The models and principles that form the basis of partnership working in practice

This chapter sets out to provide insights into how separate agencies have gradually developed closer working relationships to achieve clearer understanding and to respond to local needs. 'What partnership working looks like' describes the changes in basic philosophy, aims and principles leading to greater coordination of services, increased consultation between professionals and other professionals, families and children, and the inclusion of children, families and communities as more equal partners.

Different models of organisation for multi-agency centres are described showing the variations which developed before children's centres expanded and became a key programme in their own right. The advantages of more 'joined-up' approaches are described. The practical implications of emerging partnership working are explored using examples from leaders of children's centres who in turn represent a wide range of professional backgrounds and perspectives. Consideration is then given to the benefits of increased partnership and the practical implications for children, families and communities. There is consideration of available services and what this in turn means for local authorities and partner agencies.

The chapter concludes with further practitioner perspectives on partnership working leading into a reflection on how partnership working within ECEC works.

What does partnership working look like?

In many ways the basic philosophy of partnership working is not new. The notion of different teams, each with specific tasks combining to achieve together something far greater than they could alone, goes back to the hunter-gatherer communities of earliest history. Military and civil success has also depended on the organisation and development of team skills and leadership. In pre-industrial communities the different skills provided by individuals or small groups enabled the whole community to thrive and benefit. The industrial and post-industrial ages have given birth to a gradual increase in our understanding of how the different ways of mixing skills, managing processes and leading teams as a combined whole
works, and how this can be developed and improved. In each of these examples through history the way the team members combined was determined by individual and group needs and the social organisations the members lived in.

During the last century western society moved from the form and order of industrially based communities to more flexible working and living conditions as economies became more global. The new century has brought the challenges of rapid change and a need for more flexible working and living with far less certainty of direction or continuity of action.

The effect on Early Childhood Education and Care (ECEC) has been both economic and practical. Within the UK new priorities have been set by the government to address poverty and make better use of the potential workforce, to enable more women to have equal access to employment and to return to work more quickly after starting a family, and to improve levels of education for all. This has led to agendas where high-quality education and care and community development are key aspects.

Where previously agencies working with communities and families did so separately, there has been a move towards more ‘joined-up thinking’. This emphasis by the government has led to a move away from ‘silo’ mentalities to more partnership working and Children’s Centres have developed as a key element of the new vision in practice.

Figure 2.1 illustrates how the separation of services worked previously.

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**Figure 2.1** Former separation of families and agencies

While cooperation and communication previously existed, essentially the agencies were separate, with the local authority as the key provider and organiser. The boundaries within and between what was provided meant that to achieve one task, service users often had to relate to more than one organisation or department individually, telling their story and providing their personal information several times over. In this climate it required great persistence for families and communities to access services, and when they did agencies themselves reflected separation internally:

- Local authority departments might have had desks next to each other in the same room but the individuals did not necessarily speak to each other.
- Schools tended to communicate mainly with others in the same high school pyramid or sector (primary or secondary) but rarely across sectors.
• Different health departments kept hard-copy records, which they owned rather than the patient, on their separate sites and did not always share information with other departments or patients, or if they did there were delays while the paper records were physically passed on.

• Social services were a relatively new phenomenon in the process of establishing their own identity and were often feared by families in communities, particularly as they held rights of access not held by other agencies, combined with powers to remove children.

The organisations tended to be hierarchical and to treat individuals and families with a distanced, professional detachment.

Activity

Find out what systems existed before IT technology was available: how were records kept and who kept them?
What implications did this have on practice?
What message did this give to service users?
What effect did this have on service users?
How has this changed or improved?

Over time communication and cooperation increased between agencies, between schools themselves, between Health, Education and Social Services, particularly in working together at case conferences trying to assist children and families in need, and between school and Health services, where the school nurse and school doctor were invaluable partners in the 1980s and 1990s leading in part to establishing earlier identification and greater inclusion for children with Special Needs in schools. Cooperation between agencies involved in Special Needs led the way in terms of partnership working and in joining up services working around children, families and communities. The position of children and their rights has been strengthened by successive Acts of Parliament (see Thomas, 2004).

This gradual change and shift in emphasis became a paradigm shift with the New Labour government from 1997 onwards. A fresh approach encouraged organisations to re-examine their philosophy and practice to increase cooperation and move towards coordination, to move away from hierarchy to more egalitarian approaches, to be inclusive rather than exclusive and, critically, to put children and families first. This change mirrored changes in Europe and the wider world.

