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The Influence of Professional Cultures on Collaborative Working in Children's Centres

Wendy Messenger

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Abstract

In Children's Centres in England professionals from different heritages including Education, Early Years, Family Support and Health have been required to work collaboratively together in order to meet the needs of children and families. This study seeks to understand professional culture and how it influences collaborative working within this context.

It is primarily a qualitative study and draws upon cultural and socio-cultural theory in order to provide a framework for understanding. It is also influenced by grounded theory and is based within the interpretive paradigm as it seeks to elicit the views of different professionals and to enable their voices to be heard.

Ethical considerations in relation to British Educational Research Association (BERA) Guidelines were followed and particular attention was paid in relation to confidentiality and anonymity. In order to ensure reliability and credibility, the research has been shared and scrutinised with others in a range of forums including peer researchers, and experienced professionals who have worked in the field. The research findings suggest that professional culture does influence collaborative working in Children's Centres but the personal qualities of the professionals themselves and intra-emotional challenges are also influential. Furthermore, different professional groups present with their own specific challenges and a culture of respectfulness needs to be developed based upon indicators described in the thesis. It is at the interface of respectfulness, professional culture and personal qualities that a new culture of the Third Space emerges and it is in this space that high quality collaborative working can take place. Furthermore, this new psychodynamic model of collaborative working has the potential of transferability to other contexts beyond Children's Centres.

Keywords: professional cultures, collaborative working, children's centre.

**The Influence of Professional
Cultures on Collaborative Working in
Children's Centres**

Wendy Messenger

**A thesis submitted in partial fulfilment of
the University's requirements for the
Degree of Doctor of Philosophy**

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University Of Worcester

Abstract

In Children's Centres in England professionals from different heritages including Education, Early Years, Family Support and Health have been required to work collaboratively together in order to meet the needs of children and families. Through my work with Children's Centre leaders and other Children's Centre professionals, I came to understand this was a complex process that whilst bringing many opportunities, also presented challenges. This study seeks to understand professional culture and how it influences collaborative working within this context.

It is primarily a qualitative study and draws upon cultural and socio-cultural theory in order to provide a framework for understanding. It is also influenced by grounded theory and is based within the interpretive paradigm as it seeks to elicit the views of different professionals and to enable their voices to be heard. The first phase of the research involved the distribution of a questionnaire across one government region in England in order to conduct an initial scoping exercise. The second phase took the form of twenty eight semi-structured interviews with professionals from Health, Education, Family Support and Early Years. Sixteen of these took place within a Case Study Children's Centre and twelve took place with others who became known as the 'Bystanders'. Lastly a focus group interview within the Case Study Children's Centre was undertaken.

Ethical considerations in relation to British Educational Research Association (BERA) Guidelines were followed and particular attention was paid in relation to confidentiality and anonymity. In order to ensure reliability and credibility, the research has been shared and scrutinised with others in a range of forums including peer researchers, and experienced professionals who have worked in the field.

The research findings suggest that professional culture does influence collaborative working in Children's Centres but the personal qualities of the professionals themselves and intra-emotional challenges are also influential. Furthermore, different professional groups present with their own specific challenges and a culture of respectfulness needs to be developed based upon indicators described in the thesis. It is at the interface of respectfulness, professional culture and personal qualities that a new culture of the Third Space emerges and it is in this space that high quality collaborative working can take place. Furthermore, this new psychodynamic model of collaborative working has the potential of transferability to other contexts beyond Children's Centres.

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Structure of the Thesis

Chapter One explains the rationale for carrying out the research and provides an overview of the theoretical underpinning, research design and methodology. Lastly it presents the overarching research question, its aims and objectives.

Chapter Two Discusses the key theoretical concepts with reference to culture from a cultural anthropological perspective, culture from a sociological perspective and culture from a post-colonial and post-cultural perspective.

Chapter Three Examines the literature in relation to the political and historical context. It also examines the notion of a professional and the notion of collaboration. Lastly it considers some of the challenges with reference to collaborative working in Children's Centres.

Chapter Four explains the methodology and methods used in the research, including my position as the researcher, the research paradigm, and ontological and epistemological perspectives. Lastly, ethical considerations are discussed and credibility and reliability is examined.

Chapter Five explains and presents the analysis of the first phase of the research, the questionnaire.

Chapter Six explains and presents a portrait analysis of the semi-structured interviews of four individual professionals who represent the four professional groups.

Chapter Seven begins by discussing and explaining the coding analysis and then presents the analysis of the semi-structured interviews for each professional group and lastly across the professional groups.

Chapter Eight explains and presents an analysis of the focus group.

Chapter Nine Examines how professional culture influences collaborative working and other factors that may also be of influence. Lastly it offers a new psychodynamic model for collaborative working.

Chapter Ten Considers and examines further questions that the research raises within the current policy agenda.

Chapter Eleven offers a reflection upon the research process itself and a reflection upon my learning as a researcher.

All names of participants and settings have been changed in this thesis in order to preserve confidentiality.

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Chapter One: Introduction to the research and the researcher

1.1 Introduction

This research study examines the notion of professional culture in terms of its influence in collaborative working in Children's Centres in one urban region in England. It seeks to elicit the voices of those experiencing this complex world and ultimately attempts to consider ways in which collaborative working between different professionals can be enhanced as a result.

In this opening chapter I will examine the contextual significance of the research, my rationale for undertaking it and offer a brief overview of the theoretical underpinning that informed the basis for this study. Lastly I shall exemplify my aims and objectives and present a brief overview of my methodological approach.

1.2 Rationale for undertaking the research

My interest in different professional cultures probably originated during my time working as a Teacher in a Speech and Language Unit for children who had speech and language difficulties. On site was also a Speech and Language Therapist. I always wondered what happened in her 'clinics' with the children and saw many missed opportunities where we could have worked together. Reflecting on this later, I wondered if some of this was because the speech and language therapist regarded the pupils to be at the unit primarily so they could receive speech and language therapy whilst accessing education at the same time. On the other hand I considered the children to be there primarily for their education whilst accessing speech and language therapy. I have come to understand there were possibly two reasons for our difficulties in working more closely together, firstly, my perspectives upon the children I was working with were very much within the social model of disability (Finkelstein 1981) whereby I was concerned with the context of the learning environment, whilst the speech and language therapist's perspectives were very much within the medical model of disability (Goodley 2001) in that she saw herself addressing 'within child

factors' through therapy and treatment. Secondly, there were possibly issues related to 'power' and status with each of trying to maintain dominance and importance.

In my role as Special Educational Needs Co-ordinator in a mainstream school, I came into contact with a range of different professionals, including Social Workers, Psychologists, Physiotherapists etc. I remember one incident when a Social Worker criticised me for accepting a small bunch of flowers from a parent as a thank you. It was clearly frowned upon within a social work context to accept what was considered a gift, and yet within the world of a Teacher, it would be a regular occurrence. Again, I reflected upon how differently we both viewed this seemingly benign act and concluded this may have been due to cultural differences between our two professions.

As a University Lecturer I was involved in the National Professional Qualification for Integrated Centre Leaders (NPQICL) as a mentor and an assessor. I listened to Children's Centre leaders talking about some of the challenges and tensions of different professionals working together towards common goals. There seemed to be themes that recurred, often related to training, values, working practices and status. I also had the opportunity to work with a range of different professionals as the course leader of a Post Graduate Certificate in Integrated Children's Services. It was interesting to hear different perspectives regarding the same theme and yet one of the most valuable elements of the course as acknowledged by the students, was the undertaking of *shared* learning which led to better understanding of each other's roles, working practices and core values. It was from this point I felt that professional cultures and their interaction with collaborative working would be worthy of further in-depth research. As Clough and Nutbrown (2010:10) state research is positional because it is imbued within the perspective of the researcher and is derived from a set of circumstances where a 'problem' has been defined from a particular viewpoint or position. Clough and Nutbrown also consider research to be the investigation of an idea, subject or topic for a purpose which enables the researcher to extend knowledge or explore theory. It was my intention to address both of these things. It would seem that knowledge of the interaction of professional culture and collaborative working is scant and was hoped this study could make a real contribution in this respect. I am also interested in developing this knowledge with reference to theoretical perspectives in the hope it will provide a framework for better understanding and development of work in this important area. Reflective thinking and reflective research practice will underpin this study throughout, and I will undertake an enquiry that deeply questions

the 'how' and 'why'. More importantly I anticipate the research will be considered as being done *with* people and not *to* people which I hope will generate new important theories of action.

1.3 The Contextual Significance of the Research

From 1997 and the election of New Labour in Britain, there was a policy shift towards the integration of all services who had responsibilities for looking after and working with children. This followed a long history of cases where children were considered to have died due to different services failing to work together sharing information in order to protect them; for example Jasmine Beckford in 1985, Kimberley Carlisle in 1987 and Victoria Climbié in 2003. These services primarily included Health, Education and Social Care, but also included psychological services, criminal justice, and other services provided by voluntary organisations.

The Sure Start initiative, conceptualised in 1999 was a radical government scheme developed to improve the health, intellectual and social outcomes for pre-school children, particularly those who were experiencing economic and social disadvantage. The intention was to provide a 'one stop shop' (Department for Education and Skills (DfES 2003a) so that children and families could access services in one place thereby increasing the chances of earlier intervention by greater integration between professionals and services. It was based on the premise that it was possible for everyone to influence the path their own lives would take, consequently every Sure Start programme was required to respond to local need, and the local community had to be very much part of any decision making regarding services that were to be provided. In 2003 this programme was expanded further, with the objective of including children from *all* social and economic backgrounds and with the ambitious aim for there to be a Sure Start Children's Centre as they were now called, in every neighbourhood by 2010. The Children's Centres that evolved from the original Sure Start local programmes tended to be purpose built within the centre of disadvantaged communities and were either based on school sites or on separate sites. Later Children's Centres were provided in a number of ways, some being built on school sites, within school buildings themselves or in some cases, often in rural areas, most services operating on an outreach basis. Whichever the configuration, professionals from different organisations and services have been required to work together towards

common organisations; a requirement that was embedded in the Children Act 2004. The services offered at Children's Centres might include: Early Years Childcare and Education, Health care including the services of Midwives and Health Visitors, Speech and Language therapy, Social and Community care including Family Support, community information and opportunities to access training in order to enter the job market.

Inevitably the journey to fully integrated working has not been easy, as professionals belonging to different organisations, agencies and professional bodies aim to provide a 'seamless' service to children and families. A multitude of terms have been used to define 'integrated working' and the terms of multi-agency working, partnership working inter-professional working have often been used interchangeably. It is for this reason the term 'collaborative working' has been used as far as possible in this study, which I have defined as;

' A multi-dimensional process that offers ways of working that can be strategic or practice based between Children's Centre staff belonging to different professions, the same profession or different agencies that has respectful relationships at its heart. As such, it allows the sharing of information, knowledge and expertise in order to work towards common goals, thereby responding to the needs of children and families'.

The term professional has also been examined, and the seven dimensions of professionalism suggested by Brock (2009) have been used as a point of reference in this respect; namely those of knowledge, education, skills, autonomy, values, ethics and reward.

Anning in 2001 suggested that some of the main difficulties of working in this way appeared to be those of trying to combine the cultures of distinct services and professions into new ways of working and sharing professional knowledge. Frost and Robinson (2007) consider that some of the challenges for different professionals working together in Children's Centres may be related to different conditions of employment, cultural values regarding confidentiality and information sharing, professional status differences, and concerns about loss of role and professional expertise. Hudson (2002:9) also considered that the extent to which professions shared a similar status had implications as to whether and how they may work together. Robinson et al. (2008:54) painted a rather dismal picture of the amount of 'emotional labour' that can be required of professionals when they are confronted with 'the

contradictions, ambiguities, mistrust and potential conflicts of accountability' when different cultural groups have to learn to work together.

1.4 Theoretical underpinning of the Research

In order to set the theoretical context for the research, an outline of the theoretical underpinning is presented below. This is explored in greater depth in Chapter Two.

1.4.1 Culture from a cultural anthropological perspective

This serves to provide a framework for understanding culture in its widest sense and draws upon the work of Hofstede and Hofstede (2004), with reference to the different onion-like layers of culture which include;

Symbols, which within the context of this study could be interpreted for example as specialist language that professionals use, or the wearing of uniforms.

Heroes which could be interpreted as senior managers or professional bodies.

Rituals which would be interpreted as specific working practices.

Values which could be interpreted as professional values.

The work of Geertz (1973) in relation to 'thick description' is also drawn upon in terms of the interconnectedness of culture and the fact that symbolic representation of culture can have many interpretations, some of which may only be understood by those within that culture.

1.4.2 Culture from a sociological perspective

This draws upon the work of Bourdieu (1986, 1990a, 1990b) with reference to social structuration relating to social differences and hierarchies. Bourdieu suggests that power is something that is culturally and symbolically created through;

Social capital which is concerned with the amount and type of social networks people may have.

Economic capital which is concerned with the amount of financial resources people may have at their disposal.

Cultural capital which is reflected by the way people speak, the ability to express themselves and the type of leisure activities they engage in.

This sociological perspective helps to provide a framework for understanding how professionals with different levels and types of training and education acquire and maintain capital and how this influences their ability to work collaboratively.

1.4.3 Culture from post-colonial and post structural perspective

Whilst the work of Bhabha (1994) is largely related to post colonialism within the context of gender, race and politics, it considers cultural identity to be a conglomeration of differences right from the start, as there is no 'pure culture'. Furthermore traces and traits of others help to make up the identity of oneself. Bhabha is less interested in cultural differences, but more in the processes that are produced in the articulation of cultural differences. This perspective is useful in attempting to understand what may be happening when professionals from different professional cultures collaborate together. Bhabha's notion of *The Third Space* in which new hybrid identities can emerge as a result of these processes, appears to have relevance for this study. The Third Space is not a mixture of old cultures, rather the establishment of a completely new one.

In addition to the theoretical perspectives discussed above, the idea of Learning Organisations as defined by Senge (1990:14); and Communities of Practice as defined by Wenger (1998) may also be relevant considerations. This is because both notions are associated with learning and commitment to new ways of thinking and at their heart is shared reflection on practice, or 'praxis'.

1.5 The overarching research question

The overarching research question that is central to this study is;

How does professional culture influence collaborative working in Children's Centres?

The terminology of 'professional culture' and 'collaborative working' are explained and justified in depth in Chapter Two.

1.6 Aims

1. To investigate the meaning of professional culture including its development and evolution.
2. To establish the degree to which people working in Children's Centres identify themselves with specific professional cultures and identities.
3. To examine how the interaction of professional culture and collaborative working is enacted in Children's Centres.

4. To explore how and to what extent, professional culture influences collaborative working in Children's Centres.
5. To contribute new knowledge in this important area and to formulate a new theoretical framework with a view to making recommendations to further develop policy and practice.

1.7 Objectives

- Undertaken a critical review of the literature with reference to professional culture, drawing on cultural and sociological theories which may be used as a framework for application and understanding.
- Through the use of a questionnaire distributed regionally to staff of Children's Centres, investigated the degree to which there is alignment to individual professional cultures and reasons why this may be. The findings from the questionnaire then formed the basis for further investigation to inform some of the questions asked of staff both at the Case Study Children's Centre and those who volunteered to be interviewed outside the Case Study.
- One Children's Centre was a Case Study in order to contribute to the 'contextual understanding' of how aspects of professional culture influence collaborative working within one specific Centre. Interviews and personal observations were used to inform this task.
- Additional interviews were undertaken outside the Case Study to further enrich the data gathered within the Case Study regarding the influence of professional culture and collaborative working. These became known as the Bystanders. A focus group interview within the Case Study was then undertaken in order to investigate more deeply the findings of the data gathered thus far.
- With reference to existing theoretical frameworks, the literature and analysis of the data, a new theoretical framework as developed in order to aid understanding and further the development of policy and practice.

