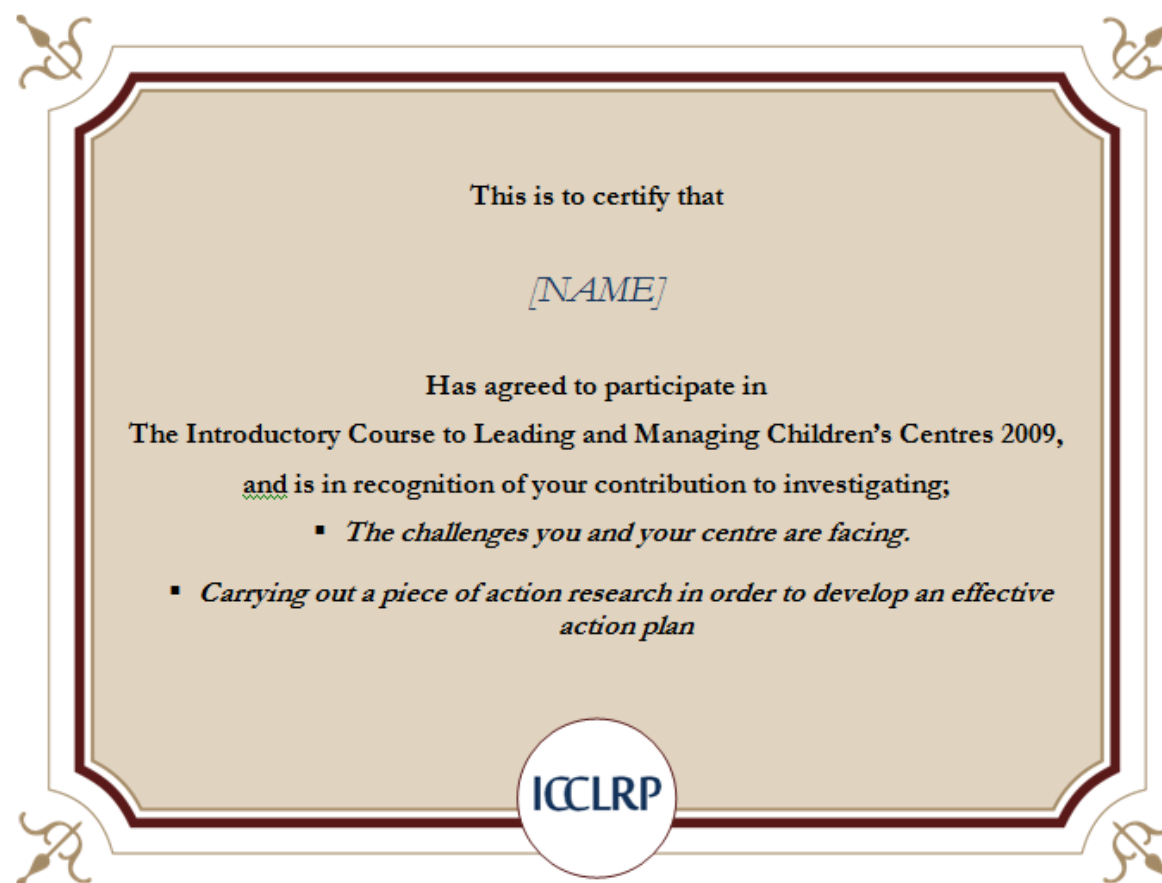
Kind regards

Phone:

Mobile:

Email:

A certificate certifying research participation



Exercises carried out during stage 2

Session 1	Exercises to build the community
1.	Using post it notes describe your provocation for taking part in this research.
2.	Using post it notes describe who will support you in this work?
3.	Using post it notes describe how you will maintain your commitment to this group?
4.	Using post it notes describe what you want of me and what you want from the group.
5.	Using post it notes what might influence you and me the facilitator?
6.	Using post it notes what might be the cost of being part of the group and what might be the benefit ?
7.	Develop a group contract
8.	Exploring the process of transition
9.	Using coloured circles to map who you are working with and what the level of integration is.
10.	Take away this postcard and ponder on a metaphor for integration
Session 2	Exercises to build a common understanding of integration
11.	Develop a continuum of integrative processes on a long roll of wallpaper
12.	Consider these two cases studies and discuss
13.	Discuss metaphors for integration
14.	Take away this postcard and ponder on what words parents use to describe integrated services ?
Session 3	Exercises to build a common understanding of integration
15.	Getting to Green: Recording shifts in practice and what works
16.	What words do parents use to describe integrated services
17.	Take away this postcard and ponder on what words shall we use to articulate the three stages in our continuum of integrative processes.
Session 4	
18.	Review of our work together so far.
Session 5	Exercises to understand the children's centre leaders role
19.	Tell a story about a strongly integrated service and how you nourished the relationship, robustly shared strategy, achieved operational cohesiveness and synchronised your geography?
20.	Take away this postcard and ponder on a where do you want to boldly go next in the exploration of the leadership of integrated children's centres?
Session 6	Exercise to understand the children's centre leaders role
21.	List generative and degenerative leadership behaviours that impact upon integrative processes.
Session 7	Exercises to understand the children's centre leaders role
22.	Case Studies, ask parents in your setting if they would like to tell their story about how it felt and what they saw and what they thought about the way professionals and services worked together with you and your child.
23.	Take away this postcard and ponder on the use of the boundary objects with your partners. Let me know how it goes.
Session 8	Exercises to understand the children's centre leaders role
24.	Reflections on being part of the ICCLRP.
25.	A Parting puzzle that connects us all.

PhD Upgrade and Ethics Review Report
University of Leicester – Pen Green Research
Leadership of Integrated Provision

This form needs to be completed as part of the University of Leicester Graduate School 'Request for Transfer from or Extension of APG Status' form. Since the research projects undertaken by advanced postgraduate (APG) students in the Leadership of Integrated Provision Programme at Pen Green are evaluative in nature, and part of the ethical leadership of complex teams and services, they are not subject to the formal University of Leicester, School of Medicine and Social Care Ethics Review process. However, APG students' ethical considerations and procedures are assessed internally, and they are asked to summarise what they have done to ensure the wellbeing of research participants and to attach copies of participant information and consent forms used as part of their research projects.

Section I: Applicant Details

1. Name of (applicant):	Julie Vaggers
2. Contact address:	
3. Email address:	
4. Home telephone	
5. Mobile telephone	
6. Enrolment date:	17 th March 2008
7. Expected submission date	December 2012
8. Pen Green Research Supervisor(s)	Dr Margy Whalley Dr Karen John
9. University of Leicester Supervisor	Dr Elizabeth Anderson

Section II: Research Project Details

1. Project title:

How can children's centre leader's best enable integrated working to flourish in order to achieve better outcomes for children and families? This study is an exploration of the leadership of integrated services within a children's centre. It problematises integrative working and how best to develop philosophically coherent services for children and families. It explores the issues within different and overlapping action learning sets. Parents, practitioners, strategic managers and leaders have shared their views on integrative working practices within their settings. The work has been conducted within a PhD practitioner-led action-research learning community. This has made it possible for me to interpret complex qualitative data through critical analysis with my peers.

2. Statement of research purpose:

The purpose of this research is to move beyond reductionist descriptors of leadership attributes required for the facilitation of integrated services. This required the exploration of alternative theoretical frameworks across the disciplines of social work, health, education and adult learning. The research approach has been to engage early years leaders in one locality to:

- develop a constructive critical discourse around the development of multi-disciplinary and interagency working
- critically analyze the current state of their relationships with partner agencies and deconstruct and reconstruct alternative states.
- develop system consciousness and deepen the level of debate between professionals providing locality-based services through children's centres.

This research has supported my own professional development and that of other children's centre leaders beyond existing national leadership programmes. It considers the many challenges to integrated working and considers the historical, social and political context of integrated working in children's centres. From 1997 to 2010 there was a significant policy

shift towards the integration of early year's services through the Every Child Matters Programme. I have explored the impact of this policy in the setting that I was leading at that time, and the changes in my practice and that of other leaders in order to develop successful multi-agency and interagency collaboration.

3. Project aims / research questions:

This research will benefit individual children's centre leaders, emergent leaders and leadership teams. It will be of interest to Local Authority managers and those involved in developing an integrated approach to service delivery. Leading the development of an integrated service within a children's centre is complex and infinitely challenging. Successful collaborations can increase capacity, resources, share the risks and create opportunities for learning (Sandfort and Milward, 2010, p148). In practice, rather than seizing the *collaborative advantage*, too often *collaborative inertia* sets in (Huxham and Vangen, 2005). Naomi Eisenstadt, former Director of the Social Exclusion Task Force responsible for the setting up of the Sure Start Programme (1999-2006), is of the opinion that "*The building of the quality of leadership and management in Children's Centres will in the medium to long term improve outcomes for children*" (2011, p,143). A failure to recognize the complexity of leading children's centres has been directly linked to major implementation problems with the roll out and rapid expansion of the children's centre programme from 67 centres in 2004 to 3500 centres by 2010.