Dahlberg et al. (1999: ch.1) identified the effects of this paradigm shift and called for a reappraisal of the fundamental values and ethics underlying change to include wider perspectives, particularly those involved in the consideration of ‘quality’. They argued for more critical examination by asking much deeper questions, including reflection on process rather than on the superficial effects and narrow outcomes.
Points for reflection

Dahlberg et al. (1999: 5–6) identify the following issues emerging from writers in the 1990s when considering quality:

- the process of defining quality – who is involved and how it is done … the understanding that quality is a subjective, value based, relative and dynamic concept, with the possibility of multiple perspectives or understandings …
- work on quality needs to be contextualized. (original italics)

What would these changes of perception demand of organisations and individuals?
What would help or hinder these changes?

The new vision already existed, developed from family centres run by Social Services, nursery schools with far-sighted leaders who developed family-based approaches and settings such as the original eight which were included in the pilot phase of the Early Excellence Centre programme. These eight, which expanded to eleven in the first year, provided starting points and potential models of good practice. Bertram et al. (2002) identified three basic types of organisation: the ‘Unified Model’, the ‘Coordinated Model’ and the ‘Coalition Model’. These identified organisational structures similar to those described in Chapter 1. The first describes settings where practice is fully integrated with leadership and management, which may include service delivery by different agencies but is essentially planned, delivered and reviewed as a unified whole. The second describes cooperative working but where each agency or unit retains responsibility for functions related to their areas of skill or expertise, normally under separate leadership and management, yet working in collaboration with a management team made up of representatives from each constituent part. The third is where ‘management, training and staffing structures of the services work in a federated partnership’, under the leadership of an appointed facilitator or coordinator, yet where each agency is quite separate (Bertram et al., 2002: 40). A further ‘Hybrid Model’ was added in the following year’s report, to describe organisations combining features of some or all of the others described above. The aim in each case was to put the child, family and community at the centre and to operate in a more coordinated way to make services more accessible and to reduce frustration, duplication and costs. Figure 2.2 shows the new vision.
A further model which has become more popular is a ‘hub and spokes’ model with a main setting at the centre and smaller outreach sites in locations spread around the working area. The setting at the centre is often a phase 1 children’s centre or former Sure Start centre which has become a designated children’s centre, and the leadership is often a single leader with responsibility for the whole, supported by senior practitioners responsible for the day-to-day running of each separate site. The outposts can provide some of the same core services but in addition offer different services primarily but not exclusively to the local community. The coverage for each centre or cluster tends to follow local authority wards which may well include more than one GP or health centre, midwife or health visitor. A setting will almost certainly cover the catchment areas of more than one school. Even where a setting is sited within the grounds of a single school and where governance is provided by the school, the setting has a duty to relate equally to all the schools in its designated area. The issues around centres on school sites are explored in more depth in Chapter 5.

The new model way of working has taken the best from previous good practice. It is both logical and challenging: logical in that there is access to a wide range of services in the same location – a ‘one-stop shop’ approach (see Chapter 5); challenging because the model is developing from services designed to function in their own way and from their own perspective, where cooperation has tended to mean ‘others cooperating with us’. It is also not all services together. Initially ‘key services’ were grouped from existing agencies, but it rapidly became clear that a better model was to go into the communities and find out what was wanted by members of the community rather than administrators deciding what was needed or best for them. Understanding this is key to understanding the underpinning philosophy and practice: the agencies are there to meet the needs of the clients as individuals, families and groups who are equal partners.

Note: the children’s centre programme was introduced in phases: phase 1 centres between 2004-5 and 2006 were well funded and either purpose built or adaptations of school or other public, private or independently owned buildings, phase 2 aimed to increase numbers by 2,500 new centres between 2006 and 2008 and phase 3 had the longer term aim of 3,500 additional centres by 2010 ‘one for every community’ Phases 2 and 3 received less overall funding and tended to be less frequently purpose built with many Local Authorities opting for phase 3 centers to be much smaller and buying in service provision off site as well as on. For more information see www/dcsf.gov.uk/everychildmatters/earlyyears/surestart/aboutsurestart/aboutsurestart

What does this mean in practice?

