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The Challenge of Leading Multi-Agency Teams

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The Challenge of Leading Multi-Agency Teams

The challenge of leading multi-agency teams

This chapter takes a detailed look at models of multi-agency working, facilitating factors and barriers, and the challenges in practice as experienced by a large group of professionals. Case studies of particular professional groups (speech and language therapists, a special educational needs team and a social worker) are presented in order to tease out both the strengths and challenges of such work.

8.1 Introduction

As noted earlier in the book, since 1997 the English government has invested heavily in early childhood services with the introduction of Early Excellence Centres, Sure Start and Neighbourhood Nursery programmes. This has led to a dramatic increase in the number of integrated centres offering education and care, family support, adult training, health and welfare services. With the introduction of children's centres as central to the delivery of services to families, this work has increased rapidly (see the government's strategy for Special Educational Needs: Removing Barriers to Achievement, (DfES, 2002); Green Paper, (DfES, 2003a); the 10-year childcare strategy, Choice for Parents, the Best Start for Children, (HMT, 2004); National Service Framework for Children, (DoH, 2004), setting standards for health and social services and the interface of those services with education; and the Children Act, (DfES, 2004a). Children's centres, originally conceived as serving the poorest wards, have been projected as a universal service to support all children and families through early years education, high-quality and flexible childcare, involving parents in their children's learning, adult learning, family support and outreach services, child and family health services, support for parents and children with special needs, and forging links with Job Centre Plus as well as other local training providers, further and higher education institutions.

Not only do leaders of children's centres come from different disciplines and have different training but, in their role as providers of 'service hubs' within the community, they are recruiting and employing staff themselves from a range of disciplines related to health, social care and welfare, and education. This means that children's centres have a significant role to play in developing the childcare workforce and offering new staff training opportunities at a time when the leaders themselves may have had limited leadership training opportunities. Given the stress in government policy on working across professional and organizational boundaries, it is important to consider that despite the potential to help solve complex societal problems, multi-agency working may require more resources of time, effort, creative thinking and money than single agencies and, as such, additional resources may be justified. Since there may be a range of models, methods and motives for engaging in interprofessional or multi-agency practice, as well as interdisciplinary research and development, it is important to be clear about what is involved.

8.2 Challenges to Collaboration

A range of factors may challenge collaboration between different agencies and professional groups such as:

- poor communication between professionals and the range of professional languages and discourses that they use (Pietroni, 1992);
- the sheer complexity of the social problems that practitioners may encounter (real and perceived);
- the changing nature of family structure and hence the loss of support networks of the extended family;
- the increased population migration and mobility within and between countries that also serves to weaken kinship ties;
- the nature and variety of existing professional 'partnerships' that include different sectors of early childhood services (statutory, voluntary and private);
- the number and types of professional or agency groups involved, primarily from education, social care and welfare, and health-related fields, but including financial support and income maintenance;

- professionals working from a range of practice settings and not necessarily, or even probably, co-located;
- the value differences within and between professions that arise from professional traditions and customs acquired before, during and after training;
- a professional knowledge base or discipline that may have origins in the natural sciences, for health-related fields or social sciences for education and social work;
- differences in relative status, income and career progression that may create professional rivalry;
- the different but related policies and priorities for practice and staff professional development and improvement across the field;
- the nature of the professional 'teamwork' involved, its structure and function, the mix of professionals and their formal relationships (Øvretveit et al., 1997);
- workforce reform with national standards for under-8s daycare and child-minding (DfES, 2003c), the 10-year childcare strategy (HMT, 2004) and the rationalization of qualifications, the single Early Years Foundation Stage from birth to 5 years, and the continuous quality service improvement and inspection framework (DfES, 2006c).

Given the many factors that influence relations within and between agencies and professional groups, it is essential to identify the challenges and benefits that working in multidisciplinary teams can raise in considering the designing and leading of harmonious integrated services for children and families. It serves to highlight the complexity of working towards a shared philosophy, vision and principles with parents, children, community and all partners as well as developing shared identity, purposes and common working practices with all. It is a challenge for integrated centre leaders and it is a challenge for local authorities with the primary duty and responsibility for delivery of integrated services.

8.3 Questions to Ask

Given the importance to early childhood leadership of multi-agency work, the key challenge is developing accessible, integrated services through partnership that are experienced as coherent and continuous by children, families and communities. Two key questions are raised for consideration:

- How much do we really know about effective multi-agency working?
- What are the key factors for their success and what kinds of challenges are raised?

8.4 What Do We Know About Effective Multi-Agency Working?

Sloper (2004) in a review of the literature on multi-agency working concluded that there was little evidence on the effectiveness of multi-agency working itself or of different models of such working in gaining improved outcomes for children and families. That said, consistent findings on facilitators for and barriers to joint working have been uncovered. At the organizational level, facilitative factors have been identified in the areas of planning, implementation and ongoing management. Planning, for instance, is found to be supported by clear aims and objectives, defined roles and responsibilities, staff commitment, strong leadership and a multi-agency steering management group, an agreed timetable for implementation of changes, linkages into other planning and decision-making processes and good systems of communication, informationsharing and adequate IT systems. Meanwhile, ongoing management and implementation demands shared and adequate resources, recruitment of the right staff, with the right experience, knowledge and approach, joint training and team-building, appropriate staff support and supervision, monitoring, evaluation of the service and reviewing policies and procedures in the light of changed circumstances. Existing professional and agency cultures as well as previous experience of multi-agency working have also been found to help. A corresponding lack of such facilitating factors was inevitably found to create barriers. Other factors such as constant reorganization, frequent staff turnover, lack of qualified staff, financial uncertainty, different professional ideologies and agency cultures were also found to hinder joint working. It was noted in the review that there was a clear need for methodologically sound local evaluations of multi-agency services, as well as multi-site studies that investigated the effects of different facilitating factors and models of working on outcomes for parents and children and included exploration of costs on effectiveness (Atkinson et al., 2002; Cameron et al., 2000; Liabo et al., 2001). As Milbourne (2005: 677) has noted, the idea of inter-agency work is not new but 'current policy

approaches neglect to consider the diverse models of collaboration that practitioners may need to develop in practice'.

8.5 Models of Multi-Agency Working

Atkinson et al. (2005: 8) identified five models of multi-agency activity based on their purpose:

Decision-making group – providing a forum for professionals from different agencies to meet, discuss ideas and make decisions.

Consultation and training – for professionals from one agency to enhance the expertise of those of another by providing consultation and/or training for them.

Centre-based delivery – gathering a range of expertise together in one place in order to deliver a more co-ordinated and cohesive response to need.

Co-ordinated delivery – to draw together a number of agencies involved in the delivery of services so that a more coordinated and cohesive response to need could be adopted.

Operational-team delivery – for professionals from different agencies to work together on a day-to-day basis and to form a cohesive multi-agency team that delivered services directly to clients.

Interestingly, decision-making groups and co-ordinated delivery were the most frequent types of multi-agency activity encountered within their sample, while operational-team delivery was the least frequently encountered. It was found by Atkinson et al. that many initiatives, in practice, were a conglomerate of these models and it would appear that this would also be the case for integrated centre provision. It should also be noted that the majority of models were focused on organization of professionals and that did not ensure families received a coordinated service. Moreover, as Watson et al. (2000; 2002) stressed, there was little evidence to show the extent to which models are implemented or what effects they have in practice. Where members of different agencies worked together, a more holistic approach could be achieved when a 'primary provider' or key worker took responsibility for delivering a direct and unified programme and the family were seen as equal partners. This finding is consistent with Robinson's (2006) call to focus on strategies that work directly on strengthening the conditions that enable effective practice and weaken the effects that hinder it.

8.6 Organization of Professional Groups

Sanders (2004) went further to question the very term 'multi-agency', noting distinctions among groups of professionals, occupations, sectors, agencies and disciplines as well as a differing focus of operations of work, teamwork, collaboration, co-operation and integration. Furthermore, he noted the disadvantages and barriers of working together such as costs in terms of time taken away from contact with clients to liaise, consult, co-ordinate as well as administrative and communication costs. In respect of primary health care teams, Øvretveit (1990) noted barriers to efficiency associated not only with lack of time but with understanding the purpose of interprofessional practice, understanding the roles of others, professional rivalry, exclusion of significant others (nonprofessionals), ownership of resources, discrimination and racism, and ways of ensuring that assessment is effective.

Øvretveit et al. (1997) identified significant dimensions of teamworking: degree of integration, membership of a permanent work group; processing pathways of clients; and management (how the team is led and how practitioners are managed). Indeed, a very important aspect of team functioning is the creation of management structures and the corresponding exercise of professional autonomy. There is also a need to establish responsibility for managing the total resources of the team that relates to job descriptions, reviewing of work and performance appraisal/supervision. In the case of the latter, where supervision may be undertaken by a senior staff member, this may be clinical advice where the supervisee remains accountable for the quality of work undertaken, clinical supervision where the senior staff member is accountable for the quality of supervisee's work, management monitoring to ensure adherence to agency procedures and full

management, where the manager assumes responsibility for both clinical and organizational components of the role. Øvretveit et al. then proceeded to describe five types of management and supervision structure for teams: profession-managed, single manager; joint manager, a mixture of the previous two; team manager-contracted, who contracts in services of other professionals; and hybrid, based on the other four models.

As noted by Glass (2006), given the lack of experience of multi-agency early years services, the challenges to creating multi-agency management structures should not be underestimated. In terms of effectiveness, a recent report by the National Evaluation of Sure Start (NESS), Melhuish et al. (2005) set out to consider links between aspects of Sure Start local integrated centre programme implementation and levels of effectiveness judged in terms of child and parental outcomes for 150 programmes included in their impact study. The 18 dimensions related to:

- what was implemented (service quality, service delivery, identification of users, 'reach', reach strategies, service innovation and service flexibility);
- the processes underpinning proficient implementation of services (partnership composition, partnership functioning, leadership, multi-agency working, access to services, evaluation use and staff turnover); and
- holistic aspects of implementation (vision, communications, empowerment and ethos).

Their results indicated that links between the processes of programme implementation and impact on children and families living in programme areas could be detected, with better-rated programme implementation (what they did and how they were doing it) linked to beneficial outcomes, especially for parents. The fact that the effects of programme implementation were found to be slight might have been associated with the time it takes for programmes to reach full capacity in programme delivery. Furthermore, although effective leadership and multi-agency teams were categories included in the evaluation and data were collected from a national survey, interviews, delivery plans, organizational charts and annual reports, no further light was shed on these dimensions. In this context, the difficulty of demonstrating the indirect effect of leadership should not be underestimated, as noted by Robinson (2006).

