

1

What is partnership working, where did it come from and why is it important?

This chapter introduces the term 'partnership working', where it has come from, why it holds an important place within government agendas for change and what it means within the context of Early Childhood Education and Care (ECEC) organisation and practice. The chapter explores definitions of associated terms to clarify different ways in which partnerships can be conceived and constructed and what these mean in practical terms to practitioners, families, children and communities.

Chapter themes are:

- What is partnership working?
- Where did partnership working come from?
- What are the associated terms, their definitions, similarities and differences?
- Why is partnership working important?
- How has the move towards greater partnership working developed?
- What is partnership working in practice: benefits, challenges and leadership?



So what do we mean by partnership working (multi-agency working) and what is it all about? Why is it important? Where did it come from and how did it develop into a national policy?

What is partnership working in this context?

Partnership working is a key concept at the core of social and educational policy since the start of the millennium. It is evidence of a shift in emphasis at government, local and setting levels away from a 'top-down' approach towards a 'bottom-up' approach. This shift came from a fundamental change in philosophy which included recognition of the importance of working with service users more closely to help identify needs and how they could be met. This was very different from the previous approach which tended to dictate what would be provided for service users and was based on a view of service organisation and delivery that was separated into and focused on specialism. The previous philosophy took more account

2 MULTI-AGENCY WORKING IN THE EARLY YEARS

of what those in specialist services such as Education, Health and Social Services believed was right for people, rather than listening to what people themselves might say they needed. The more recent definition, organisation and provision of services for children, parents, families and communities by government and local authorities still recognises the need for specialism within service providers but also places a new emphasis on 'joined-up thinking' and working. This change grounded in social theories recognises the value of the principle of including all perspectives, including those who need and use the services, so that what is provided is more relevant and appropriate in matching needs, more efficient in delivery and achieves more effective outcomes. An example of joined-up working in practice is Camden in London and the way they have built their multi-agency team supporting Early Years. The team developed from their original Sure Start Local Programmes (see Useful Websites at the end of the chapter). Specialists from a wide range of services including speech and language, midwives, specialist support for the Somali community, librarians and child protection were paid for by the local authority to work as multi-agency support for four days each week and to return to specialist work for the remaining day. The arrangements have been developed to reach and serve a wider community than the original Sure Start areas and professionals have been nurtured who are skilled in planned multi-agency approaches to service provision. The reduction in funding has led to a review to assess how best to continue developing the teams to meet future needs.

Partnership working provides opportunities for needs to be met collectively as well as individually so that the needs of whole families can be addressed in a unified way. Partnership working is embodied in the notion of children, parents, families and communities having access to a wide range of support and developmental services to enable them to:

- identify what their needs are;
- access the most appropriate help from all relevant agencies;
- begin to take greater control of their own lives;
- increase their confidence and self-worth;
- develop their skills and extend their education;
- enable them to live more fulfilled lives and contribute more fully to wider society.

Partnership working is also about professional agencies aiming to improve the way they organise, plan, undertake and reflect on their work jointly as elements of a team, each with their own perspectives and skills but combining effectively as a unified whole. Whereas previously individuals had to attend a range of locations often at some distance, a key principle of partnership working is to reduce this to local sites, initially targeted at areas of high deprivation and then extended, so that children, parents and families can receive the support they need wherever they live. Clearly specialist centres remain – there will always need to be surgeries, hospitals, schools and care centres – but the emphasis is for services to be brought

to neighbourhood locations wherever possible. Phrases such as 'joined-up thinking' and 'one-stop shop' capture the emphasis of partnership working.



Case study

Partnerships developing over time – combining Health, Social Care and Early Years

Ganney's Meadow is a children's centre in an area of high deprivation in the Wirral, housed in part of a refurbished junior school building. In the early 1990s, due to falling rolls, all the primary aged children were accommodated in the adjoining infant building; the local nursery school was relocated into one wing of the empty junior building in line with the local authority's aim of developing their first integrated centre. At this time social care staff rented a couple of rooms and ran a family support group – drop-ins and adult courses which were very low key – in the vacant wing of the building with a locked door between them and the nursery school. These were the first staff that actually integrated with the 'nursery school staff'.

The specialist practitioner nurse role was part of this development of integrated services. One of the governors (a health visitor herself) helped the setting to develop this idea and which led to liaison with the Primary Care Trust (PCT) who agreed to fund the post if the centre allocated a room. The health practitioner on site was and still is funded through the PCT. The salary has never come out of centre budgets.

The refurbishment of the additional space/wing was funded through Early Excellence Centre (EEC) (see Glossary) finance in the late 1990s in order to provide a crèche, training rooms, a family room and a multi-purpose room for a range of groups for 0–3s with their parents. The funding to relocate the local branch library came from the local authority's chief executive and the 0–3s day care came later, funded through the Neighbourhood Nursery initiative.

This example shows how partnership working has developed over time and how different initiatives have been used to develop and extend the organisation, staffing and range of services.

Where did partnership working come from?