1.8 Methodological Approach

'The social and educational world is a messy place, full of contradictions, richness, complexity, connectedness, conjunctions and disjunctions'

Cohen, Manion and Morrison (2011:219)

This study would seem to reflect this view. It could be described as being multi-layered, complex and is concerned with hearing and interpreting voices and meanings. From an ontological perspective, it is based upon the premise that social reality is the product of individual consciousness and is created by the individual. From an epistemological standpoint, the study considers knowledge to be personal and subjective. Lincoln and Guba (1985:47) illustrate these characteristics, some of which include;

- Humans actively construct their own meanings of situations
- Meaning arises out of social situations and is handled through interpretive processes
- Behaviour and thereby data are socially situated, context- related, context - dependent and context- rich.
- Realities are multiple, constructed and holistic.
- The attribution of meaning is continuous and evolves over time.

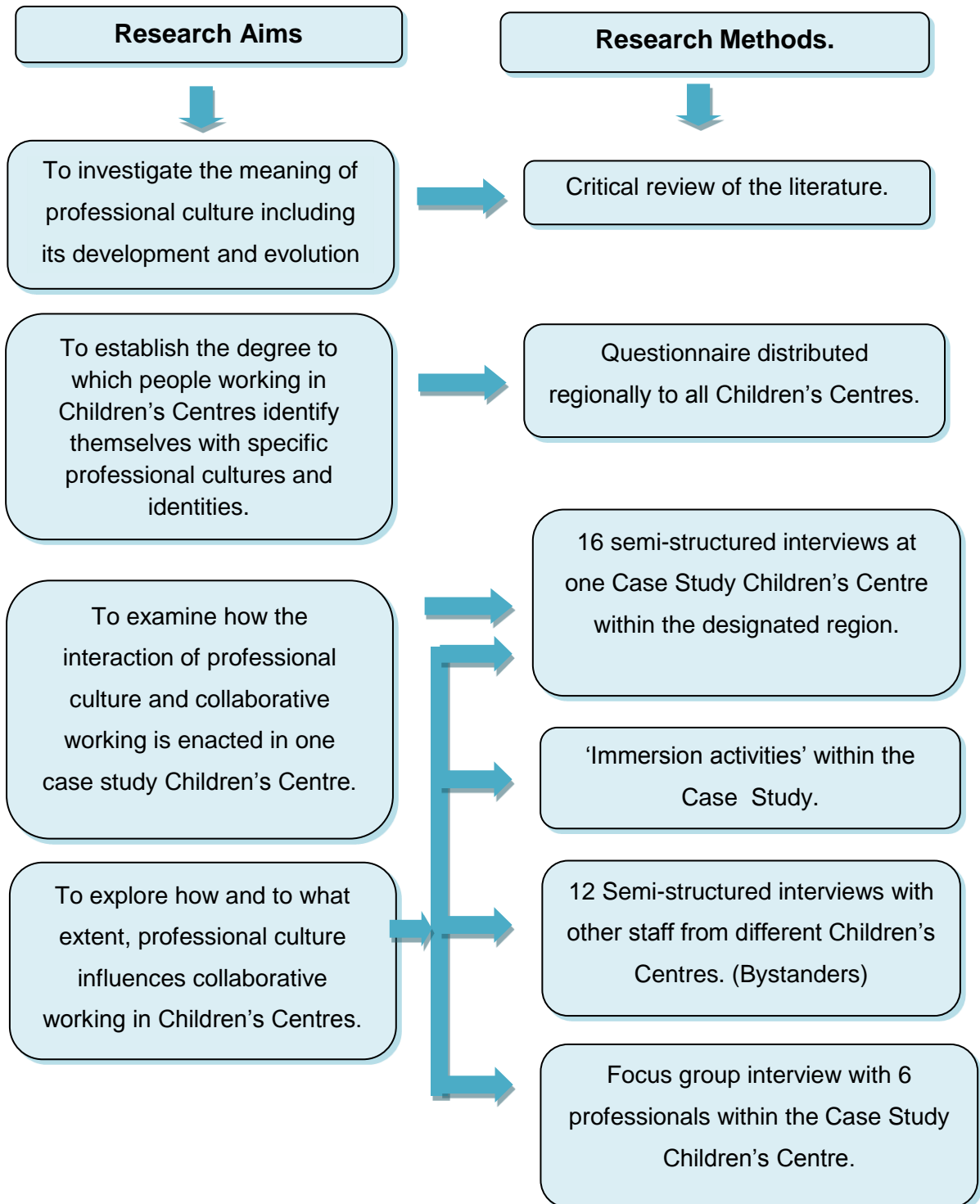
Post modernism is also a feature of the study in that it is concerned with multiple realities and interpretations, rather than one single 'truth'. The research is largely qualitative and draws upon some aspects of grounded theory, in the sense that the theory is derived inductively from the analysis. (Strauss and Corbin 1990). Furthermore, the study is also informed by intuitive theory (Johns 2000) in that it draws upon my previous experience, thinking and intuition both as a practitioner and with past reflective discussions with professionals in the field.

The detailed framework of the research design emerged and grew as the study progressed, rather than being prescriptively designed at the outset. Robson (2007) refers to this as a flexible design and this was helpful in that it allowed me to refine and modify samples of participants and refine questions in order to follow up interesting lines of enquiry that emerged.

A reflective commentary will be included throughout in order to indicate and explain my developing thinking as I undertook the study.

1.9 Research methods

Figure 1. Relationship between research aims and research methods



Reflective Commentary (i)

I hope that the focus of my research is relevant, potentially useful and can ultimately make a contribution to new knowledge in the field. Clough and Nutbrown (2010:43) refer to the 'Goldilocks Test' in order to ascertain the appropriateness and scope of the study. Is it too big? Is it too hot (contentious)? Or is it just right? It has the potential to be complex with many facets, and will require me to be rigorous in my record keeping. I have consulted with my supervisors, presented my proposal at the University of Worcester Research Degrees Board and as a result of feedback have amended my plans accordingly.

It is difficult to anticipate all of the challenges I will encounter at this point, although it is likely that my position as an outside researcher may mean I have to think very carefully about ethical considerations and access to participants.

I am aware this will be a personal journey during which I hope not only to grow as a researcher but also personally, as I encounter people from different professional heritages to my own. As a result I anticipate I may experience a heightened self-awareness of my own professional culture.

Chapter Two: Key Theoretical Concepts

In order to provide a framework for understanding it is necessary to consider theoretical concepts that may be useful to this study. In this respect, understandings of culture in relation to influences on its development, its impact within a professional context and how it may influence collaboration will form the basis of the following analysis.

2.1 The dynamics of culture within a professional context

In attempt to understand the notion of culture in this professional context I have looked towards cultural theory from the anthropological, sociological and post-colonial/post structural perspectives. I have attempted to examine ways in which these theoretical perspectives could be applied and used to help me understand professional culture; thereby helping to inform my methodology for this study. The following theorists have been my primary focus in this respect and this is because it would seem their perspectives have the potential to be transferable to professional culture within a Children's Centre context.

1. Culture from an anthropological perspective with reference to Hofstede et al (2004), Geertz (1973) and Moua (2007).
2. Culture from a sociological perspective with reference to Bourdieu (1984, 1990a, 1990b).
3. Culture from a post-colonial and post structural perspective with reference to Bhabha (1994).

It was important to view culture from these three different lenses because it acknowledges its complexity and gives credence to the richness of interpretation which will I hope will provide a sound, well rounded basis on which my study can be built. Culture is central to my research question of 'How does professional culture influence collaborative working?' and therefore must be given careful consideration from the outset. I intend to offer ways in which these theoretical perspectives may be applicable within professional culture in a Children's Centre context.

2.2 Culture from the cultural anthropological perspective

For the purposes of this study it is important to consider culture in its anthropological sense as opposed to an arts perspective. Tyler in his seminal book published in 1871

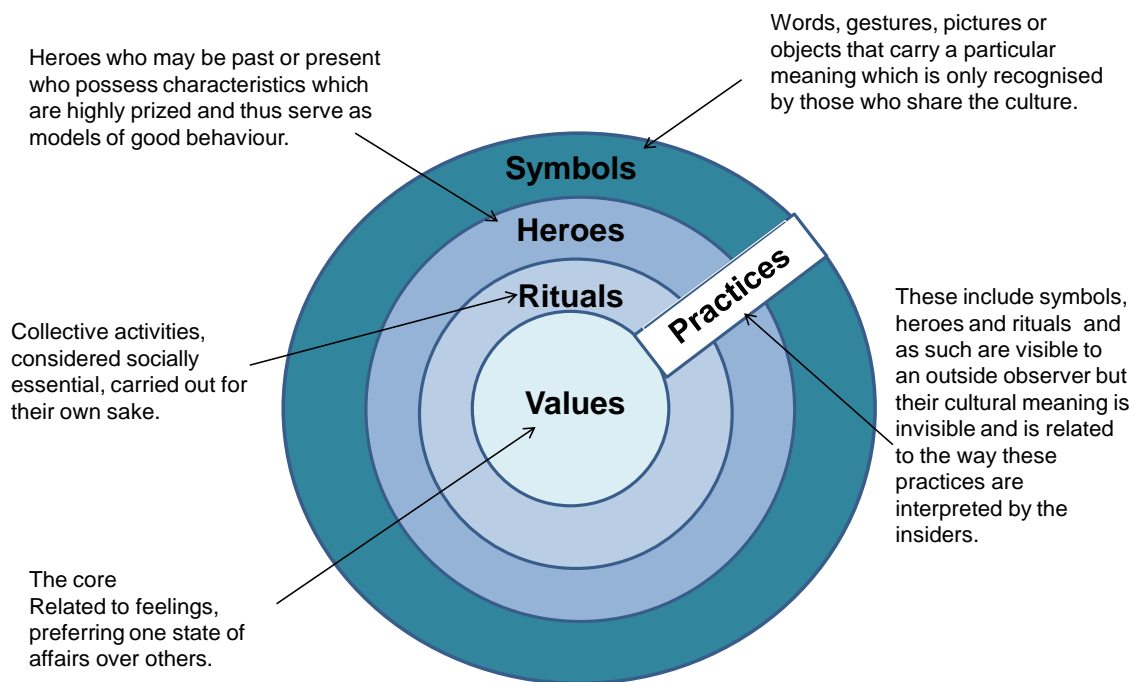
acknowledged the complexity of culture and noted that it is constantly changing and easily lost. Spradley, (1989) considered culture to be about the acquired knowledge that people use to interpret experience and generate behaviour. O'Neil (2006) takes a similar view and makes the point that cultures are not the product of lone individuals; rather they are continuously evolving products of people interacting with each other. Hall (1976) viewed culture as something that is shared, created and maintained through what he terms *relationship* and it is used to differentiate one group from another. It would seem that communication is a key feature of culture. Hall again suggests that cultures can be distinguished from each other by the way in which their members communicate with fellow members and exchange information about themselves. He makes the distinction between high context culture and low context cultures considering context to be the information that surrounds an event. In a low context culture, information is explicit and vested in words of precise meaning whereas in a high context culture information is implicit, vested in shared experience and assumptions can be conveyed through verbal and non-verbal codes. In high context cultures people are deeply involved with each other and simple messages flow freely, whilst in low context cultures they tend to be highly individualised and fragmented. It will be wise to consider the extent that these types of culture exist in Children's Centres. It might be possible that 'high context cultures' might be found within the professionals who have daily contact with each other as they have opportunities to engage in shared working practices and discussion, whilst low-context cultures may be evident in professionals working with the Children's Centres who belong to different organisations or agencies.

Hofstede et al (2004:16) make the distinction between personality, culture and human nature. This would seem to be a useful analysis and helps to define some of the complexity of culture. They view human nature as something everyone has in common, and personality is the unique set of 'mental programs' which is not shared by others and is based on traits that are partly genetic and partly learned which can be modified by the influence of 'collective programming' as well as unique personal experiences. This is worthy of consideration because it might suggest a possible relationship between the individual as a person in terms of personality and the individual as part of a collective group (either a professional group or a collaborative group). The extent to

which traits are within-self already and the extent to which they can be learned may be worthy of examination.

Hofstede et al. also consider culture within the context of layers, rather like that of an onion. (Figure 2). This would seem to imply that the layers are inside each other and there are possible boundaries between the layers. I have attempted to consider how Hofstede et al's original model of culture might be applicable to professional culture within a Children's Centre context. Of particular interest to me is the extent to which I will find these layers and I am uncertain as to whether all these layers will be apparent and whether some may foreground to a greater extent than others. Also worthy of examination might be the extent to which there are tight boundaries between the layers or whether the boundaries might be 'porous' or 'blurred'.

Figure 2. Manifestations of culture at different levels and depth with reference to Hofstede et al.(2004)



2.2.1 How can this be interpreted from the perspective of *professional culture*?

Symbols could refer to the specialist language and acronyms associated with each profession. Another example could be the necessity to wear a uniform, which for some may be an important part of their professional identity and culture. It could also refer to job titles that people use.

Heroes could be interpreted as senior managers, for example, Head Teachers in schools or professional bodies, for example the Nursing and Midwifery Council who are considered by some to provide professional support and guidance regarding the behaviour of their members.

Rituals could be interpreted as working practices, including the way meetings are held and communicated, also protocols and procedures. It may be possible to refer to the way different professional groups engage with each other either professionally or socially. For example, in schools, the 'staffroom' is considered to be a central place to meet, share professional understandings as well as providing a place to 'relax' for a short while. 'Rituals' in this sense provide a place for acting out beliefs and values by the group and by so doing, conserve them.

Values whilst one might expect professional values to be similar in those who are working with children and families, the extent to which the common values are 'lived out' or considered vital to their work would seem to affect the way they influence professional culture. An example for this could be the notion of confidentiality. Whilst all professions would consider it important to maintain confidentiality, it is the extent to which this is interpreted that would seem to set different professional cultures apart.

Moua (2007:16) also views culture in layers which may also have relevance with regard to professional culture. The first layer, cultural traditions are those aspects which come specifically from that culture and so this could possibly include all the onion layers that are referred to above by Hofstede et al.. Moua terms the second layer as 'subculture' in which people from different cultures within the main cultural group share their original culture with each other. Within the context of professional cultures in a Children's Centre, an example of this might be that of Midwives and Health Visitors, who, whilst having their own professional culture, also share an overarching 'health culture' with each other. Moua's third layer is that of 'cultural universals' which are cultural traits that are shared by everyone, irrespective from which culture you belong. Within the context

of a Children's Centre, this could include the professional culture of the Children's Centre as a whole, to which everyone working within it would share commonalities which might be perhaps related to their desire to meet the needs of the children and families with whom they work. It will be important to discover the extent to which these are indeed discrete layers or whether in fact they are interrelated whereby one exerts influence of the other.

Geertz (1973:5) on the other hand explores the notion of interconnectedness in relation to culture and suggests that it is dynamic rather than static. Geertz is more interested in the meanings behind culture.

'...man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs and the analysis of it to be not an experimental science in search of law, but an interpretive one in search of meaning'.

It is the way the cultural symbols which Hofstede et al. refers to and are interpreted that might be of particular significance. Geertz considers that in order to explain culture, it is necessary to pursue 'thick description'. By this, he means looking for as many interpretations as possible at different levels, looking for networks of relationships, in order to gain deeper understanding of the events described. This way of thinking has potential application within the context of professional culture in a Children's Centre, as it is perhaps necessary to look behind the symbolic representations and what people are saying. Geertz offers the example of a man winking and in order to explain this simple action he suggests it could be interpreted as having many possible meanings. He suggests this could mean the man has something in his eye, he could be flirting, or he could be communicating irony for example. I consider this notion of 'thick' description to be a useful one within which to consider cultural interpretation within Children's Centres. The Children's Centre itself could be considered a 'web of significance' that is strongly influenced by communication and symbolic representations which largely take the form of professional language, working practices and procedures. It could be that within this web are nested further webs that belong to each professional group. Although the symbolic representations are important, (thin description) of particular interest to me is how these are interpreted within and across professional groups. (thick description). It might be possible that some cultural meanings can only be interpreted within a specific

professional group and therefore might be invisible to other professional groups. It would appear that *interpretation* is the central tenet here rather than mere description.