Some leaders of children’s centres when asked to describe what they saw as ‘multi-agency or partnership working’ responded as follows:

A collaborative professional working relationship with others in both the professional and para-professional world of all agencies who work jointly to deliver services to local children and families. I also consider this to mean a partnership with parents and their children to deliver services in consultation with them to address their needs.

This response captures the essence of children’s centres which bring together a wide range of professionals to meet the needs of children, parents and communities as
defined by them themselves, as well as those identified by different professional and para-professional agencies.

Several agencies with their own professionalisms working together to deliver a shared service.

Three principal agencies: education, health, and social care.

Different professionals from diverse backgrounds coming together for a common purpose ...

These three responses suggest acknowledgement of and emphasis on the importance of the skills, perspectives and attitudes each agency can bring to bear when considering the needs of individuals and families. There is an unspoken implication here of the enabling role of the children’s centre in drawing agencies together to identify needs, points of contact and both short- and long-term support and to act in a facilitating role. There is also a monitoring and review role to ensure necessary changes are seen and acted upon and to listen to all those involved. Support may well be needed for the individuals representing the agencies as much as for those receiving help and support from the agencies.

A strong team working together to offer the inclusive and quality services that families want and need.

This response indicates the importance of the children’s centre’s internal team and the wider partnership team. A strong team requires commitment and understanding, trust and confidence among and between team members. It requires effective leadership with clear vision and beliefs which are communicated to the wider team. Equally important is the knowledge and appropriate use of a range of leadership styles. All of this takes time to develop and establish and constant attention to renew and extend.

Professionals working together to provide services in order to meet ECM outcomes.

This comment acknowledges the statutory requirements which apply to those working in children’s centres. These seem to be very clear but different professions may well perceive these requirements in different ways or with subtly different interpretations or emphases. This will affect the internal and wider teams and how they approach issues. It is also affected by the understanding all involved have of the Early Years Foundation Stage (EYFS) and changes within professions, such as Education and the new Early Years Professional Status (EYPS) qualification (see Chapter 5).

Activity

Make a list of:

• enabling factors that encourage individuals from diverse professional backgrounds to work towards becoming an effective team;
• barriers to developing multi-agency teams within children’s centres;
• attributes that will make successful multi-agency leaders.

Relating and working collectively with more than one other agency to provide an ‘individual package of care’ for a family.
Missed opportunities for other agencies that are resistant to work in a similar way to us. Frustrations when trying to coordinate meetings (non-attendance).

These two statements illustrate very different perspectives. The first, optimistic in tone, describes the aim of partnership working and points to a belief that partnership working can happen. The second acknowledges the frustration which can arise when reality gets in the way of partnership working. It is very important to maintain a realistic view of partnership working. It is not something that is normally easy to achieve. It does require careful preparation and may well need a step-by-step approach. Partners often need to be convinced of the likely gains before committing themselves to new ways of working. The new partnership may well mean that partner agencies have to reconcile current practices and issues such as confidentiality may need careful negotiation. The following quotations show what can be achieved when these barriers are overcome:

The fantastic turnout of staff from a whole range of agencies who come to events for families on Saturdays and muck in to help the whole thing run smoothly.

Teams of professionals working in partnership to enable families to receive seamless services.

Lots of different people from different backgrounds working together on a project/piece of work etc.

The way in which partner agencies combine in a planned and considered way is suggested in the following examples:

Lots of agencies working together under one roof with a shared vision and purpose.
Core values of a team that understand each other and work side by side to complement each other’s profession.
Key agencies with similar responsibilities coming together to plan so that duplication is avoided and the process of working together enhances the capacity to deliver services to children and parents.
The parents, carers, voluntary and statutory services working together to deliver services for children and families …

It is not possible to have ‘a shared vision and purpose’ or team ‘core values’ unless there has been a conscious exchange of ideas within a setting or in terms of the wider partner agencies (Rummery, 2003: 214; Aubrey, 2008: 92). This really needs to take place as early as possible within the life of any partnership. Where this is achieved it often enables a clear set of parameters and ‘ground rules’ to be established as protocols. It also helps to allay fears and avoid misunderstandings. The second quotation above suggests that not only can greater efficiency be achieved but that the process of planning and consultation enhances the capabilities and understandings of those taking part. This is particularly important in easing people towards a more cooperative frame of mind and helping all involved to understand the non-judgemental basis of discussions. Discussing the known and safe areas around practical issues can help all to feel more at ease and to understand each other better, before more complex areas are tackled and the status described in the third example above can be achieved.