8.7 Views on Multi-Agency Working from Four Integrated Centres

In order to capture changing perspectives on multi-agency working in local Sure Start integrated centre programmes, we worked in more depth with two of our integrated centre leaders as well as two of their colleagues who together led four local integrated centre programmes in the same location as our overall leadership project.

We used multiple ways to gather information over a three-year period in the lives of the four local Sure Start integrated centre programmes between 2003 and 2006 as they shifted towards children's centre status. The centres had been established over periods of time from one to five years, yet all served very distinct social, cultural and ethnic inner-city communities. An initial survey of 79 staff and partnership board members and 34 follow-up interviews with representatives of particular agencies, their lead professionals and parents explored facilitating factors and barriers to multi-agency working. We then followed up this work with case studies of three single- and joint-agency working: with the speech and language therapy team representing health, an early years worker, educational psychologist and outreach worker representing special education, and a social worker representing social care and welfare, using interviews, document analysis and, in one case, observation of professional training being delivered.

Those who took part included team members from the integrated centre programmes, representatives from the accountable body – in this case the primary care trust (PCT) – and the lead agency or local council, members of the programme partnership boards, including parents, as well as representatives of specific agencies and their professional leaders.

The survey questions were focused on multi-agency activity, key challenges and the key challenges for their success, drawing upon a study of multi-agency working of Atkinson et al. (2000; 2002a) and Tomlinson (2003) from the National Foundation for Educational Research (NFER). These were piloted with professionals from a range of backgrounds; for example health, education and psychology. The in-depth interviews then

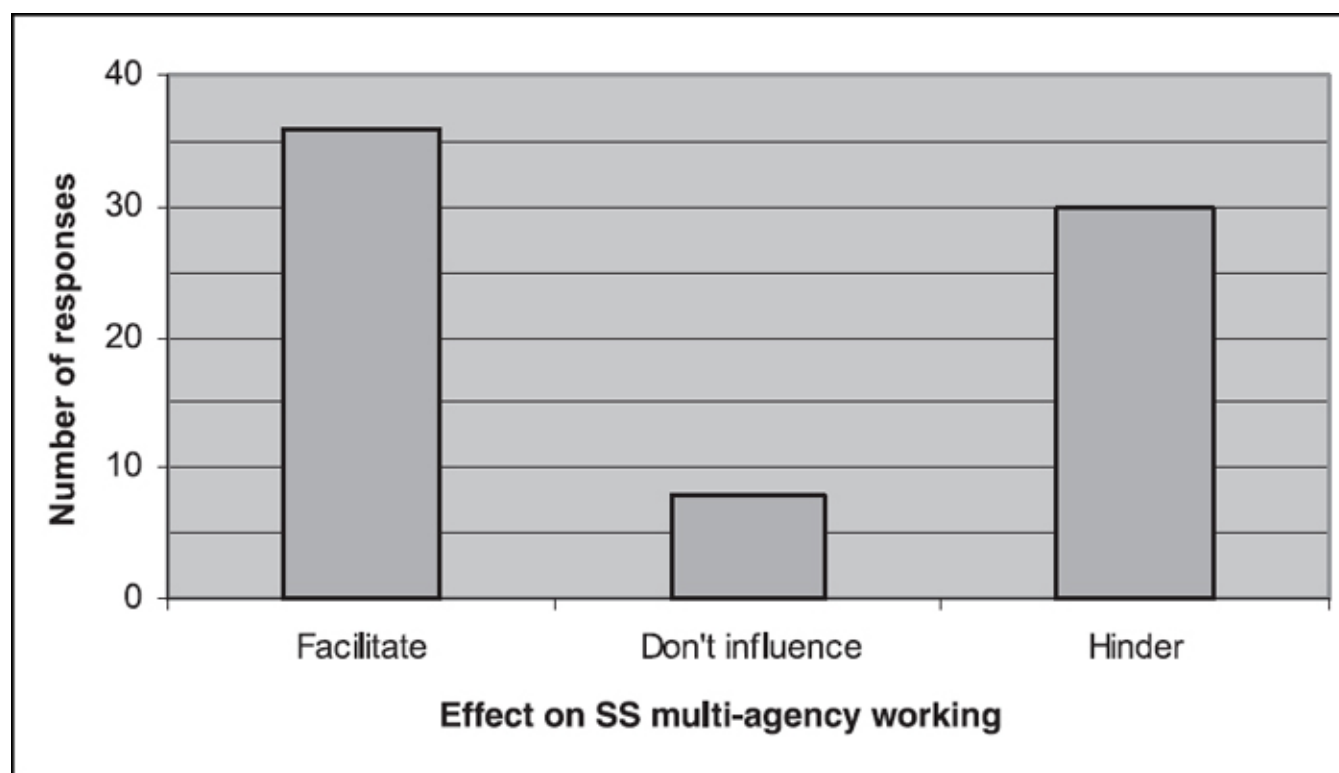
probed areas highlighted from the survey, in particular, topics that had generated mixed and ambivalent responses. For the case studies, interviews explored views of the professionals concerned, their professional leaders and integrated centre leaders themselves on the distinctiveness of their role, facilitating factors and barriers, targets and effectiveness. Documents gathered included person specifications and service-level agreements where available and information related to professional activities, such as leaflets for parents and other professionals, data related to targets and outcomes as well as records of work carried out. The quality of evidence available varied from service to service, reflecting in part differing contracts and therefore relationships to the management structure of the integrated centre programme of the agency concerned as well as the leading agency.

8.8 What We Found Out

It was noted above that a real challenge was posed for local authorities with the primary duty and responsibility for delivering integrated services to children and families. Our survey confirmed this.

As [Figure 8.1](#) shows, views about the influence of local authority structures and boundaries on multi-agency working were mixed with half of our respondents feeling they facilitated, slightly less thinking they hindered multi-agency working and with a sizeable minority (11 per cent) reporting that they had no particular influence. The factors thought to facilitate multi-agency working within the integrated centre programmes were related to being able to use systems and people already in place in order to advise or to promote this type of work.

Figure 8.1 Local authority structures and boundaries



Working relationships within the teams and with the parent agencies of team members, as well as with other voluntary and statutory agencies, were seen as both facilitating and as a force for development of multi-agency working, thus enabling integrated centre programmes to deliver services that were needed.

Working closely with other organizations enables our integrated centre to 'fill the gaps'.

Practical factors thought to hinder multi-agency working related to geographical boundaries, where these

were different for the various agencies involved with the integrated centre programme. Different terms and conditions of work, holiday allowance, pay scales and policies and procedures, as well as staff employment matters were also highlighted.

Staffing Arrangements and Time Investment of Integrated Centre Programmes

The majority of respondents (three-quarters) thought that resources in the form of staffing arrangements and time investment were facilitative of multi-agency working, with the rest claiming either that they were a hindrance or that they did not know one way or the other.

Qualitative responses suggested that time given to setting up new services was seen as essential to establish joint working.

Being able to work closely with the multi-agency team influences our work together.

Individuals' and Local Programme Teams' Expectations and Priorities

The vast majority of respondents thought that resources in the form of staffing arrangements and time investment in local integrated centre programmes facilitated multi-agency working, while a few thought them a hindrance or claimed not to know.

It was felt that staff had a high expectation of working as a multi-agency team. The development towards a fully-integrated team, however, appeared to be slower than desired. This was felt to be due to several factors. Staff not being clear about their roles within the team was considered a concern. Concern was also expressed regarding management of staff who, in many cases, remained line-managed and supervised by the parent organization and the tensions or problems this could cause were emphasized.

The development of multi-agency working has been slow. 'Baggage' brought by the local programme members and in some cases, the professional management being maintained within the statutory agencies needed to be overcome.

Aims and Objectives of Local Integrated Centre Programmes

Aims and objectives of the local programmes were regarded by the vast majority as facilitative of multi-agency working, with just a few stating that they did not know. It was emphasized that the aim of the integrated centres was to empower and provide a service for the communities they served, reflecting their needs.

The aim of the programme is to deliver services in a different way, responding to community needs to work with families at most risk, to ensure their children have the best possible access and start in life.

It was generally agreed that the integrated centre aimed to work in a multi-agency manner. The centre also acted as a conduit, bringing together, and helping other agencies in adapting to a multi-agency style of working.

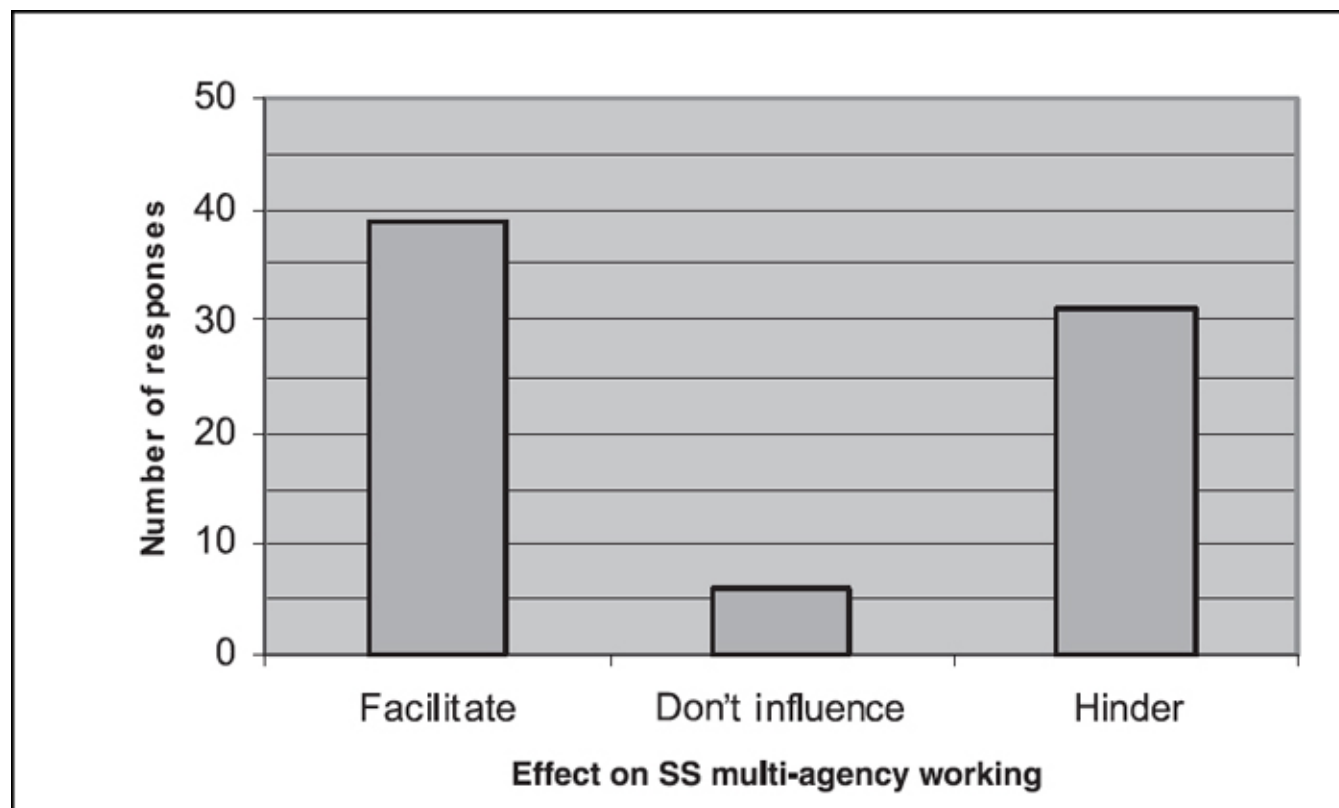
A number of agencies in the area would not get together formally if it were not for the local integrated programme.