To some extent there has always been recognition of the value and importance of joint working and shared information, particularly within organisations. Within Health, Social Services and Education different specialist branches have used joint meetings to evaluate needs and plan actions. Cooperation between pairs of agencies, such as Education and Health or Health and Social Services, have also been well established. For example, hospitals included a welfare department to assist patients and to liaise with Social Services and other agencies. Social Services have been responsible for calling and chairing joint meetings to address child protection issues. Child protection case conferences are focused on the needs of the child. They have brought together representatives from Education, Health, the police, drug and alcohol counsellors and other agencies relevant to specific cases. Within Education the school doctor and school nurse focused on the needs of children

4 MULTI-AGENCY WORKING IN THE EARLY YEARS

with medical needs, alerting the school to specific needs of individuals and linking with Social Services where issues beyond medical needs were involved. Key features of these kinds of cooperation are that they were controlled by the professional agencies, they tended to be in response to a crisis and while they were intended to be supportive and did attempt to allow a voice to the individuals 'at risk', in practice it was often very difficult for the individual or family to make an effective contribution. The increasing emphasis on inter-agency cooperation is illustrated in two successive papers: *Working Together: A Guide to Arrangements for Inter-agency Co-operation for the Protection of Children from Abuse* (DHSS, 1986) and *Working Together to Safeguard and Promote the Welfare of Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children* (DoH, Home Office and DfEE, 1999). The gradual combining of Health and Social Services and the creation of new government units, such as the Children's and Young People's Unit in 2000, was supported by a series of government papers following the turn of the century. The emphasis changed from departments which dictated to departments and units that encouraged professionals to facilitate and empower families to take responsibility for themselves (Pascall, 1986: 38). The shift in emphasis was also influenced by the growth in understanding nationally and internationally of the interdependence of Health, Social Welfare and Education, supported by research such as the OECD reports *Starting Strong I* and *II* (2001 and 2006).

While this kind of cooperation has continued, what has changed is the 'top-down' emphasis. There has been a growing emphasis on equality and real partnership to allow the true 'voice' of individuals and families to be heard, combined with a clear aim of identifying and addressing need, preferably before reaching crisis dimensions. During the 1990s Social Services established family centres in areas identified as having high social deprivation. These centres were run by a leader from Social Services but aimed to include parents and families in the planning and running of services. This model was later developed and extended in both Sure Start and Early Excellence Centres but is mentioned here to illustrate the shift in thinking and emphasis.

Defining terms

Defining terms in a way that will be clearly understood by all is a challenging task. Each of the key agencies involved in early years care and education partnerships – Community Work, Education, Social Services, Health, Housing, Family Support, counselling services for drug and alcohol abuse – has their own professional language and code, including acronyms, and often employ the same words with completely different meanings. For example, the term for agencies working together is presented in different ways:

- inter-agency
- multi-agency
- inter-disciplinary
- inter-professional

- multi-professional
- multi-disciplinary.

These describe different kinds of combinations, the first two organisationally based practice and the latter three types of organisation (Weinstein et al., 2003). These can be intentional or accidental, formal or informal, structured or loose. The current preferred term is partnership working but even this may not capture appropriately the subtle ethos or underlying desire for new ways of developing and refining the complex warp and weft of professional relationships focused on improvement for families and children. Nevertheless this is the term that will be used throughout the book.

Whittington (in Weinstein et al., 2003) provides the following definitions of partnership and collaboration:

Partnership is a state of relationship, at organizational, group, professional or inter-professional level, to be achieved, maintained and reviewed.

Collaboration is an active process of partnership in action.

Two other definitions are given by the UK Centre for the Advancement of Interprofessional Education (CAIPE) and quoted by Barr et al. (2005), the first of which emphasises the combination of adult learning principles with collaborative learning and practice, but within the context of a rationale which takes account of all possible combinations including inter-personal, inter-group, organisational and inter-organisational relationships and processes. The second simplifies this to a situation where any two or more professionals share learning 'with, from and about each other' to develop and improve collaborative practice. In other words, the definitions stress the active sharing of professional practice at individual, group and organisational levels in order to improve understanding and collaboration, which Barr et al. refer to as 'interprofessional education', as opposed to 'multiprofessional education' which involves any occasion when people from two or more professions learn side by side but not necessarily with the intention of improving collaboration and the quality of their work.

There does need to be a distinction between the different levels of collaboration and interaction: professionals may be housed together or co-located, which may or may not involve sharing information; they may be working jointly where there is a degree of information sharing; they may be more unified in their approach and working systematically with higher degrees of information sharing, planning and review; or there may be a merging into a single organised unit to achieve agreed common aims. Within a specifically Early Years context this view is supported by Anning et al. (2006) who suggest a hierarchy of terms to describe different levels of partnership which echo this progression (Anning et al., 2006: 6).

Weinstein et al. define the need for successful *inter-professional* collaboration as:

... practitioners learning:

- what is common to the professional involved
- the *distinctive contribution* of each profession

6 MULTI-AGENCY WORKING IN THE EARLY YEARS

- what may be *complementary* between them
 - what may be in tension or conflict between them
- and
- how to work together ...

