Part 1
Researching and understanding multi-professional teams: working with children

Part 1 sets the scene for the book. It outlines the policy and workplace context for the study on which the book is based, describes the research methods we used and analyses the structure and management of some multi-professional teams.
1 Working in a multi-professional world

Policy

When we wrote the first edition of this book five years ago, the agenda for the reform of public sector services was in full swing. But there were always conflicting messages. On the one hand, the rhetoric of New Labour was to devolve decision-making about service delivery to local communities and to give greater choice to users. On the other hand, there was a proliferation of central government initiatives to impose systems of accountability on those delivering services, such as evidence of value for money and performance management against set targets and national indicators.

Underpinning the Blair government imperative to ‘modernize’ (DETR 1999) was suspicion of the power held by local government ‘professionals’ (and indeed by local politicians). The workforces in schools, hospitals, social care and crime control were criticized relentlessly in the tone and substance of government publications. The implications were that professionals were primarily concerned with defending their vested interests and were bedevilled by over-staffing, bureaucracy, duplication and time-wasting.

The barrage of negativity from central government was fuelled by intense media coverage of ‘failures’ in UK systems charged with educating, treating, supporting and controlling children and their families. Notable examples were high profile cases of child abuse where children had ‘fallen through the net’ of protection, accusations of low standards of literacy and numeracy in primary schools, and reports of the misuse of children’s body parts without parental consent for medical research.

New Labour ideology acknowledged the interconnectedness of social and economic problems. In many ways, the ‘Third Way’ initiatives involving public sector service reforms reflected those begun during the previous Conservative Party decade based on the ideologies of ‘market forces’, ‘value for money’ and ‘freedom of choice for consumers’. But the difference was that Thatcherism in the 1980s and 1990s was premised on non-intervention in
family life, whereas Blairism was more paternalistic. For both parties, public sector reforms were as much political as practical. But had the Conservatives not achieved their political imperative of disempowering unions in the UK, it is unlikely that the public sector would have tolerated the radical and rapid changes in working contracts and conditions imposed subsequently by a Labour government. So the histories of successive government policies in the UK are intertwined.

Positive calls for interconnectedness and negative critiques of old-style public service monoliths generated a new mantra for policy-makers – ‘joined-up working’. The idea was that ‘joined-up working’ or ‘thinking’ acknowledged the interrelatedness of children and family needs in the fields of health, education, social services, law enforcement, housing, employment and family support. The aim was to reshape services. The belief was that joined-up working would make services more flexible, more responsive to local demographics and priorities, more efficient by reducing overlap of treatments, diagnoses and records, and ultimately more effective.

In particular, joined-up working was a central tenet of New Labour policy for reducing poverty and social exclusion. For example, the original construct of Sure Start, the New Labour flagship anti-poverty initiative launched in 1998 and costed at £1.4 billion over six years and a prime example of a socialist intervention initiative, was that all families with children aged under 4 in the 500 most deprived areas of England would be offered flexible, accessible, affordable ‘joined-up services’ (Glass 1999). The ‘treatments’ were to be negotiated with local communities and were to support them in escaping the poverty trap. Early reports from the National Evaluation of Sure Start (NESS) of the impact of the early intervention on child and family outcomes were disappointing (Belsky et al. 2007) and created sufficient panic in the government for them to unravel Sure Start Local Programmes (SSLPs) and rebrand (many of) them as Sure Start Children’s Centres. (See www.ness.bbk.ac.uk for reports by the NESS team.) However, there was good news too. Some SSLPs were achieving better outcomes than others (Anning and Ball 2008) and the characteristics of these programmes were fed into the guidance notes for the Children’s Centres. As researchers would have predicted, by 2008 during which time children and their families in SSLP communities had been exposed to SSLP services for a substantial period, a variety of beneficial effects had been detected for children and their families when the children were 3 years old (NESS 2008). By this time the policy machinery had rolled on, leaving these encouraging findings buried in a plethora of new anti-poverty initiatives.

Throughout the decade of Labour government a raft of cross-departmental government papers were published to promote the implementation of integrated services. They culminated in the Green Paper, Every Child Matters (DfES 2003), Every Child Matters: Change for Children (DfES 2004) and the subsequent Children Act 2004, which built on the seminal Children Act of 1989. There
were five outcomes for children and young people that embodied the principles central to the Children Act 2004 (www.dfes.gov.uk): being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being. These five outcomes became a mantra for the delivery and inspection of services for children in England.