My aim has been to address the following research questions.

- How can productive professional relationships best be developed, given the different line management arrangements and people's capacity in terms of time, budgets and priorities?
- How can professionals best develop an insight into each other's roles and responsibilities?
- What are the factors that contribute to successful collaboration between professionals?
- How can we develop a shared approach to developing better outcomes for children and families?
- Which leadership strategies and approaches contribute to the development of a shared climate of trust?

The research participants deconstructed the integration of existing services within their settings. They developed a continuum representing the degree of integration of each service

and then they identified the professional shifts needed to take place in order to offer a more cohesive response. Current research is beginning to show how integrated working can benefit children and impact positively on outcomes for children and families (Oliver et al, 2010, p44). My research identifies leadership actions that may impact directly and indirectly on these positive outcomes.

4. Background & relationship to published work in chosen area(s) of research:

In order to understand and locate the development of integrated services in children's centres it has been necessary to consider the development of early year's services in England. The nursery pioneers of the early 19th century such as Margaret MacMillan, Susan Isaacs and Robert Owen were strong advocates of a coherent response to children's health, education, care and health needs. These early integrationists were the unacknowledged forbearers of policy during the Labour administration of 1997-2010, which sought to define integrated services and mandate collaboration between agencies. The Children's Act of 2004 enshrined in law a duty on local authorities and 'relevant partners' to co-operate in improving the wellbeing of children and their families.

This "co-operation" has taken many varied forms. Several evaluative reports during the Early Excellence Programme and Sure Start Local Programmes identified stages of integration in centres attempting to integrate teams in order to produce better outcomes for children and their families. Early research into the Early Excellence Programme (2000-2001) by Professor Christine Pascal and Dr Tony Bertram looked at stages of integration. They identified four basic models or approaches: a unified model, a coordinated model, a coalition model and a hybrid model. Angela Anning (2010) has written about developing multi-professional teamwork. With David Cottrell, Nick Frost, Josephine Green and Mark Robinson, Angela Anning has developed a multi-agency team checklist (MATCH)[.] which explores the functioning of these teams. They also developed four hierarchical levels to characterize a continuum in partnership working.

The leadership processes necessary to create coherent multi agency services in children's centres are still emerging. The first National Standards for Integrated Centre Leaders (DfE 2005) identify the leadership expectations required to develop and provide integrated

services for families and children. The National College for School Leadership has researched and evaluated the National Professional Qualification in Integrated Centre Leadership programme and its impact on centre leaders' development.

There is a field of work that considers multi-agency working. In 2010 Mike Gasper published his book about multi-agency working in the early years, which looks at some of the challenges for leaders of centres. Carol Beaty (2011) has written about children's centre leadership in her book: *Integrated Children's Centres, overcoming barriers to truly integrated services*. Rita Cheminais (2009) in her book: *Effective Multi-agency Partnerships* considers how to operate and manage productive multi-agency partnerships. The Team Around the Child: *Multi-agency Working in the Early Years* by Iram Siraj-Blatchford, Karen Clarke and Martin Needham (2007) considers the best ways to work within a multi-agency framework to secure the well-being of young children and their families.

I have also examined sources outside of the education domain that consider partnership working, interprofessional working and inter-organizational relations (IOR). Within Health the tradition of interprofessional working has much to offer children's centre leaders, particularly about how to build relationships and partnerships. I have looked at the work of Hugh Barr, Geoffrey Meads and John Ashcroft (2006), Audrey Leathard (2003), Sally Hornby and Jo Atkins (2000). I found Meads' and Ashcroft's work (2000) on *Building Relationships in the NHS Bridging the Gaps and their framework for assessing relationships* very helpful. This led me further into exploring relational practice in the social work domain (Ruch, Turney, Ward, 2010) (Bower, 2010) and the feminine value system (Fletcher, 2001). George Otero's work on relational learning with Maggie Farrar and John Wes-Burnham (2007) reframes school leaders as community leaders building social capital (Putnam, 1995), which in turn enables communities to work even more collectively. This mirrors some of the leadership processes necessary to build the trust required for collaborative working. Patrick Whitaker's work (2009) on system consciousness locates children's centres leaders as: *"attentively and assiduously curious; constantly alert for subtleties and nuances; never afraid to adopt multi perspective approaches; and prepared for the novel and unexpected. Leadership is a never ending process of action, response and consequence"*. Margaret Wheatley's work (1990/2007) (1999) on organizations as responsive, self organizing living systems shows how creativity can flourish within fluid relationships. The art of leadership in children's centres is

about lived simplicity that enables vitality amongst the complexity. C. Otto Scharmer (2009) describes a leader's ability to create opportunities for deep co-creative flow as *presencing* in his book called Theory U. For this study I have looked outside of health, social work and education at complex collaboration theory and inter-organizational relations, (Cropper, Ebers, Huxam, Ring, 2010). Multiple networks are created in and around children's centres and there is much for the leaders to learn about identity, emotion, power, trust, relationships, ruptures, repairs, crossing boundaries, accountability and systems in order to develop philosophically coherent services that benefit children and families.

5. Methodology:

My research is an attempt to understand the world of children centre leadership through the individuals actively involved in the development of integrated services for families and children. As a children's centre leader myself involved in the development of these services, I was both a researcher and a participant: *"In rejecting the viewpoint of the detached, objective observer – a mandatory feature of traditional research – anti-positivists would argue that individuals' behaviour can only be understood by the researcher sharing their frame of reference: understanding of individuals' interpretations of the world around them has to come from the inside, not the outside"* (Cohen and Manion, 2005, p. 22). This research is located within the interpretive paradigm, which is about concern for the individual, is action focused and future orientated. Over a two-year period I used mixed methods (Gil-Garcia and Pardo, 2006) as part of my fieldwork and data collection. My first year was a year of exploration: I asked parents and staff about their views of what a children's centre was; I interviewed senior managers responsible for developing an integrated response through children's centres. In the second year I invited centre leaders to participate in an action learning set to reflect upon and critically debate integrated services in our settings. We looked at levels of integration, generative and degenerative leadership actions and produced a continuum of integrative processes. All participants were invited to take part and shape the nature of our discussions so that the research was participatory. I endeavored to *live life as inquiry* (Marshall, 1999), keeping a professional

journal and documenting my life as a leader. My research was located within the framework of critical theory because I was seeking not just to understand but to transform my current situation. I also realised that I was not ideologically neutral because I was passionately interested in this subject, and this was practitioner research carried out primarily in my work setting. I accepted that this could lead to a distorted subjective view and that my account would be a representation of my reality rather than a reproduction of it (Cohen, Manion & Morrison, 2005). I also tested out my ideas and findings within the PhD learning community. We used critical incident analysis (Flanagan, 1954), critiques of theory and social and political debates, reading and action. In the group we sought to achieve heightened awareness in order to appreciate each other's contexts, history and roots, to locate stories about ourselves and our leadership growth and to believe in one another's unlimited potential. Although linear in design, some steps for my research occurred simultaneously, and that was a real challenge of this study. New emerging definitions of leadership continuously emerged as policy shifted and changed. My reading influenced my direction of travel, at the same time as my interactions with others created different avenues of curiosity. It helped me to see my steps as spirals, in the same way that action research spirals its way to enlightenment and further lines of inquiry. I used a co-operative inquiry approach (Reason, 1994, p. 41) which had 4 stages -

Phase 1 –Exploring our propositional knowledge

Phase 2- Sharing our practical knowledge

Phase 3-Sharing how our leadership feels, our experiential knowledge.

Phase 4- Shaping new knowledge, new propositional knowledge.

I also worked to the principles of Participatory Action Research (PAR, Paulo Freire, 1970).

PAR had two objectives which matched my research desires-

- 1) to produce knowledge and action useful to a community
- 2) to raise consciousness –conscientization

I also used Torbert's (1991) model of action inquiry, which required that a research group had valid knowledge of the following-

1. Our purpose, an intuitive and spiritual knowledge of what goals are important urgent, pressing
2. The theories underlying these purposes & choices strategy
3. To be self-aware and understanding own behaviour and skills

4. Know and understand the outside world

Action resulted after each investigation. For example

Improved documentation

- An information sheet for staff about the children's centre in the staff handbook,
- An insert for parents about the centre to be used on home visits to share with parents.
- A partnership agreement, which is used with partners when developing and delivering joint services.