Not all the responses were unqualified or entirely positive. The following two show reservations:

I think of our SSLP [Sure Start Local Programme] in its heyday.

More than one agency working together to try and achieve specific outcomes. However, multi-agency working tends to mean something enforced upon you and for
me is done at the exclusion of clients (top-down). Partnership working I feel is more about involving clients.

The first seems to suggest that what the centre leader had experienced previously in their SSLP is the first thing to come to mind when they think of partnership working. It is not clear if this means partnership working is not now happening, is on a par with their previous experience or if this means their previous experience was especially good for some reason. What this does show is that successful partnership working does need to be constantly nurtured and cared for if it is to develop and improve. Achieving success does not mean anything can be taken for granted. The second comment shows the importance of ensuring that practice matches values and aims and also reinforces the need to maintain partnerships as carefully as any other sophisticated mechanism.

The final group of comments captures the sense of excitement and the opportunities that open up when partnership working is enabled:

- True exciting possibilities of being able to ensure professionals are able to work together to support the delivery of outcomes irrespective of their employing body or professional background.
- Huge meetings with lots of people sitting round a table sharing information!
- Agencies coming into the centre to deliver their services ...
- Opportunities!! ...

The vast majority of these comments are positive and illustrate the excitement and challenge involved. However, there are also frustrations. Some of the barriers and limitations are explored below and are visited again more fully in Chapter 6.

Points for reflection

- Many partners are used to working in their own way: what will partnership working demand from staff from all agencies?
- What will successful partnership require of leaders?
- What will this require from administrators at all levels?

How does this work with children?

There is a balance between identifying emotional and social needs, developmental (health) needs and cognitive (educational) needs. Children’s centres themselves are designed to be child friendly and encourage participation. Children have been consulted in the arrangement of resources and decor. The Children’s Commissioner set up the ‘11 Million’ project to encourage children and young people to express their views on what they like and what they want in life. The organisation website provides an opportunity to give and receive information in a child-friendly way. The website is also linked to pilot programmes in England based at children’s centres. Essentially it provides a mouthpiece for children so that their views are heard. One method used in the ‘11 Million’ project (www.11million.org.uk/) was to provide disposable cameras and children were asked to take pictures of what was important in
their lives. The images have provided a collage which gives insights into how the children perceive their lives. Some children's centres have used the project to find out what children like and dislike and have then been able to investigate why the unpopular areas and aspects were so and how they could be adjusted and improved. In one particular setting this experience led to staff bringing colour swatches for the children to select colours they liked so that they grey steel railings could be made more attractive. A similar technique was used in a children's hospital and staff were surprised at the ceiling of the anaesthetic room featuring prominently in the dislikes. The children said this was because it was clinical and lacking decoration, and it was what the children were looking at as they went into anaesthetic. The children suggested ways of improving it and action was taken to make the ceiling more attractive.

Children's centres, Sure Start centres and other partnership working environments have improved in design. More consideration is given to how rooms are likely to be used. More attention is given to seeking design ideas from families and children. This could be improved further: some basic designs include windows that are too high, there is little imagination used in floor surfaces and furnishings and even creative outdoor areas tend to become copies of others rather than unique. It takes imagination and a degree of risk but innovation is possible as the case study below demonstrates.

**Case study**

Creative structural changes in a nursery school in Southern Germany where a standard red-brick, single-storey, 1950s building had been transformed.

The normally flat windows have been changed and extended outwards on a triangular base with two floor-to-ceiling windows, creating a bay inside the room and also outside. Outside the jutting windows created bays each with a defined theme such as a beach, a tropical area with bamboos and tall grasses, water features, a bird garden.

The inside space has allowed the construction of a two-storey wooden house, with slightly different designs in different rooms. Each has a lower playroom space and a circular staircase leading to an upper room and platform providing a bird's eye view of the classroom. There is also a raised section in each of the rooms across corners to provide different perspectives for the children. The multi-purpose furniture, designed in curves rather than rectangles, can be fitted together to provide a bendy table for the whole group or used separately in smaller interestingly shaped units. The cost was within the budget allowed for renovation but has provided a much more interesting and stimulating context for children's lives.