Planning ensures complementary working to clear aims and objectives.

Confidentiality and Information-Sharing Strategies Between the Various Agencies

Views about confidentiality and information-sharing strategies between the various agencies involved were mixed ([Figure 8.2](#)).

Figure 8.2 Confidentiality and information-sharing strategies between agencies



Rather more respondents thought that these strategies facilitated rather than hindered such work, with a minority feeling that they had no influence.

Several had a positive experience of this process. It was acknowledged, however, that this was a problem for all four integrated centres and that systems and protocols needed to be developed to reduce the amount of time wasted by staff and, indirectly, families on this matter.

Strategies need to be in place to facilitate multi-agency working. Organizationally, different agencies have different strategies that are not mutually understood.

These difficulties appeared to occur both across organizations that worked with the local integrated centre programmes and across the multi-agency team itself, due to the nature of local team members' employment conditions.

The accountable body for its part was highlighted by several respondents as a hindrance.

The lack of information-sharing has ground to a halt several very positive programmes we have tried to put into place. Mostly on behalf of the accountable body!

The need for sharing information was seen by many as essential in order for the services to provide successful services.

The Need for Development of a Common Language Across Professional Groups Working in the Local Integrated Centre Programmes

As emphasized earlier in this chapter, respondents felt a need for development of a common language across professional groups working in local integrated centre programmes. The overwhelming majority of

respondents felt that there was a need for a common language across professional groups, while 7 per cent did not and 6 per cent did not know one way or the other.

Common language reduces isolation and increases partnership working which is essential in order to be effective.

There was also a strong sense that the language used should be accessible for parents. Overall, issues were highlighted about the difficulty in developing a universal language across professionals, representing different disciplines. It was also suggested that 'effective communication channels [could] overcome issues of different "languages"'.

Budgets and Finance Arrangements

As to whether budgets and financial arrangements created a conflict within and between agencies, a general lack of programme funding, a raised concern about sustainability and a recognition of the need to create more effective use of resources, views were very mixed. Given that the local integrated centre programmes have now become designated as children's centres with control and funding handed over to local authorities and 'ring-fencing' of Sure Start money abolished since 2008, without regard for their commitment or capacity to provide adequately resourced centres, these findings are challenging ([Figures 8.3 to 8.6](#)).

Figure 8.3 Concern about conflicts within or between agencies that provided staff

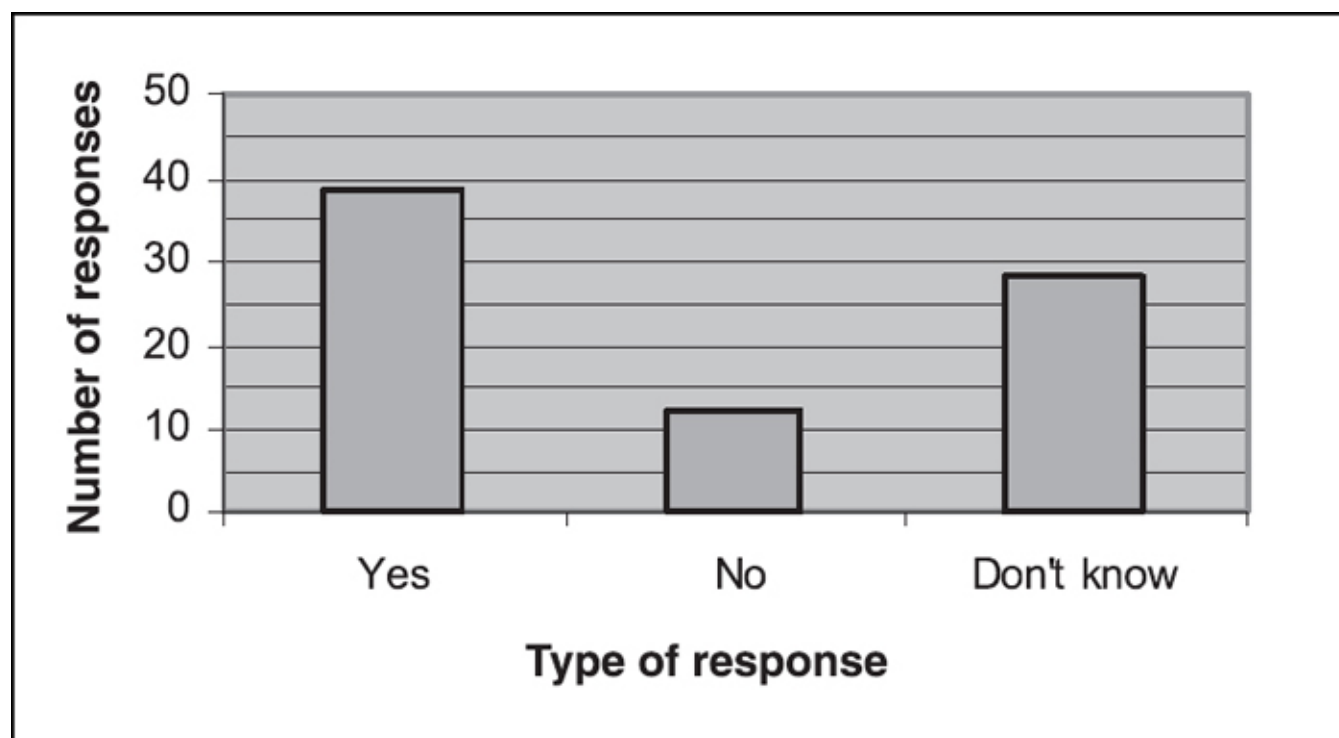


Figure 8.4 Concern about general lack of programme funding

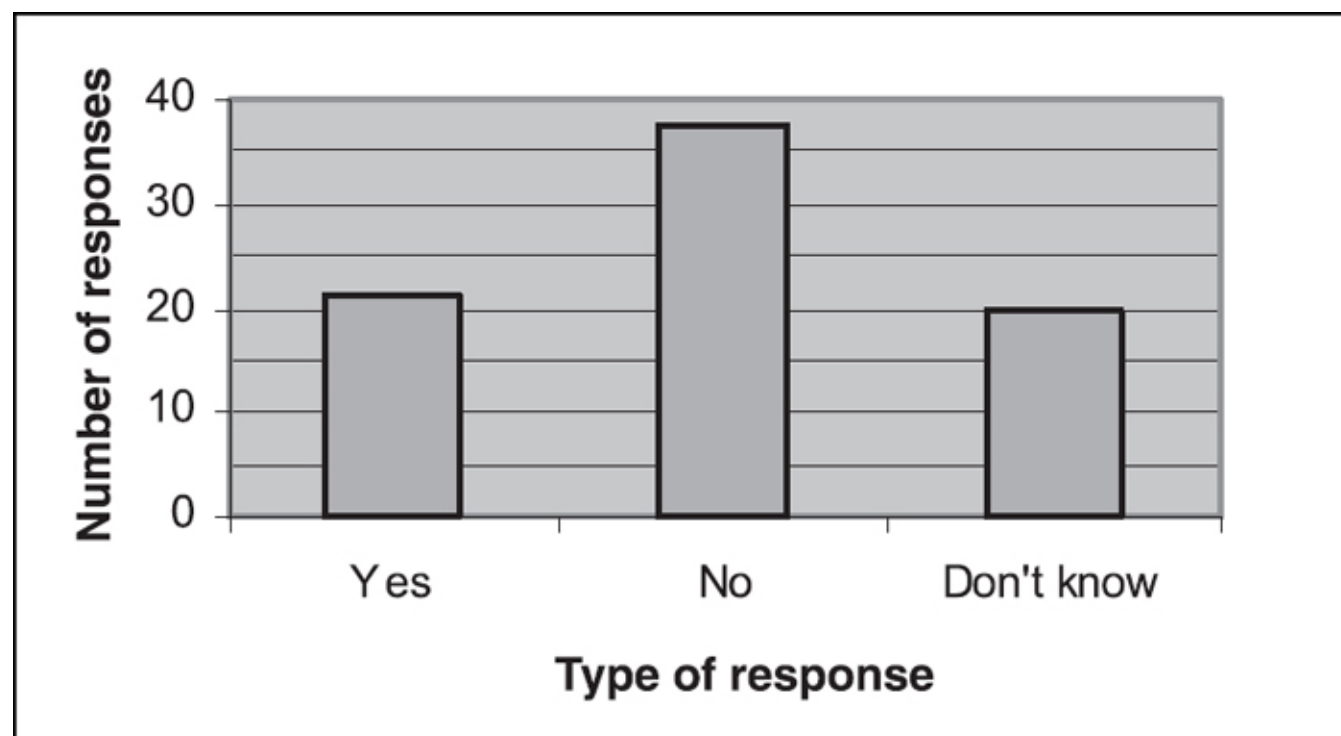


Figure 8.5 Concern about sustainability of the services and, thus, uncertainty of funding