The Children Act 2004 required every local authority to appoint a senior officer responsible for coordinating children’s services. Local authorities were charged with developing Children and Young People’s Plans by 2006 and establishing Children’s Trust arrangements for allocating funding streams to children’s services by 2008. In the government documentation, ‘childhood’ encompassed all children from birth to the end of secondary school and the focus was on developing the integrated delivery of services. All agencies, including health, were to share information and assessment protocols and frameworks. They were to plan jointly funding streams and intervention strategies.

Children’s Centres (initially in areas defined as deprived but eventually in every neighbourhood, giving a total of 3500 nationwide by 2010) were established as the base for the delivery of integrated services for children under school age and their families. Extended schools, both mainstream and special, were to serve as the hub of services for school-aged pupils and their parents. They were expected to provide: high-quality wraparound childcare before and after school, available 8 a.m.–6 p.m. all year; out of school activities such as drama, dance, sport, homework clubs, learning a foreign language, hobbies, business and enterprise opportunities, plus visits to galleries and museums; parenting support; referral to specialist support such as speech therapy or behaviour support; and family learning opportunities. Many schools are struggling to come to terms with this ambitious agenda. In 2008, The 21st Century School: A Transformation in Education (DCSF 2008c) reinforced the Every Child Matters agenda. Key principles were: powerful partnerships with parents, a resource for the whole community, promoting excellence in teaching and learning and ‘narrowing the gap’ between high and low attainments, and being at the centre of early intervention.

Meanwhile agency specific papers and guidance notes were also coming thick and fast, but embedded in all of them was the principle of agencies working together. For example, in Health, a National CAMHS review was instigated with the twin objectives of investigating what progress had been made since the publication of The National Framework for Children, Young People and Maternity Services (DfES/DoH 2004a) and Every Child Matters (DfES 2003), and suggesting practical solutions for delivering better outcomes and monitoring those solutions. The resulting report, Children and Young People in Mind: The Final Report of the National CAMHS Review (DCSF/DoH 2008), noted a ‘sea change’ in the development and delivery of services and significant progress, but also made a number of far-reaching recommendations for further work.
 Specific recommendations addressed promoting understanding and involvement of young people and their parents and carers; better organization and integration of services to provide lead professionals as a main point of contact, clear signposting to specialist help, individualized and integrated care, effective transition to adult services and the establishment of a National Advisory Council, strengthening of the multi-agency national support programme and inclusion of emotional and mental health issues in core children’s workforce training. Through the report there are references to the importance of emotional health being everybody’s business and the need for agencies to work together.

Building on Lord Darzi’s NHS Next Stage Review, *High Quality Care for All: NHS Next Stage Review, Final Report* (DoH, 2008b) and *The Children’s Plan* (DCSF 2007a), the Department of Health and the Department of Children, Schools and Families published a child health strategy to improve health outcomes for all children. It is clear that the ‘working together’ agenda is still at the forefront of government thinking with explicit references throughout to partnership working between health, local councils and the voluntary sector. As well as specific policy recommendations for different groups (pregnancy and early years, school-aged children, young people, and children with acute or additional needs), the strategy makes recommendations about ‘system-level transformation’ concerning the strengthening of Children’s Trust arrangements and cooperation and collaboration between agencies.

*The Child Health Promotion Programme* (CHPP) (DoH/DCSF 2008), also produced by the Department of Children, Schools and Families and the Department of Health, which focuses on pregnancy and the first five years of life, and *Child Health Strategy* (DoH 2008a) feed directly into *The Children’s Plan* (DCSF 2007a).

Joint working is seen as a priority, for example: ‘It is important that PCTs make use of children’s trust arrangements to work closely with local authorities to jointly plan and commission services to deliver the CHPP locally’ (2007a: 7). It goes on to outline a vision of ‘integrated services’ (2007a: 10) with Health Visitors leading multi-professional teams built across general practice and Sure Start children’s centres.

In *Reaching Out: An Action Plan on Social Exclusion* (Cabinet Office September 2006), the government announced it would test the Family Nurse Partnership (FNP) model of intensive home visiting for vulnerable first-time young mothers. A total of £30 million has been allocated to support this over the spending review period from 2008/9 to 2010/11 and a randomized controlled trial has recently commenced. Although one of the FNP’s goals is to link families into Sure Start Children’s Centres, the FNP is an exception to the trend of encouraging multi-agency working. Rather it is aiming to produce highly trained Family Nurses, all of whom have a midwifery/nursing background, who have sufficient breadth and depth that they can deal with many issues.
without needing to refer on, thus reducing the number of people working with one family.