Improved information

- Newsletter information highlighting what else the centre offers as well as play and learning opportunities.
- Training for all staff on centre services and presentations by partners.

I have reflected on my role as researcher and received feedback in order to develop my research techniques and remain in harmony with my lived moral code (Aubrey et al, 2000).

6. Key references (normally up to six)

Anning, A, Cottrell, D, Frost, N, Green, J, Robinson, M. (2007) *Developing Multiprofessional Teamwork for Integrated Children's Services*. Berkshire, Open University Press.

Bertram, T, Pascal, C (2002) *Early Excellence Centre Pilot Programme Third Annual Evaluation Report 2001-2002*: St Thomas Centre Birmingham, Centre for Research in Early Childhood.

Eisenstadt, N (2011) *Providing a Sure Start How Government Discovered Early Childhood* Britol, The Policy Press.

Huxham, C & Vangen, S (2005) *Managing to Collaborate: The Theory and Practice of Collaborative Advantage*, New York, Routledge.

Marshall, J, *Living Life as inquiry ; in Systemic Practice and Action Research*, 1999, Vol 12, No2, pp 155-171

Meads, G & Ashcroft, J (2000) *Relationships in the NHS Bridging the Gap* London. The Royal Society of Medicine Press Ltd

Beyerlein, M, Johnson, D, Bayerlein, S (Eds) (2004) *Complex collaborations Building the capabilities for working across boundaries*, Advances in Interdisciplinary Studies of Work Teams, Volume 10 Oxford UK

Cropper, S, Ebers, M, Huxham, C, Smith Ring, P (2010) *The Oxford Handbook of Inter-Organizational Relations*; New York, Oxford University Press.

7. Additional references

Aubrey, C, David T, Godfrey, K, Thompson, L (2000). *Early Childhood Educational Research Issues in Methodology and Ethics*, London: Routledge/Falmer Press.

Abell, N and Rutledge, S *Awareness, acceptance and action; developing mindful collaborations in international HIV/AIDS research and service*. British Journal of Social Work (2010) 40, 656-657.

Beaty, C, (2011) *Integrated Children's Centres Overcoming barriers to truly integrated services*, Abingdon, Routledge.

BERA, (2011) *Ethical Guidelines for Educational Research*: London, British Educational Research Association.

Cheminais, R, (2009) *Effective Multi-Agency Partnerships Putting Every Child Matters into Practice*, London, Sage.

Cohen, L, Manion, L and Morrison, K.(2005) *Research Methods in Education* London. RoutledgeFalmer, Fifth Edition

Crosby, B, Bryson, J.(2010) *Integrative leadership and the creation and maintenance of cross-sector collaborations*, , The Leadership Quarterly 21 211-130. Centre for Integrative Leadership and the Hubert H. Humphrey Institute of Public affairs University of Minnesota

Flanagan, J. (1954). *The Critical Incident Technique*. John C., Psychological Bulletin, Vol.54, No.4, July 1954

Fletcher, J (2001) *Disappearing Acts Gender, Power and Relational Practice at Work*. USA, Massachusetts Institute of Technology Press.

Gaspar, M, (2010) *Multi-agency Working in the Early Years Challenges and Opportunities*, London, Sage.

Gil-Garcia, J & Pardo, T (2006) *Multi-Method Approaches to Understanding the Complexity of E-Government* International Journal of Computers, Systems and Signals, Vol 7, No 2 pp3-16.

Hornby, S & Atkins, J (2000). *Collaborative Care Interprofessional Interagency and Interpersonal* (2nd Ed) Oxford, Blackwell Sciences.

Leathard, A,(Eds), (2003) *Interprofessional Collaboration From Policy to Practice in Health and Social Care*.2003, New York, Routledge.

Freire, P, (1970) *Pedagogy of the Oppressed*, London: Penguin.

Limerick, B, Burgess- Limerick, T & Grace, M. (1996). *The Politics of Interviewing: Power Relations and accepting the Gift*. International Journal of Qualitative Studies in Education, 9 (4) pp449-60.

Meads, G and Ashcroft, J (2006) *The Case for Interprofessional Collaboration In Health and Social Care* Oxford, Blackwell.

McKinnon, E. (2009). Action Learning Groups as Emanicipatory Praxis; Paper presented to EECERA in 2009.

National College of School Leadership (2005) *National Standards for Leaders of Sure Start Children's Centres*. Nottingham.

National College of School Leadership (2005) *Realising Leadership: Children's Centre Leaders in Action, The Impact of The National Professional Qualification in Integrated Centre Leadership on Children's Centre Leaders and their Centres*. Nottingham.

Reason, P (1994) *Participation in Human Enquiry*. London: Sage Publications Ltd

Ruch, G, Turney, D & Ward, A. (2010) *Relationship-Based Social Work, Getting to the Heart of Practice*. London. Jessica Kingsley Publishers.

Sandfort, J & Brinton Milward, H. *Collaborative Service Provision in the Public Sector* in Cropper, S, Ebers, M, Huxham, C, Smith Ring, P (2010) *The Oxford Handbook of Inter-Organizational Relations*; New York, Oxford University Press.

Scharmer, C (2009) *Theory U Leading from the Future as it Emerges* Berrett-Koehler Publishers.

Siraj-Blatchford, I, Clarke, K, Needham, M (Eds) (2007) *The Team Around the child multi-agency working in the early years*. Stoke on Trent, Trentham Books.

Torbert, W. (1991) *The Power of Balance Transforming Self, Society and Scientific Inquiry*. California: Sage Publications Ltd

West-Burnham, J, Farrar, M & Otero, G (2009) *Schools and Communities: Working Together to Transform Children's Lives by and Better Together* National College of School Leadership Training Programme.

Wheatley, M & Kellner- Rogers, M. (1999). *A simpler way*. San Francisco. Berrett-Koehler Publishers.

Wheatley, M (2007). *Finding Our Way Leadership for an Uncertain Time*. San Francisco. Berrett-Koehler Publishers.

Whitaker, P. (2009) *Applying systems theory to leadership in services for children, families and schools- a critical review' with suggestions for future developments*. Pen Green Publications.

Section IV: Research ethics

1. Criteria and method of recruiting and selecting research participants:

(Please attach copies of participant information and consent forms.)

I have endeavored to maintain the Council of the British Educational Research Association's ethical guidelines (2011). I have sought voluntary informed consent, openness and disclosure, right to withdraw and privacy.

Prior to interviews with the strategic managers, I used a pre prepared ethical checklist to ensure anonymity, including the use of a tape recorder. I deliberately asked to carry out the interviews in their settings. I attempted to construct the interview in a way that power was shared, rather than belonging to interviewer or interviewee - to see it as a gift shared (Limerick, Burgess- Limerick and Grace, 1996). To protect the identity of the participants I did not name them nor their settings or local authorities. Questionnaires were returned anonymously unless the respondent wished to identify themselves.

In the second year leaders from other settings were given an opportunity to decide whether or not to participate in a series of focus groups. I approached them using a staged approach:

4. An initial explanation of my research & how their work and views could help me and how it might be beneficial for their work.
5. An ethical agreement to take away and consider
6. A signed agreement returned to me by an agreed date

See appendices 1-4

1.Particular ethical issues raised and how these were addressed

At the start of my research I approached the Director of Children’s Services within my local authority, who approved and encouraged my work.

I contacted the local ethics board, who after reviewing my plans suggested that my University’s approval was adequate.

My desire to pursue further studies was endorsed by the Governing Body and recorded in my annual head teachers Performance Management Review. I updated them on my progress annually at a governing body meeting.

All individuals involved in this study have received an ethical consent letter[,] which gave them information about my research and they signed to agree to take part and indicated whether that would like to receive a copy of my findings. I have fed back to parents and staff through newsletters and staff briefings.

2.Number of participants

Managers: 5

Focus Group Members: 10

Student signature Date

Ethical Agreement

Consent Form

Your name

Job Title

In order for me to share with you what I have written please provide your email contact details

.....

If this changes please let me know

Please feel free to let me have any further comments & offer me any feedback that you may have.

Do you agree to take part in this study? **Yes/No**

Do you understand that you are free to withdraw from this study at any time, without giving a reason for doing so? **Yes/No**

Has this leaflet given you enough information about this study?
Yes/No

Do you give permission for this data to be used in additional presentations and papers that I may write? **Yes/No**

Is there any further information you would like?