2.3. Culture from a sociological perspective

Bourdieu, (1984, 1990a, 1990b) a French sociologist extensively researched the notion of class and power in French society particularly with regard to the interrelationship of self and society. Whilst this may appear to be somewhat far removed from the focus of this study, notions of power in relation to others within a cultural framework would seem to have useful application because my initial understandings of collaborative working in Children's Centres would seem to suggest that notions of power and status may be a strong feature. I wish to consider Bourdieu's ideas in terms of the terminology he uses and then offer a possible application to a Children's Centre context.

2.3.1 Bourdieu's ideas of Capital

Bourdieu (1984) views power as something that is culturally and symbolically created. He introduces the concept of 'Capital' to which he extends the meaning from have merely financial connotations to social, cultural or symbolic meanings. He primarily views three types of Capital;

- *Social Capital* which is concerned with the social networks that people have. It is concerned with the degree to which a group uses this within a framework of trust, reciprocity, shared norms and values to facilitate collaboration and cooperation.
- *Economic Capital* which is concerned with money resources and Bourdieu considers this to be at the root of all other Capital. Different forms of Capital can be derived from this.
- *Cultural Capital* which is knowledge of 'legitimate' culture or high culture which is also associated with linguistic capital. This type of Capital could be concerned with the way a person speaks and their ability to express themselves and their accent and vocabulary that they use. Cultural Capital can be objectified in terms of cultural goods or it can be institutionalised in the form of qualifications and skills

Each of these types of Capital can, in Bourdieu's view be legitimised through *Symbolic Capital*. This results from social positioning and affords prestige from others.

Furthermore, Symbolic Capital can lead to *Symbolic Violence*. This occurs in situations where people are considered to be inferior because of their lack of Symbolic Capital. The amount and type of capital that people have is important and Bourdieu (1986) in his work equates this with stratification of class. He puts forward the view that these contribute to an unconscious acceptance of social differences and hierarchies.

Bourdieu (1984:141) suggests that

'Social order is progressively inscribed in people's minds through 'cultural products' including systems of education, language, judgements, values, methods of classification and activities of everyday life'

Bourdieu's ideas of Capital may have relevance to collaboration and professional culture. They may help to provide a basis for understanding in relation to how different professional groups view themselves, how they are viewed by others and as a consequence how this influences working collaboratively. The nature and the extent to which different professional groups have shared norms and values will be important to consider in relation to Social Capital and dissonance in relation to this may have an impact upon possible collaboration. In terms of professionals, the influence of Economic Capital may not be as influential as other forms of Capital in terms of individual professionals although it might be influential in terms of the organisation or agency to which the professionals belong in terms of the amount and type of funding. I would anticipate that Cultural Capital might be influential in this study because it appears to be closely linked with knowledge, skills and qualifications. Status and hierarchy may be closely related to this. Furthermore an examination into the existence and extent of symbolic violence will need to be given deep consideration.

2.3.2 Bourdieu's idea of Habitus

According to Bourdieu Habitus functions beyond consciousness and he considers it to be closely related to values. Bourdieu gives examples of gestures, ways of walking, ways of eating etc. Reay (1995:353) considers the appeal of Habitus *'lies in its ability to uncover social inequalities in a way that keeps agency and structure clearly in focus.'* This means that it is concerned with the free will of the individual (agency) but it is also seen to be operating within a dialogic relationship with the structure of society. Bourdieu puts forward the view that Habitus is embodied; it is part of the subconscious and manifests itself *'in ways of standing, speaking, walking and thereby feeling and thinking'* (Bourdieu 1990a:63), Reay (1995:356) suggests that Bourdieu is careful to

point out that Habitus itself does not determine outcomes rather it is interaction between Habitus and the external circumstances (the Field) in which the individual finds themselves. While Habitus allows for individual agency, it also predisposes individuals towards certain ways of behaving. In essence Habitus could be said to be associated with a system of dispositions resulting in particular practices that are developed through a process of socialisation which begins in childhood. These are also being continually developed through experience and can change.

'The Habitus, as a system of dispositions to a certain practice, is an objective basis for regular modes of behaviour, and thus for the regularity of modes of practice, and if practices can be predicted.....this is because the effect of Habitus is that agents who are equipped with it will behave in a certain way in certain circumstances'. (Bourdieu 1990b:77)

This leads me to consider what Habitus means within a Children's Centre context. It might take the form of the way different professional groups think and act, often subconsciously. It might suggest a relationship between professional identity and Habitus. Furthermore, the extent to which it is influential in terms of collaboration, or the extent to which it can be developed or changed might also be important considerations.

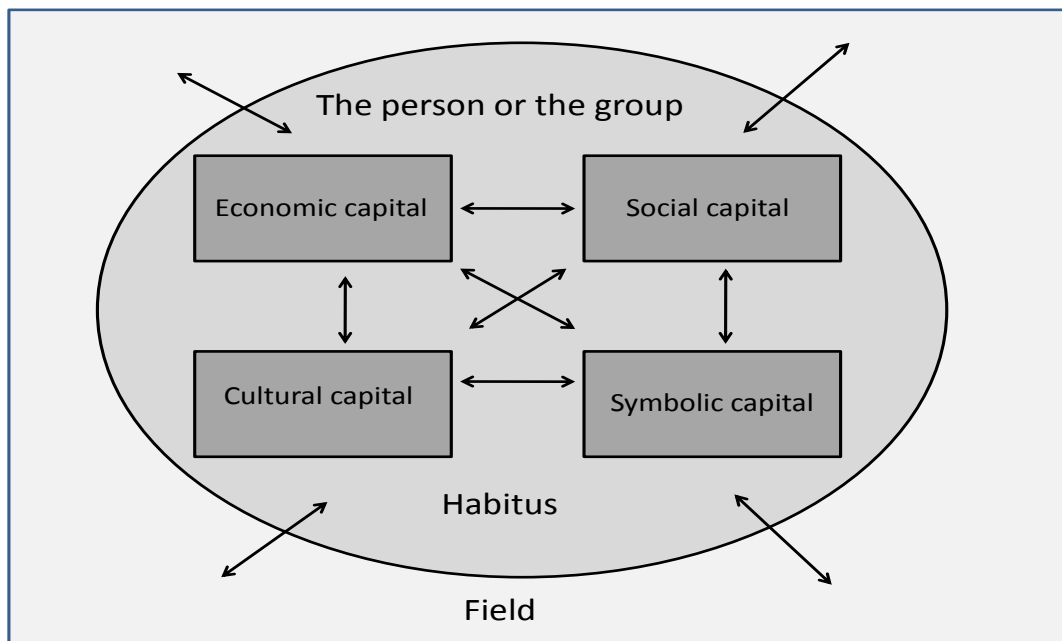
In addition to Habitus, Bourdieu puts forward the notion of 'fields'. He defined these as a variety of social and institutional arenas in which people express and reproduce their dispositions, and where they compete for different kinds of Capital. Navarro (2006) suggests that a field is a network, a structure or a set of relationships which may be intellectual, religious, educational or cultural, More significantly for this study perhaps is Gaventa's (2003) view that people often experience power differently depending on which field they are in at any given time.

Collaboration by its very nature requires interaction and of particular interest is the interface between the Field and Habitus. This could be defined as the arena in which different professional cultures and possible organisational culture meets.

Within the Children's Centre context, the interest here would be what happens when Habitus encounters a social world of which it is not a product, and to what extent does Habitus evolve and develop when this occurs? It will be interesting to consider whether there are different types of Habitus between the professions or indeed the extent to

which there is diversity of Habitus within the same professions. As Reay (2004:438) observes, for Bourdieu there are no explicit rules or principles that dictate behaviour rather *'the Habitus goes hand in hand with vagueness and indeterminacy'* This may turn out to be problematic, or it could enrich the diversity and richness of the study. Figure 3 attempts to illustrate the relationship between different types of Capital, Habitus and Field. It can be seen how the different types of capital can influence each other, which in turn influences Habitus which can be an individual or a group. There is also interconnectedness between the Habitus and the field.

Figure 3 The Relationship between Bourdieuan concepts of social stratification



2.4 The post-colonial and post structural perspective

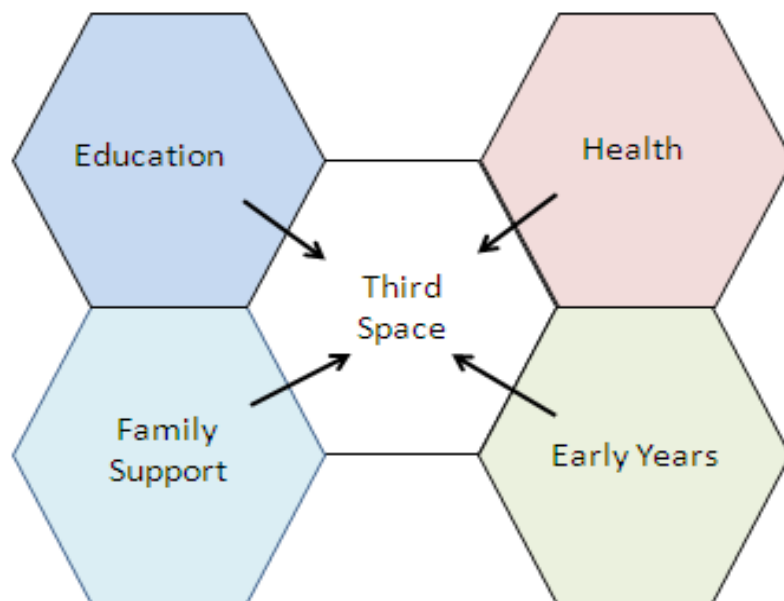
Bhabha (1994) has primarily been concerned with exploring cultural identity, largely within the context of the study of post colonialism in relation to gender, race and politics. It is therefore interesting to explore his ideas within a different cultural context – that of *professional* culture. Whilst I do not intend to focus necessarily upon gender, race and politics in this study I consider his ideas could be useful in terms of looking

through the lens of cultural heritage, identity and difference. Bhabha considers cultural identity as something that is already a conglomeration of differences. He argues there is no 'pure culture' as all cultures have evolved from others; therefore, in his view, traces and traits of 'others' help to make up the identity and culture of oneself. As such, he considers that cultural meaning is inseparable from its original 'multicultural' production. In his view, traditionally the study of culture has been concerned with the focus on differences either between the past and the present or between tradition and modernity. Bhabha is less interested in *differences in cultural perspectives*, rather the moments or processes that are produced in the articulation of cultural differences. Bhabha (1994:54) attempts to examine what he terms the *liminal* negotiation of cultural identity across differences of race, class, gender, and cultural traditions. He suggests that nationalities, ethnicities, and identities are *dialogic, indeterminate*, and characterized by *hybridity*. The process by which cultural differences are articulated or negotiated is termed the '*Third Space*'. It is within the 'Third Space' where new cultural hybridities and therefore identities emerge. Bhabha (1994:237) defines the Third Space as something that '*is new, neither one nor the other*'. He also considers the importance of hybridity is not to be able to '*trace two original moments from which the third emerges, rather hybridity is the third space which enables other positions to emerge*'. (1990: 211) Bhabha contends that a new hybrid identity emerges from the interweaving of elements of the 'coloniser' and 'colonised'. Papastergiadis (1997) considers the third space to be a lubricant in the conjunction of cultures. Taylor (1997) suggests that the hybrid's potential is with their innate knowledge of what he terms 'transculturation', their ability to transverse both cultures and to translate, negotiate and mediate affinity and difference. Bhabha (1994:1) holds that the third space '*provides a place for inclusion rather than exclusion that 'initiates new signs of identity and innovative sites of collaboration and contestation*'. It is important to note that the Third Space may not always be a positive development, but it would be always involve evolution and change.

Through my research I intend to consider the Third Space with regard to professional culture as professionals from different cultures interact and work together. It will be necessary to discover whether the possible new culture is a mixture of all the different professional cultures or whether in fact there is a completely new one emerging in the manner that Bhabha describes. I hope to examine the processes that are related to hybridisation and if and how the new Third Space is negotiated between the different

professional groups. Bhabha emphasizes the fluid nature of the Third Space and that it is in a state of continual negotiation. Within a Children's Centre it will be important to discover the positive and negative influences on fluidity especially taking into consideration other 'fluid' factors such as funding, staffing and changing policy agendas.

Figure 4 A possible interpretation of Bhabha's ideas of Cultural Hybridity within a Children's Centre context



Reflective commentary (ii)

It appears to be useful and relevant to have considered culture from three different perspectives and in order to build my theoretical framework. All of the theorists referenced do not have their original work based within my research context, but they have the potential be applied and can aid understanding of professional culture within a Children's Centre context.

It would seem to me that values are a fundamental part of culture in all the perspectives I have considered. They are probably deeply rooted, as Hofstede et al. suggests, and some aspects may be part of our sub consciousness. Perhaps this is embedded within Bourdieu's notion of 'Habitus'.

The notion of Capital in all its forms, as described by Bourdieu implies that it is not static, and it is possible for it to grow and for individuals to attain more, therefore it may be a dynamic concept. Perhaps there is individual Capital (e.g. individual professionals) *and* collective Capital (e.g. agencies and organisations) within a Children's Centre context. The basis of Bourdieu's notion of Capital in my view is power and this could be a highly relevant concept in collaborative working in Children's Centres. How the power is created, managed, acknowledged and sustained is perhaps of particular significance. Furthermore, it could be the processes associated with this are possibly the basis for the creation of the Third Space considered by Bhabha.

It might be useful at this point to give some consideration to the possible limitations of the theoretical perspectives I intend to use. Firstly they are from the disciplines of cultural anthropology and sociology. As such, they present a specific perspective that might be based upon cultural norms and the way people operate within them with reference to elements of identity, power and status. I perhaps could equally have considered using a perspective that is underpinned within the discipline of psychology that would have enabled me to consider to a greater degree aspects of cognition and emotional responses. However, it is important to ensure the theoretical focus is well defined and perhaps remains necessarily narrow in order for it to be examined and analysed in considerable depth. I might also have chosen to use Activity Theory (Engestrom 1999) as the basis for research. Indeed, there are aspects which would have been very applicable to this study in that it seeks to

understand complex human activity through the use of 'tools', taking culture, teams and organisations into account. However, its complexity in terms of application and the fact that activity is viewed in terms of tensions and contradictions may have provided a greater pathological emphasis for the study than I had intended in order to fulfil my aims.

A further limitation might be the extent to which the theoretical perspectives I have chosen are in fact transferable to the focus of my study. They have all emerged and evolved from different contexts and from different points in time. Therefore it might be difficult to apply them to a collaborative working context which is examining *professional* culture, which, it could be argued might be considered to be a different type of culture than one that might be related to gender, ethnicity and nationality. Whilst social structures form the basis of Bourdieu's work, its context was within the class system in French society. It could be argued it may not be applicable or useful as a means to support understanding of professional culture and collaborative working. Furthermore, Bhabha's work based on post colonialism in relation to a Third Space may also be problematic in the sense that the original context is unrelated in most respects to collaborative working in Children's Centres. However, I would argue the nature of theoretical perspectives means they have the *potential* to be transferable to other contexts as they are a framework on which to base understandings; therefore they have the potential to be useful and meaningful; but I will need to ensure however, that I allow the research findings and analysis to foreground, using the theory as a point of reference.

Chapter Three: Review of the Literature

This chapter will examine the political and historical context with reference to the development of Children's Centres in England. With reference to the literature and theoretical perspectives, the key concepts that are important to this study will be explored; including what is meant by being professional, theoretical perspectives of culture, and an examination of collaboration within the context of Children's Centres.