Genuine partnership between agencies can mean that efforts are coordinated and focused from design through to practice and are empowering for children. Children have access to experiences and equipment that encourage them to explore, connect and make meaning (Bertram et al., 2006). Research has shown how important emotional stability is for young children (see the High/Scope Perry Preschool Study discussed by Schweinhart et al., 1993, 2004) and the beneficial effects of a secure start to later confidence in adult life. In partnership working and children's centres, children relate to a consistent group of adults and have access to high-quality care and education and additional support if needed in familiar surroundings. The staff need
to have understanding of developmental, health, well-being and educational characteristics and be in tune with the aims and services of the whole centre. The staff also have to be able to engage with parents sensitively and from the same value base as staff from their own and all other centres (see also agency providers in Chapter 4).

How does this work for parents?

Parents are able to seek advice, support and help from specialist agencies such as Homestart and Job Centre Plus as well as financial management advice and health services including breast feeding, first aid and counselling and support services. They can begin to improve their own learning in personal and domestic life skills, parenting skills, healthy eating, IT, literacy and numeracy, health and safety at home, and recreational and therapeutic activities such as fitness and creative arts. The advantage is that the services are suggested by parents, take place in small groups, are non-threatening, progress at a pace to suit those attending, are sensitive to issues of inclusion and take place in familiar surroundings and with familiar staff.

Staff from centres go into communities and actively make contact with individuals. Existing service users are encouraged to bring others to outreach groups, ‘drop-in’ sessions or ‘taster’ sessions. Centre staff aim to help parents grow in confidence and self-esteem and to begin to take ownership of their lives. In many cases centre staff and parents work together on specific projects and longer-term planning.

Case study

Empowering young mothers through a South Wales Sure Start

A visit to a Sure Start programme in South Wales enabled a meeting with a group of young mothers who described how their lives had been turned round by the care and encouragement they had received from the setting staff. Before Sure Start set up the site, the young women had felt trapped in their homes with their children. There were no local amenities so even the most basic needs required an effort.

A member of the outreach staff made contact with individuals initially to find out what activities or services they would like to have locally and when a small group began attending stay and play sessions they found they were not alone and began to build confidence. They were asked what they would like to do and the staff then arranged short programmes to do with health, care and cooking. The children could be left in a separate creche room on the same site while the parents had time and space to focus on the theme. They felt less stressed and less trapped, better able to see what they wanted and had the courage to ask for it. They now have a self-help group and actively encourage others to make use of the facilities by word of mouth and poster campaigns. The staff team leader drew on contacts with local midwives and health visitors and was able to draw on a range of additional staff skills to work with the young mothers by unobtrusively contributing to the parent and baby and parent and toddler sessions.

This kind of working requires staff who are attentive and who actively listen, who look beyond the immediate needs of their specialist skills and who are aware of
their colleagues’ knowledge and skill areas so that parents’ needs can be identified, prioritised and addressed sensitively and in partnership with colleagues from other agencies. This kind of working demands a willingness to work in combination with different emphases at different times, and with appropriate agencies taking the lead as the current agreed focus demands a high degree of flexibility is therefore required and structures that are less hierarchical. It also demands staff who are able to work alongside parents and colleagues yet are able to use their own initiative.

The process of outreach varies with each local authority and the phase of development of any given centre. Many settings have a designated outreach worker or team while others use existing contacts, for example through health visitors or midwives. The outreach role enables contact with individuals and groups within the setting area, helps to make them aware of what is already available and encourages a discussion of what they as individuals might wish for in addition. Settings run open days and fun events which promote their activities and extend their contacts with the children, families and the community.

### Activity

| Find out what provision exists for families and children in your local area. |
| What are the benefits of partnership working for local families and children? |
| What are the limitations? |
| How could these be overcome? |
| How can professional agencies begin to empower parents more successfully? |

### How does this work for families?

Partnership working provides access for families to services that they want at a local centre and contact with known and trusted staff with whom they can build relationships that are supportive and empowering. Figure 2.3 provides a diagrammatic example which illustrates how this can begin to work in practice.

In this example there are different possible pathways for an initial contact – through an outreach worker, the midwife or the key worker for either child – or it could be that the parent comes to the setting with a friend or for a different initial purpose. Setting staff see families as a whole, while also attending to individual needs. Outreach workers make initial contact and each member of the family is encouraged to build a relationship with one or more staff to whom they can turn for help and advice. Staff take a long-term view, working to help family members solve their own issues, rather than providing ‘quick-fix’ solutions or solving the issues for them.

