Policy

In the UK in 1997 a Labour victory in the general election signalled the start of Labour’s three terms of office to date. High on Labour Party agenda was the reform and ‘modernization’ of public services. Tony Blair (1998) proclaimed four key principles of public sector reform:

- high standards of provision and full accountability;
- devolution of decision-making about service delivery to the front line, to encourage diversity and local creativity;
- flexibility of employment so that staff are better able to deliver modern public services;
- promotion of alternative providers (from the private and voluntary sectors) and greater choice for users.

The rhetoric of the last three key principles for public sector reform sought to empower those who delivered and used services at the local level. In contrast, the first (full accountability) led to a culture of ‘best value’, tighter accountability and performance management against set targets. So while promoting empowerment at the local level, the government also sought to control the national workforce with centrally-imposed monitoring and inspection systems. These dual imperatives often left professionals across the public sector unsure about how best to implement government policies.

Underpinning the government imperative to ‘modernize’ (DETR 1999) was suspicion of the power held by local government ‘professionals’. 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 agencies responsible for delivering services were cast as dinosaurs. In 2002 Alan Milburn, then Secretary of State for Health, said: 'The old style public service monoliths cannot meet modern challenges. They need to be broken up. In their place we can forge new local partnerships that specialize in tackling particular problems local communities face'.

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 initiatives involving public sector service reforms reflected those begun during the previous Conservative Party regime based on ideologies of ‘market forces’, ‘value for money’ and ‘freedom of choice for consumers’. 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.

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. Joined-up working would make them 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, was that families with children 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 (see www.ness.bbk.ac.uk for reports of the national evaluation of Sure Start). In theory, joined-up working was conceived as having a number of benefits: positive outcomes for service users, enhanced processes of professionals working together and
a synergy of service delivery leading to greater efficiency and effectiveness (Frost 2005).

How did this radical policy of joined-up working start to impact on practice in public services? During the late 1990s a raft of government papers were published. In the health service, for example, in 1997 a White Paper, The New NHS: Modern, Dependable (DoH 1997) recommended that neighbouring general practices were to form primary care groups with unified budgets for hospital and community services and for prescribing drugs. Medical workers were to be charged with working closely with social workers and nursing staff to plan and deliver services to a locally-defined population. The National Framework for Children, Young People and Maternity Services (DfES/DoH 2004a) and the White Paper Choosing Health (DoH 2004) emphasized the importance of interagency collaboration in developing services for children.

In the field of social exclusion, the Children’s Fund was launched in 2000 to develop services to support multi-agency teamwork for preventative services to address the needs of vulnerable 5–11-year-olds in 149 English local authorities. In education, Excellence for All Children: Meeting Special Educational Needs (DfEE 1998) recommended that agencies should work together in responding to and sustaining support for children and families defined as vulnerable or requiring specialist expertise. In youth work, Connexions was established in 2002 to coordinate support for young people aged 13 to 19 by allocating them a personal adviser (PA). The PA was charged with brokering access for young people to a range of local services – such as education and training, benefits, health and housing – and support groups – such as anger management and drug rehabilitation. The PAs were charged with building trust between young people and themselves and being their main advocates. They were described as ‘powerful friends’ in liaising with other agencies (Coles et al. 2004). In the field of child protection, the Children Act 1989 had 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 for whom 12 potential child protection interventions from different agencies had allegedly failed, that prompted the government to formalize procedures for child protection (Parton 2006). These were set out in the Green Paper, Every Child Matters (DfES 2003), in Every Child Matters: Change for Children (DfES 2004) and in the subsequent Children Act 2004.

The Children Act 2004 required every local authority to appoint an officer responsible for coordinating all children’s services. Local authorities were charged with developing Children and Young People 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. The focus was on multi-agency delivery of services. All agencies, including health, were to share information and assessment protocols and frameworks. They were to jointly plan funding streams and intervention strategies.