3.1 Political and Historical Context

In order to understand the political and social context regarding Children's Centres it is necessary to look back to the reasons for their original development and growth today. Even before 1997, successive Conservative governments had raised concern about the nature of 'the family' and the impact of its supposed 'fragmentation' on both children and parents. Following the election of New Labour in 1997, this policy debate developed further, particularly in respect of the welfare state. Melhuish (2007:4) notes that at the time, social, economic and social disadvantage for young children was a severe and growing problem which greatly enhanced the chances of social exclusion later in life. There was also a great variation in the quality of service provision for young children and families, and Melhuish considers this was particularly patchy for children under the age of four. Gordon Brown spoke at the time of wanting to break the cycle whereby children who were disadvantaged relived their parents' experiences of poor education, physical ill-health and poverty. In addition to the agenda for wanting to enhance outcomes for children who were disadvantaged, there was also the agenda of promoting equality of opportunity for everyone. Lister (1998:215) also noted that there was a move from a concern purely about equality to one with a focus on equality of opportunity together with social obligations and rights. This was inferred in the Labour Party Manifesto of 1997:36 *'We will design a modern welfare state based on rights and duties going together to fit the modern world.'* In order to do this, it was considered that it was necessary for a complete modernisation of public services and 'joined up government' for 'joined up problems' became the mantra of the newly developed Exclusion Unit. Two broad themes formed the basis on which this would be achieved;

1. Tackling social exclusion and a commitment to a more flexible response to services with communities having a say in and the management of these social services
2. A commitment to policy changes being supported by research.

3.1.1 Tackling social exclusion

New Labour embraced the notion of Third Way Politics which Giddens (1994:11) describes as a political approach that '*seeks to reconcile economic competitiveness with social protections and with an attack on poverty*'. It also encompasses the view that people can be active in decisions affecting their own lives and can indeed exert 'agency'. Giddens (1997:54) also suggested that everyone is capable of being active in decisions concerning their own lives and operating in reflexive engaging interaction with each other. In his view, there are few situations where individuals are totally constrained and unable to influence and act upon decisions that affect them but it involves the reforming of public services and empowering people who will use these services. Giddens terms this '*the social investment state*'.

Deacon et al. (2003) observe that social exclusion came to be seen as exclusion from opportunities and child poverty came to be seen as a root cause of that exclusion. Levitas (1998:46) identifies three discourses that are considered to reflect different conceptions of social inclusion;

- A redistributionist discourse that sees the problem in terms of poverty and structural inequality
- A social integrationist discourse that focuses on paid work to bring about social inclusion
- A moral underclass discourse in which social exclusion is seen as a consequence of the culture of the excluded.

Clarke (2006) and Deacon et al (2003) both discuss the extent to which these discourses featured in the policies of New Labour. They are in broad agreement that New Labour did not just see poverty as a consequence of factors that were beyond the recipient's control (moral discourse) although they do acknowledge these factors exist, for example inequalities are transmitted from generation to generation, but also they consider that responsibility for taking opportunities offered must be part of the process

in which people can get themselves out of poverty, for example, through paid work. Deacon therefore suggests that New Labour has taken both a structural and social integrational approach leading to behavioural change in which *'there is recognition that if the cycle of disadvantage is to be broken, then the playing field will have to be more level and the players will have to be both more 'active' and 'responsible'*.(p.134)

Bagley et al. (2006) view the Third Way approach in tackling social exclusion as being directly associated with the building of 'social capital'. Gerwitz et al (2005:718) view social capital as consisting of *'the institutions and relationships of a thriving society'* where the significance of where you live, who else lives there and how you live your life can be as important as personal resources in determining your life chances. They consider the moral construction of society depends on the willingness to invest in social capital. Morrow and Malin (2007) regard this policy as one based not on a deficit model of welfare intervention, but a more inclusive model in which the most effective form of intervention is that which directly involves the very people whose lives are affected by it. Bagley et al view this as a 'bottom up' model. Along with this notion of empowerment as a central tenet, there is the requirement for professionals to actively collaborate and work in partnership with parents and members of the local community.

These policies were investigated and pursued further during the Cross Departmental Review of Provision for Young Children (HM Treasury 1998) which had a remit to report to the Comprehensive Spending Review with their findings. The original review examined services for children and families aged seven and under, but as the review developed, according to Glass (1999) it became clear the biggest difficulties in provision were centred on the Early Years. Consequently the review then began to examine services from birth to three including the pre-natal period.

It was interesting to note that at about the same time Prout (2000:306) was writing about the social construction of childhood and observed that these policies appeared to see children themselves as the target of prevention and were being constructed as *'redemptive agents who could solve the problems of society'*. Clarke (2006: 702) also suggests that *'children offer the means for 'reforming' parents by reinforcing their responsibility to enter the labour market to support them'*. Others saw it in a more positive light. Hey and Bradford (2006) observed that this signalled a new relationship between the state, parents and children. Whereas Sylva et al (2004:14) considers the policy challenge was one of moving from a *'patchwork quilt'* to a *'seamless cover'* of

joined up services combining education and care. Lister (1998:113) also noted the change of emphasis from one where historically the state had only taken responsibility for education and '*where the upbringing of children had remained firmly in the family's purview except when families were deemed to be failing their responsibilities*'.

3.1.2 A commitment to policy changes being supported by research.

On election in 1997, the Labour Party argued its reforms would be informed by research evidence and it was evidence from the United States that influenced the findings of the review of services to children mentioned above. In particular, Early Years intervention strategies had produced demonstrable benefits for children who were disadvantaged when high quality child care provision was put in place. For example the Abercledarian Project of 1972 cited in Campbell et al (2002), the High Scope Perry Pre-school Project of 1993 cited in Schweinhart et al (1993) and the Head Start programme (1998) cited in Currie (1995). These early interventions used health care support, home visiting and parental support to supplement childcare which seemed to add extra benefits.

Sylva et al. (2007) note that the Perry study in particular provided strong evidence of the long term benefits of pre-school provision and demonstrated a link between high school grades decreased delinquency and improved employment status and earnings. There were also savings in social, health and justice systems costs later on. In the UK, The Rumbold Report (Department for Education and Science (DES) 1990), The Start Right Report (Ball 1994) and Sylva (1994) all reinforced the view that pre-school education could give children a better start at school and that investment in universal pre-school provision could have positive effects on academic outcomes. Subsequently the EPPE 3-11 longitudinal project (Sylva et al 2004), has also informed government thinking in respect of type and characteristics of pre-schooling that is most effective for young children and how the interaction between pre-school and the child and the family impacts on academic attainment and social and emotional well-being.

The most important conclusions to emerge from the Cross Departmental Review review, outlined by Glass (1999:261) were;

- The earliest years in life were the most important for child development and that very early development was much more vulnerable to environmental influences than had previously been realised.
- Multiple disadvantage for young children was a severe and growing problem, with such disadvantage greatly enhancing the chances of social exclusion later in life.
- The quality of service provision for young children and their families varied enormously across localities and districts. Services were particularly patchy for the under-fours.
- The provision of a comprehensive community based programme of early intervention and Family Support which built on existing services could have positive and persistent effects not only on child and family development but also help break the cycle of social exclusion and lead to significant long term gain to the exchequer.

The review established that while there should be no single blueprint for the ideal set of early interventions, they should share some characteristics; they should be two generational and involve parents as well as children, they should be non-stigmatising, they should last long enough to make a real difference, they should be locally driven and based on consultation and involvement of children and parents. This was ultimately to become the aim of Sure Start Children's Centres.

3.1.3 The Development of provision for children under four and their families after 1997

Within a short time following the cross-departmental review, a number of initiatives were beginning to be put into place to reflect the new government policies. They were launched under the umbrella of the new Childcare Strategy of 1998 which had the three aims;

1. Improving the quality of childcare
2. Making childcare more affordable
3. Creating more childcare places and providing better information about what is available.

There were essentially three initiatives that were introduced in the late 1990s that reflected the new policies and the childcare strategy; these being the development of Early Excellence Centres, Neighbourhood Nurseries and Sure Start Local Programmes. These were largely developed concurrently, although ultimately, by 2003 they had evolved into the common provision of Sure Start Children's Centres.

3.1.4 Early Excellence Centres

Early Excellence Centres, launched in 1998 were intended to promote models of high quality, integrated early years services of young children and families. They were managed by the local government Early Years Development and Childcare Partnerships (EYDCP) and many evolved from existing nursery provision. Their aim was to raise standards of Early Years provision by contributing to the training and development strategy of Early Years development and childcare partnerships. Additionally, they aimed to develop effective multi-agency collaboration and co-operate with schools and providers of out of school care.

3.1.5 Neighbourhood Nurseries

The neighbourhood nursery initiative, introduced in 2001 using public and private finance initiatives to 'narrow the gap', in childcare provision in the most disadvantaged areas of the country. The focus was upon tackling child poverty through employment, enabling the poorest and most disadvantaged families to improve their opportunities and income. The National Evaluation of the Neighbourhood Initiative (DfES 2007a) found that half the parents using neighbourhood nurseries had not used any childcare before.

3.1.6 Sure Start Local Programmes

The largest initiative to be introduced was that of Sure Start in 1999, and was largely based upon Head Start, a similar initiative that had been implemented in the USA. It brought together Early Education, Childcare, Health and Family Support and according to Hannon and Fox (2005) was unique in its approach, because rather than providing a specific service, it appeared to represent an effort to change existing services. It was initially developed in the 30% most deprived areas in the country. From a theoretical perspective it would seem that the programme was firmly placed within Bronfenbrenner's ecological model of child development (1979). This model highlights

the importance of the impact on the child of the complex relationships between national and local policy, cultural and neighbourhood influences and the child's immediate environment, for example, the pre-school setting and the home. The Sure Start intervention took a holistic approach by focusing on families within communities as its starting point. Strengthening families and communities was part of their remit. Sure Start Local Programmes were required to work in partnership with local stakeholders but until 2003 were autonomous from local authority control. Known as the 'core offer', Sure Start local programmes were required to provide five core services;

- Outreach and home visiting
- Support for families and parents
- High quality play, learning and childcare
- Primary and Community healthcare advice about child and family health
- Support for children and parents with additional needs and/or disabilities.

3.1.7 Children's Centres

Sure Start Children's Centres, the focus of this study were developed on the basis of what had been learned from the National Evaluation of Sure Start Local Programme evaluations, (Melhuish 2003- 2007), National Evaluation of the Neighbourhood Nursery Initiative (DfES 2007a) and the National Evaluations of Early Excellence Centres. (Bertram et al 2000, 2002, 2003). Their development was also informed by other research including the longitudinal EPPE study of the Effective Provision of Pre-school Education (Sylva et al 2004). Most Children's Centres were developed from Sure Start Local Programmes, new and planned Neighbourhood Nurseries and Early Excellence Centres. The Centres were developed in three phases and by 2010, over three thousand had been developed in the country. Initially, in Phase 1, 20% of the most deprived wards in the country were targeted for provision. They were different from the original Sure Start Local programmes in that they were to offer services to *all* children, not solely the 30% most disadvantaged hence the aim to have a Children's Centre in every neighbourhood by 2010.

All Sure Start Children's Centres were expected to share the following set of principles;

Figure 5 The Sure Start Principles

Working with parents and children

Every family should get access to a range of services that will deliver better outcomes for both children and parents, meeting their needs and stretching their aspirations.

Services for everyone

But not the same service for everyone. Families have distinctly different needs, both between different families, in different locations and across time in the same family. Services should recognise and respond to these varying needs.

Flexible at point of delivery

All services should be designed to encourage access. For example, opening hours, location, transport issues and care for other children in the family need to be considered. Where possible we must enable families to get the health and family support services they need through a single point of contact.

Starting very early

Services for young children and parents should start at the first antenatal visit. This means not only advice on health in pregnancy, but preparation for parenthood, decisions about returning to work (or indeed, starting to work) after the birth, advice on childcare options and on support services available.

Respectful and transparent

Services should be customer driven, whether or not the service is free.

Community driven and professionally coordinated

All professionals with an interest in children and families should be sharing expertise and listening to local people on service priorities. This should be done through consultation and by day-to-day listening to parents.

Outcome driven

All services for children and parents need to have as their core purpose better outcomes for children. The Government needs to acknowledge this by reducing bureaucracy and simplifying funding to ensure a joined-up approach with partners.

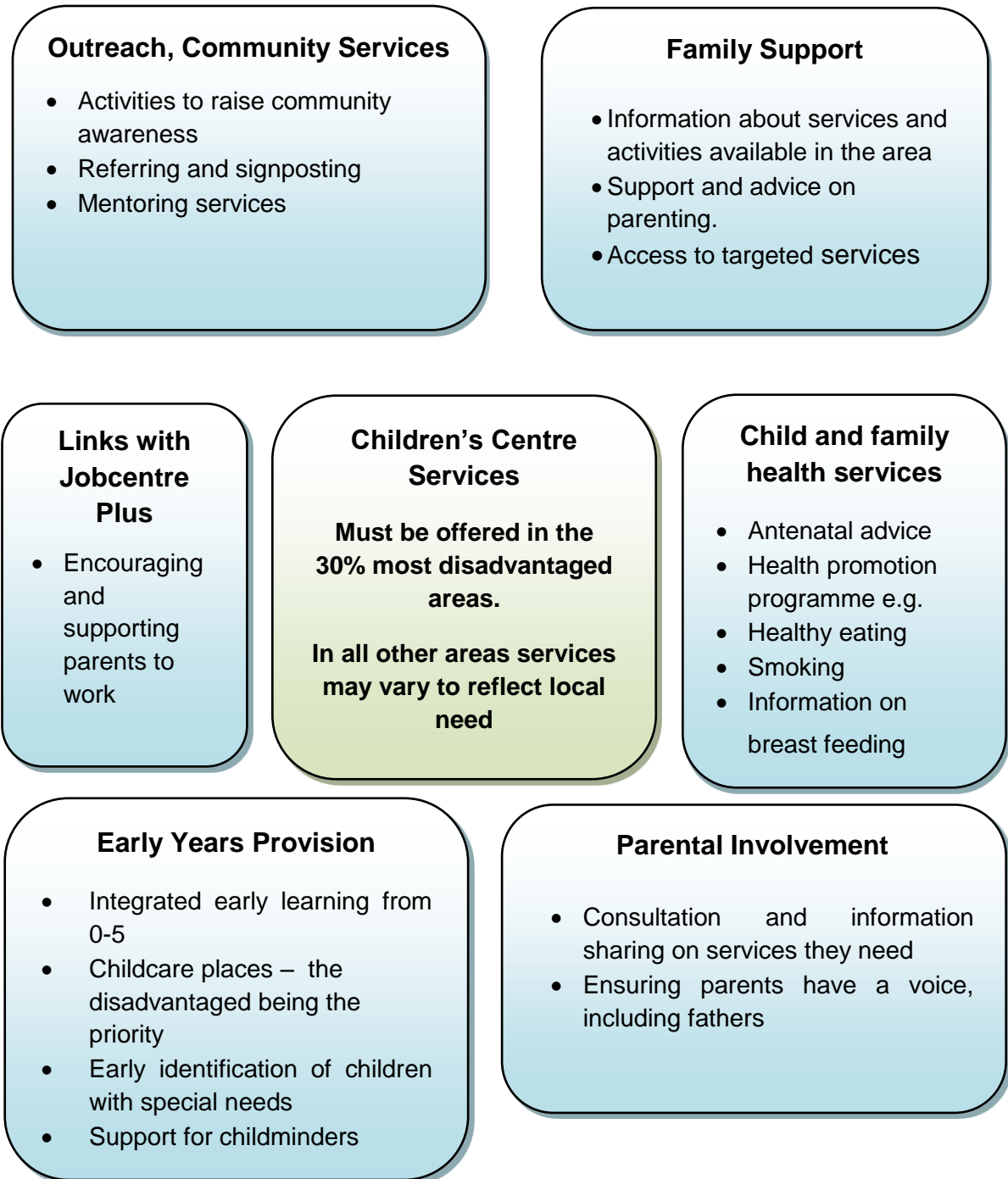
DCSF (2003:4)

It is important to consider these in their entirety in order to understand the degree to which the values that underpin the development of Children's Centres reflected the ideas and policies discussed earlier of the Labour government at the time. They help

to illustrate the complexity of task, both in terms of 'customisation' so that every Children's Centre develops in response to varying needs, and the requirement to share expertise and work in an integrated way across professional boundaries. It would seem that processes at every level are a priority, and yet these processes need to lead to clear outcomes for children and families. One of the main changes of emphasis from the Sure Start local programmes to Children's Centres was the fact that Children's Centres were intended to provide a universal service to *all* children and families, not just those who were disadvantaged. It is interesting to note that included in the principle of 'starting early' not only is it about preparation for parenthood, but also about preparation for returning to work and finding a job. It could be argued there is a possible incompatibility here. Eisenstadt [online] accessed 2011 echoed this view *'there are tensions in the policy intent – optimal child development versus optimal flexibility for parents'*.