The Childcare Act in 2006 built on earlier commitments to expand childcare. Key drivers of the act were to improve the well-being of young children and to reduce child poverty and inequalities. Part-time free childcare/early education was offered to all 3- and 4-year-old children; and in 2008 the offer was extended in pilot projects to some 2-year-olds defined as ‘vulnerable’ and deemed as ‘at risk’ of low attainments at school entry.

In the field of child protection, the Children Act 1989 had already placed interagency work at the heart of the remit for social services. But it was in particular the Laming Report (Laming 2003) on the death of Victoria Climbié, a young girl whom 12 potential child protection interventions from different agencies had allegedly failed, that prompted the government to formalize procedures for moving towards the integration of children’s services, with an aim of safeguarding children more effectively (Frost and Parton 2009). These arrangements were set out in the Children Act 2004 and its accompanying guidance. In November 2008, events surrounding the death of Baby Peter (initially known simply as ‘Baby P’) hit the headlines and had major ramifications for children’s services. Lord Laming reported on the state of the safeguarding system following the death of Baby Peter in March 2009 (Laming 2009). This tragic child death led to reforms to the system of inspection, changes to the training of the social work and related professions and a government push towards further integration of children’s services.

Yet despite all these well-intentioned policies, a UNICEF report (UNICEF 2007) on child well-being in the 21st richest countries in the world reported the UK as scoring the worst rates on five of the six dimensions of child well-being including child poverty, poorest health outcomes for young people (including early sex and high levels of teenage pregnancies and early ‘risky behaviours’ such as substance abuse) and lowest scores on children’s assessments of their self-esteem. Perhaps in shocked reaction to these shameful findings, an ambitious ‘Children’s Plan’ was published in late 2007 outlining 2020 goals for world class ambitions for all children, better support for parents and a new era for children’s play and positive activities for young people.

Policy into practice: terminology

For those who struggled to design and deliver joined-up services, there was confusion both at conceptual and practical levels in the implementation of government reform of public services.

Epistemological confusions arose as the terms to describe different forms of joined-up thinking proliferated. In the 1990s, the talk was of ‘partnerships’ between agencies (see e.g. Jamieson and Owen 2000 and Frost 2005) and
20 years on the word came back into fashion (for example, the notion of partnership with parents implicit in the Children’s Plan). Drawing on a review of research and policy Frost (2005: 13) suggested a hierarchy of terms to characterize a continuum in partnership:

- **Level 1**: cooperation – services work together toward consistent goals and complementary services, while maintaining their independence.
- **Level 2**: collaboration – services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes.
- **Level 3**: coordination – services work together in a planned and systematic manner towards shared and agreed goals.
- **Level 4**: merger/integration – different services become one organization in order to enhance service delivery.

The terms ‘multi-agency’ and ‘multi-professional work’ entered the discourse of policy and practice in children’s services. Sometimes multi-agency teams were drawn together from distinct agencies for a set period of time and with an independent project or task focus, as, for example, in Sure Start local programme interventions. For Sure Start anti-poverty intervention programmes, workers such as health visitors, midwives, care workers, play therapists, librarians, teachers, psychologists, adult educators and counsellors were appointed. Some were seconded for part of their week from mainstream agencies. Others were appointed full-time for the contracted period of the Sure Start local programme. Alternatively, a multi-agency team operated under the umbrella of one main agency brought together to work as a team by systemic/structural changes of the host agency. Examples of such teams were child and adolescent mental health teams in health or youth offending teams in the youth justice field. Other groups of professionals came together as inter-agency teams for a particular case – for example, a child protection conference; or disparate professionals from different disciplines were drawn together regularly as intra-agency teams to review policies and practices in a particular field of work (Watson et al. 2002). An example is a group of inter-disciplinary health and medical professionals working on a rolling programme of planning services across a local authority for children with cancer.