.....

.....

Would you like to receive a copy of the research findings? **Yes/No**

Thank you for your help.

Julie Vaggers

What does "*working together*"
really mean?

How can multi agency
collaboration in children's
centres be more than *a mutual
convenience?*

How can integrated working
become a real force for
improving outcomes for
children and families?

I am currently studying for my PhD with Leicester University in partnership with Pen Green Research Base in Corby.

I want to explore and better understand:

- how children's centres can best develop integrated services?
- what are the most effective ways to create successful collaboration and common understanding between professionals?
- what difference does this make for the children and families?
- how can leaders of centres enable integrated working to flourish?
- how can this leadership be sustained over time?

Your views would help me develop a better understanding of these complex issues. **The findings from this research may help you in your future work.** I am using a journal to record my leadership experiences. I may want to write about how we are working together & some of your views and ideas. **I would share what I have written with you and I would ensure that you are not identifiable in any way in this research.** I hope you feel able to take part.

Please talk to me if you require any further information,

in appreciation of your support *Julie*

If you are happy to take part in this research project please return the form on the back page to Julie

Thank you

Appendix 15: Questionnaire for participants

Integrated Children's Centre Leaders Research Programme Questionnaire

Actual name	
Name you would like me to use In the research	
Age	
Gender	
Ethnicity	
Qualifications	

#	Question	Comments
1	Please list significant post qualifying courses	

2	Describe your previous experience of contributing to health and social services collaboration	
3	Describe your previous experience of community based services	
#	Question	Comments
4	Describe your previous experience of involvement with multi agency teams	
6	Describe your previous experience of experience in other sectors other than schools	
7	Describe your participation in multi agency education/training/CPD	
8	Describe your knowledge of professional partners and organisations skills knowledge and heritage	
9	Have you lived overseas?	

10	If a teacher which phases have you taught in	
11	Have you had any career breaks?	
12	What is a children's centre?	
13	Who is the accountable body in your setting?	
14	Which phase is your children centre?	
#	Question	Comments
15	What do you think helps creates that common understanding between professionals?	
16	Who provides your professional support?	
17	How supported do you feel for leading integrated working in order to deliver tightly integrated services?	
18	What are your key leadership strengths in this area?	

19	How do you make working together fun enjoyable creative and innovative?	
20	What do you think helps makes strong connections between professionals that will remain and flourish?	
#	Question	Comments
21	What are your key leadership challenges in leading integrated services for your centre?	

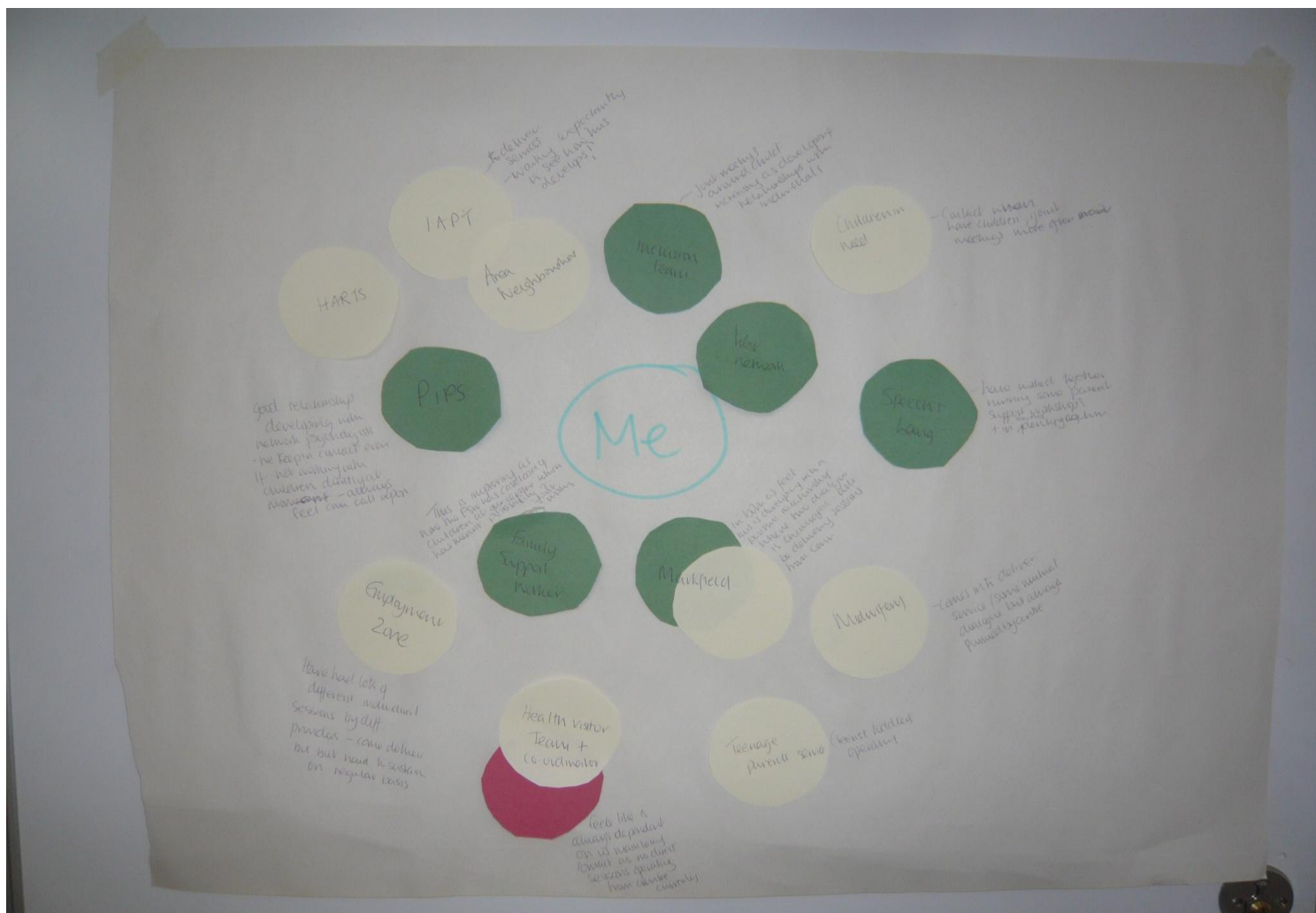
22	What are your thoughts regarding the golden threads report from the narrowing the gap project?	
----	--	--