(2003: 49)

The distinction between learning side by side and learning *about each other* is critical to the underlying theme of this book, which is to improve shared understanding and assist practitioners and researchers alike in raising their awareness of the complexities involved in partnership working.



Points for reflection

- Does this match your experience?
- How would you define agencies working together?
- What other definitions can you find or suggest?

If defining terms is complex, identifying and finding a common pathway through definitions of practice values, codes of practice and ethics is even more so. Each profession has their own outlook and values and their own priorities. Within a profession different skill areas have their own points of view and stress different aspects, and each has their own way of looking at situations, interpreting them and identifying critical aspects to address. It remains important for each profession and agency to have clear aims and to retain their identity and the ability to make decisions and take actions independently. In addition, however, they must also develop a greater understanding of other professional points of view and cultures and actively improve cooperation and coordination and work towards greater integration. Within complex organisations such as Health, there is a growing understanding of the value and practice of more coordinated and combined approaches (Barr et al., 2005) and greater understanding of how this can be achieved (Freeth et al., 2005).

Why is it important?

During the 1990s a series of research reports pointed to the effects of poverty:

Children from poorer homes have a lower life expectancy, are more likely to die in infancy or childhood, have a greater likelihood of infections and poor health, a lower chance of educational attainment, a higher probability of involvement in crime and homelessness, and a higher risk of teenage pregnancy.

(Holterman, 1994)

Kelly (2008) also shows the critical importance of housing to child health. This seems to suggest that families in poverty are likely to be involved with a wide range of agencies, for largely negative reasons. It seems entirely logical and necessary, therefore, for agencies to work together to address the effects of poverty in the first instance if they are to break the spiral of deprivation which repeats through gener-

ations and as a first step towards reducing poverty itself. Since the late 1990s there has been an increasing emphasis from the government for greater sharing of information and cooperation within and between agencies. The Utting Report *People Like Us – the Report of the Review of Safeguards for Children Living Away from Home* (DoH/WO, 1997) drew attention to the inadequacies of provision for children taken into care. In her summary to the House of Lords Baroness Jay referred to:

The report presents a woeful tale of failure at all levels to provide a secure and decent childhood for some of the most vulnerable children ... The report reveals that in far too many cases not enough care was taken. Elementary safeguards were not in place or not enforced. Many children were harmed rather than helped. The review reveals that these failings were not just the fault of individuals – though individuals were at fault. It reveals the failures of a whole system. (Baroness Jay of Paddington, statement to the House of Lords, 19 November 1997, Hansard)

This report reinforced the findings emerging throughout the 1990s regarding the consequences of child poverty and served to bring new policies into place to raise standards of health, social care and education for children including those cared for by local authorities, and successive initiatives such as Early Excellence Centre (EEC) Evaluation (2002), the Effective Provision of Pre-School Education (EPPE – DfES, 2004) and the National Evaluation of Sure Start (NESS – 2005 and 2007) have provided evidence of real benefits to children, families and communities where more joined-up working takes place.

In recent times the consequences of agencies not working together have been starkly bleak. There has been powerful evidence from specific cases that we cannot afford to see Early Childhood Education and Care (ECEC) in isolation and need to move towards greater cooperation and coordination of services, especially for vulnerable children and families. The failure of agencies to communicate internally and with each other has contributed directly to dire consequences, illustrated by the tragic case of Victoria Climbié which led to fundamental changes in approach and lent a new urgency to the need for effective inter-agency working. The consequent report (Laming Report, 2003), led to more formal procedures and a government White Paper, *Every Child Matters: Change for Children* (DfES, 2004). The recommendations of this report are still in the process of being implemented and underpin revisions of childcare policy and practice, for example through the Common Assessment Framework (CAF) which has been set in place in an attempt to improve partnership working where children and families 'at risk' are identified. However, the case of 'Baby P' and events in Haringey which came to light in 2008 and Darlington in 2009 serve as a reminder that there is still a long way to go before there can be greater confidence in the systems in place. Perhaps the real need is for constant vigilance.

The Common Assessment Framework (CAF) is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardized approach to conducting an assessment of a child's additional needs and deciding how those needs should be met.

(<http://www.everychildmatters.gov.uk/deliveringservices/caf/>)

More recently, in a joint statement in 2007, the professional bodies representing Social Care, Nursing and Education (the General Social Care Council (GSCC), the

8 MULTI-AGENCY WORKING IN THE EARLY YEARS

Nursing and Midwifery Council (NMC) and the General Teaching Council (GTC) acknowledged shared values and included recognition of the need to work together:

Children's practitioners value the contribution that a range of colleagues make to children and young people's lives, and they form effective relationships across the children's workforce. Their integrated practice is based on a willingness to bring their own expertise to bear on the pursuit of shared goals, and a respect for the expertise of others.