The intention was that Children’s Centres had to fulfil the requirements of what became known as the ‘core offer’.

Figure 6 The ‘Core Offer’ of Children’s Centre services (DfES 2003a)



Outreach and Community Services

A visit to all families in the catchment area was to take place within two months of a child’s birth in order to initiate contact with families and to begin to establish the support needs of the child or the family. The outreach service may also engage

families in activities that would help to increase parents' understanding of their child's development. It would also include activities to increase the involvement for fathers.

Family Support

This also includes providing information to parents and carers about a range of family support services and activities that can be accessed in the area. Through outreach, families would be able to access specialist targeted services, for example support for children with special educational needs or disabilities. Support and advice would be provided on parenting which might include support at significant transition points, for example settling into childcare.

Child and Family Health Services

These would include antenatal advice and support for parents and carers. Information and guidance on breast feeding, hygiene, nutrition and safety and the promotion of positive mental health and emotional well-being, including identification, support and care for those suffering from maternal depression would also be a priority. Smoking cessation support may also be provided. Midwives and Health Visitors would be the main professionals involved in providing these services, although family support workers may also have involvement.

Parental Involvement

There was a requirement to ensure on-going arrangements are in place to ensure parents and carers have a voice, for example on parents; forums in order to establish what services are needed.

Early Years Provision

Integrated early learning and child care for babies and children until they are five years old must be provided including childcare that is suitable for working parents for a minimum of five days a week, forty eight weeks a year and ten hours a day. Childcare places must be open to all, with priority given to disadvantaged families. There should be early identification of children with special needs and disabilities with inclusive services and support to be provided for families. Furthermore there should be links to local schools including extended schools and out of school activities. Support for child minders via a co-ordinated network should be provided through for example parenting training, the loaning of toys and other equipment and drop-in sessions. Lastly, there should be the appointment of a 0.5 qualified teacher with a view to this becoming full time within 18 months of designation.

Links with Jobcentre Plus

Links must be made with Job centre Plus to support parents and carers who wish to consider training and employment. This was to be done by linking in with local arrangements, for example via local authorities' service level agreement. The purpose of this requirement was to encourage labour market participation as a means to combating poverty.

The core offer of Children's Centre services was designed to ensure that all services for children and families needed to have as their core purpose better outcomes for children. The core offer was an ambitious one in that all professionals with an interest in children and families would be required to share expertise, and services provided beyond the 30% most disadvantaged areas could be more flexible in that they would be provided in response to local need. This meant that not all services would be provided for everyone, acknowledging that families may have different needs between families, in different locations and across time within the same family. (DfES 2003a:4). However, by adopting this approach cynics may argue that it proved to be a useful means whereby costs could be trimmed.

At this point it would be useful to consider the relevant legislation and government initiatives that provided the backdrop for the development of Children's Centres. **Between 1998 and 2002**, the emphasis was concerned with embedding New Labour policies which have been discussed in detail previously. This was particularly so with reference to tackling social exclusion and empowerment of local communities in having a say in local provision and the restructuring of local authority services in an effort to ensure more joined up thinking and integration when working with disadvantaged children and families.. The strong emphasis on *community voice and empowerment*, meant that the early Sure Start Centres developed quite differently to each other.

Between 2003 and 2005 the policy agenda began to shift more towards child safeguarding and early intervention for children at risk of harm or abuse. This followed the report into the inquiry of the death of Victoria Climbié by Laming (2003). His report was damning of a range of services and professionals. The consequences of his report were wide reaching and reinforced the contemporary policy view that organisation change from top to bottom was what was required and clearly there was still more work

to do. Laming stated, *'I am forced to conclude that the principal failure to protect her (Victoria) was the result of widespread organisational malaise'*. He went on to say;

'The single most important change in the future must be the drawing of a clear line of accountability, from top to bottom, without doubt or ambiguity about who is responsible at every level for the well-being of vulnerable children'.(p6).

One of the key messages of the report was also that child protection cannot be separated from policies to improve children's lives. It is interesting to consider these observations and recommendations within the context of the Sure Start Key Principles outlined in Figure 5 which, although written prior to Laming's report, in many ways were already based on many of these recommendations.

Following the publication of Every Child Matters Green Paper (DfES 2003b), the focus on child protection, accountability and intervening early became even stronger. The five outcomes of Every Child Matters became the mantra of all organisations and professionals working with children. Namely; being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being.

The Children Act of 2004 embedded many of Laming's recommendations and provided the legal underpinning for Every Child Matters. The Act required every local authority to appoint an officer for co-ordinating services for children and education, health, and social services and the youth justice system were required to co-operate together in order to safeguard *all* children. It also required local authorities to set up Children's Trusts to promote integrated working. The Act defined childhood from birth to nineteen. These new legal requirements gave legal credence to the work of Sure Start, and as a result of the remit expanding to all children, which was reinforced in the Ten Year Strategy for Childcare (HM Treasury 2004). Subsequently they were re-named Sure Start Children's Centres with the aim developing 3,500 by 2010. The Children's Centres were to be the base for the delivery of integrated services for children under school age and their families.

2005 - 2010 the shift of emphasis changed yet again. Whilst safeguarding remained paramount, the concern of poor educational achievement of those children who were from disadvantaged families came further to the fore. This was reinforced by further evidence from the EPPE review (Sylva et al 2004) which established a strong relationship between the quality of pre-school provision and future achievement,

particularly in relation to children who were considered to have social and economic disadvantage. 'Narrowing the gap' became the new mantra and the focus turned more strongly to the quality of education and childcare that was being provided in Children's Centres. All Children's Centres were required to employ a qualified Teacher as the EPPE research findings had established a positive relationship between children's achievement and the involvement of a qualified Teacher. Children's Centres were developed in three phases. During the Phase One the emphasis was very much on addressing issues of poverty, a strong health focus, Family Support and community governance. During Phase Two there became a strong employment and childcare agenda following the government's *Ten Year Childcare Strategy* (HM Treasury 2006) and as stated previously, rather than being focused purely on disadvantaged areas, according to Eisenstadt [online] accessed in 2011, there was also a focus on disadvantaged children from other areas. There was an emphasis on more targeted support and the Children's Centre Planning Guidance for Phase Two (DCSF 2006:14) refers to 'personalised support'. In Phase Three provision was aimed at all children with links into extended schools. Local authorities had greater flexibility of what services should be provided outside the 30% most disadvantaged areas, including not being required to provide integrated early learning and day care within the Centre but could do so in partnership with private, independent or voluntary provision. In Phase Three, other aspects were approached differently. For example the Children's Centres could be built around existing funded services; a cluster approach could be taken, particularly in rural areas to allow Centres to work together. Smaller Centres could share an advisory governance board with each other, and possibly share staffing, including managers. Co-location on school sites was seen as aiding transition into schools, although direct management of the Children's Centre by Head Teachers was discouraged. By 2010 ultimately there were over 3,000 Children's Centres in operation.

Despite the large claims and aspirations made by Government in relation to the development of Children's Centres and who they would support children and families these claims did not go without critical observations. Critical comment was largely based upon;

- The espoused conception of childhood.
- The ecological stance taken upon improving the life chances of children experiencing social disadvantage.

- Ideas with reference to the influence and role of parents
- Links to employability
- The shift away from local empowerment to central government control.

Clarke (2006:716) suggests that conceptualisation of childhood within the Sure Start principles is based within a white middle class view of childhood and fails to acknowledge the multi-faceted nature and the varied contexts of disadvantage. Ethnicity, gender and disability in her view are not given sufficient consideration. The social construction of childhood as a period of innocence and the individual child is seen as a passive product of factors operating on him/her; thus children's development is shaped by these experiences which mean that it represents a unique opportunity for intervention. In Clarke's view (p702), children in this context can be seen as a means for 'reforming' parents. Bristow (2010:1) viewed this approach as one of being a way to '*police parenting*'. However, the impact of this view led to increased importance and accountability being bestowed upon integrated working between professionals.

As Welshman (2002) acknowledges, the Sure Start initiative was based upon the theoretical perspectives of Bronfenbrenner with references to ecological influences on the child and Deacon (2003) argues that this approach is framed at the level of the individual within the family and focuses on individual behaviour rather than structural explanations for poverty and social exclusion. France and Utting (2005:70) go further and suggest that this approach is based upon a complex mesh of interrelated factors operating at different levels in different contexts which result in particular outcomes that in their view are largely untheorised. Oliver et al (1998) make the distinction between distal variables and proximal variables as influences upon poverty and disadvantage. Within the Sure Start context, too much emphasis could be said to be placed upon the proximal variables, which are those within the child's immediate environment, for example parents, and yet Oliver (1998) suggests that in order for real change to be brought about it is the distal variables that should be given closer attention, which are those related to social structures, for example family structure, family size, education and housing.

One of the disadvantages of this approach according to Morrow et al (2005:433) was that it had the potential to generate considerable uncertainty, in particular about where individual or collective responsibility lay. Furthermore, it seemed to suggest a

contradictory conceptualisation of *'parents as both competent and incompetent'* as observed by Clarke (2006:717). On the one hand they were to be involved in the management of the programme and had ownership, and yet on the other the programme was built upon an assumption of 'deficits' in parenting. There also seemed to be a tension in relation to the notion of 'voluntarism'. On the one hand parents were invited to be active participants in the development and management of the programme and yet on the other hand they were 'required' to have a visit from a professional within two months of the birth of a child.

Whilst the original Sure Start local programme initiative had at its heart, the notion that every child deserved the best start in life, the move to link this with employment to enable parents to work, had changed the emphasis from one of being primarily about a family support programme to one of linking the Government's Welfare to work strategy through the provision of day care. (Glass 2005:95). According to Belsky et al (2006) one of the seemingly unforeseen effects of this new direction was that Children's Centres seemed to become more beneficial for the least socially deprived parents in their efforts to take up the opportunity of good quality childcare in order for them to could seek employment. One Children's Centre manager, cited in Lewis et al (2011:603) commented that as a practitioner working with parents, she struggles with the greater emphasis on childcare linked to employability which in her view was at odds with local perceptions about the 'proper' role of mothers.

Lewis et al (2011:596) observes that the move to create a network of Children's Centres to cover the whole of England presented new tension. As the 'mainstreaming' of Sure Start, Children's Centres evolved into a universal service they became under local authority control. Bagley (2011:104) suggests this was indicative of local authorities' desire to return to a less inclusive top-down style of delivery and was part of a deliberate strategy to deal with community empowerment. Indeed Lewis et al (2011:598) observes that *'how parent participation was to be fitted into the new model of governance remained opaque'*. Bagley goes further to suggest that the shifting dimensions of power at national, local and team levels upon the development of Children's Centres, may have led to erosion of any social capital that may have been previously built.

2010 Following the election of the Coalition Government in May 2010 there has been uncertainty as to the future government policy in relation to Children's Centres. However, in December 2010 the government commissioned report entitled 'The Foundation years: preventing poor children becoming poor adults' (Field 2010:5) appeared to reinforce contemporary thinking regarding the value of early intervention;

'We have found overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life..... The things that matter most are a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. Good services matter too: health services, Children's Centres and high quality childcare' .

In January 2011 another government commissioned report entitled 'Early Intervention: The Next Steps (Allen 2010) appeared to be generally favourable in terms of the value of early intervention in ensuring the optimal development of young children and puts forward a convincing argument of the financial benefits. However, it is less clear as to the role that Children's Centres may have in this.

'.....the economic and social returns of Early intervention are so great that we must develop models by which mainstream private as well as public investors can invest in the future of society'.. (Allen 2010:xiv)

A survey of 3,500 Children's Centre managers undertaken by the Day Care Trust and '4 Children' in January 2011 painted a dismal picture. Its findings indicated that 250 Sure Start Children's Centres could close within a year whilst many more face budget cuts.

The research for this study took place between 2008 and 2011 before the impact of the changes in Government direction had been fully felt. A further in-depth analysis of the current Children's Centre agenda is presented in Chapter 11.

Reflective commentary (iii)

The historical influences that have led to the development of Children's Centres cannot be underestimated. The sharing or not sharing of information appears to have been at the heart of most of the cases where child protection and later child safeguarding could have prevented the death of a child. This would seem to cut across political agendas and changes in government. Children's Centres would seem to offer a way forward whereby professionals from different agencies and organisations who work with children and families can be based in one building, thereby making information sharing easier. I wonder if at the crux of the matter is the extent to which the families most in need of these services will or would indeed access to them. Perhaps close physical proximity may not always be the only required facilitating factor in order for different professionals and different agencies to share information.

How childhood is experienced and the relationship between poverty, educational achievement and life chances were at the heart of policy development in relation to Children's Centres but more recently, since 2006, where there has been an additional emphasis of helping parents to become 'job ready' (OFSTED 2012:6) and I wonder whether the effect of this might be to have subtly moved attention away *slightly* from the child to that of the parents. Perhaps Labour would argue the life chances of both are inextricably linked. I consider there is likely to be an on-going debate about where the support should be focused, particularly following the Serious Case Review (2009) into the death of baby Peter Connelly in which a range of professionals were criticised for being distracted away from the needs of the child. It is perhaps a delicate balancing act here and this may be reflected in some of the challenges of collaborative working and the pendulum swings between the needs of the child and the needs of the family. It will be worthy of examination to consider whether this is sometimes a place of conflict for the different professional groups. Perhaps Family Support workers and Community Development workers have their focus primarily upon the family as a whole, whereas I wonder whether the Teachers and Early Years practitioner focus primarily on the child. Perhaps this may not matter when collaborative working is implemented effectively.

3.2 What is a professional?

The word professional clearly has a multiple of meanings and consideration needs to be given as to how and why the term would be used within the context of this study. Children's Centres by their very nature have people working in them who have different expertise, knowledge and skills. Their training has been different, including the length, type and level, yet they all have to try to work together towards common goals. This led me to explore the notion of whether *all* the workers were *professionals*? If some of them weren't why weren't they? It also led me to examine why this was so important within the context of this study. Consulting dictionaries provide a starting point but in my view, offered somewhat unhelpful definitions;

'a person having impressive competence in a particular activity' Oxford English Dictionary. (2010:36)

'having the qualities that you connect with trained and skilled people, such as effectiveness, skill, organisation and seriousness of manner' . Cambridge Advanced Learners Dictionary. (2010:58)

On a somewhat deeper analysis referring to the literature, the terminology itself becomes problematic as professionalism would seem to include; being professional, behaving professionally, professionalism, professionalization. To add further complexity, Helsby (1996:135) argues that the terms of 'profession' and 'professional' are often applied to a variety of occupations *'with elusive and continual reinterpretation of the concepts'* and Friedson (1994:7) proposes that *'professionalism is not a generic concept, but a 'concrete, changing, historical and national phenomenon'*.