Children’s Centres (initially in areas defined as deprived but eventually in every ‘pram-pushing’ neighbourhood area, giving a total of 3500 nationwide) were to be established as the base for the delivery of integrated services for children under school age and their families. Extended schools, both mainstream and special, would serve as the hub of services for school-aged pupils and their parents. They would be expected to provide: high-quality wraparound childcare before and after school, available 8 a.m.–6 p.m. all year; out of school hour 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.

There were five outcomes that embodied the principles central to the Children Act 2004: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being (www.dfes.gov.uk). These five outcomes became a new mantra for the delivery of services for children in the UK. They formed the basis of common, national frameworks for inspecting and monitoring the effectiveness of children’s services.

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 joined-up thinking proliferated. In the 1990s the talk was of partnerships between agencies (see e.g. Jamieson and Owen 2000 and Frost 2005). Drawing on a review of recent research and policy Frost (2005: 13) suggested a hierarchy of terms to characterize a continuum in partnership working as:

- **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;
In the first five years of the twenty-first century the term ‘multi-agency teams’ began to dominate the discourse of policy and practice. 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 five-year 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 five-year 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 interagency teams for a particular case – for example, a child protection conference; or disparate professionals were drawn together regularly as intra-agency teams to review policies and practices in a particular field of work. An example is a group of health and medical professionals working on a rolling programme of planning services across a local authority for children with cancer.

Whatever the terminology used to describe their working principles and practices, joined-up teams consisted 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 gave 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 without the team) that dictates how effectively they are able to work together in practice as multi-professional teams.
Policy into practice: what works?

During the last decade of Labour government there has been a policy imperative for 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 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 Labour government enthusiasm for joined-up services, we have little robust evidence of the impact of reshaping services on either outcomes or processes. Often professionals are directed to work in teams and expected to get on with it. Little training is 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 joined-up services. For example, the findings related to multi-professional teamwork of children’s funds (see www.ne-cf.org.uk), Sure Start local programmes (NESS 2004) and Early Excellence Centres (Bertram and Pascal 1999) report 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.
There have been some reviews of general approaches to multi-agency or multi-professional teamwork. For example, Easen et al. (2000) used the framework of more or less ‘bounded’ community projects in an exploration of inter-professional collaboration. ‘More bounded’ collaborations were characterized by time limitations, clear targets and a distinctive contribution from each agency. ‘Less bounded’ collaborations were characterized by allowing scope for the identification and definition of appropriate interventions and an absence of hierarchical relations between professionals. Managers of community projects where the contextual features were ‘less bounded’ felt more empowered to operate without the bureaucratic constraints of inherited traditional agency systems and structures. In fact, they reported being able to be creative and flexible in responding to local community needs, just as the second of Blair’s principles of public service reforms argued they should be.

Atkinson et al. (2001) reviewed some examples of coordinated and multi-agency activities between health and/or social services and local education authorities in the UK. Their focus was on the impact of the collaborations on the practice of professionals involved. Key factors required for multi-agency work to be successful were identified as: commitment, clear leadership, a clear focus with common aims, and the importance of regular meetings and spending time on the groundwork of professionals learning to communicate and understand each others’ working activities.

However, we have little evidence, other than anecdotal, of the impact of multi-professional practices on outcomes for users of services. For example, in reviewing the policy of intergency collaboration in the field of child protection Hallett and Birchall (1992) concluded that there was no clear evidence that the practice resulted in better protection for vulnerable or excluded children. In fact, in a study in the USA, Glisson and Hemmelgarn (1998) argued that a focus on improving positive organizational climates within services was more beneficial in terms of outcomes for at-risk children than diverting attention to developing inter-professional links between services. Webb and Vulliamy (2001) reviewed evidence of interagency cooperation in meeting the needs of vulnerable young people in the UK school system. Their findings indicated similar uncertainties about the practicalities of ensuring benefits for young people and their parents.

It was in this context of uncertainty about the benefits or drawbacks of multi-professional teamwork for children’s services that 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 that ‘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 utilized 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 have aimed to provide the context for current policy debates that have led to a governmental focus on joined-up teams to work with children and their families. We have outlined the broad aims of our study and why it was undertaken. We have also 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 now go on to outline in some detail the research methods we utilized in the study.