(www.nmc-uk.org.uk/aArticle.aspx?ArticleID=2344)

The main benefits from partnership working for children, families and communities can be summarised as follows:

- It is more efficient:
 - There is a better chance for individuals to be heard.
 - Needs are more likely to be identified.
 - Needs can be dealt with holistically and with regard to the whole family where necessary.
 - Resources are more focused and there is less risk of duplication.
 - Agencies' actions complement each other.
- It is more effective:
 - Individuals are valued and listened to and their confidence and self-esteem is enhanced.
 - The support is focused on empowerment not dependency.
 - Networking between agencies about individuals can reduce bureaucracy and save time.
 - Actions are part of a more coherent shared strategy.

The National Evaluation of Sure Start Summary Report of 2007 noted the following key strategic points:

What worked at strategic level was:

- systemic, sustainable structures in governance and management/leadership;
- a welcoming, informal but professional ethos;
- empowering parents, children and practitioners.

What worked at operational level was:

- auditing and responding to community priorities in universal services;
- early identification and targeting of children and parents to benefit from specialist services;
- recruiting, training and deploying providers with appropriate qualifications and personal attributes; and
- managing the complexities of multi-agency teamwork.

(Anning et al., 2007)

This report did raise additional issues which need to be addressed, particularly in terms of ensuring services reach those in most need and drawing attention to the need for flexibility in organisation, times and availability of services and specific agencies. What it affirms are the underlying advantages and gains from

partnership working in identifying and addressing the needs of children, families and communities ...



Activity

What were the key findings of the Laming Report?

Can you find evidence that the findings and recommendations are being acted upon?

How has the move towards greater partnership working developed?

The short answer is that there was a growing understanding that the service structures and relationships were no longer adequate to meet changing needs, and that this combined with a growing understanding of the consequences of poverty in terms of health, social and educational deprivation. This realisation prompted consultation by government on a much wider basis than previously which helped uncover evidence from examples provided by families themselves and grassroots practitioners of all professional heritages as well as from research findings. Effective lobbying from early years, health and social care professionals and academics reinforced political emphasis on holistic approaches to break cycles of deprivation by developing shared understanding and a more coherent and joined-up practice. Changing theory into practice proved to be complex but has been undertaken in a considered and structured process which has drawn on views from all stakeholders. Baldock et al. (2005: 15–34) and Clark and Waller (2007: 28–33) provide comprehensive histories charting political changes. Figure 1.1 shows some of the more significant changes since 1980.

Many of the new initiatives acknowledged the need for and encouraged the closer cooperation and direct involvement of parents. An example of this is provided by the Early Years Development and Child Care Partnerships (see Figure 1.2).

In 1997 the new government insisted that local authorities establish Early Years Development and Childcare Partnerships (EYDCPs). These groups brought together all those involved in pre-school and early years care and education from the private, voluntary and state sectors (see Figure 1.3 for an example). All had to be represented and their initial aim was to share information, audit what was already in place and identify needs. This then extended to shared organisation, planning and delivery of services to children, including sharing training and development to improve the overall quality of service. The local authority role was meant to facilitate and not to lead within the partnership. Funding for initiatives such as training was made available from government, subject to the acceptance of a successful bid based on a specific plan.

The EYDCPs kick-started a form of partnership working which benefitted the private and independent sector in particular and meant that when stricter registration and inspection was introduced, standards had already been enhanced and there was a supportive body already in place to offer help if needed.

10 MULTI-AGENCY WORKING IN THE EARLY YEARS

<p>1980</p> <p>As a new head teacher partnership is with school governors and Education, Health and Social Service separately.</p> <p>Schools are separated from local authorities.</p> <p>Increased government emphasis on freedom of choice means parents are encouraged to choose and to take an active part in partnership with schools.</p> <p>The profile and voice of Early Years gradually increases. Vouchers are introduced to enable greater access to pre-school education.</p> <p>1990</p> <p>Greater cooperation developed between Health and Education particularly for children with additional needs.</p> <p>Closer cooperative working between agencies exists but depends on informal structures.</p> <p>1997</p> <p>New Labour – impetus to include all partners in Early Years Development and Childcare Partnerships (EYDCPs).</p> <p>Single Regeneration Budget.</p> <p>Working family tax credit changes encourage pre-school childcare.</p> <p>Education Action Zones, Health Action Zones.</p> <p>2004</p> <p>Early Excellence Centres, Sure Start, Neighbourhood Nurseries — make pre-school more widely available, increase quality and encourage agencies to work more closely together.</p> <p>Children's Centres.</p> <p>Parents are seen as equal partners.</p> <p>Multi-agency working in practice.</p> <p>2008</p> <p>A Children's Centre available to all by 2010.</p>	<p>Enabling legislation</p> <p>1989 <i>Managing Service More Effectively – Performance Review</i> (Audit Commission)</p> <p>1989 The Children Act</p> <p>National Standards for under 8s day care and childminders</p> <p>1998 <i>Supporting Families: A Consultation Document</i> (DoH)</p> <p>2001 <i>Working Together Under the Children Act</i> (DoH)</p> <p>2002 <i>Integrated Services for Older People: Building a Whole System Approach in England</i> (Audit Commission) – 'whole systems' approach</p> <p>2004 <i>Every Child Matters: Change for Children</i></p> <p>2004 <i>The Children Act</i></p> <p>2006 <i>The Childcare Act</i></p> <p>Pre-school education and care no longer separate</p> <p>EYPS introduced</p> <p>2007 <i>The Children's Plan – EYFS</i></p>
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Figure 1.1 The changing face of partnership working