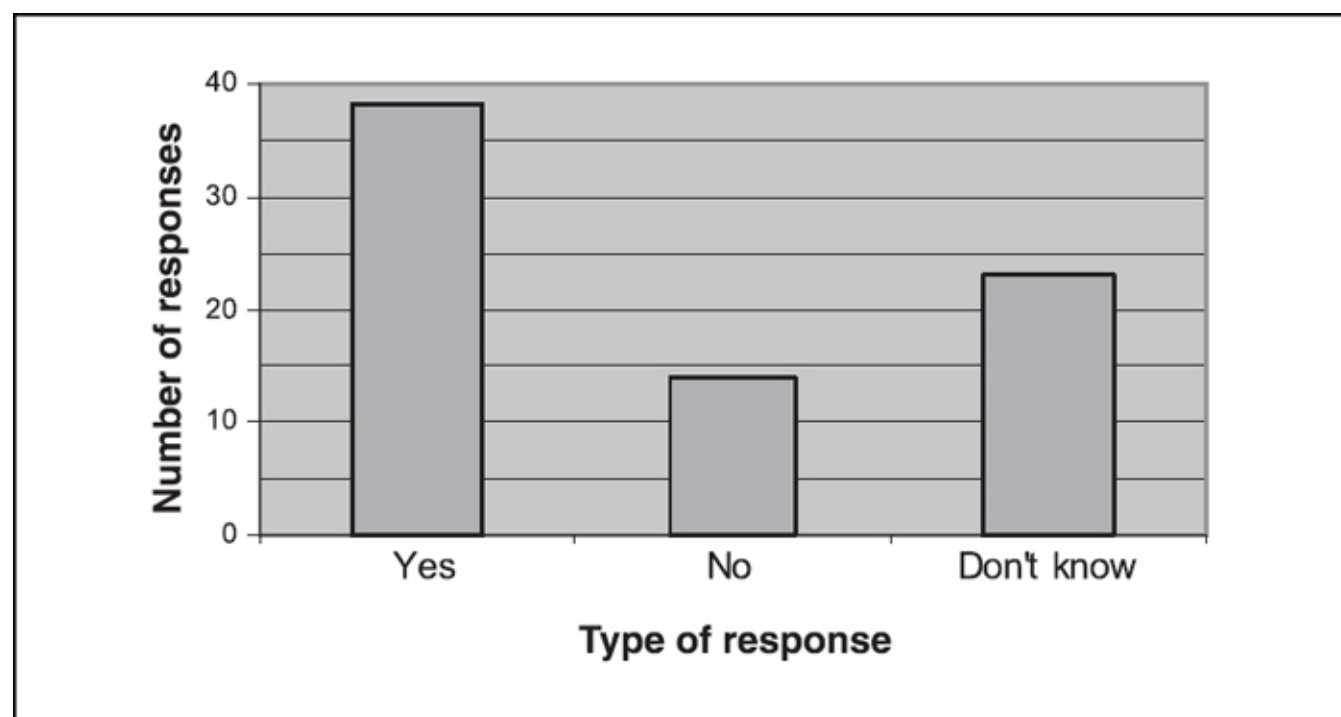
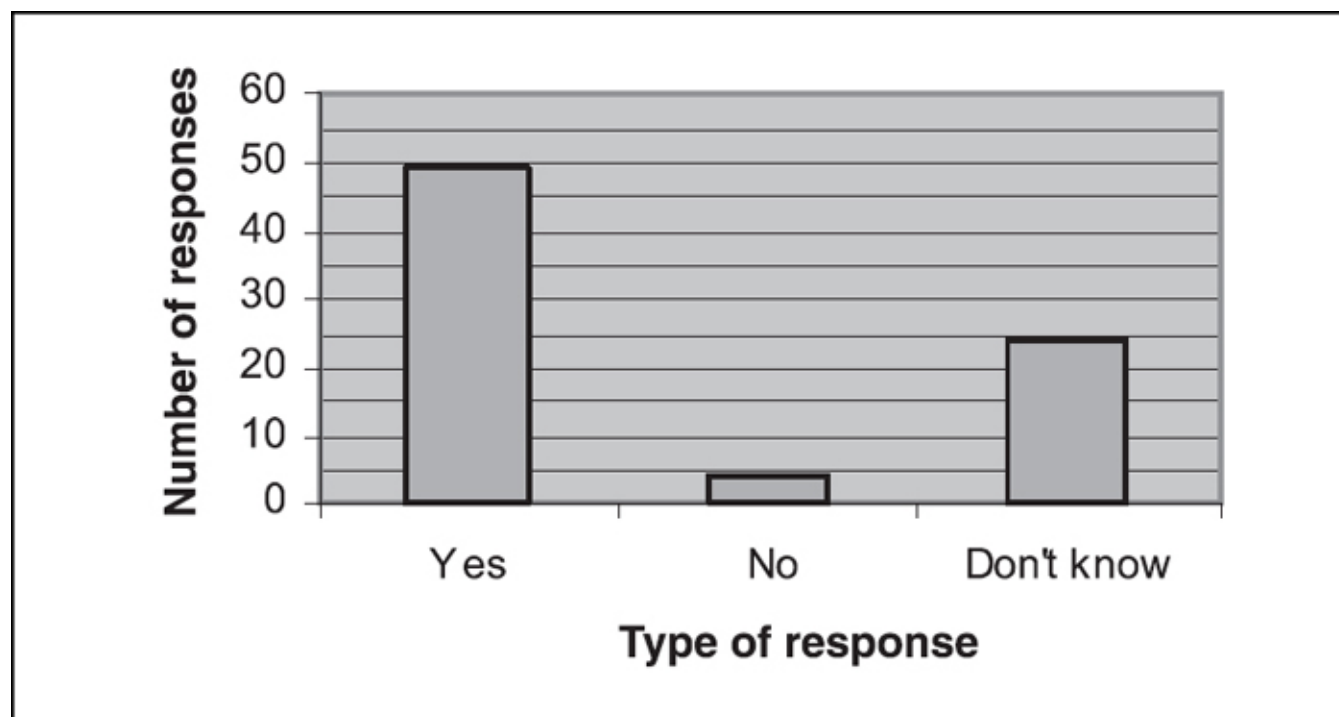


Figure 8.6 A need to create more effective use of resources (human and material) by reducing repetition and overlap



Tensions, specifically between the lead agency and accountable body, were highlighted by qualitative responses. There was believed to be a need to establish good agreements between the two in order to reduce possible conflicts of interest.

There is always concern about conflicts when partnership working is in place, however, a good agreement reduces the prospect. Duplicate services to parents means a waste of resources.

We need a more radical approach to reduce competition and ensure collaboration across agencies.

It was noted by more than one local programme that services were started up when the programmes did not have their own buildings from which to operate.

This was felt to be unacceptable.

To start programmes with no buildings or venues is ludicrous.

Roles and Responsibilities Adopted by Individuals Working within Local Integrated Centre Programmes

The majority of respondents felt that issues around roles and responsibilities adopted by individuals working within the integrated centre concerned the need to understand better the roles of others, and half reported conflicts over areas of responsibility. The vast majority recognized the need to go beyond existing roles to work in new ways.

It was felt by some that in the past understanding others' roles and responsibilities, as well as the need to work in new ways had proved difficult.

These have all been challenges to most of the individuals and agencies involved.

This was felt to be an area in which most felt the need for continued improvement.

It is vital that all team members understand the role of others in order to effectively offer service.

Several respondents with different roles within the integrated centres understood the initiative to be about 'blurring the edges of your role to take new responsibilities and to work in a new way'.

Aims of Specific Agencies Competing with Local Integrated Centre Programme Aims

Respondents were mixed in view and less certain of whether or not aims of specific agencies competed with local programme aims as a result of different government targets, differences in target groups and different emphases on preventative versus crisis intervention (see [Figures 8.7](#) to [8.9](#)).