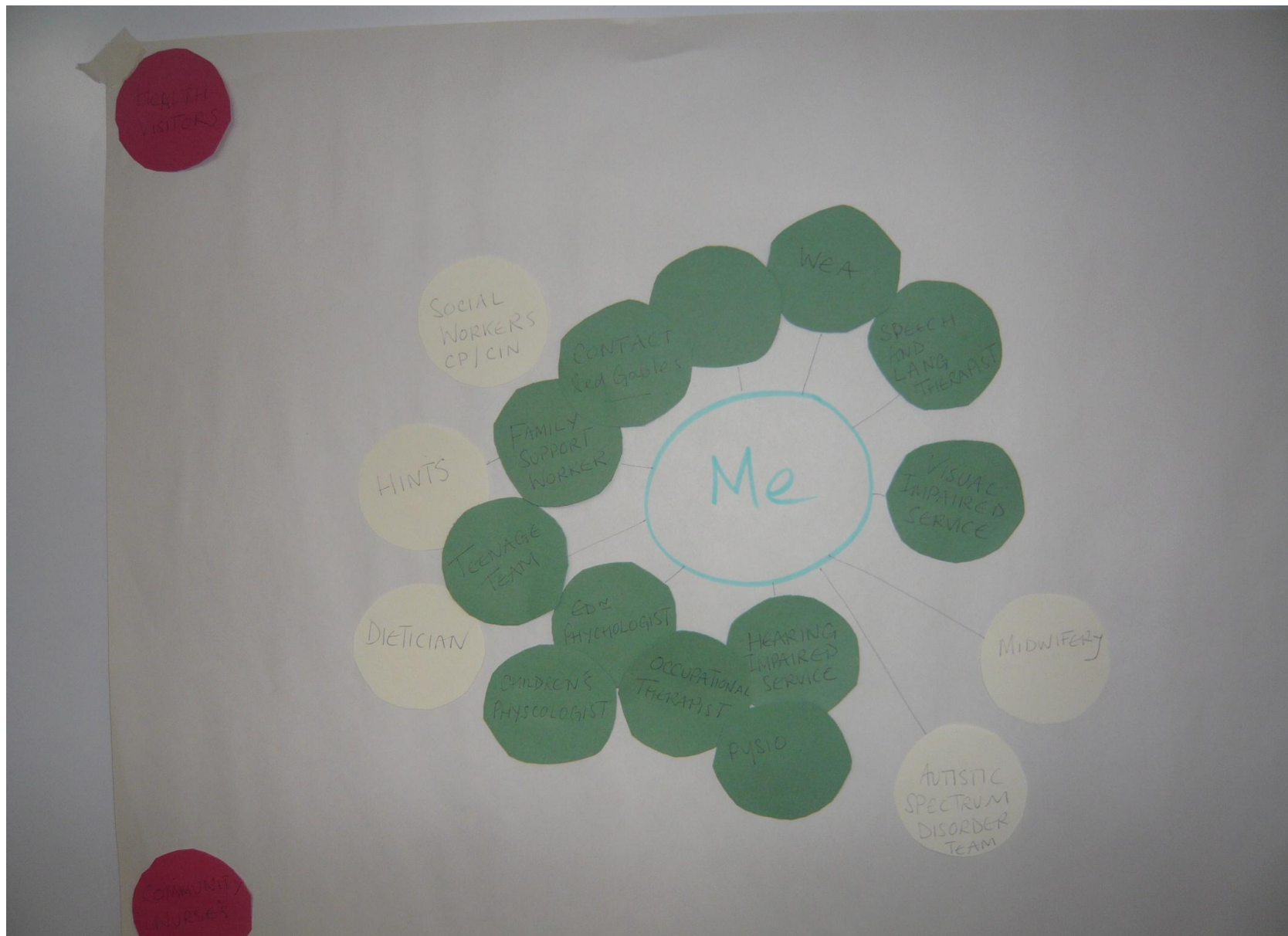
Appendix 16

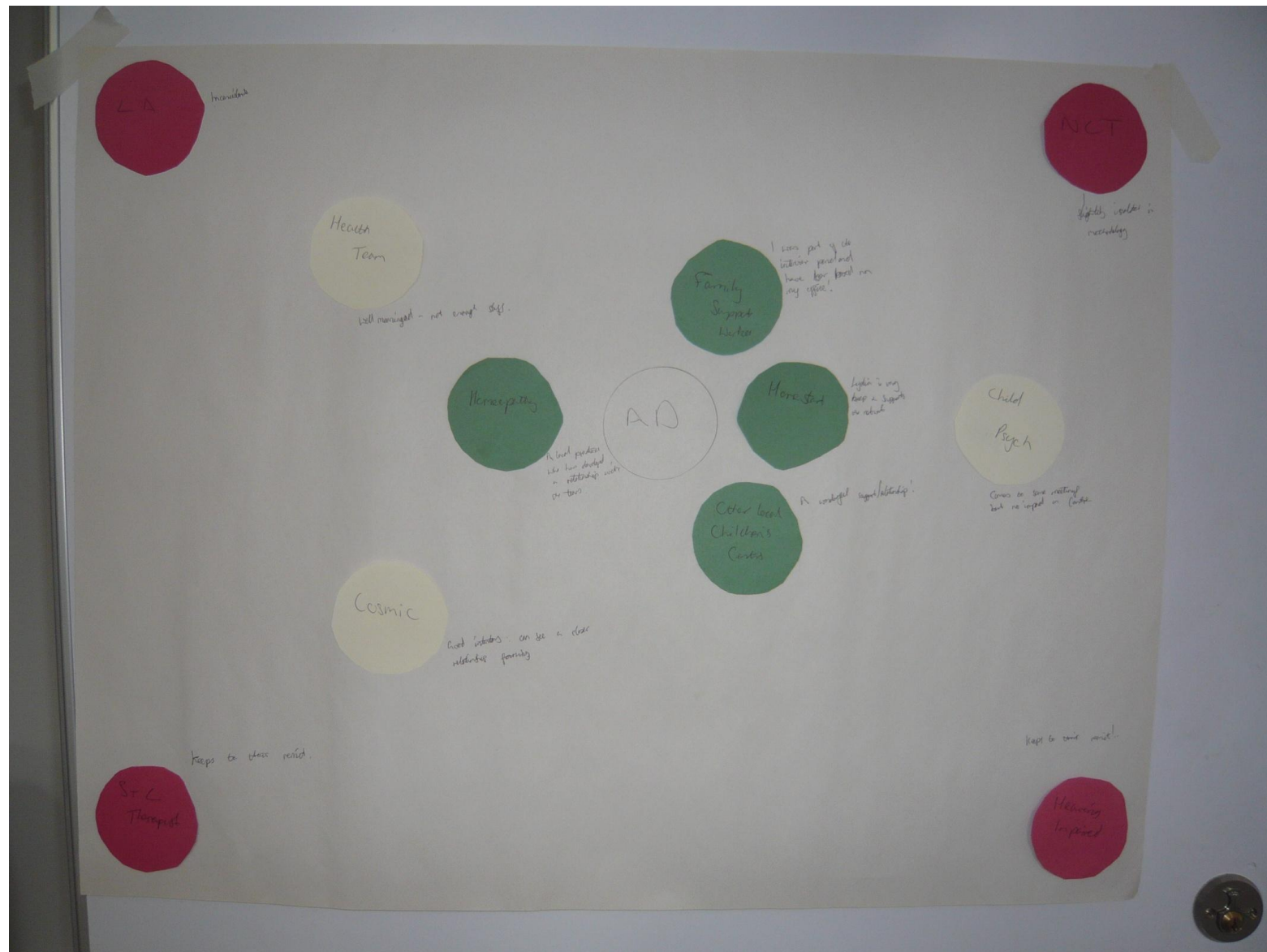
List of organisations and services and partners working with the children's centres

Partners	Children's and Young People's Service	A service for survivors of domestic violence
Health	Children in need team	Voluntary Day Care Providers
Physiotherapist	Child Protection Team	Home Start
Speech & Language Therapist	Adoption Services	Other
Occupational Therapist	Fostering Services	Adult Learning
Dietician	Contact Service	Tenancy Support
Children's Community Nurse	Teenage parents service	Workers Educational Association
Clinical Psychologist	Family Support	National Childbirth Trust
Consultant Community Paediatrician	Local Primary Schools	Job Centre Plus and associated organisations
Hospital Consultant	Local Children's Centres	Citizens advice bureau
Specialist Health Visitor	Voluntary	A service for survivors of domestic violence
Health Visitor	An Inclusive play and advice organisation	Salvation army
Health Visitor Team Leader	A service offering Short Breaks and Respite	Teens and Toddlers Programme
Midwifery	Organisation to support families with a child with autism	Neighbourhood Management
Breastfeeding Support	A Service open to everyone in temporary accommodation including a high proportion of refugees, asylum-seekers, victims of domestic violence, and those with mental health issues.	Private Day care providers
Children's Psychologist	An advisory Group on alcohol consumption	Library Service
Public Health (Smoking Cessation)	A service to provide information and support for children and families where parental alcohol and drug misuse is, or is potentially, having an impact on the children.	Housing Department
	Drugs advisory Service	Homoeopathist
Support for children born with a disability team	A Charity working for the safety of women and children	Salvation army