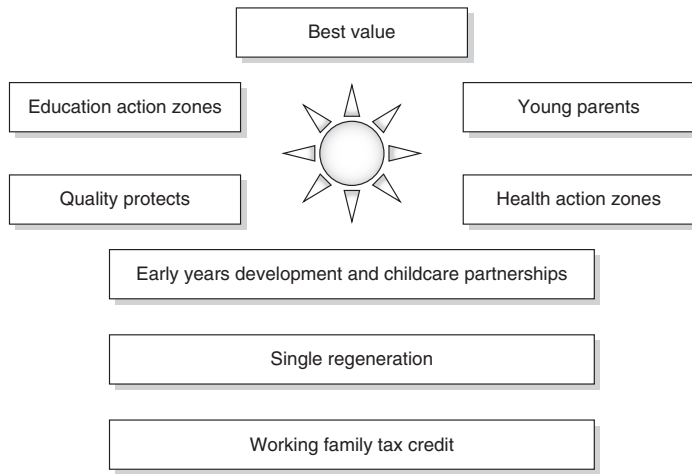


Figure 1.2 Initiatives increasing the emphasis on parental involvement

Nottinghamshire Early Years Development and Childcare Partnership (EYDCP)

We are the Nottinghamshire Early Years Development and Childcare Partnership (EYDCP). We were set up in 1998. We bring together local partners to:

- develop and deliver free early years education for three- and four-year-olds
- develop childcare services for children under 16
- help to deliver Sure Start services.

Our members include childcare providers, maintained and independent schools, local employers, health services, voluntary organisations, Ofsted, Nottinghamshire County Council, Learning and Skills Council and Jobcentre Plus.

Nottinghamshire County Council is responsible for providing leadership, planning services, co-ordinating the way services are delivered and consulting children, parents and carers. It is also responsible for managing our finances and must monitor our performance.

www.nottinghamshire.gov.uk/home/learningandwork/preschool/earlyyearseducation/eydcp.htm

Figure 1.3 An EYDCP example from Nottinghamshire
Reproduced with permission from Nottinghamshire Children’s and Young People’s Service

In addition three key programmes came into being: Early Excellence Centres (EECs), Sure Start and Neighbourhood Nurseries (see Figure 1.4). Many current children’s centres retain their original parent title in their name.



Activity

Find out what were the key similarities and differences between these initiatives. What is their legacy today?

12 MULTI-AGENCY WORKING IN THE EARLY YEARS

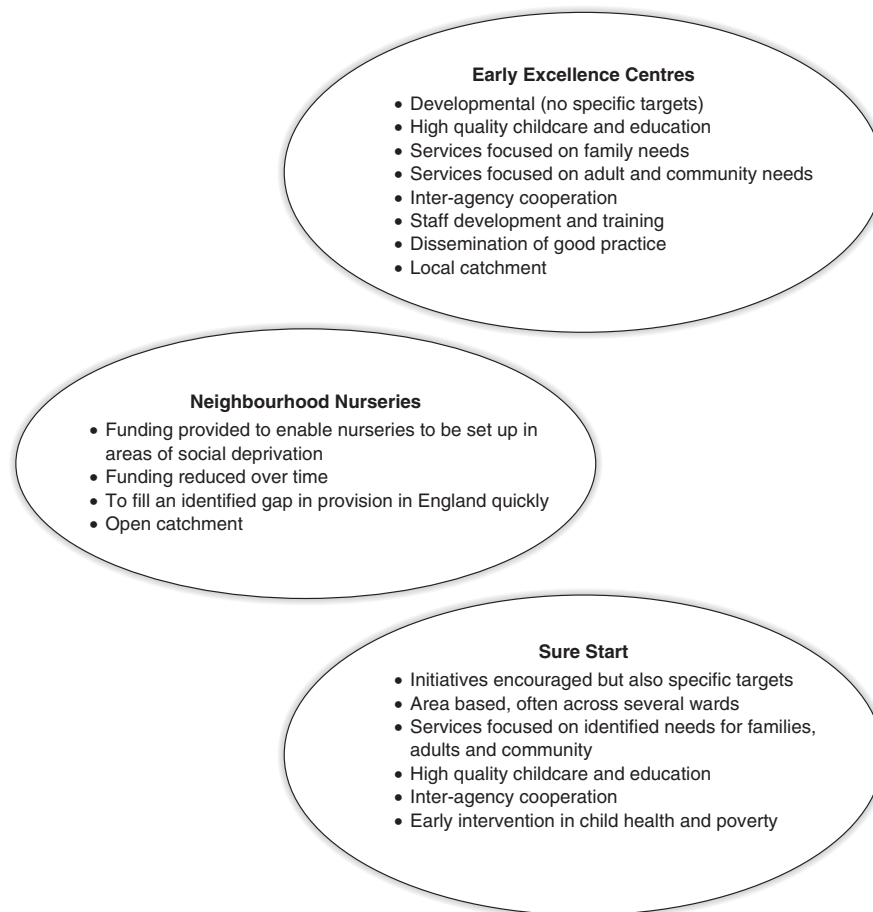


Figure 1.4 Key features of Early Excellence Centres, Neighbourhood Nurseries and Sure Start