As the joined-up working agenda became more established, the key concept became ‘integration’, a term which began to feature in the Every Child Matters agenda and was championed by the Children’s Workforce Development Council (CWDC). Whatever the terminology used to describe their working principles and practices, teams delivering multi-agency services consist of personnel from a range of professional backgrounds. For professionals, a particular knowledge base, set of values, training and standing in the community at large give them a particular professional identity. Yet Frost (2001) argued that even the term ‘professional’ is problematic and fluid from a postmodern
position where categorizations of professionalism are seen to be intricately linked to the use of knowledge and power in a changing world of work. However, we have chosen to use the term ‘multi-professionalism’ throughout this book as the most fitting construct to describe the coming together of workers from the traditional services for children of health, education, social services, crime reduction and family support into new configurations for delivering variations of joined-up services. As we will discuss in Chapter 3, the epistemological configuration of the multi-professional services on paper may seem to promise joined-up working, but it is the way the teams are organized and managed (from both within and outside the team) that dictates how effectively they are able to work together as multi-professional teams in practice.

**Policy into practice: what works?**

Increasingly, governments require public services to be closely monitored and evaluated so that any changes in practice are ‘evidence-based’. The principle is that major programmes are phased in to allow time for testing, evaluating and, if necessary, adjusting. These procedures have been longer established and more widespread in the USA (Greenberg and Shroder 1997). A UK government review panel (Government Chief Social Researcher’s Office 2005) argued that two types of pilot – impact pilots focused on measuring or assessing early outcomes, and process pilots focused on exploring methods of delivery and their cost effectiveness – are often blurred so that they seek to achieve both aims. The panel argued that evaluations are bedevilled by the complexity of what they are expected to deliver in terms of quick evidence of ‘what works’ in the social sciences. In reality, evaluations frequently become redundant before they have been allowed to run their course, as policy innovations at ‘pilot’ stages are quickly entrenched in government forward planning and political profile. Thus government claims of evidence-based reforms may be spurious (see Bilson 2005).

Findings of government-funded research into the effectiveness of reforms may be buried by delay or obfuscation. But one would hope at least that evaluations funded by taxpayers might serve to enlighten and inform the public about the complex and intractable problems of delivering effective services for a diverse, multi-layered population in the UK. As Young et al. (2002: 223) argued: ‘Research can serve the public good just as effectively when it seeks to enlighten and inform in the interests of generating wider public debate. Not evidence-based policy, but a broader evidence-informed society is the appropriate aim.’

In fact, despite government enthusiasm for integrated services, we have little robust evidence of the impact of reshaping services on outcomes for service users. There is more evidence emerging of the impact of processes on professionals. But often professionals were directed to work in teams and
expected to get on with it. Little training was offered to help teams to prepare for radical changes in their working practices. If we look across the evaluation reports of a range of programmes in the UK during the period of public sector reforms, we find common dilemmas reported in the processes of implementing integrated services. For example, early findings related to multi-professional teamwork related to Children’s Funds (www.ne-cf.org.uk), Sure Start local programmes (www.ness.bbk.ac.uk) and meeting the needs of disabled children (Wheatley 2006) all reported common dilemmas: reconciling different professional beliefs and practices; managing workers on different payscales and with different conditions of work; combining funding streams from distinct agency budgets; and the lack of joint training and opportunities for professional development for both leaders and led within teams.

More recently two independent reviews of research in the field were commissioned (Atkinson et al. 2007 and Robinson et al. 2008). Evidence of the impact of reforms on service providers is growing. Benefits include opportunities for professional development and improved communication and information sharing between agencies. Drawing on activity theory, Warmington et al. (2004) argue that rather than rehearse time-consuming arguments about models of multi-agency work and their effectiveness, a more radical model might be to conceptualize loose, flexible arrangements of professional networks to collaborate on specific cases/problems in particular contexts at points of need. They refer to this construct as co-configuration. Benefits for service users are less well substantiated (Dartington Social Research Unit 2004), though it has been argued that integrated services improve accessibility, speed up referrals and reduce the stigma attached to services. The fact is that the jury is still out on the effectiveness of integrated services (see Special Issue, Children and Society 2009).

In this context of uncertainty about the benefits or drawbacks of multi-professional teamwork for children’s services, we began the research project (the Multi-Agency Teamwork for Children’s Services (MATCH) project) that formed the starting point for writing this book.