Figure 8.7 Differences in the target groups

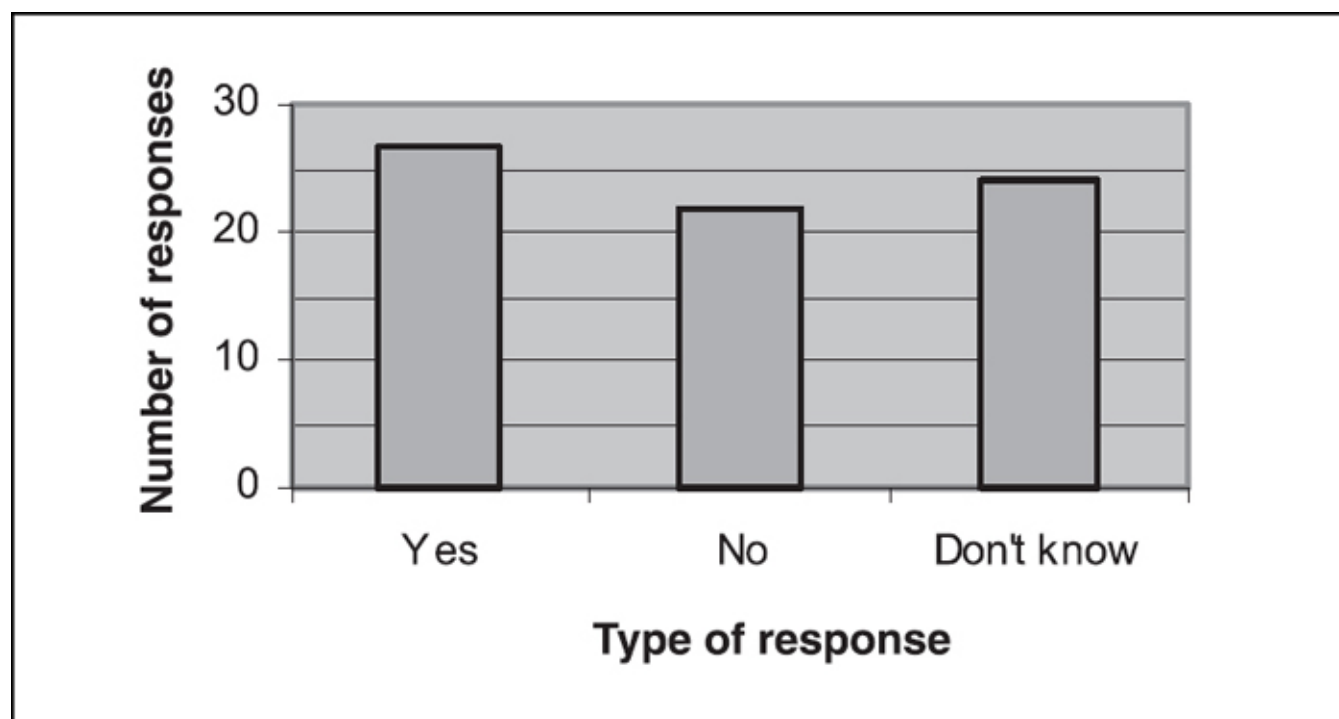


Figure 8.8 Different government targets

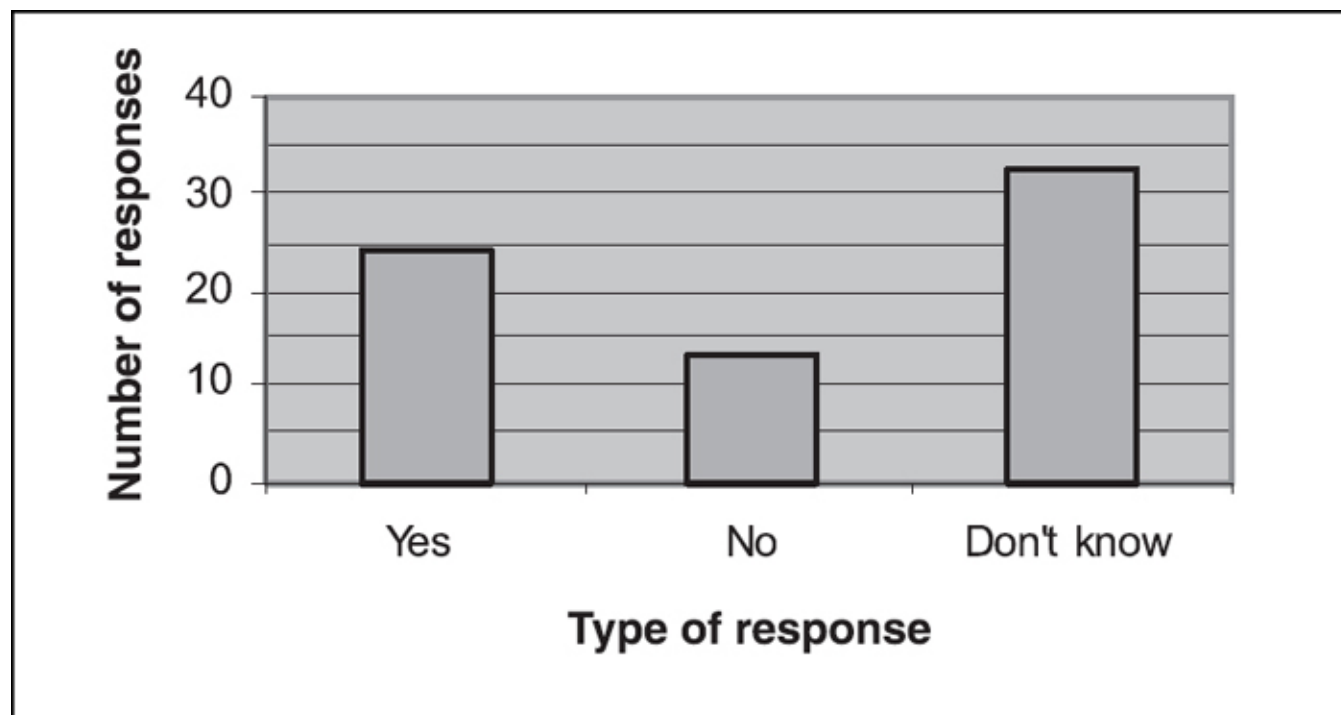
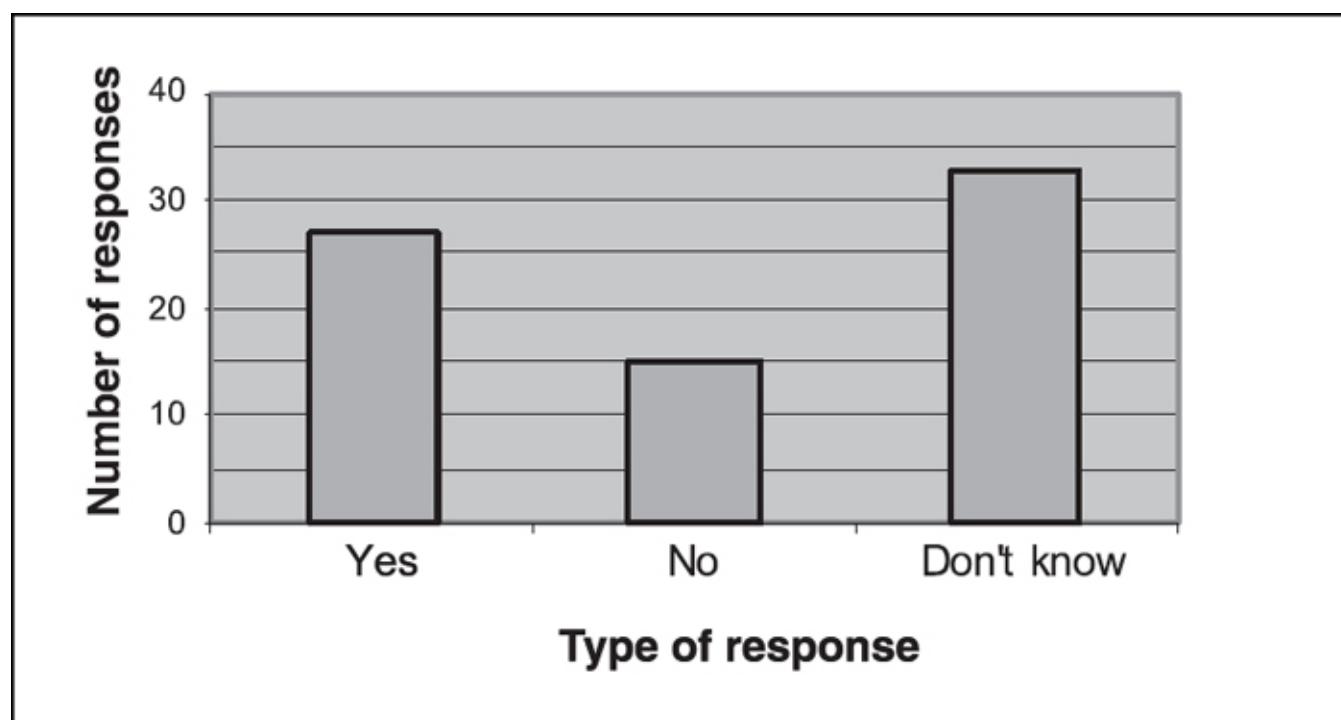


Figure 8.9 A focus on preventative work versus crisis intervention



It would appear from the responses that the aims of some agencies were regarded to be identical with those of the local programme. With others they were seen as different.

Targets are different from [agencies] which need not be a cause of 'competition' but complementary.

Still others recognized that complementary working, although ideal, was hindered by existing working cultures.

A strategic approach would have been helpful. But a culture of competition for initiatives/funding hinders this.

The flexibility provided within the integrated centre to achieve targets with new ways of working, many of which, being successful have not been recognized by mainstream services.

Several respondents expressed the view that the ethos of all agencies was changing and becoming much more prevention focused.

There is a general move towards preventative work that places integrated centre work at the heart of the government's agenda – which all agencies are beginning to recognize.

Non-Financial Resources Creating Challenges

The majority of respondents felt that non-financial resources created a challenge to multi-agency working. Areas highlighted were allocation of time, provision of staff and physical space in which to work together effectively.

Responses also revealed that availability of non-financial resources were thought to create a challenge, resulting in a less effective delivery of services than might otherwise be the case. Buildings and venues from which to work were slow to become available and recruitment of staff to carry out such work was also slow.

Physical space in which to work was perhaps the largest problem across all local integrated centre programmes. Programmes became operational without their own or adequate facilities. Even when facilities were open there might not be enough space for all staff.

New offices, but no storage and teams too large for premises.

We barely have enough room to work now. Building work due now is intended to reduce our space further. There is insufficient room to meet with parents/groups at the present site. It is against safe working practices to leave anyone working in the office on their own.

These observations provide further interesting insights into staff's own perspectives on the change and development taking place in the field, that complement those expressed in [Chapters 2, 3 and 4](#).

Communication within and Between Agencies Working with the Local Integrated Centre Programmes

The majority of respondents felt that poor communication within and between agencies created problems between those working at different levels within agencies, with half reporting that this could create different availability of professionals from different agencies and undermine successful multi-agency work through poor communication between different local government departments.

A clear understanding of each other's roles and the cultures of the agencies from which they originated was felt to be important to alleviate some of the problems, or potential problems that might occur within the teams. In some cases this was felt to be due to a lack of communication between the agencies involved.

Because protocols have still not been agreed.

It was also highlighted by several respondents that, despite these problems at the strategic level, the local programme teams were delivering services in a multi-agency manner.

Although we are made up of different agencies we all work very well as a team.

The Effect of Professional and Agency Culture on Integrated Centre Practice

Respondents' views on the effect of professional and agency culture on professional practice were mixed. A quarter felt that multi-agency working did disrupt existing agency cultures, values and ways of working; half claimed it did not and the rest did not know one way or the other. Nearly two-thirds, however, felt that specific policy and practice differences hindered shared practice. The majority felt that different data management systems affected information-sharing and did impact upon shared practice (see [Figures 8.10 to 8.12](#)). ([Appendix 8](#) examines in more depth the multiple sources of values and potential value conflict underpinning multi-agency working.)

Figure 8.10 Multi-agency working disrupts existing agency cultures (values and ways of working)