Circles Exercise showing levels of integration









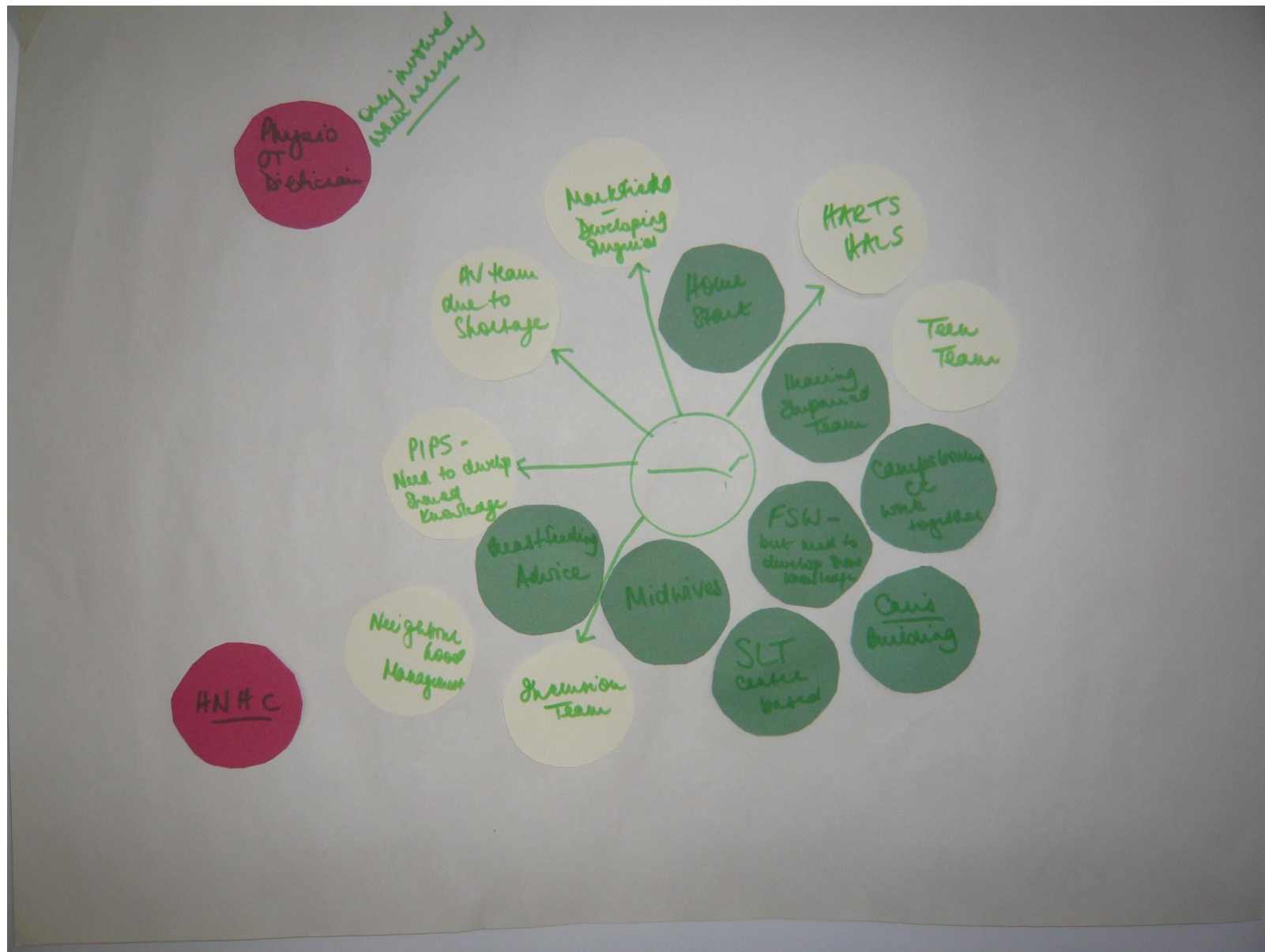




Table showing levels of integration with partners September 2009.

Partners	Centre A (R)	Centre B (D)	Centre C (F)	Centre D (W)	Centre E (J)	Centre F (A)	Centre G (V)	Centre H (P)	Centre I	Centre J
Health										
Physiotherapist										
Speech & Language Therapist										
Occupational Therapist										
Dietician										
Children's Community Nurse										
Clinical Psychologist										
Consultant Community Paediatrician										
Hospital Consultant										
Specialist Health Visitor										
Health Visitor										
Health Visitor Team Leader										
Midwifery										
Breastfeeding Support										
Children's Psychologist										

Public Health (Smoking Cessation)										
Children's and Young People's Service										
Support for children born with a disability team										
Disabled Children's Team Social Worker										
Visual Impaired Service										
Hearing Impaired Service										
Inclusion Team										
Autistic Spectrum Disorder Team										
Educational Psychologist										
Children in need team										
Child Protection Team										
Adoption Services										
Fostering Services										
Contact Service										
Teenage parents service										
Family Support										
Local Primary Schools										
Local Children's Centres										
Voluntary										
An Inclusive play and advice organisation										

A service offering Short Breaks and Respite										
Organisation to support families with a child with autism										
A Service open to everyone in temporary accommodation including a high proportion of refugees, asylum-seekers, victims of domestic violence, and those with mental health issues.										
An advisory Group on alcohol consumption.										
A service to provide information and support for children and families where parental alcohol and drug misuse is, or is potentially, having an impact on the children.										
Drugs advisory Service										
A Charity working for the safety of women and children										
A service for survivors of domestic violence										
Voluntary Day Care Providers										
Home Start										
Other										
Adult Learning										
Tenancy Support										
Workers Educational Association										
National Childbirth Trust										
Job Centre Plus and associated organisations										
Citizens advice bureau										

Salvation army										
Teens and Toddlers Programme										
Neighbourhood Management										
Private Day care providers										
Library Service										
Housing Department										
Homoeopathist										
Total Numbers of services listed										
Strong integrative processes										
Emerging										
Weak										

Hand-out showing different definitions of integration

Anning, A, Cottrell, D, Frost, N, Green, J, Robinson, M. (2007), *Developing Multiprofessional Teamwork for Integrated Children's Services*. Berkshire: Open University Press.

Based on Frost (2005, p13)

A hierarchy of terms to characterise a continuum in partnership working-

Level 1: cooperation- services work together towards consistent goals and complimentary services, while maintaining their independence

Level 2: collaboration- services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes;

Level 3: coordination- services work together in a planned and systematic manner towards shared and agreed goals;

Level 4: merger/integration- different services become one organisation in order to enhance service delivery.

DfES Research Brief Early Excellence Centre Pilot Programme Second Evaluation Report 2000-2001 - Doc Tony Bertram, Christine Pascal, Sophia Bokhari, Mike Gasper, Sally Holtermann

Approaches to Integration Four basic models or approaches to integration can be identified in operation across the pilot EECs:

A Unified Model: with amalgamated management, training and staffing structures for its services, which may be delivered by different sectors but are closely united in their operation.

A Coordinated Model: where the management, training and staffing structures are synchronised so that the various services work in harmony but remain individually distinct.

A Coalition Model: where management, training and staffing structures of the services work in a federated partnership. There is an association and alliance of the various elements but they operate discretely.

A Hybrid Model: This model indicates that the EEC is strategically operating with a mixture of the above models to achieve its full range of services, with no one model dominating.

<http://publications.dcsf.gov.uk/eOrderingDownload/RB361.doc>

The Research Groups definition of integrative processes

Language used to describe **tight integrative processes**;

- Working in partnership with partners that share the same values and principles with us.
- Works closely with families and staff in the centre.
- There is someone allocated to come in every half term and there is a phone service for parents
- We have a strong relationship and she attends our local cluster meetings
- They come in for weekly appointments
- They meet, plan and evaluate their services in the local cluster meetings
- They regularly send in information for parents with leaflets and posters.
- Communication is good as are the links
- They are a member of the team and fully involved in all aspects of the centre, they don't isolate themselves in a case load.
- They are very supportive of the centre and works well with the team.
- They are local and they have worked hard to develop a relationship with the team.
- It is a wonderfully supportive relationship
- They are very keen and supportive
- I was part of her interview team and she shares an office with me
- Our joint meetings around the child are increasing as we develop relationships with one another.
- They now have a case load of children who attend the centre so this has increased the possibility of joint working.
- We are working together to run some joint sessions for parents and children.
- There is a good relationship between us and I always feel I can call upon him even if they are not working with children in the centre; he keeps in contact with me regularly.
- They make sure families who use their service are referred onto other services available here at the centre.
- A Governor at the school is involved in this work and has used their knowledge to join people up and made the connections between people.

- They are flexible about the times they offer their service to meet local needs.
- We are located very closely together.
- We share something special together.
- We are co-located and that makes a big difference.

Emerging integrative processes;

- We have partners who are delivering services but there is a need to develop shared values and principles, this is in development.
- They deliver a service at the centre but we only have occasional e mail contact when setting up the service and occasionally we share family information.
- They come in every other week but there is no strategic over view of the service.
- They are based in the centre and are very approachable but I do not feel I have any input to their service and strategy is poor.
- We are beginning to develop some protocols.
- We work together when it is in a CAF.
- We still need to develop a shared knowledge
- Comes to meetings and updates us to keep the link going but no service at the centre as yet.
- They currently operate in the centre but are not always used by the centre's families.
- We are working together on a short term basis for a pilot.
- This service is not specifically for under fives
- There are good intentions on both sides and I can see a closer relationship forming
- The service is well managed but there are not enough staff
- He comes to some meetings but there is no impact in the centre.
- They are going to deliver services at the centre so I am waiting expectantly to see how this develops
- We are beginning to have more joint meetings.
- They come in and deliver a service there is some mutual dialogue but always initiated by the centre.
- We have had lots of different individual sessions by different providers, they come and do their bit but it seems hard to sustain on a regular basis.
- They are working with us but their managers seem to have different ideas about how they should work with us.