The MATCH project

The research was based at the University of Leeds, UK. An independent research council, the Economic and Social Research Council (ESRC) funded the project, so the research team were free from any constraints in publicizing the findings. The project took place over a two-year period in 2002–4. The aim of the research was to explore the daily realities of delivering public and voluntary sector services by multi-agency teamwork. We worked with five well-established multi-agency teams, exemplary of the type of team operating in health, the voluntary sector and social policy in the UK.
We were particularly interested in analysing the knowledge bases and practices that professionals brought to the teams from their previous work. We wanted to explore how professionals shared knowledge, how they designed together new ways of delivering services and how they developed through their working activities new forms of professional knowledge both as a team and as individuals. We wanted to understand more about how teams confronted and resolved conflicts in terms of the causes of problems and beliefs about appropriate treatments or solutions. Finally, we wanted to be able to provide exemplars of good practice to help other professionals working towards joined-up working. The research team was itself multi-professional and represented a range of disciplines. Between us we had extensive experience of the practicalities of working as teachers, social workers, doctors and psychologists. Our academic disciplines included education of young children, education of deaf children, social work, sociology, medicine and psychology. Thus in some ways we reflected the multi-disciplinary nature of the teams we researched.

**Theoretical frameworks**

The research drew on two theoretical frameworks: Wenger’s ‘communities of practice’ and Engestrom’s activity theory. We will explore aspects of these frameworks, as well as other theoretical underpinnings we found useful, throughout the book. However, below is a brief account of some key aspects of Wenger and Engestrom’s theoretical models germane to our understanding of working in a multi-professional world.

In the field of sociocultural psychology, Wenger (1998) argues that new knowledge is created in ‘communities of practice’ by the complementary processes of participation and reification. ‘Participation’, according to Wenger, is the daily, situated interactions and shared experiences of members of the community working towards common goals. Reification is the explication of versions of knowledge into representations such as documentation or artefacts.

Wenger highlights the importance of professionals’ constructions of their identities in shared practices and learning within multi-professional teams. Members of teams work together to develop a community of practice characterized by a shared history of learning and social relationships. The processes of developing a community of practice include mutual engagement (co-participation), a joint enterprise (shared accountability), and shared repertoire (common discourses and concepts). For Wenger, identity is ‘a way of talking about how learning changes who we are and creates personal histories of becoming in the context of our communities’ (1998: 5). ‘Identity’ is indeed one of four main organizing concepts in Wenger’s model, underpinning workplace learning, alongside ‘meaning’, ‘practice’ and ‘community’. Wenger views identity dynamically within communities of practice. Individual identity
trajectories are negotiated (1998: 154) in activities in the world of work. However, Wenger’s primary concern is the social influence of communities of practice on identity transformation. He writes: ‘participation involves creating an identity of participation, identity is constituted through relations of participation’ (1998: 56). Wenger does not make a distinction between self- and other-ascriptions of an individual’s professional identity. Jenkins (2002) views these two dimensions as interrelated and intrinsically social. But Wenger’s work can be used to make the point that experienced professionals in multi-agency teams will have undergone different historic processes of both self-determination and social determination of their professional identity.

We also drew on Engestrom’s (1999) activity theory in the field of knowledge creation and exchange. An important premise in Engestrom’s model is that conflict is inevitable as tasks are redefined, reassigned and redistributed within changing organizations and teams in the world of work. His premise is that such conflicts must be articulated and debated openly if progress is to be made towards creating new forms of knowledge and practice. Engestrom argues that change should be anchored down to actions that are ‘real’ within workplaces while being simultaneously connected up to a clear vision for the future. He describes ‘expansive learning cycles’ (Engestrom 2001) in the workplace as when communities/teams come together with different knowledge, expertise and histories to pursue a common goal. In order to effect change, they must work through processes of articulating differences, exploring alternatives, modelling solutions, examining an agreed model and implementing activities.

As we have pointed out, the project team brought different knowledge, expertise and histories to our common goal of research into multi-agency teamwork from the fields of health, medicine, psychology, education and social work. It was salutary for us to experience our own expansive learning cycles as we attempted to articulate and explore distinct approaches to conceptualizing practice, reconcile differences in research methodologies and reach agreement about the activities of communicating our new knowledge to audiences in oral and written versions. We will explore these tensions as we tell the story of the MATCh project.

**Conclusion**

In this chapter we presented the context for policy debates that led to a governmental focus on multi-professional teams to work with children and their families. We outlined two theoretical frameworks – those provided by ‘communities of practice’ and activity theory – that helped to inform our approach to the issues explored in this book. We have reported the broad aims of and rationale for our study. We now go on to describe the research methods adopted for the study.