Many settings have drop-in facilities, ‘stay and play’ sessions, internet cafés, crèches and playgroups which may be run by other providers, in partnership with setting leadership and management. Members of families can meet with others, undertake skills training and have access to advice, counselling, advocacy and employment information.

Figure 2.3 illustrates the potential points of contact through the midwife to introduce the children’s centre to the mother who will then have a key worker to relate to. As
other agencies become involved a lead professional will coordinate the involvement and any action decided in consultation with the parent.

Points for reflection

Which other agencies might be included in such an example?

What factors should influence who is the lead professional?

How does it work for communities?

Many of the advantages which apply for individuals and families are also there for the wider community. In addition many settings have rooms which can be hired and services that benefit all, such as Job Centre Plus or financial management services. Many of the training and adult learning programmes are open to the whole community, not just families with pre-school children.

Case study

St Thomas Centre Community Hall

The St Thomas Centre in Birmingham was converted from a 1960s secondary school in partnership with the community association, city authority and DfES. The transition took time, with the nursery on site for several years before other services began to share the building. The first phase of building refurbishment (Continued)
work was funded by the Early Excellence Centre programme and provided new and refurbished accommodation for the nursery, new administration rooms and additional rooms for partner agencies such as the city ‘Flying Start’ team. The second phase of new building and extension was paid for by the community association, Birmingham Children’s Services and the centre itself. A significant part of this was the conversion of the former school gym, housed in a first-floor room above the nursery with separate access. It now has movable, tiered seating, screen and projection facilities, and a kitchen. It is a multi-function room available to the community and to agencies. The hall provides accessible facilities for the newly developed Attwood Green housing park.

Many settings are developing trust and enabling more open access to centre facilities. Cafe areas are proving to be a popular innovation and as well as offering informal peer support and initial points of contact with staff or service providers, work well as drop-in areas and locations for breast feeding support often providing internet access and information services. Partnerships with families and the wider community served by each centre are being developed successfully in many areas as the illustrations show, although there is a need for this to remain an active aim constantly under review.

What services are available?

The Sure Start Children’s Centres website lists the following core areas:

These services vary according to centre but may include:

• integrated early education and childcare – all centres offering Early Years provision have a minimum half-time qualified teacher (increasing to full-time within 18 months of the centre opening)
• support for parents – including advice on parenting, local childcare options and access to specialist services for families
• child and family health services – ranging from health screening, health visitor services to breast-feeding support
• helping parents into work – with links to the local Jobcentre Plus and training.

(www.surestart.gov.uk)

The range of partners can be extensive and is explored more fully in Chapter 4. The extent of partnership is implicit in the ‘core offer’, where provision of services for children under 5 and their families includes:

• early education and day care, including the identification of children with additional needs, which requires working closely with statutory and independent health and care agencies;

• outreach to parents, including parents with additional needs, which requires working in partnership with support workers for ethnic minorities, health and social services;

• health services, which includes working with midwives, health visitors, GPs and respite care providers.
The core offer also specifies the provision of support, a base for childminders and a service hub for parents and providers of childcare services which potentially opens doors to other working partnerships. In addition there is an expectation of links with Jobcentre Plus and local training providers for further and higher education institutions and management and workforce training, and effective links with nurseries, including Neighbourhood Nurseries, and schools, including out of school clubs and extended schools. All of this requires the establishment of sound working relationships with a bewildering range of other agencies. The leadership implications are significant and are explored more fully in Chapter 7.

What does this mean for local authorities and agencies?

Without real partnerships children’s centres cannot meet their core offer. The underpinning philosophy and values, combined with the organisational demands, represent a considerable challenge to local authorities and agencies. The philosophy and values are based on a vision of service that puts the child, the family and the community at the centre, as shown by the following example from Camden.

Aims of the Camden Family Support Model

- Early identification and assessment of child and family needs
- Link to specialist services
- Link to drop-in services
- Gateway to information, advice, training and appropriate onward referral
- Promote early education
- Encourage parents in accessing training employment and childcare
- Alter parental perceptions and isolation by supporting involvement in community life by facilitating and supporting parent forums and other community-based activities
- Commitment to sharing professional knowledge and working together professionally to develop an integrated approach within the service and outwards to other agencies.