Hoyle and John (1995) argue that professionalism defies common agreement as to its meaning despite the term's widespread use. They make the distinction between 'being professional' which they argue includes issues of pay, status, reward and public recognition with 'behaving professionally' which implies dedication, commitment, standards of behaviour and strong service ethic. Osgood (2006) attempts to make the distinction between 'professionalization' which she suggests is referenced within pay, recognition and reward and 'professionalism' which she argues is related to ethics, standards and commitment. Aldridge and Evetts (2003:549) view professionalism as *'a discourse rather than an array of institutional protections of checklist 'traits'*. Thomas

(2009) goes further and suggests there are two discourses of professionalism, traditional and managerial. The traditional discourse requires the expectation of expert knowledge and autonomy of practice. It also expects the individual to engage in behaviours likely to meet with the approval of the professional community in which they practise. The managerial discourse is anchored within acceptance and compliance and within this is bureaucratic control of individuals and ultimately of the professional group. Osgood (2006) considers this type of discourse of particular relevance to those working within the Early Years sector at the present time when politically there is a great impetus to 'professionalise' the workforce. As Brock (2009) points out, emphasis appears to be on deriving a body of standards or competencies that workers can acquire which have the potential to act as a focus of control. Osgood (2006:6) suggests that *'those who represent the power elite (government departments and agencies) act as regulators of the behaviours of the subordinate practitioners'*.

Brock (2009:4) puts forward a model which identifies seven dimensions of professionalism which would appear to have particular resonance for those working in Children's Centres. In summary these include;

- *Knowledge* which includes a systematic body of knowledge as well as knowledge gained from experience
- *Education* which includes qualifications gained through further and higher education and apprenticeship through working in the field
- *Skills* which include effective teamwork
- *Autonomy* which includes autonomy over professional responsibilities and recognition of professionalism, promoting status and value in the field
- *Values* which includes the creation of an environment of mutual trust and respect
- *Ethics* which includes a high level of commitment to professional role and to the client group.
- *Reward* which includes personal satisfaction, interest and enjoyment in their work.

These dimensions would seem to go further towards exemplification of what it is to be a professional and their application would seem to have direct relevance. It could be argued that consideration would have to be given to the degree to which each of these

seven dimensions would be applied to all those working in a Children's Centre. For example, could it be that some workers have more autonomy than others? Nevertheless, I would argue that everyone who works in a Children's Centre has elements of these dimensions to a greater or lesser degree. 'Everyone' would include Early Years Workers, Midwives, Health Visitors, Teachers, Community Development Workers and Family Support workers. They all must have a systematic body of knowledge gained from their training as well as from their experience and will all have gained relevant qualifications and developed the appropriate skills. Values, ethics and personal reward are integral to their vocational work. It is interesting that the Common Core of Knowledge and Skills for the Children's Workforce (DfES 2005) contain most of these dimensions and the Values for Integrated Working with Children and Young People (NMC 2007) also reflect the values and the ethics dimensions. Perhaps it is the degree of autonomy which may separate some of these professions and the recognition of their status and professionalism. An important aspect of this study is to consider how the workers themselves perceive their identity as a professional. This will be explored later in greater depth.

Reflective commentary (iv)

A recent development related to the notion of professionalism is the introduction of Early Years practitioner Status (EYPS) in 2007 which has been part of a wider initiative to raise standards in Early Years Education. This was heralded as a new professional status for those working in the Early Years sector and was to have broad equivalence to qualified Teacher status. The Teaching Agency (2012:5) states EYPs will lead Early Years practice and will be '*the catalysts for change and innovation*' within their setting. EYPs are assessed against a set of national standards, one of which includes establishing and sustaining a culture of collaborative and co-operative working between colleagues. (P.64). It was anticipated that all Children's Centres would have at least one EYP by 2010. This development causes me to think about how this new status will impact on perceptions of professionalism within a Children's Centre both from the perspective of Early Years Workers themselves and how they are viewed by others. EYPs may have the potential to make a positive difference to collaborative working and yet, their professional status is based upon a series of demonstrable competencies (standards), which, according to Osgood (2006) might be a somewhat superficial exercise that is being exerted and 'controlled' from Government rather than being developed from 'within'. However, this approach is also adopted for those wishing to achieve qualified Teacher status (QTS) and has been used for many years.

It would seem that the concept of professionalism and 'being a professional' is complex and ultimately may be strongly connected to notions of power and status.

3.3 What is collaboration?

Terminology appears to be a challenging element within the context of this study. Decisions in relation to which terminology to use appear to also have been an issue for policy makers, practitioners and fellow researchers alike. It would seem there is no common agreement of terminology or indeed meaning, except to suffice it to say there is probably common agreement that the focus centres on *working together* to meet the needs of children and families. In the early days, at about the time of the Labour victory in 1997 and even before that, 'joined up', and 'collaborate' were often terms used by government departments and services to children. In 1998 with the launch of the Early

Excellence Centres the term integrated services was being used as well as multi-agency working. Bertram, et al (1999:10) in their research to inform the evaluation of Early Excellence Centres Pilot Programme attempted to define integrated working and concluded that the definition was less important than the core principle of integration which they believed was about services being responsive to the needs of children and families and offered in a coherent, holistic way. It is important to examine some of this terminology in order to help to define the parameters of this and consider why collaboration might to be the most appropriate term to use.

Clouston and John (2004) note that the terms multi-professional, interprofessional, multi-disciplinary, interdisciplinary, multi-agency and interagency are often used to describe what appear to be very similar activities. In their view the prefix 'multi' tends to indicate the involvement of personnel from different professions, disciplines or agencies but does not necessarily imply collaboration. However it would also seem that there is even a problem with the word 'disciplinary'. Leathard, cited in Frost (2005:13) explains that multi-disciplinary or interdisciplinary, in health care are often used to refer to a team of individuals with different training background, e.g., nursing, social work, health visiting, who share common objectives but who make a complementary contribution. She points out however there are those who feel 'inter' means two groups only. To cloud the issue further, Frost considers that for others, 'inter-professional' is the key term as it denotes that those involved have the same goals and are likely to be working in the same building. Barker (2009) also finds the term inter-professional problematic, taking exception to the word 'professional'. He considered that it could mean to be taken as only those occupations which fall into the category of the traditional professions which he defines as having to be registered with a professional body that have standardised minimum requirements for qualification linked to public expectations of their role. He does concede though that however it is defined, it is characterised by the '*core social process of interaction and collaboration*' (p.32)

Weinstein, Whittington and Leiba (2003) attempt to make sense of the different terminology in terms of whether they are *organisational* or *types of organisation*. They consider inter-agency and multi-agency to be organisationally based practice whilst inter-professional, multi-professional and multi-disciplinary are types of organisation. Gasper (2010:5) suggests that none of these terms may sufficiently capture the subtle

ethos of the desire to develop and refine '*the complex warp and weft of professional relationships*' and so offers 'partnership' as the preferred term.

The original start-up guidance for Children's Centres (DfES 2003a:10) states that amongst others, features of integration include a '*seamless service*' and a perception amongst staff teams of a '*shared philosophy and vision, shared identity and shared purpose*' as well as '*common working practices*'. The government document 'Every Child Matters Change for Children' (DfES 2004:6), in reference to children's services in general, 'integration' and 'integrated' feature prominently with talk of 'integrated front line delivery, integrated processes, integrated strategy and 'inter-agency governance'. The Children's Workforce Council (CWDC) (2008:2) in its guidance 'Integrated Working Explained' leans towards a generic definition. '*Integrated working is when everyone supporting children and young people work together works together effectively to put the child at the centre, meet their needs and improve their lives*'. One aspect of the Common Core and Skills and Knowledge for the Children's Workforce (DfES 2005:18) is that of being able to contribute to multi-agency working. This is defined as '*different services, agencies and teams of professionals and other staff working together to provide the services that fully meet the needs of children, young people and their parents and carers*. Without doubt, working in a Children's Centre involves working together towards a common goal, to some staff this may mean working with different agencies, to others it may mean working with different professionals and to others it may be both of those things. Therefore it would seem that none of the terms previously discussed would be appropriate for everyone within a Children's Centre. I lean towards Gasper's term of 'partnership' (2010) yet it seems to imply only 'one other' and this may not be the case. After researching the work of Huxham and Vangen (2005:4) the term collaboration seemed useful, especially as they suggest '*collaborative relationships manifest themselves in a multitude of ways, with a multitude of terminology and a multitude of purposes*' They explore the possibility this could be a continuum; at one end being concerned with a shared vision at a strategic level and at other end perhaps being concerned with the delivery of a small project. Sullivan and Skelcher (2002:43) also put forward the possibility that collaboration could be defined in terms of a continuum and at different levels depending on the form of collaboration, the rules of governance and the organisational policy and terminology. In Children's Centres this could be conceptualised in terms of collaboration with

different agencies, different types of professionals, different line management structures and different funding bodies. McCray's definition (2007:132) of collaboration also encompasses a further dimension, that of 'respectfulness' '*..... respect for other professionals and service users and their skills and from this starting point sharing of authority, responsibility and resources for specific outcomes or actions, gained through co-operation and consensus*'. Synthesising the views of Huxham and Vangen , Sullivan and Skelcher and McCray as my points of reference I have come to define collaborative working in a Children's Centre as follows;

A multi-dimensional process that offers ways of working that can be strategic or practice based between Children's Centre staff belonging to different professions, the same profession or different agencies that has relationships at its heart. As such, it allows the sharing of information, knowledge and expertise in order to work towards common goals, thereby responding to the needs of children and families.

3.4 Historical Developments in Collaborative working

It would seem there have been two influences regarding the development of collaborative working over the past fifty years or so, namely political influences and protecting and safeguarding children.

3.4 1 Political drivers

The drive for agencies and professionals to work collaboratively is not new. **Intervening in order to protect, safeguard and enhance life chances was evident from the latter part of the nineteenth century where there emerged a growing concern during Victorian Britain about the welfare of children. A number of charities including Barnados and the NSPCC emerged at this time out of these concerns. 1869 saw the first Act of parliament which enabled the state to intervene in respect of parents and children. This was later followed by a number of Acts which strengthened and broadened the powers of the courts and in 1933 all child protection legislation was brought into one Act. The 1970 Local Authority Social services Act brought together social work services and social care provision in an effort to provide more joined up provision. The death of Maria Colwell in 1974 highlighted the serious lack of co-ordination within child protection services and this led to the development of area child protection committees which coordinated the agencies responsible for ensuring the safety of children deemed to be at risk. During the 1980s under the Conservative Thatcher government there was**

a major reorganisation of all public services with a greater focus on coherence, accountability and transparency. Pollard et al (2005) note that one of the consequences of these changes within Health and Social Care was a shift of control of service delivery away from Health and Social Care professionals to management bodies and managers. In 1989 the Conservative government set out principles of collaboration (DoH 1989) that Health and Social Services authorities were required to follow, the key feature of which was the idea of collaborative working. It was also considered that by requiring agencies and professionals to work in a more integrated way this would lead to greater financial proficiency and Straker and Foster (2009) note that collaborative working was at the heart of the Children Act of 1989. **This was further given impetus by the Government adopting the UN Convention on the Rights of the Child (CRC) also in 1989. These rights are based on what a child needs to survive, grow, participate and fulfil their potential**

One of the key ideas when New Labour came to power in 1997 according to Anning et al. (2006:4) was the '*interrelatedness of children and family needs in the fields of health, education, social services, law enforcement, housing, employment and family support*' which in turn meant that policy became more focused on integrated working. The National Audit Office (2003) also identified a number of benefits to working in this way which included tackling social problems, improving delivery of services, promoting innovation and improving cost effectiveness. The New Labour policies acknowledged the direct relationship between economic and social problems and there followed a series of radical government papers that were to set out this vision, including The National Framework for Children, Young People and Maternity Services (DfES/DoH 2004) and Excellence for All Children: Meeting Special Education Needs (DfEE 1998).

3.4.2 Protecting and Safeguarding Children

Over the last fifty years there have been a number of enquiries into child deaths that subsequently influenced policies and practices in respect to services provided for children, for example Maria Collwell (DHSS 1974), Jasmine Beckford (Blom-Cooper 1985), Victoria Climbié (Laming 2003) and more recently Baby Peter Connelly which prompted the second review by Laming (2009) into the protection of children in England. All of these enquiries made criticisms in relation to different agencies and professionals' ability to work together and according to Frost (2005:11) have ultimately

helped shape and inform views with regard to working together and have contributed towards shaping attitudes, values and prejudices. Frost offers an important reflection upon some of the tensions surrounding this and suggests that as professionals become more specialist and more expert in what he considers to be 'their narrow fields', so co-ordination between them becomes more important, complex and challenging. Nevertheless, whilst recent history tells us that collaborative working has been suggested as the way forward for some time, the largest impetus came following the Every Child Matters initiative in 2003. The momentum towards collaborative working gained pace with the enquiry into the death of Victoria Climbié (Laming 2003) which exposed serious failings in the way services were co-ordinated for children who were at risk. This was quickly followed by the Every Child Matters Green Paper (DfES 2003b), Every Child Matters Change for Children (DfES 2004) and the National Service Framework for Children, Young People and Maternity services (Department for Health (DoH)/DfES 2004). Every Child Matters Green Paper (2003:68) stressed that *'children's needs are complex and rarely fit neatly within one set of organisational boundaries'* Following this there was a determination to achieve integration of key services around the needs of the child. Children's Trusts were to provide the inter agency governance to the onion layers of services with a focus on child outcomes at its core. The Common Assessment Framework (Department for Children, Schools and Families (DCSF) 2007a), the role of the lead professional and information sharing arrangements were further drivers along with the development of the Sure Start Children's Centres.

The main vision and theme was the need for seamless provision of services that caters for the needs of all children, and the need to intervene early, rather than when crisis point is reached. The requirement for multi-agency working subsequently became a key component within the Children Act (2004).

It was perhaps tellingly that Margaret Hodge (2004), Children's Minister at the time, acknowledged some of the difficulties with this new way of working, in particular, that of changing cultures so that people value each other's professional competence and recognise each other's work. In the past five years, whilst there has been much talk of the barriers and difficulties surrounding collaborative working, there has been growing affirmation of its effectiveness for example, the Children's Workforce Development Council (CWDC) (2007) put forward the view that there was a clear link between multi-

agency working and outcomes for children and families and furthermore, OFSTED (2009) also reported the positive impact of Children's Centres on outcomes for children and families.

3.5 Collaboration within the Children's Centre Context

Clearly Children's Centres are at the heart of collaborative working as it is intended services for children and families will be provided and coordinated in a seamless manner from multi-disciplinary teams of professionals. According to Beaty, (2011:2) integration is fundamental to the Children's Centre vision which is in his view is;

'the idea that the child lies at the heart of the services and that health, education, social care, training, employment and the voluntary sector work together in clear partnerships to ensure every child has the possibility to realise their potential'.

Each Children's Centre is unique because it has been developed in response to local need, although there is a requirement to provide a core offer of services, (see Figure 6). Therefore, it is difficult to provide a 'template' or a 'blueprint'. In the Phase One Children's Centres, which had the largest budgets, at the outset many of the professionals were based on site, but with the later Phase Two and Phase Three Centres where budgets were smaller and within the context of an increasingly difficult financial climate, gradually more professionals were 'drawn back' to their parent organisations, for example midwives. However, they still continued to work Children's Centres on a weekly or twice weekly basis to provide their services. Inevitably this has had an impact on the type of collaborative working that takes place.

Whatever terminology is used, it is important to understand the intention behind government policy at the time which is demonstrated by the above. The development of Children's Centres has been at the heart of the aim, with the intention for them to act as 'service hubs' within the community for children and families.

The terminology is confusing, varied and difficult to conceptualise. Literature has been drawn from a variety of sources, including education, health, social care and business in order to take into consideration different perspectives and processes, all of which may be relevant within a Children's Centre context.

The Children's Centres Start up Guidance (DfES 2003c:11) uses the term *integration of services* and attempts to explain what this means within a Children's Centre context.

- A shared philosophy , vision and agreed principles of working with children and families
- A perception by users of cohesive and comprehensive services
- A perception by staff teams of a shared identity, purpose and common working practices
- A commitment by partner providers of services to fund and facilitate integrated services.