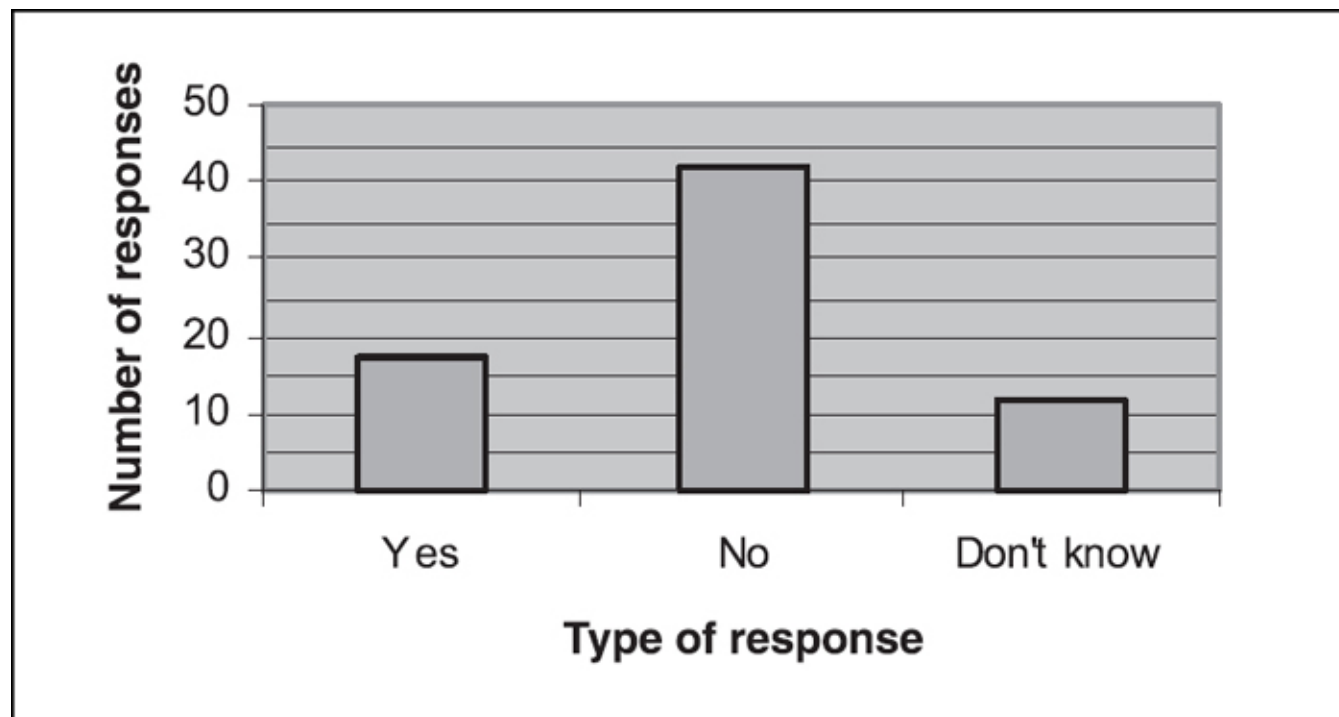


Figure 8.11 Specific policy and practice differences hinder shared practice

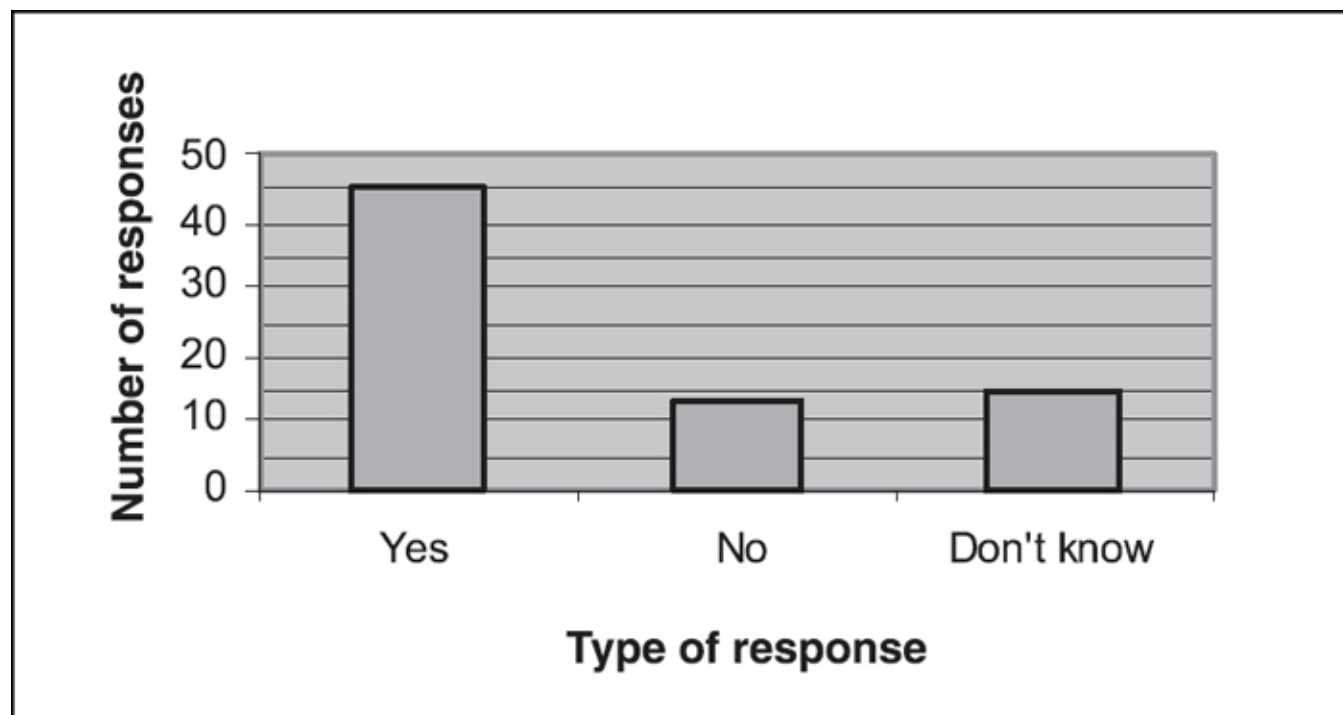
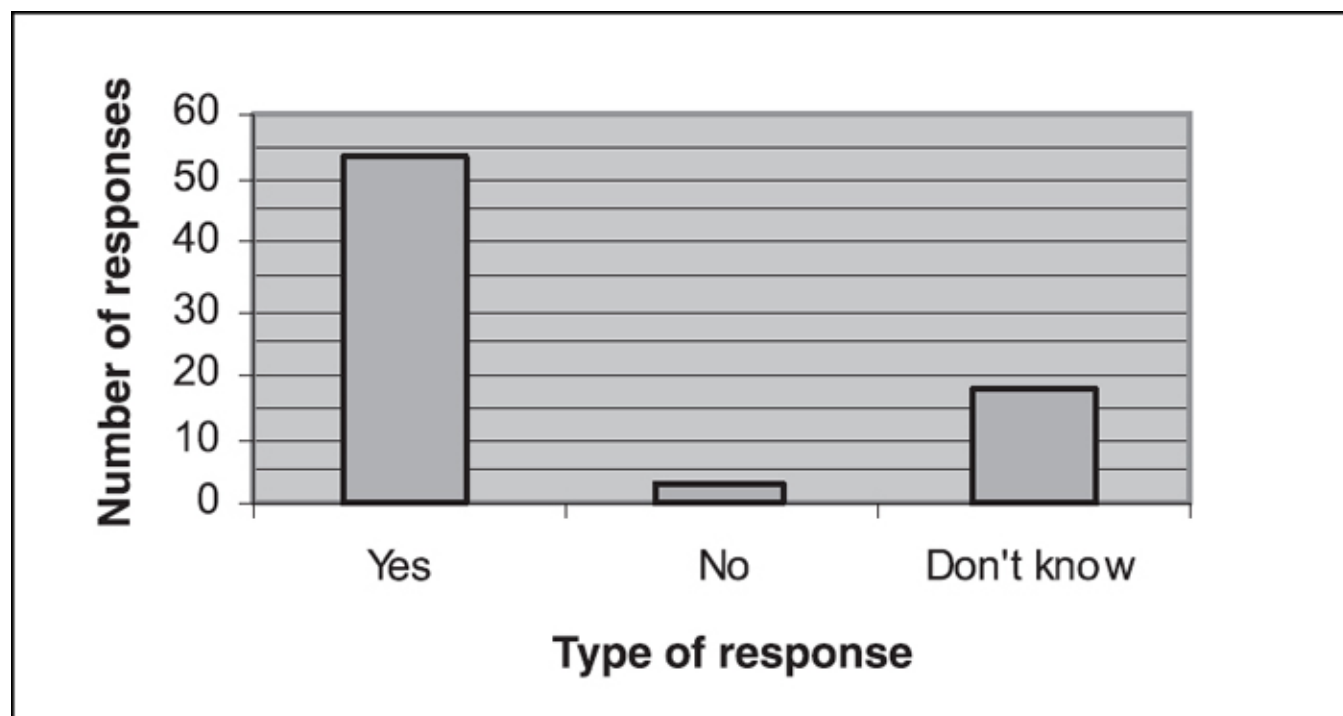


Figure 8.12 Different data management systems which affect information-sharing impact upon shared practice



Sharing information between professionals working for the local programmes as well as within agencies involved with them was regarded as problematic, with comments suggesting that staff were 'still awaiting some baseline information'. It was noted, however, that attempts were being made to eliminate such

problems.

The Strategy of the Management in the Local Integrated Centre Programmes

In terms of management strategy, the vast majority felt that multi-agency working was strongly supported and promoted at management level in order to remain credible at delivery level but were less sure whether management strategy drive was organized carefully to carry along the various participants from each agency. A majority did feel that the integrated centre management strategy encouraged like-minded individuals who sought new ways of working in order to meet shared goals and work across existing management structures.

Overall, qualitative responses indicated that the management strategy of local programmes supported multi-agency working and these new ways of working were imperative to success. There were felt to be problems at the level of leading agencies, whereby the work at local programme level was being hindered.

I don't believe that there is enough discussion and agreement at senior management level. However, there is a willingness to make it work lower down – at programme manager level.

Training Opportunities for Team Members

The vast majority believed that additional multi-agency training to meet the extended role of agencies would be helpful and shared an active desire to engage with other agencies at the delivery level. Views were more mixed as to whether there should also be 'single agency' development.

Additional responses indicated that it was generally felt training in a multi-agency manner was necessary in order for team members to develop understanding of each other's roles:

Knowledge is vital to the success of the local programme; this can only be gained by sharing of information through training.

The vast majority of respondents believed commitment and willingness of team members to be involved in multi-agency work was sustained by an active desire to engage with other agencies at the management level, at the delivery level and by a 'bottom-up' as well as a 'top-down' management approach. This finding is consistent with the findings reported in [Chapter 3](#).

Specific responses indicated strongly that there was willingness to be involved in multi-agency work at both the strategic and operational level and that both helped to sustain this work.

'Bottom-up' allows practitioners to feed back voices of the local community and to identify gaps in provision. 'Top-down' allows for clear protocols and clear line management in areas of emerging practice to be clarified.

Leadership or Drive of Individual Integrated Centre Programme Managers

The majority felt that leadership or drive of individual integrated centre leaders demonstrated clear strategic direction, showed tenacity to overcome obstacles to progress, and could bring together the team in order to bring about change and overcome obstacles.

Overall, respondents were very positive about the leadership of the local integrated centre programmes. Some of the problems that had been dealt with were highlighted as examples of the strength of the programme leaders.

Delivered services even without having buildings. Operated without adequate, or no base – homeless.

These findings are illuminating in their insight into both facilitating factors and barriers at the local level and assessment of the role of integrated centre leadership. Views on leadership were very positive in

terms of providing strategic direction, having tenacity and bringing the team together to overcome obstacles. Commitment of staff teams to sustaining multi-agency teamwork was also stressed. Aims of the integrated centre were seen to facilitate multi-agency working. Barriers were also identified in the form of local authority structures and boundaries, uncertainty concerning budgets, and non-financial resources of staffing, time and space, hence, sustainability. It was acknowledged that knowledge and understanding of roles and responsibilities within and between agencies was important and that the aims and culture of individual agencies could conflict with or disrupt multi-agency working. The need for additional training was identified. ([Appendix 9](#) provides an exemplar framework for planning, implementing and reviewing a team exercise.)

Interprofessional Training Needs

The implications are that further interprofessional development is needed in order to develop collaborative teamwork that addresses tensions in working relations within and between agencies in a context of instability and change. But this is training that needs to go beyond information exchange towards a fundamental reconception of a workforce that is flexible in approach and in career progression, that takes place over time through learning both in the workplace as described in earlier chapters and also through more sustained professional development that addresses values, culture, roles and expertise. Championing integrated working throughout the integrated centre and within the local community is one thing but, significantly, this is a new challenge for local authority personnel themselves who may be 'line managing' integrated centres with less experience and expertise than the leaders themselves. One response to this situation, as noted by Glass (2006), where commitment to excellent provision is uncertain, is an increase in control and prescription at a time when resources are almost certain to be reduced.