(Houston and Houston, 2006)

This evaluation was very positive and provides indications for maintaining the success of a developing partnership. However, this contrasts with many other cases where practice has tended to work differently. Service planning and delivery has tended to be top-down and on the basis of services that were deemed to be required. While this may have included market research there was little doubt who made the decisions. Organisation has tended to suit the providing agency, whether it be the local authority or other. This has been the case where outside expertise or service delivery has been bought in by the local authority, or imposed, e.g. by external agencies taking over the provision of education services when local authorities have failed Ofsted inspections. In the latter case the agencies do not see consultation as any part of their remit. The previous lack of flexibility or response to need has led to the growth of non-statutory, private and independent agencies which have tried to fill the gaps left in statutory provision (see the list above).
The nature of the challenge is explored in more detail in Chapter 6. A key aspect is the institutional ethos and heritage, the mindset of the organisation, its leaders and employees. This is difficult to change and adapt to the demands for flexibility and a bottom-up approach, which is at the heart of successful partnership working. It is also influenced by the political tone of the local authority in particular as well as the views of those who hold power at each level of the administration. Good intentions and stated policy on their own are not enough to achieve successful partnership working and a lack of real commitment from key sections of the administration can block deep commitment from others and frustrate months of hard negotiation. Each agency has to be given a sound reason to join in this way of working if they are really to be whole-heartedly committed. Commitment then has to be nurtured and maintained: it can never be assumed or taken for granted.

How do practitioners see partnership working?

When researching material for this chapter I had intended to seek the views of practitioners from different professional heritages in order to draw out similarities and differences. What I discovered was that while there are differences in perspective these are not barriers to those already committed to partnership working. Indeed the differences are used positively to enrich partnerships and creative approaches. What became clear was that committed practitioners from different backgrounds have similar views as to the most important aspects that contribute to building partnerships. Among these, clear aims, good relationships and trust are seen as key with an overwhelming emphasis on good relationships that are open, honest and respectful and develop trust (Aubrey, 2008: 169–170; Anning et al., 2006: ch. 8). The interpersonal aspects seem to come before almost any other consideration and can overcome the hierarchy and established protocols and procedures. Children’s centre leaders stress the importance of having clear, shared aims and protocols and clear vision, and they emphasise the value of being positive, focused and creative. There is a recognition that success is limited without support from senior managers and that communication at all levels has to be maintained, but they also stress the need to keep a clear focus on children and families equally and not to lose sight of their centrality to everything. Additional attitudes and attributes which feature strongly include respectful listening, consistency, flexibility and a willingness to ‘go the extra mile’, as well as aspects such as the quality of leadership, the diversity of teams and having a suitable and accessible venue.
In terms of barriers encountered by children’s centre leaders the most common factor appears to be fear of change and resistance to change. This works at all levels. Fear undermines staff confidence and morale and extends to the administration and senior officers within local authorities. By definition people are reluctant to leave their comfort zones or tried and tested pathways and procedures. This is even more acute where there is an implicit or explicit contradiction, such as has occurred over financial protocols when Sure Start and other settings have been moved under the administration of Education, or when children’s centres are located on school sites while serving a much wider area than the school catchment. Allied to this is poor communication and lack of management support or ineffective management, and a reluctance to break barriers. This is often exacerbated by changes in personnel which damage continuity and consistency in approach. In some cases cost-saving has led to responsibilities being added to portfolios of individuals who are already overloaded or who have no knowledge of the ECEC agenda.

Children’s centre leaders have encountered opposition that has arisen from possessiveness and a rigid view of professional boundaries which creates an overwhelmingly negative attitude. The attitudes displayed by those with whom they have to work can include arrogance from individuals and organisational cultures and behaviour which amounts to bullying. As representatives of new approaches and champions of innovation, children’s centre leaders have to confront outdated practices, red tape and bureaucracy and are by definition flying in the face of convention. It is hardly surprising that their approaches are often misunderstood and even resented.