- I taught her daughter so we know each other really well.
- The service has a really strong ethos which fits with ours and so they don't just come in and do their slot we work together well.

Loose integrative processes;

- There are partners who could work together with us but they might even be oblivious of the centres existence or just confused. I also don't know what to do with them.
- Informs me of their expectations but there is little discussion
- No real joint working
- Attend meetings but no services provided
- Just holds appointments on site
- Does not work with any of our families at the moment.
- We have a poor relationship with poor protocols
- We have no contact with one another
- There is no communication between us with no protocols or strategy.
- I have no idea how to contact the service.
- They come in to work with the children but I have never seen them personally.
- Only involved when necessary.
- They are slightly isolated in their methodology
- They keep to their own remit which seems to prevent us from working more closely together.
- It feels like it is always dependant on us to maintain contact as there are no direct sessions operating from the centre currently.
- We have only just begun to make the links.
- They don't have enough staff and is it a case of them training our staff to do their work?
- They are inconsistent and consequently there is a lack of trust and there is a lack of transparency.
- There is no local forum for decision making.
- I don't know what the organisation does and what they are there for.

A depiction of the metaphors used to describe a children's centre

Metaphors



Members of the group described their vision of integrated services. These included quilts, bread, teams and food. I have included the participant's voices at length in recognition of the value placed on their contributions. They thought deeply and were creative in their conversations.

My metaphor is a vision of a well stitched patchwork quilt, it is all fitting together. When I saw the postcard I thought of the Pen Green woven model – where all the services are intertwined and woven – I didn't want to repeat that I wanted something different – but I wanted something around the idea of stitching together – I suppose all of us working in partnership but still holding onto our own background where we are coming from but sharing that.(Florence)

I had several metaphors but the one I chose in the end was a team of really focussed cyclists cycling towards a common goal, it is a team that requires strength both mental and physical strength, if someone goes slower it is a team effort of working together to ensure everyone gets to the end of the race. The team effort is interesting because it means that you never are on your own you are always part of a team and it feels like there isn't anyone there who goes off and does their own things. The leader changes as well and leadership is shared (Renee)

I think integration is like baking bread – you have different ingredients coming to it and they are all contributing different things and when you bake a loaf you need yeast to produce something that is bigger and tastier and more wholesome. It expands and becomes bigger than the separate parts. For integration to work there needs to be some chemistry going on, some mixing, and some eating... it is not about laying things along side of each other. This could be a flawed metaphor but you do want the individual ingredients to maintain their identity so maybe it is a nice salad. But by coming together we change (Paul).

Integration is a seed in the community at the beginning at the moment we are at the beginning and we need to nurture the seed and eventually it will

become a fantastic flower. When I first got into the role of centre manager I thought I was just going to be a site manager for a building and that was that and now I am beginning to realise that it is an awful lot more than that. I can now see that I can mould and develop it and what also is great is that all of you are so experienced in what you are doing I can pick out all the good bits and just apply them to my centre. I feel well supported by you all (Dawn).

I think a fruit salad metaphor works well for me because each piece of fruit maintains its identity but by mixing it together you end up with something new and different and actually if we are talking about services for families an apple is fine it will keep them healthy but if we can provide a mix of fruit they get a mixture of services it is actually about enabling a mixture of services to work together to meet a family's needs rather than just one service which might keep them healthy but won't address the whole picture (Jan)

Paul added: *And there is not one way to make a fruit salad is there? But you need to know what you are going to put into a fruit salad, there needs to be a degree of planning, you could put Kiwis instead of oranges, which would give a different flavour and each centre is different.*

I am thinking of a tree and it is strong in its roots rooted in a rich heritage, a strong internal system and is strong enough to reach out its branches to other work with others and spread and become a forest of trees with a rich and strong heritage (West).

I thought of a great barrier reef which sustains life and has a beauty and offers shelter and helps the life it supports to grow. There is water that can move and speed things along and it also can be calm and still. It doesn't stay the same it continually re-grows and regenerates itself (Faith).

The metaphors described were different and also had common features. They described integrative processes as **dynamic, changing, growing and capable of regeneration and reinvention**

The Boundary Objects

The Integrated Children's Centre Leadership Research Programme 2009 – 2010



- ***How*** can children centre leaders enable integrating working to flourish?
- ***What helps*** leaders develop successful collaborators between professionals which result in better outcomes for children and families?

Boundary objects

are physical objects that enable people to understand other perspectives.

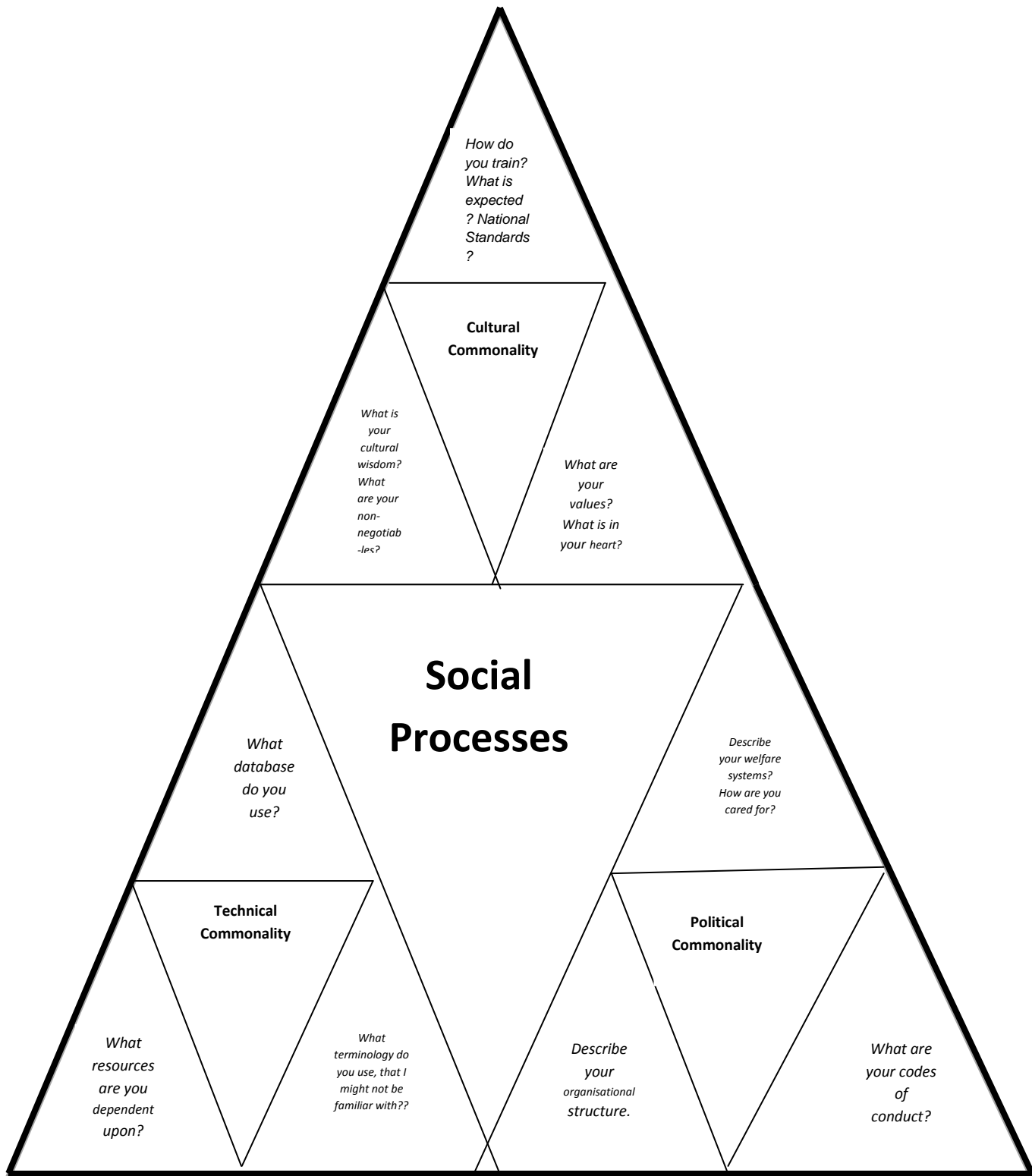
Integrative leadership and the creation and maintenance of cross-sector collaborations (Crosby & Bryson, 2010)

Professionals can, and should, pause and question whether the promise of a brighter future is fully achievable without the full extent of the intricacies involved in multi- agency work being fully unraveled, processed and commonly distilled and understood. Only then, and in spite of the structural barriers that exist, will professionals be able to engage in multi-agency work which really does have the potential to benefit children and families by improving their life chances in varying fields such as health, social care and education.