8.9 A Closer Look at the Challenges of Multi-Agency Working

Despite real enthusiasm of the local integrated centre programme members concerned, the survey respondents suggested that effective multi-agency working had not always been easy to achieve. Multi-agency work by its very nature could disrupt existing professional and agency culture, and conflicts over areas of responsibility could arise. Establishment of common aims within and across agencies was regarded as essential but, in practice, was less straightforward to establish, with new roles and responsibilities needing to be made explicit at all levels and effective communication developed to increase understanding of these. Practices established to protect confidentiality were still creating tensions and information-sharing strategies could still be improved. Allocation of budgets and financial organization, as well as non-financial resources, had created a major challenge to multi-agency working. That said the vast majority believed that integrated centres facilitated multi-agency working in terms of staffing arrangements, teams' expectations and priorities. Staff training was seen to have an important function in developing new ways of working. It was generally highlighted throughout that multi-agency teamworking was strongly promoted and supported by integrated centre leaders.

The next step was to look more forensically at the views and interpretations of challenges as experienced by talking in greater depth to professionals at a number of levels within the organizations concerned, partnership and team members of varying levels of seniority as well as a representative of the lead agency and accountable body. Four areas were examined: knowledge of structures; roles and responsibilities; data protection and information-sharing; and communication.

Knowledge of Structures

Discussing the role of leading agencies in ensuring that the financial details outlined in local plans were executed, representatives of the agencies acknowledged a lack of capacity and hence a delay in prioritizing support for integrated centre work. This resulted in members of the finance team being employed on temporary contracts as well as becoming involved in areas outside their remit, such as legal and estate management issues. Partnership board members varied in their level of understanding of the roles and functions of the leading agencies. Team members for their part identified the strategic commitment and financial role and were aware of the absence of permanent staff in the finance department. There was an

awareness that as the leading agencies developed, more effective ways of working in partnership, 'things could be achieved more quickly and efficiently', though this was not always apparent at operational level.

Roles and Responsibilities

The representatives of the leading agencies emphasized their priorities at a strategic and operational level and recognized that having two leading agencies (representing education and health) added complexity and thus challenge to multi-agency working. This could have a less than positive effect on local integrated centre programmes in terms of time taken to make decisions. Both agreed that integrated centre goals complemented those of their parent agencies. Partnership board members were more mixed in response. Some partnership board members agreed that local programme aims complemented the goals of their parent agency in meeting government targets and this impacted positively on client groups. Others emphasized that working clearly within the terms of reference facilitated local centre leaders, supporting, establishing and developing relationships between families and the local programme. Others were less certain and wondered whether services might be duplicated. Team members of the local programmes expressed a variety of views about the nature of aims of partner agencies and integrated centre work. It was highlighted that the programme offered an innovative approach. One felt that her parent agency was 'very mistrusting of any new initiative' and another declared that her parent agency had little to do with the local integrated centre programmes. Another stressed the impact of external influences such as changing priorities at government level. Yet another indicated the possible tensions between relative emphasis on prevention and intervention that could impact on the parent agency. Some felt confident in managing staff and working at the same time alongside existing programmes and engaging with 'hard to reach' families.

Staffing, Resources and Work-Space

Challenges related to staffing were emphasized by all groups of participants. The leading agencies referred to the challenges posed to staff being employed on temporary contracts and acknowledged lack of office space as a challenge. Partnership board representatives noted the length of time taken to recruit a new programme leader when the previous incumbent had left. Others mentioned problems with recruiting health-related professionals. Yet another mentioned the challenges associated with changing professional practice and integrating professionals from diverse disciplines. With respect to space, reservations were expressed about the desirability of co-locating with another statutory agency. Team members acknowledged the challenge of managing a professionally diverse team, a sense of isolation and a lack of training. Notwithstanding this, staffing arrangements were viewed positively and, despite short-term discomfort and frustration, construction of a new building was generally viewed positively.

Data Protection and Information-Sharing

Representatives of the leading agencies both acknowledged challenges regarding information-sharing between team members and the PCT. Some partnership board members also mentioned ongoing challenges regarding lack of information-sharing of the PCT. It was recognized that different organizations had different arrangements and it was also recognized that the issue was being addressed. Team members also described the PCT as 'taking a controlling role in respect of data protection and information-sharing'. Reluctance of agencies to share information was highlighted. Identifying and accessing client information was regarded as a major challenge by some participants. The need for shared procedures and protocols with a strategy for placing confidential information on shared computer drives was indicated.

Communication

Challenges posed at the strategic level in the authority were identified by representatives of the leading agencies and the impact of constantly changing national policies was also mentioned. It was agreed that centrally held information could be a hindrance to communication and that improved IT networks were needed. At the operational level, it was noted that team members were used to working in different ways.

At the level of individual integrated centre programmes, regular meetings of the programme leader with the partnership board and team members were part of an effective communication strategy. In terms of leadership style of the programme managers, it was reported that there was a real willingness and a strong personal commitment to learn, share and 'take the lead'. Partnership board members advocated the use of multiple communication channels, acknowledging the challenge in the face of multiple locations and a sizeable team. Jargon was acknowledged by one member as a barrier to parental engagement, though others indicated that formal partnership board meetings and informal face-to-face communication were successful. Team members felt that formal methods of communications through meetings, telephone contacts, daily transfer of internal post, information chats and social events were successful but that the number of locations, underuse of IT, availability of part-time staff and different ways of working were regarded as a challenge by some.

What emerged strongly from the in-depth discussions with staff from four integrated programmes was a sense of staff from different backgrounds and skills striving towards common goals and shared values, despite barriers to effectiveness and efficiency in the form of shifting national policy. Local authority structures inevitably were too slow in response to financial arrangements and 'contracting in' of services from different professionals. A lack of space, split-site accommodation, challenges to data-storing, information access and sharing, and communication were also barriers. It should be noted at this point that the emphasis has been placed on processes underpinning proficient implementation of multi-agency services, such as partnership functioning, leadership and holistic aspects of implementation such as communications. Rather less emerged that related to what was implemented, service quality and delivery, identification of users and strategies to reach, improve and sustain services over time.

In order to obtain a stronger sense of targets set, preventative strategies employed, perceived effectiveness as well as facilitating factors and barriers from the perspective of specialist services themselves, brief case studies of agency work in the field of social work, speech and language therapy services and special education support were carried out.

8.10 Case Studies

Speech and Language Therapy

All four integrated centre programmes had a speech and language therapist as part of their team, two working at 0.5 of a week, one at 0.7 of a week and one full-time. A detailed personal specification encompassing duties in three key areas was provided: their clinical role, their training role and their team/service role. The speech and language therapists met with their professional leader every three months as a group, and with one another more often to share ideas, new practice and to make visits to other local programmes. There was also collaboration at the strategic level with the whole mainstream speech and language therapy service. All members of the local programme speech and language therapy team worked to achieve agreed targets to increase the proportion of children having normal levels of communication, language and literacy at the end of the early years foundation stage (at age 5 and at the end of the Reception year in school) and to increase the proportion of young children with satisfactory speech and language development at age 2. To achieve these targets, therapists worked in local nurseries providing advice for staff on raising learning and competence in communicating, speaking and listening, being read to and extending early efforts to read and write of individual children and working with identified children to help them develop communication skills, both individually and in a group. They provided training for nurseries, parents and professionals, took part in local programme activities with other members of the team, carried out joint assessment sessions to ascertain children's communication, speaking and listening skills and followed up requests for contact from other personnel such as the health visitor, after the 2-year-old developmental check, nursery staff following the Every Child a Talker guidance (DCSF, 2008c), or parents, making home visits and working with individual parents. In line with the Early Years Foundation Stage (DfES, 2007), this identified the existing ways babies became effective communicators through responsive interactions with those who care for them in their home and community. It demonstrated how early communication provided a basis for understanding language, vocabulary development and later literacy. Therapists did not have a defined caseload, although some children in the local programme areas received input from mainstream and programme therapists or solely from the local programme therapist.

An initial audit was carried out of speech and language skills of 3-year-old children entering local programme nurseries in 2003 and repeated in 2006. Moreover, annual data from Sure Start Speech and Language Measures (Harris, 2002) were collected on 60 children across projects per year. In terms of achievements, the projects were now experiencing more referrals from both service users and outside agencies such as social services, indicating an increased awareness of the importance of early speech and language communication. This period spanned the time from the introduction of Birth to Three Matters (DfES, 2003b) to the Early Years Foundation Stage (DfES, 2007) and led to a closer scrutiny of the Early Years Foundation Stage Profile results that by April, 2008 were setting national and local statutory targets. It also ensured that young mothers received key messages that: babies were sociable from birth and used a variety of strategies to gain attention; they made contact through facial expression, movement, gesture and words; they responded to turn-taking patterns of interaction, rhyming games, singing and word play; they enjoyed experimenting and using sounds and words for everyday objects; and soon they used single- and two-word utterances to convey messages that conveyed emotions, experiences and thoughts.

Identified facilitating factors were the supportive integrated centre leader and team, the opportunity to work in new and flexible ways and the availability of increased resources. Identified barriers were difficulties in recruiting suitably trained speech and language therapy assistants in the local programme areas and the lack of suitable premises in which to carry out training. In terms of effectiveness, the speech and language therapy team had been keen throughout to secure evidence for the benefits of an indirect service delivery including the collection of case study data over a three-year period as examples of early intervention, resulting in children not needing a referral to the mainstream speech and language therapy service.

What stood out from the investigation was the clear articulation by therapists of an identified professional knowledge base. This comprised a range of core clinical activities and training responsibilities that distributed this knowledge base as widely as possible to other professionals such as health visitors, midwives, community nurses and parents and that took best account of early intervention in the preventative sense for the majority, as well as recognizing the need for more specialized intervention for a smaller number of children with longer-term additional needs.

Special Educational Needs Service

In respect of a target to increase the number of children who had their special educational needs identified in line with 'early years action' and 'early years action plus' of the Special Educational Needs Code of Practice (DfES, 2001) and to have an individual action plan in place, the speech and language therapists had also been involved in city-wide training for parents and new special educational needs (SEN) co-ordinators. Moreover, the original steering committee of one of the local programmes had made a proposal to have a multidisciplinary SEN team attached to the programme in order to address at a very early stage, children's special or additional needs. Accordingly, the programme leader secured the input of an educational psychologist for two days a week, a preschool SEN teacher's input for two and a half days and a parent partnership outreach worker's input for two and a half days. While the Code of Practice assigned a statutory role to each of these team members in the statutory assessment of SEN, in the context of their local integrated centre programme role, the team felt that judging their work in terms of caseload might be inappropriate and thus their reported 'case' numbers were quite low. The Early Years Foundation Stage (DfES, 2007) was intended to provide a framework for practice for all practitioners, including children with SEN. The notion of a 'unique child' and a commitment to universal development, well-being, safety and inclusion suggested that all early years practitioners should be responsible for promoting positive outcomes for all young children.