However, within these parameters defined above, other terminology emerges. CWDC (2009:6) define integrated working as '*when everyone supporting children and young people works together effectively to put the child at the centre of all services in order to meet their needs and improve their lives*'. Malin and Morrow (2007:446) observe that each Sure Start Children's Centre is founded upon the concept of 'interprofessionalism' which they define as '*ideas of professional collaboration*', integration and a need for greater understanding of each other's roles'.

The challenges and complications of working in this way have already been well documented. Meadows et al., (2005) noted that Sure Start Local Programmes do not operate in isolation but have to work with other local agencies in areas that have often been dominated by fragmentation of services. Despite these challenges, OFSTED (2009:6), in their report on the Impact of Integrated Services on Children and their Families in Sure Start Children's Centres noted that nearly all of the Centres visited were faithful to the defined 'core offer' and in all but one there had been a positive impact of integration of services on outcomes for children, parents and families.

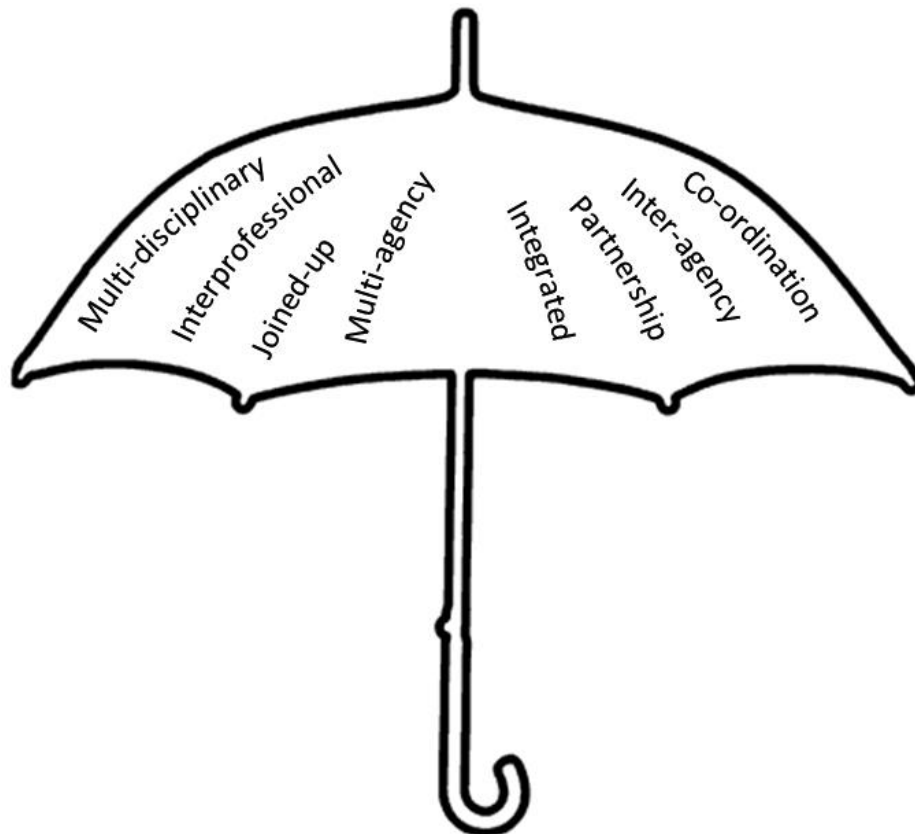
Children's Centres, as part of their 'core offer' were required to provide services including integrated early years learning provision, child and family health services, Family Support and community services including parenting support, activities in the community and access to targeted services (Figure 6). Consequently they are required to work with a variety of agencies from the state and voluntary sector and a wide range of professionals from different disciplines and professional backgrounds. An example of these may include;

Agencies Social care, health services, psychological services, education services including schools, job centres, housing, citizen's advice bureaux, voluntary services.

Professionals Family Support workers, Teachers, Early Years workers, Speech and Language Therapists, Midwives, Health Visitors, Psychologists, Social Workers, GPs.

As there is no single blueprint for a Children's Centre because they have been developed in response to local need, there is great variation between the those agencies/professionals who are co-located at the Children's Centre. Increasingly, as budgets are being cut there is a greater tendency for agencies/professionals to work *with* the Children's Centre rather than *within* one on a daily basis. However, one would expect there to be a resident core staff team of Early Years workers, Family Support workers/Community Development workers and Teachers. Inevitably, this has implications on the ability to work collaboratively as Anning et al. (2010) identify co-location as one of the facilitating factors of collaborative working. It is my intention to use the following terminology interchangeably as it is referred to in the literature; although for the purposes of this study, I consider that it all comes under the umbrella term of collaborative working.

Figure 7 The Umbrella of terms related to collaborative working



It is important to note that Children's Centres do engage in most types of the collaborative working exemplified above, the key feature being social interaction and collaboration and according to Barker (2009) there also needs to be engagement of those who use the services, who of course are the children and families. D'Amour et al. (2005) consider that collaboration can be defined through five underlying concepts; sharing, partnership, power, interdependency and process. Sometimes multi-agency teams are drawn together for a specific purpose or task. Anning et al. (2010) recall the anti-poverty intervention programmes that were introduced through Sure Start. Workers such as Health Visitors, Midwives, Care workers, Play Therapists, Librarians, Teachers, Psychologists, Adult Educators and Counsellors were involved. Some were seconded for part of the week from their mainstream agencies and others were appointed full time.

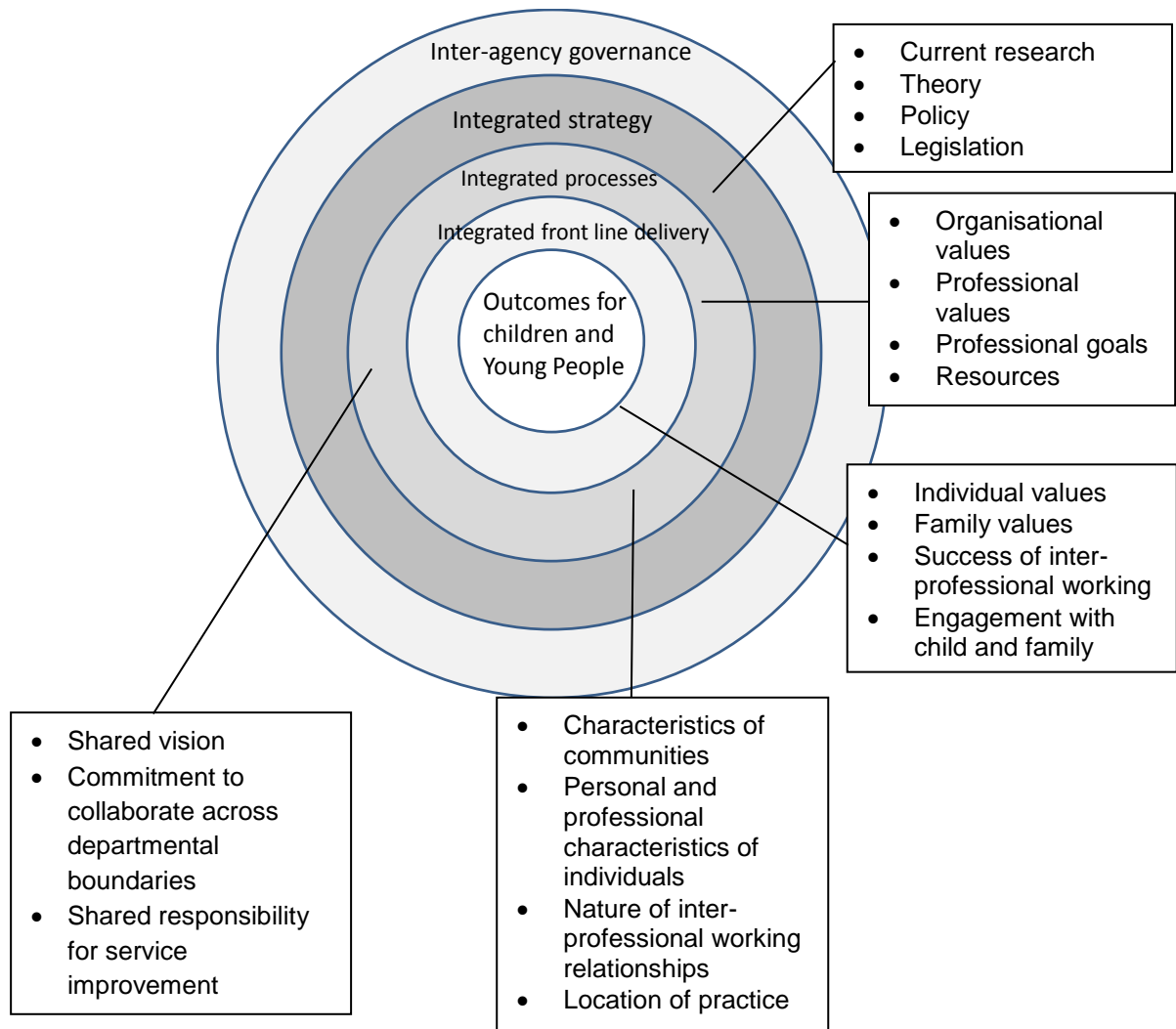
Reflective commentary (v)

It is clear that Children's Centres do engage in many types of collaboration and at different levels. However, the professionals working within them may not experience collaboration in the same way. I would surmise some staff only collaborate with each other within their team, whilst others may collaborate across teams within the Centres, whilst others still may collaborate with agencies and organisations outside the Centre. I will need to consider this when I plan and undertake my research activities. The terminology, whilst confusing and ambiguous in many respects, might be considered to be a cultural artefact in itself. The language used to represent collaborative policy practice might illustrate subtly different perspectives. I will need to be aware of the language I use in relation to collaboration with participants of the research in order to ensure I can convey an understanding of their perspective. The notion of power will be worthy of examination as it would appear that it might be present in many guises including within professional groups across different professional groups and across different agencies. I wonder if and how the dynamics of power are acknowledged and addressed within this collaborative context.

3.6 Models of collaborative working

Bronfenbrenner's model of ecological theory (1979) uses a series of concentric circles to present a view of child development within the context of relationships that form the child's environment which include beliefs, values and customs of the child's family which in turn are influenced by those of the wider socio-economic and cultural contexts. Graham et al. (2009) make the relationship between this and that of the 'onion model' of integrated service delivery as outlined in Every Child Matters Change for Children (2004:13)

Figure 8 Levels of integration as outlined in 'Every Child Matters' and their influences on inter-professional working



(Adapted from Graham et al. (2009))

Figure 8 clearly illustrates the complexity of the task and considers some of the potential influences of working in this way. The variables appear to be numerous and as such there is clearly a need for professionals to develop the knowledge, skills and personal attributes in order to work in this way.

Models of collaborative working have been described in a variety of ways, including the *extent* of multi-agency working (Percey-Smith 2006, Townsley et al. 2004), *the different stages of engagement*, (Fox and Butler 2004, Bertram et al. 2002, Frost 2005) and the *organisation* of multi-agency working (Atkinson et al. 2002, Sloper 2004). Within the parameters of this study, it is the *processes* that merit further examination. Frost (2005: 13) offered the idea of a continuum;

Level 1: Co-operation - services work together towards consistent goals whilst maintaining their independence

Level 2: Collaboration – services plan together and address issues of overlap and gaps in provision

Level 3: Co-ordination – services work together in a planned and systematic manner towards shared and agreed goals

Level 4: Merger/integration – different services become one organisation in order to enhance service delivery

Bertram et al. (2002:8) proposed a different alternative continuum which they considered were all types of integration;

Unified model: with amalgamated management, training and staffing structures for its services, which may be delivered by different sectors but are closely united in operation.

Co-ordinated model: where the management, training and staffing structures are synchronised so the various services work in harmony but remain individually distinct.

Coalition model: where management, training and staffing structures of the services work in a federated partnership. There is an association or alliance of the various elements but they operate discretely

Hybrid model: this model indicates that the centre is strategically operating with a mixture of the above models to achieve its full range of services, with no one model dominating.

It is interesting to note that both these models were put forward prior to the development of Children's Centres, in the early days Early Excellence Centres and Sure Start local programmes and yet they are still useful to provide a framework to understanding the processes of collaborative working. Children's Centres may be at

different stages of these processes according to when they were developed and the availability of provision within the local area. Anning et al. (2010) note that in the early days, professionals were required to work in teams in this way with little training to help them prepare for radical changes to their working practices. Common difficulties were rehearsed across a range of sectors and organisations including Sure Start Local Programmes and Children’s Centres. A summary of findings from the National Evaluation of Sure Start (NESS) (DCSF 2004) found that ‘joint working was very challenging and had some way to go. NESS, in an integrated overview of the first four years of Sure Start (DCSF 2005), noted that some mainstream services, e.g. Social Services and GPs had experienced greater challenges than others in working together and some of these difficulties derived from different professional cultures such as traditional autonomy and status. OFSTED (2009:1) however, noted that *‘better integrated working and a positive attitude among professionals providing a range of services in Children’s Centres is having a life-changing impact on children, parents and the community’*.

Figure 9 Tensions and dilemmas of collaborative working

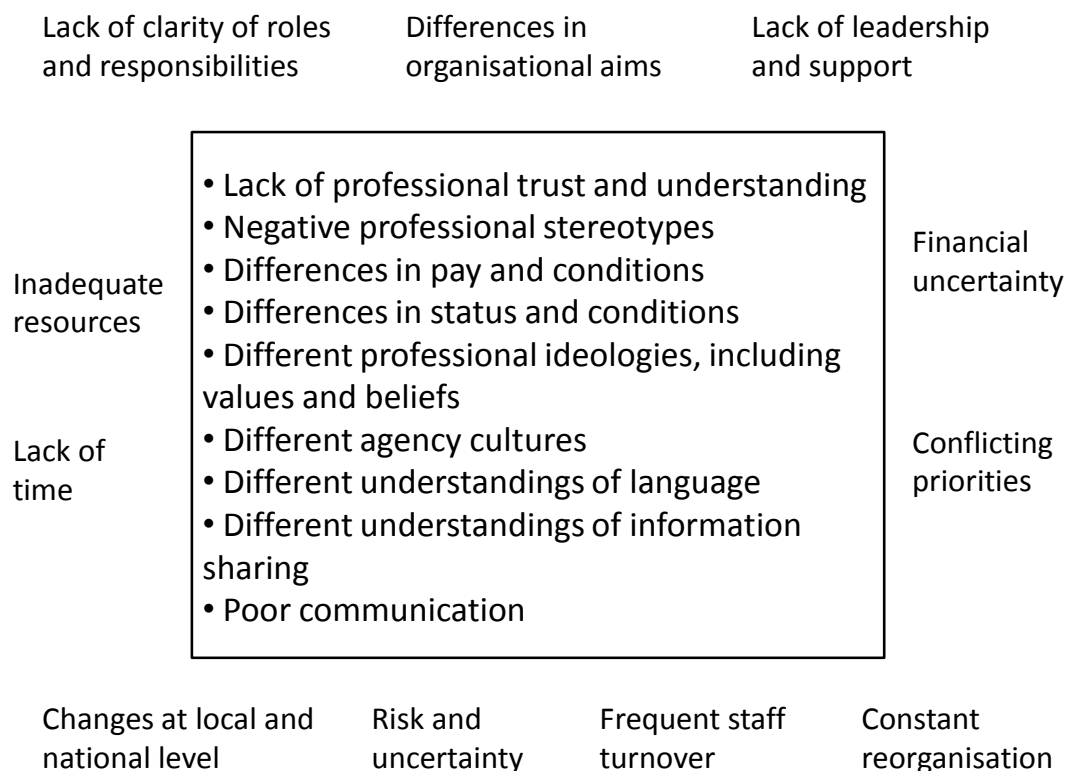


Figure 9 provides a summary, drawn from a range of literature that describes some of the common tensions that are revealed in collaborative working. Those outside the box are more closely related to strategic and operational influences, whilst those inside the box could be considered as being more closely related to professional cultures, both between professions and between agencies. It is these in particular that will be the focus of my study.