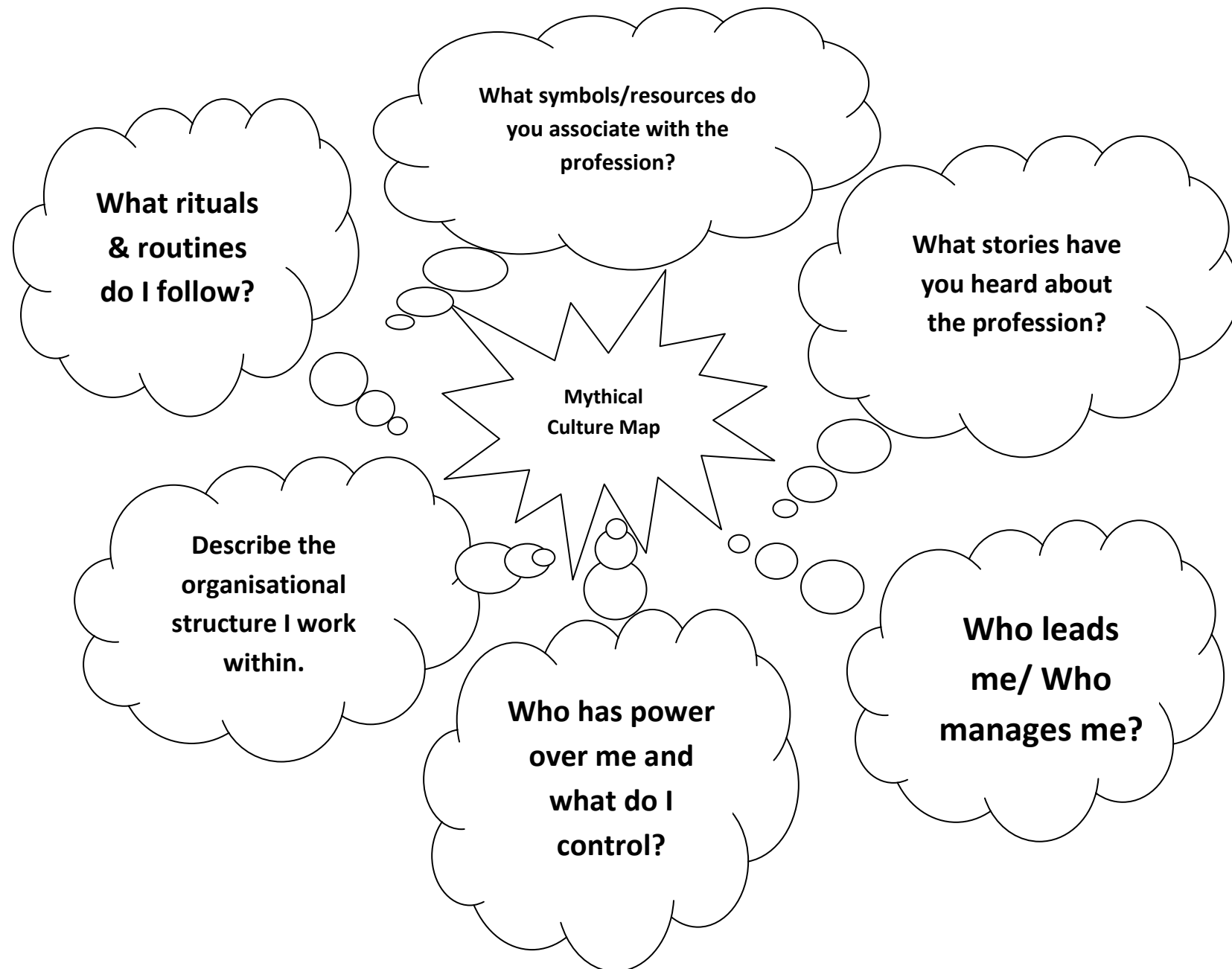
(Walker, G.2010. *Working Together for Children A Critical Introduction to Multi Agency Working*. London, Continuum International Publishing Group.p175).

1. **Building a trust triangle** to compare compatibilities and explore social processes. It was based on the work of Jon and Maureen Jenkins (2006) and their work on the disciplines of a facilitator. They identified nine disciplines of effective facilitators: Detachment, Engagement, Focus, Awareness, Action, Presence, Interior Council, Intentionality and a Sense of Wonder. These were then aligned to three paths of development: Regarding Others (Detachment, Engagement, and Focus), Regarding Life (Awareness, Action, and Presence) and Regarding Oneself (Interior Council, Intentionality and a Sense of Wonder).
2. **The Mythical Culture Map** was a deliberate intent to make explicit organisational rituals, routines, dynamics and stories. It was based on the work of Cranfield School of Management (2002) and an Organisational Culture Web. These components reflect the current culture of an organisation and also indicate the aspects of an organisation that must be changed. In other words these are the cultural change levers.
3. **I value that you:** was an opportunity to develop a process contract between professionals. It was based on the values that children's centre staff had expressed in stage two of the research process. It could lead into a process review that would allow colleagues from different agencies to look at the underlying processes that could support these values.
4. **Acknowledging our differences and what we agree on** was based on the work of James Surowiecki (2004) and the wisdom of crowds. It was intended to open a discussion that would allow everyone to: acknowledge where there were different perspectives, discuss what would be new, acknowledge where there was agreement and identify future professional development.

**Building a trust triangle-Comparing compatibilities based on the work of
Jon and Maureen Jenkins (2006)**



Mythical Culture Map based on the work of Cranfield School of Management (2002).



I value that you ...(based on feedback from the staff working at Rowland Hill)

Values (From survey of Children's Centre Staff)	Processes we could put in place to support these
Share information with me and keep me informed.	
That we work together as part of a team.	
Share your professional expertise	
You teach me new skills	
Allow me to contact you for advice and ideas	
Listen to me	
Reassure me when I need a helping hand	

Acknowledging our differences and what we agree on (based on the work of James Surowiecki (2004))

Acknowledge our different perspectives
(Differences)

What is going to be new about this for me? (Enlightenment)

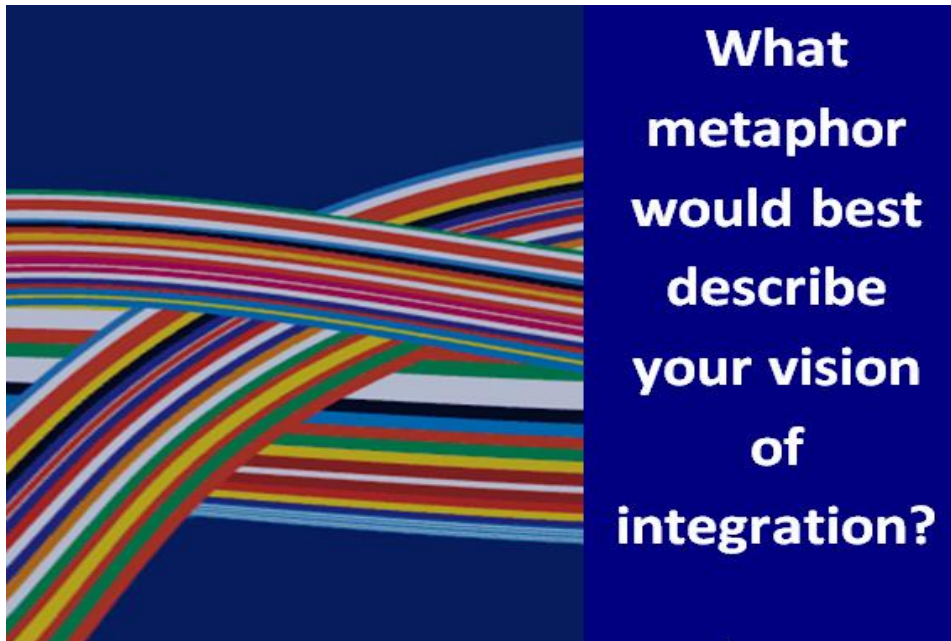
Acknowledge what we agree on.
(Shared vision & values)

What do I need to learn more about
(Supportive knowledge building)

Postcards to ponder on.

Participants took these away between the sessions to bridge the time before we would next meet.

They could bring ideas and reflections from these cards to the next group session.





**Which three words we shall use to articulate
the three stages in our continuum of
integrative processes?**



**Where do you
want to boldly
go next in the
exploration of
the leadership
of integrated
children's
centres?**



Take a risk.....
Have a go.....
Give it a try.....



**Remember
to send your
postcard
back!**
**RSVP on the
reverse**