Over one exemplar year, for instance, the preschool SEN teacher supported a small number of parents and children; the outreach worker made some home visits and provided caseload co-ordination for a few parents and a larger number of children; and the educational psychologist provided consultation for a relatively small number of parents and children. They felt however, that their effectiveness should be judged in terms of 'quality not quantity'. The opportunity to work more indirectly through family, community and other professionals was relished though it was less clear how this aspect of the work was monitored and evaluated or its impact judged. The criteria in the preschool teacher's service level agreement did however specify the amount of time to be dedicated to working directly with individual children or indirectly by contributing to the development of local integrated centre services and supporting other staff. Terms such as 'prevention' and

'intervention' did not appear to be interpreted in the same manner by all professionals and it was not always clear where work carried out with children and families referred to the traditional 'acute' client group and when, where or how access to different groups with milder difficulties and delays was secured. Indeed, local authority providers have a responsibility to remove or overcome barriers to achievement for all children (DfES, 2004c). While this includes early identification and involving other agencies as appropriate, the emphasis is on adapting the environment to suit the individual child's learning.

In common with the speech and language therapists, the SEN team felt that working with the local multi-agency team was a facilitating factor in their work and 'everything was so much quicker while they were more approachable and accessible'. Identified barriers to SEN work by the team included differences in professional cultures, values and working practices that generated different agendas and resulted in different modes of performance management.

The perceived ethos of the local programme with its emphasis on self-referral could create potential barriers for 'hard to reach' groups, who would then become progressively harder to reach. Their professional leaders noted that in the long term the support services they represented were neither staffed nor resourced to provide an indirect service delivery at the preschool stage. In any case, as a review of Ramey and Ramey (1998) suggested, in order to be effective, early intervention needs to be direct, intensive and sustained. Nevertheless, this early intervention may best be approached through collective rather than specialist responsibility. For her part, the local integrated centre programme leader expressed concern that the annual expenditure on the SEN team amounted to nearly 7 per cent of the annual budget, while staff absences totalling 220 days in one year had had some considerable impact of professional contact.

Social Work Intervention

Meanwhile, another local integrated centre programme with high rates of child protection cases proposed to employ a social worker to develop preventative strategies. While a common assessment framework (CAF) has been established to create an integrated strategy, for children at risk of abuse the Children Act (DoH, 1989) is still a basis for providing children's services. Clear targets were set for local integrated centre programmes at the time to reduce re-registration on the child protection register within the space of 12 months by 20 per cent. In fact, there was no evidence of increase or decrease in child protection rates over the period that the local integrated centre programmes had been in operation. A social work post was thus created in this local programme, specifying 0.5 of the week to develop preventative strategies in the local integrated centre programme area and 0.5 of the week in the local social services office to deal with statutory child protection work for under-5s. The local authority is required to safeguard and promote the welfare of children within their area who are in need, through provision of a range of services to the child and family. While traditionally social workers have provided for children in need, a range of services related to education, health, housing, financial assistance or family support may be offered by different members of a multidisciplinary team.

Within six months, this post broke down and the social worker left. The continuing and developing pressures from the statutory role were perceived by the social worker to 'take precedence' and this she felt hindered what could be achieved in the preventative role. There did seem to be grounds for participants' views that this part-time preventative post, in practice, was not satisfactory but it was also acknowledged that the professional concerned should have been more 'proactive'. The social worker herself felt that 'having a job without a well-defined role was really hard ... very much like a spare part' and that she had really to be given guidance of an agreed and realistic job specification, service level agreement with appropriate supervision and, hence, accountability for work carried out. While joint supervision was reported to be taking place, it appeared that there was some mismatch in expectations with respect to preventative working practices with families between the two managers concerned, as well as perceived lines of accountability for the statutory element of the post. It was acknowledged in this case, as by participants in the other case studies, that having no caseload and the support of a multi-agency team with time and resources should have been regarded as facilitative. Barriers to preventative social work, it was reported by the social worker, included the negative image of social workers and general mistrust of them. She explained that this was a 'big barrier' as people wanted to be 'left alone to get on with their lives'. The role of local integrated centre programmes was 'more voluntary' on the family's side – about wanting services and wanting to join groups as well as wanting help. In this respect, the social worker noted that one had to intervene with a family in order for prevention to occur.

This was 'not befriending but somehow more voluntary, less statutory and less punitive'.

In the longer-term, as with the SEN case study, questions were raised by the professional leader about the feasibility of resourcing social work posts that carried no caseload. 'Prevention' was defined here as the promotion of well-being of child, family and community, and thus all services had a role and responsibility with a focus on preventing the need for more targeted and specialist services (level 1 or universal services). It was acknowledged, however, that 'too many resources were focused on meeting those needs at level 4 (with a high risk of harm) and level 3 (medium risk requiring a complex multi-agency response), with insufficient resources being available when needs first become apparent (at level 2 or low risk). The result was that 'as though in a vortex children were drawn into expensive interventionist services too quickly'.

8.11 Leadership by the Many

The views of participants and the case studies highlighted the complexity of the challenge facing multi-agency integrated centre workers. Co-locating staff from partner organizations to work together when they were still employed by that parent agency with different terms and conditions, working hours, pay scales, holiday allowances and information-sharing strategies, created particular tensions. Though staff clearly had an appetite for the new and 'hybrid' professional that was being thrown up, many of the tensions described here relate to the particular model of multi-agency working in operation. Staff from a particular agency were co-located to work together but were still employed by their own agency, hence, conforming to Øvretveit's (1996) notion of joint management (or leadership). Moreover the challenge of local authority structural constraints, on one hand, and of the shifting and developing internal organization of a children's centre team, on the other, as they 'formed and reformed' multi-agency teams in response to changing requirements both within the organization and outside in a corresponding shifting outside environment may be aptly described as 'knotworking' (Engeström et al., 1999). Within the new children's centre agenda where professionals from different services will continue to work with a hybrid management system, it can be envisaged that existing tensions will not be eradicated. The findings serve to remind us of the investment needed in terms of finance, time and staff resources in order to develop new multi-agency ways of working. It is essential in such a climate that hasty judgements are not made about the impact of local integrated centre programmes, as they seek to acquire new knowledge and skills that are neither stable nor well-defined, and professionals within them learn to work in new ways with corresponding lack of definition and stability.

This chapter has attempted to provide an account of integrated centre programmes as they have moved towards children's centre status. At the level of practice, there is much to be learned by a leader about the challenging process of setting up and establishing a new range of multi-agency services. There was general agreement among the professionals involved that the programmes encouraged and resourced more flexible ways of working, though in the case of the individual social worker this faced her with the additional challenge of defining and developing a new repertoire of skills in terms of service innovation and flexibility, identification of families and 'reach' strategies that from her point of view were insufficiently supported and guided. By contrast, the speech and language therapists, both individually and collectively, with the support of their mainstream service and professional leader were able to develop new and flexible ways of working in order to provide accessible services for other professionals, clear pathways for individual families to follow to access them and strategies for identification of children and families, and shared staff training that were monitored, assessed and fed back into the planning process. The SEN case is a reminder that a large outlay of resource (staff and money) will not compensate for a service that is less well defined overall in terms of service vision, planning, implementation and evaluation of the impact on children and families living in the area and where staff morale, if sickness rates provide any sort of indication, is not high. Moreover, the case studies suggest a relationship between the processes of direct service implementation, impact on children and families, and overall quality (albeit indirect) of leadership provided.

Everything points towards the view that success is highly dependent upon the energy, imagination and expertise of individual professionals or professional groups and their leaders who, despite structural barriers and constraints of performance frameworks, are able to make a difference, whatever the circumstances. This chapter leaves unexamined in any very direct way the effects on and experiences of the families and communities themselves.

Despite the real enthusiasm of the local integrated centre programme members concerned, the survey respondents suggested that effective multi-agency working had not always been easy to achieve. Multi-agency work by its very nature could disrupt existing professional and agency cultures, and conflicts over areas of responsibility could arise. Establishment of common aims within and across agencies was regarded as essential but, in practice, was not always easy to achieve, with new roles and responsibilities needing to be made explicit at all levels and effective communication developed to increase understanding of these. Practices established to protect confidentiality were still creating tensions and information-sharing strategies could still be improved. Allocation of budgets and financial organization, as well as non-financial resources, had created a major challenge to local multi-agency working. That said, the vast majority believed that their local integrated centre programme facilitated multi-agency working in terms of staffing arrangements, teams' expectations and priorities. Staff training was seen to have an important function in developing new ways of working.

It was generally highlighted throughout that multi-agency team working was strongly promoted and supported by local programme leaders. Despite this, what emerged most strongly from the interviews was the impact on the work of integrated centre leaders of line management by the leading agencies who had overall control of financial arrangements and 'contracting-in' of the services of different professionals. Given that control and funding for children's centres is now being handed over gradually to local authorities, these findings underline the growing importance of effectiveness and cost-effectiveness. In fact, staff with different backgrounds and skills strove towards common goals and shared values despite barriers to effectiveness and efficiency, in the form of constantly shifting social, cultural and educational policies, local authority structures, lack of space and split-site challenges to data storing, information-sharing and communication.

This chapter attests to the power of leadership in context by 'the many'. The presence of the local integrated centre leaders is unmistakable but there is a strong sense of the 'many professionals' taking responsibility for creating and sharing knowledge and an unchallenged assumption that it is their task to remove the barriers that hinder this process. It is a reminder that it is the cultivation of leaders at many levels in the local programmes that together must collectively shape the future of their organization in a time of change.

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Models of effective multi-agency working are still to be identified, although facilitating factors have been identified.

Practitioner's Views 8.1

The strategic leader of our leaders was keen to review the effectiveness of multi-agency working and, in particular, the influence of different models of such working in improving outcomes for children and families. While the evidence on effective multi-agency practice is scant, we can be more certain about facilitating factors and barriers, where consistent findings emerge.

Facilitators include:

- clear aims;
- roles and responsibilities and timetables that are agreed between partners;
- a multi-agency steering group;
- commitment at all levels of the organizations involved;
- good systems of communication and information-sharing, including IT systems; and
- support and training for staff in new ways of working (there is some evidence that interprofessional programmes of continuing education can remove barriers to joint working).

We now need to find out more about:

- the relationship of different models of multi-agency working in services for children to outcomes;
- the relationship of facilitating factors to outcomes; and
- assessment of cost-effectiveness.



- language and speech
- language therapy
- speech therapy
- staff
- Sure Start
- information sharing
- programming

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