During the first five years of the New Labour administration, research into these initiatives grew and increased overall awareness and understanding of the need to see professional support more holistically, with Social Services, Health and Education addressing the needs of families collectively. Local authorities in many areas combined Education and Social Services departments under titles more focused on family needs and Community Development grew in importance. Partnerships with private and voluntary sector organisations became increasingly common. There was an expectation that professionals would improve joined-up thinking by consulting more fully, sharing information, working in harmony to identify needs and defining strategies to meet them together. The initiatives called for new models of organisation and communication at setting, local authority and regional levels.

In Wales, Scotland and Northern Ireland Sure Start and Early Years initiatives have been organised differently. The new edition of Baldock et al. (2009) provides a good overview.

There was a clear expectation that service users and the wider local community would be included more equally in identifying their needs and appropriate services to meet them. Critically, funding for these initiatives was available for local authorities through a bidding process.

Change was enabled by the Children Act 2004 which focused on five areas:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

It emphasised:

- greater public recognition of children's rights;
- greater consultation;
- agencies working more closely together.

It was complemented by the Childcare Act 2006 which placed the lead responsibility for creating and maintaining local care networks on local authorities. There was a new emphasis on ascertaining local needs and of working with and for the community, families, carers and children. In an interview for the BBC in 2006, Gordon Brown referred to the role of government being that of 'servant to the community', encapsulating the shift in relationships.

Research has shown that these experiments in partnership working have had considerable success for children, families and local communities (DfES, 1997–2004; Bertram and Pascal, 2000; Bertram et al., 2002; NESS, 2008; Quinton, 2004). As time has gone on the emphasis has changed. The three initiatives highlighted have been drawn together to form children's centres and there has been a new expectation that services should become 'sustainable' as funding has been reduced. The emergence of Every Child Matters has added a new emphasis and imperative with clear timescales for implementation. Initiatives such as Extended Schools have gained impetus. This is not to suggest a smooth pathway with all loose ends joined up. Not all is plain sailing and not all is for the best. Some of the issues will be explored in the following chapters.

Alongside the national changes, European and worldwide understanding has also shifted and led to statements of principle such as the UN Convention on the Rights of the Child, ratified by the UK in 1991. There was already a European convention dating from 1950, the European Convention on Human Rights, which was a reaction to the Nazi era. In addition, technological advances have accelerated the ability of researchers to communicate and share research findings. This in turn has contributed to the increase in knowledge and understanding of ECEC and the influence of successful approaches such as those developed in Italy in Reggio Emilia

14 MULTI-AGENCY WORKING IN THE EARLY YEARS

and in New Zealand with *Te Whaariki*, which are explored in Chapter 3. The move towards more inclusive and holistic approaches and partnership working is not restricted to the UK.



Points for reflection

What are the key benefits of agencies working together?

What challenges face those involved?

What needs to be done to help service users to take an active and equal part?

Partnership working in practice

While Chapters 3 and 4 deal with this in more depth, some indication of practical aspects may be helpful. Partnership working is a way of making the expertise and experience of a wide range of people each with different skills and perspectives available to each other as they come together and find new ways to address needs. The process of sharing involves open dialogue which is a dynamic and creative force: through listening, talking and exchanging ideas, new understanding develops. Dahlberg et al. (1999: 139) describe the difficulty of establishing a culture of critical dialogue and the danger that criticism will be taken personally, stressing the need to treat critical dialogue as 'a way to reconstruct our work'. This is particularly difficult with dialogue between agencies with different professional heritages and languages, especially when the same word can carry a very different meaning.

In addition there are clear gains in terms of more effective use of time and resources if issues are approached jointly rather than separately. The scenario in the case study below is entirely fictional but serves to illustrate some of the potential value of partnership working.



Case study

A family of five

A family of five: Zac 3 months, Della 2 years 3 months, Wayne 5; mother, Jess 20, suffers with anxiety and depression; partner, Sasha 25, unemployed, is dependent on alcohol. Zac is the only child from the current relationship. Agencies involved currently with members of the family are: School, GP, Health Visitor, Social Services, Drug and Alcohol Counselling Service, Housing.

The family have recently moved into the area and there are no previous records available. They have been housed temporarily in a two-bedroom flat on the third floor of a three-storey block on a large estate with few amenities. Wayne has started school but the reception teacher has observed that he is solitary, listless and never appears to smile. There have been several occasions when Wayne has been late at the start of the day and no one has collected him until well after the end. The health visitor is concerned that Zac is not gaining weight.