Many leaders are constrained by lack of time and staffing restrictions. There are inconsistencies nationally in resourcing while the core offer remains the same: some local authorities have used a minimalist model when setting up phase 2 children’s centres with a centre leader, an administrative officer and one other member of staff, where as others have greater allocations for essentially the same remit. In such circumstances a newly promoted centre leader faces real difficulties when they find themselves on a school site with a headteacher as line manager and under the governance of the school governing body, when neither has an understanding of the purpose or reach of the centre or of the philosophy underpinning its approach to service users. This is not helped when combined with funding issues, lack of understanding of purpose and reach and overall lack of clear objectives. This is explored further in Chapter 6.

What is clear is the importance of the awareness of practitioners who are committed to the new model, irrespective of professional heritage, of the nutrients and toxins which are involved in successful partnership working.

**How does this work within early childhood education and care?**

Early childhood care and education services are now more commonly grouped within local authority Children’s Services but there are variations across the UK. There is more emphasis on ‘joined-up thinking’ and the incentives are more positive in supporting
moves to enable greater partnership working, for example the Common Assessment Framework (CAF) which is based in partnership working. However, many departments and agencies are struggling to balance their current demands under the existing systems, protocols and habits. Trying to create new mindsets and systems is very difficult to achieve in practice. In some cases local reorganisation means that there are changes in personnel and job specification which do not always accommodate the partnership vision, or if they do, the turmoil of the process of internal change disables any other initiatives. In all of this, funding is a key element.

Funding is a thorny issue. Quite rightly local authorities and agencies have careful accounting and fiscal procedures. Auditors conduct regular checks on accounts and have a duty to report inadequate or inappropriate procedures. In cases where breaches of procedure are deemed to have occurred, the individual responsible, usually the head or leader, can be suspended while formal investigations are made. Because of this any financial creativity has to be within the current rules in force. While this is absolutely right and proper, it does mean that settings which are by definition innovative and searching for new ways of addressing funding solutions need to take great care to remain within legal limits. The danger is that the vision of the children’s centre may not be shared by financial administrators whose training and mode of working is focused on keeping within procedures rather than finding ways to extend or adapt them. This is a very real dilemma at the heart of what partnership working is about. This is explored further in Chapter 5.

Key elements for successful partnership working

The children’s centre leaders consulted clarified the key elements for successful partnership working as being grounded in shared values and visions strengthened by the following principles:

• All those involved are valued, differing perspectives are respected, and skills, training and experience contribute collectively.

• Change comes from the bottom up rather than top down.

• Services need to be brought to the community rather than the reverse and accessibility improved.

• Services need to be co-located to improve coordination of services.

• More open access to training and skills is required.

• Highest priority should be given to areas of highest need.

• Causes rather than effects need to be addressed.

• There needs to be greater development of services such as advocacy to provide a voice for the vulnerable.
• Support which builds towards independence rather than dependency needs to be developed.

• There needs to be more emphasis on improving self-esteem and self-worth.

• There needs to be more encouragement of non-judgemental working.

• High-quality pre-school care and education provision must be a priority supported by the employment of part-time teachers and inspection.

In addition professionals need attitudes that value and foster:

• open mindedness – moving away from the all-knowing expert professional stance;

• the development of trust;

• adaptability and flexibility;

• the development of support which builds towards independence rather than dependency;

• the development of leadership that encourages flat hierarchies and distributed leadership (Hargreaves, 2006: 82);

• actively working to include all the stakeholders as equal partners.

How this works in practice is the subject of Chapter 3.

Summary

The key points to remember from this chapter are:

• Partnership involves all stakeholders as equals and reflects the ‘flat hierarchies’ that underpin children’s centre leadership.

• Successful partnership working requires a shared vision, clear communication, commitment, creativity, flexibility, support from leadership at all levels and realistic funding.

• Values are shared by all and underpin organisation and practice.

• Partnership working allows greater unity of service provision.

• Services are designed to match needs identified by the communities, families and individuals.

• There are barriers embedded in separate agencies and their preferred ways of working that need to be overcome for partnership working to be successful.

• The attitudes of potential partners are key to success.
Further reading

The following provide useful information about partnership working in theory and practice:


Useful websites

How child-centred approaches have moved on and been developed in more recent policy can be found at:

- www.everychildmatters.gov.uk/aims/background/
- www.everychildmatters.gov.uk/aims/childrenstrusts/

More examples from practice can be found at:

- www.childrens-centres.org/Topics/FAQ/CCFAQ.aspx

Details of the Children’s Commissioner can be found at:

- www.11million.org.uk/