If these agencies operate entirely separately or even in small cooperative groups, there is a strong possibility that advice and treatment will only address the

immediate issues, not the underlying causes. Advice and help may even be contradictory: for example, the school may insist on better time-keeping, unaware that this will add pressure; the GP may prescribe anti-depressants and recommend rest, which may well have side effects including tiredness. All would be offered in good faith and meet the specific aims of each organisation but may not really identify or address the deeper needs of the family. Time constraints and poorly framed target setting tend to lead to short-term approaches. Short-termism tends to be focused on the middle: those at either end of the spectrum of needs tend to miss out: they do not 'fit' the system. Partnership working offers a different approach starting from a different set of values. It is based on an approach that is holistic, child and family centred, with the professionals serving needs that children and families themselves have helped define and with solutions that match the children and families rather than the reverse.

If services operate in a more cohesive way and one agency can act as coordinator between them and work directly with the family, all the issues can be aired and the needs of each member of the family assessed and prioritised. In many cases it is children's centres that provide the link and professionals from Health and Social Services are usually part of the core staff team or operate from the same site.

The advantages of partnership working have been known for some time and have been confirmed by research and evaluation. In 2007 Bruce and Meggitt noted that partnership working provided flexibility in the type and timing of services, allowing a balanced mix of families by providing care and education for all, not just those in severe need. Allowing for flexibility has been a key aspect of partnership working, particularly where this is focused on needs identified by families and communities themselves. Where possible, timings are arranged to match need rather than being limited to 'traditional' timings, and this is echoed by the move towards extended school provision. This has the additional advantage of allowing parents to work where this is what they wish. Bruce and Meggitt also comment on the benefits in terms of increased quality of both care and education which are echoed by NESS, and which encourage holistic approaches to child development.

By 2002 the evaluation of government initiatives then in process confirmed the positive benefits. In their annual evaluation of the Early Excellence Centre initiative Bertram et al. (2002) referred to the benefits of partnership working as enabling individuals 'to have a voice that is heard by all agencies involved' as well as providing easy access to a wide range of agencies and services. In particular Bertram et al. (2002) point to the increased ability of partner agencies to identify needs and jointly plan action to help families move towards greater independence rather than the reverse, thus avoiding duplication and allowing more efficient targeting of resources and greater cost-effectiveness.

Further reinforcement of the benefits were confirmed by NESS (2005) and by 2007 these benefits had become embedded in government thinking and planning, underpinning the anticipated effects clearly stated in *The Children's Plan* (DCSF, 2007). There is a strong emphasis on placing the needs of children and families first and on consultation to ensure that services match the requirements identified by them, rather than by agencies or the state. This change represents a major shift in policy and provides clear expectations of all involved. There is a stated aim to locate services 'under one roof in the places people visit frequently' in order to make them

16 MULTI-AGENCY WORKING IN THE EARLY YEARS

truly accessible. There is an explicit recognition of the need to 'invest in all those who work with children'. The report makes provision for increasing capacity for working across professional boundaries.

The benefits of partnership working are enhanced where integrated centres are established by developing trust through regular contact with parents from an early stage, thus providing opportunities for issues to be raised and discussed sooner. Instead of parents feeling isolated they have access to a key worker who will try to encourage them to recognise their needs and seek help. The professionals are accessible, not distant, approachable, not hidden behind a wall of red tape, and motivated to answer the child's and parents' needs. Chapter 3 sets out case studies which show more detail of the benefits of partnership working.

The context in which partnership working takes place is important and this book explores the way children's centres provide an ethos, organisational structure and physical location for partnership working. In many cases they also provide the leadership essential to successful partnership working.

Leaders of children's centres are currently recruited from a very wide range of professional backgrounds and experience. *The Children's Workforce Strategy* was a consultation paper (DfES, 2003a) which recognised the need to remodel and led to new qualifications becoming available through university programmes. A clearer picture of the skills required has now emerged and is embodied in the National Standards for Leaders of Sure Start Children's Centres. There is now a clear intention for Early Years leaders and others to achieve parity of professional pay and conditions with those in Education and this has been enhanced by the National Professional Qualification for Integrated Centre Leadership (NPQICL), which emerged in 2005 and has equal status with the headteacher's qualification, the National Professional Qualification for Headteachers (NPQH). The leadership is mainly female and there is a wide range of qualifications among those in post, including those whose experience provides sufficient qualification in its own right. However, all children's centre leaders now have to hold the NPQICL. An unpublished study involving 21 children's centre leaders carried out in the summer of 2008 matched some of the findings of Aubrey (2007: 69), revealing that the majority came from a background in education, including pre-school, statutory school, and higher and further education, followed by social work, with significantly fewer from health, including nursing, midwifery and health visiting, or from other management background experience. What this does suggest is that the range of leaders' previous experience is wide, which is also reflected in the evaluations for NPQICL conducted by Whalley et al. (2008). Given the way that children's centres have emerged from Sure Start and the short timescale, it will take some time for training and qualification to catch up. The training provides grounding and opportunities to explore theory linked directly to practice, and also linked with critical reflection and critical dialogue. The groups taking part in training are enhanced by the range of experience as are the settings, and this needs to be guarded as a diverse and rich source of potential for innovation and change. There is the potential for children's centre leadership to be free from the constraints of 'established' systems and better able to meet the demands for flexible approaches to identifying and meeting the needs of children, families and communities (NESS, 2007). Many of the leaders have been attracted to their posts because of the challenge and the opportunity to be agents for change.

Partnership working is not easy. Two children's centre leaders made the following comments when interviewed for the research on which this book is based.

There are huge differences outside of Sure Start and children's centres as to the meaning and way to develop inter-agency/partnership working and it isn't all positive. It cannot be developed from a top-down bureaucratic structure and needs real commitment from all engaged in the process and it constantly changes. Not everyone is suited to this way of working.

I have found that it takes time, patience and mutual respect to begin to develop partnership working. I found that by making links with other service managers in the area – through 1-1 meetings to talk ideas through – often brings dividends. It is easier to talk through possible issues outside of a general meeting. Managers (including myself) prefer to know in advance what is being suggested. Good coffee always helps!!

This begins to show some of the features of partnership working which will be explored in later chapters.

Since the late 1990s the movement towards more joined-up working, encouraged by government-funded initiatives, has enabled practitioners and families to work creatively together to develop social, health, care, support and educational services which are more closely matched to need, more accessible and more cost-effective. There has been greater opportunity for research and theory funded by government for example the evaluations for the Early Excellence Center programme (Bertram and Pascal EEC Evaluation Reports 2000, 2001, 2002) and the longitudinal studies for Effective Provision of Pre-School Education (EPPE Sylva et al., 2004) and National Evaluation of Sure Start (NESS Sylva et al., 2000 to date) to provide new ways of combining professional support and care and greater attention has been paid to recommendations. Theory has become practice including:

- ECEC which respects and values the child and stimulates natural curiosity, excitement and desire to learn by doing;
- knowledge of the value of emotional well-being which is influencing practice with children, parents, communities and the ECEC workforce and their trainers;
- practice that is truly inclusive and values children and parents as equal partners;
- a growing understanding of 'non-judgemental' approaches and a philosophy which recognises that we learn by making mistakes and by building on the knowledge of experience;
- an improving understanding of the need for flexibility rather than rigidity in ECEC planning and practice;
- a growing understanding and use of reflection, dialogue and research as tools to explore challenges;
- a growing body of skilful practitioners who understand the complexity and demands of partnership working and who are helping to develop and refine new approaches;
- appropriately trained leadership drawn from a wide range of professions and with diverse perspectives, committed to empower others for the needs of children, families and communities to be served.

18 MULTI-AGENCY WORKING IN THE EARLY YEARS

These are exciting times and partnership working has a great deal to offer. For it to be successful requires understanding of nature of the demands and processes as the following chapters will show.

Summary

The key points to remember from this chapter are:

- Partnership working is beneficial in addressing the needs of children, families and communities more effectively and efficiently.
- When agencies fail to work together there have been dire consequences.
- Partnership working may mean different things to different agencies.
- The same terms may be used to describe different things causing misunderstanding and frustration.
- The increased interest in the Early Years Education and Childcare agendas has grown with the increased understanding of the importance of ECEC in addressing the long-term consequences of poverty.
- Government priorities for addressing the effects of poverty in the new millennium have created an agenda for more joined-up approaches and moved this forward by funding initiatives and research and facilitating dialogue involving all stakeholders.
- Research has shown the value of partnership working in providing more cohesion between agencies and greater involvement of service users in identifying needs and deciding priorities for services.
- The need for a more skilled and qualified ECEC workforce has led to new qualifications at all levels and a national qualification for integrated centre leadership.
- Leadership is important if partnership working is to be effective and currently draws on a wide range of experience.

Further reading

For a more detailed historical overview the following are very useful:

- Bruce, T. and Meggitt, C. (2002) *Childcare and Education*, 3rd edn. London: Hodder and Stoughton.
- Bruce, T. and Meggitt, C. (2006) *An Introduction to Child Care and Education*, 3rd edn. London: Hodder Arnold. This text provides accessible theory and practical advice.
- Clark, M.M. and Waller, T. (eds) (2007) *Early Childhood Education and Care: Policy and Practice*. London: SAGE.
- Quinton D. (2004) *Supporting Parents: Messages from Research*. London: Jessica Kingsley.

Useful websites

For more detail on the aims, background and organisation of service delivery:

- www.victoria-climbiel-inquiry.org.uk
- www.everychildmatters.gov.uk/aims/background/
- www.everychildmatters.gov.uk/deliveringservices/caf/
- www.dcsf.gov.uk/everychildmatters/research/evaluations/nationalevaluation/NESS/nesspublications/
- www.teachernet.gov.uk/_doc/11184/6937_DFES_Every_Parent_MattersFINAL_PDF_as_published_130307.pdf

For details of children's centres and Together for Children:

- www.childrens-centres.org/default.aspx
- www.togetherforchildren.co.uk/

For other professional perspectives:

Interprofessional education 1: Definition and drivers –

- www.swap.ac.uk/learning/IPE4.asp

Camden Early Years Intervention Team – www.camden.gov.uk then follow the links to: Education followed by Childcare and Contact the Early Years Team.