Warmington et al. (2004:48) suggested from their review of the literature, that the notion of interagency working is perpetuated as a virtuous solution to 'joined up' social problems but there is an under-acknowledgement of interagency working as a site of tensions and contradictions. However, McInnes (2007:19) noted that professionals reported high levels of satisfaction with collaborative working and amongst others, stated that it had enabled them to develop a broader perspective, raised awareness of the needs of families, they experienced less isolation, engaged in safer practice and they felt part of a network. As a consequence of working in this way, 'emotional labour' (Smith and Bryan 2005) is required. Robinson et al (2008:56) consider this to be necessary in order to sustain relationships that are often demanding and difficult involving issues of trust, ambiguity and conflict within partnerships at different levels. Interestingly, D'Amour et al. (2005:128) suggest that the dynamic between professionals is as important as the context of collaboration and that collaboration needs to be understood not only as a professional endeavour, but also as a human process. DCSF (2007b) in their guidance on 'Effective Integrated Working' also consider the human process but from a different perspective and suggests that integrated working should be based upon respect for professional roles rather than personal relationships.

3.7 Professional culture, roles and identities

It is important to view identity within the context of culture. And in order to understand this, it is necessary to examine social identity theory. Woodward (1997:2) suggests that identities are *'produced, consumed and regulated within culture – creating meanings through symbolic systems of representation about the identity positions we might adopt'*. According to Weedon (2004), identity only becomes an issue when it is in crisis, when something that is assumed to be fixed, coherent and stable is displaced

by the experience of doubt and uncertainty. It would seem these concepts are echoed with regard to *professional* identity. Furthermore, each profession has its own culture which encompasses a particular set of beliefs, values, norms, language and working practices.

Hudson (2002) considers professional identity to be shaped during the pre-qualifying period and through a process of socialisation throughout one's career from interaction with and feedback from others. Hornby and Atkins (2000) suggest that positive professional identity is linked with professional competence and a clear understanding of role security. In interprofessional working there may be role overlap and the blurring of the boundaries which can diminish professional confidence and identity. Wenger (1998) argues that professionals construct their identities through shared practice and joint working which occurs through the processes of *participation* which can be defined as the daily interactions and shared experiences and *reification* (the way newly generated knowledge is represented in documents or protocols).

The MATCh (Multi-agency Teamwork in Services for Children) project (Anning et al. 2006) focused on the day to day realities of multi-agency teamwork and one of its findings was concerned with professional identity. They consider that traditionally, a sense of professional expertise is based on specific knowledge and 'attempts to redistribute knowledge' across agencies may create anxiety and conflict for professionals whose specialist expertise is put in question. This sometimes occurred when there was a 'recasting' of specialisms. In addition, seconded members of teams expressed greater uncertainty about their professional identity. Nevertheless, there were positive aspects of re-shaping professional identity, in that by learning and sharing knowledge together in a multi-agency teams, this had actually enhanced their professional sense of identity and any loss was associated with loss of specialist status. (Robinson et al. 2005).

Stokes (1994) suggests that professional groups construct their understandings of problems, possible solutions and the relationship between professionals and children and families in different ways. These different beliefs can result in clashes, although these may not necessarily be negative. Engestrom's activity theory (1999) is based on the premise that conflict is inevitable as professionals have to redefine themselves within changing organisations in order to work collaboratively. He offers the view that

such conflicts must be articulated and explored openly if new forms of knowledge and practice are to be developed. 'Expansive learning cycles' are defined as the coming together of different teams with different knowledge, expertise and histories in order to pursue a common goal. In order to effect change, professionals must work through the articulation of differences, explore alternatives, find and agree solutions, develop a model and implement activities. Edwards et al (2009) suggest this manner of working helps to internalise new ways of thinking and acting rather than merely storing knowledge to be retrieved later.

Black (2008), building upon Lewin's Model of Change (cited in Schein 2006) offers the notion that perhaps there needs to be an unfreezing of identity, followed by change and then refreezing in a new mould. A 'bricolage' identity is proposed by Carruthers and Uzzi (2000) and the concept of 'hybridity' is suggested by Edwards et al. (2009). Doosje et al. (1999:85) in their analysis of group behaviour within the context of social identity theory, suggest that people who feel strong ties with their group are more likely to stick by it when facing hard times. Within a collaborative working context therefore, it may be possible that when professionals feel their identity is threatened, they may retreat to their original ways of working and return their alignment more closely to their 'parent' professional group.

3.8 Working Practices

Robinson and Cottrell (2005:555) consider confidentiality and information sharing to be one of the key procedural 'fault lines' within multi-agency working. In particular, the value placed upon and the interpretation of confidentiality. They suggest that Health professionals are often at the centre of these challenges. Richardson et al. (2006) suggest that professional culture does influence information-sharing behaviour, firstly through the characteristics associated with individual professional backgrounds and secondly through the ways in which professionals from different backgrounds interact. Robinson et al (2008) observe that as well as different protocols employed across different agencies, for instance, the rules governing data protection there are 'different languages' spoken. Within the research undertaken by Salmon and Rapport (2005:39), it was found that whilst professionals frequently asked questions between agencies about facts related to children and families, requests or attempts to clarify terminology occurred less frequently. *'If everyone believes they understand what is meant by a*

particular piece of terminology, then no one asks for clarification and in many instances the different meaning eschewed continues to exist in the minds of different professionals’.

3.9 Differences in pay and conditions

Inevitably, professionals within multi-agency teams coming together from different agencies, either as a secondment or as part of a team employed by the Children’s Centre there are difficult issues regarding pay and conditions which can arise to tensions. Children’s Centre Teachers for example, may be entitled to school holidays even though the Centre is open for forty eight weeks a year. In some cases they may be paid more than the Centre leader. Evans (2005) suggests that by drawing up service level agreements between all parent agencies that describe the professionals’ employment contracts including terms and conditions, inevitably, differences are created. And even within the same sector there are differences in pay and conditions, for example Health. Consequently, the implications for the management and leadership of a multi-agency team within a Children’s Centre can be great.

3.10 Status

The notion of status of different professionals is explored in the literature in a variety of ways, particularly in terms of hierarchy. Bines (1992: 126) states *‘there is considerable potential for conflict and territoriality , especially since the history of professions has largely been based upon securing status through exclusive knowledge and occupation demarcation’*. Powell (2005:79) also acknowledges there will be multiple perspectives within a multi-agency team that will be based upon a ‘sense of expertness’ associated with being a professional’. The consequence of this may be a developing hierarchy with some views held in greater esteem than others. Robinson et al. (2005) also suggest that multi-agency teams face issues concerning the balance between specialist and generic skills and status, with specialists from different agencies being required to redefine their roles. Anning et al. (2010:71) consider this in terms of *‘laying to one side long established beliefs and behaviours’* and it may seem that we are asking professionals to equate the high status and prestige associated with some professions, for example a doctor or speech and language therapist with the lower status of others, for example a nursery nurse or play worker. Anning et al (2010:72)

relate this to issues of gender and deep seated social differences in the division of labour, whilst Hudson (2002) consider this to be related to perceptions of hierarchies of knowledge, with scientific knowledge and expertise demanding the highest status. Yet a further dimension to this could be the extent to which professionals are perceived by others; that is the views and beliefs professionals have about each other's status and practices. These may be stereotypical and Fitzgerald et al. (2008:85) suggest these are often based upon cultural differences and *'the view that 'our' priorities and approaches, beliefs and principles are more important or significant to 'theirs'*. Moran et al (2007) found that many social workers felt marginalised by other professions with whom they worked because they considered the initial impression of them held by partner agencies was not entirely positive. They also considered their *social model* of intervention was threatened by the dominance of the *medical model* of intervention espoused by Health professionals. Richardson and Asthana (2005:662) also drew on this distinction between the medical model of care and the social model of care. They considered it influenced a range of aspects of a professionals' work, such as the way a problem is defined and the extent to which professionals see it as part of their role to empower individuals to take decisions affecting them. Richardson and Asthana also note that in the medical model the focus is on the patient themselves, and usually only the patient which may occasionally extend to other family members. However, the social model is not only concerned with the individual but also with their families, communities and wider society. Edwards et al (2009:42) also consider this within the context of a socio-cultural perspective. They suggest *'it is important to focus on how learning professionals, in the actions they take, engage with knowledge that is mediated by the situation in which action is occurring'*. They provide the example of the expected way a Teacher would work with a child with challenging behaviour and this would be different to that expected of a youth worker on a Friday night.

Reflective commentary (vi)

Collaborative working appears to raise many tensions which have been described above, and yet I suspect, most professionals may still argue it is worth striving towards. It will be interesting to examine the degree to which the model of collaborative working has an impact upon some of the issues that may arise. Perhaps, as Engestrom (1999) suggests, it is at the interface of tensions that new learning and perhaps new understandings occur, although these may appear somewhat idealistic, as it is possible the opposite may happen with the effect of further dissonance being created. I am interested to discover the degree to which the tensions described above exist and how they can be mitigated. Will these tensions be present in all Children's Centres or are some Centres more able than others to address or alleviate them? I suspect professional identity may be tested and furthermore, I wonder the extent to which professional *culture* is influential in this respect, or whether other factors may also be relevant.

3.11 Concluding comments

From my review of the literature it is clear that many factors can influence collaborative working in Children's Centres and it would seem some of these could be related to the influence of different professional cultures. However, it would appear to be a highly complex interaction of many factors which may be somewhat difficult to isolate due to the fact that the national and local agenda appear to be constantly changing and the very nature of culture, including professional culture is ever-evolving. Primarily, the work of Bourdieu and Bhabha would seem to provide a potentially useful theoretical framework within which to examine this complex phenomenon against a background of 'real world' research in the field.

The review and analysis of the literature has provided a good background against which to find the answer to my research questions in order to achieve my aims (page 6).

1. What is professional culture and how does it evolve and develop?
2. To what extent do people working in Children's Centres identify themselves with specific professional cultures and identities?

3. How is the interaction of professional culture and collaborative working enacted in one Case Study Children's Centre?
4. How and to what extent does professional culture influence collaborative working in Children's Centres?
5. What new knowledge can I contribute to this important area?

Chapter Four: Methodology and Methods

4.1 Ontological and epistemological considerations

4.1.1 My position as a researcher

My individual position as a researcher has inevitably influenced how I have approached this research, a view acknowledged by Burton and Bartlett (2009). Clough and Nutbrown (2010) consider all social research to be persuasive, purposive, positional and political. I recognise all these elements as I endeavoured to undertake research. I consider my research to be persuasive because by conducting a rigorous, credible and trustworthy study, I may be able to convince and persuade practitioners and policy makers of a way forward to enhance collaborative working with reference to professional cultures in Children's Centres. My research is positional because I have taken a stance from the perspective of an education professional. It has been important that I try to understand my own professional values and how they may influence the decisions and interpretations I make as a researcher. Furthermore, I have endeavoured to acknowledge and make transparent this educational stance, thereby helping to identify any bias that may influence the research. I consider the research to be political because it is influenced by my own political views in relation to a strong belief in social justice and ultimately aspiring to making a difference for children and families who may be socially and economically disadvantaged. I am also mindful of the fact that the outcomes of the research have the potential to influence the political dynamics within the Case Study Children's Centre.

4.1.2 Paradigms

Newby (2010:44) defines a paradigm as something that '*ties the research to ideas about what is appropriate to investigate and on what basis the research output should be considered to be the truth*'. The positivist paradigm is largely concerned with scientific observation that is based on facts and therefore empirical enquiry (Gray 2004). It holds that there is only one absolute truth and it is concerned with presenting absolute facts. I consider that my research is not concerned with scientific observation with finding one absolute truth; rather it is concerned with listening to many voices and trying to interpret 'multiple truths' or 'perceptions of truths'. Therefore I consider the

interpretive paradigm to be more closely aligned to this type of study. Cohen, Mannion and Morrison (2011:46) suggest this paradigm is concerned with; micro-concepts, individual perspectives, personal constructs, negotiated meanings and definitions of situations. Furthermore, Thomas (2009:75) argues that the main point about interpretivism is that it is interested in people and the way they interrelate, what they think and how they form their ideas about the world and how their world is constructed. Norms and values are seen to be fundamental to the way individuals interpret the world. Hammersley (2002) considers the actions people take are purposeful and meaningful to those involved and the interpretivist paradigm seeks to understand meanings behind these actions. According to Burton and Bartlett (2009:21) for the interpretivist, there is no one objective reality that exists outside the participant's explanations, just different versions of events. In their view, the researcher in this paradigm seeks to 'understand' these actions. Whilst it may not be possible to generalise from such studies, the researcher attempts to be as rigorous as possible. It follows that the interpretivist paradigm is closely aligned with qualitative approach to research in that it largely engages in inductive analysis. Yates (2004: 138) suggests qualitative research attempts to do one or more of the following;

- Achieve an in-depth understanding and detailed description of a particular aspect of an individual a case history or a group's experience(s),
- Explore how individuals or group members give meaning to and express their understanding of themselves, their experiences and/or their worlds
- Find out and describe in detail social events and explore why they are happening rather than how often.
- Explore the complexity ambiguity and specific detailed processes taking place in a social context.

This research attempts to address most of these features because;

1. It attempts to describe and understand the experiences of staff in Children's Centre as they strive to work together collaboratively.
2. It attempts to elicit the views of the different professionals as individuals
3. It attempts to describe the world of the participants and how they interact with one another with reference to professional cultures

4. It attempts to illustrate and provide some understanding of some of the complexity of the processes involved as professionals from different professional cultures strive to work collaboratively in Children's Centres.

4.1.3 Post modernism

Burton and Bartlett (2009) consider ontology be about the how we see the world and Thomas (2009:86) considers there may be different ways of seeing and understanding. It is clear that the focus of this research is with people who are working in a highly complex working environment and I have come to understand that sometimes situations are not clear and straightforward; as stated previously, there may be 'multiple truths' rather than one. I consider I have leaned towards adopting a post-modernist perspective for this research, as according to Thomas (2009:141) there is no one way of understanding things. Post modernism considers all explanations involve assumptions and that the world is multi-layered. Newby (2010:42) suggests people and organisations can play several, sometimes conflicting roles and most importantly, all action is affected within the context in which the actions occur. As the 'action' for this research is taking place in a specific type of context, i.e. Children's Centres, it would seem appropriate to consider the post modernist perspective. Jameson (1991) considers some of the distinguishing hallmarks of post modernism this research would seem to contain aspects of some of these.

Table1. The application to the research of some of the distinguishing hallmarks of post modernism with reference to Jameson (1991)

| | |
|--|---|
| The importance of the local, the individual and the particular. | This research is interested in individual professionals within one aspect of their work, i.e. collaborative working within their particular Children's Centre |
| The importance of temporality and the context in understanding the phenomena: meanings are rooted in time, space, cultures, societies and may not be universal across these. | The research is placed within 'a moment in time' within specific cultural contexts. |
| The celebration of 'depthlessness', multiple realities and the rectitude of individual interpretations and meanings. | A range of 'voices' have been listened to and interpreted, acknowledging each have experienced different realities. |
| Relativism rather than absolutism in deciding what constitutes worthwhile knowledge, research and their findings. | The analysis considers the 'voices' of the participants in relation to each other and together that have contributed to an understanding and therefore to further knowledge in this area. |
| The view of knowledge as a human construct. | This became a central theme in the research in that it explored how knowledge is constructed by professionals in Children's Centres |
| The recognition that researchers are part of the world they are researching. | This has been acknowledged throughout, with reference to my own professional heritage and my own cultural heritage in relation to gender, race and social class. |

If epistemology is concerned with how knowledge is created and what is seen as legitimate knowledge, I consider all the voices in this research to be legitimate and worthy of contribution to knowledge. I have tried to ensure that no voice is more worthy than another and together I have endeavoured to provide an authentic account as possible of how the participants' lives are experienced in their work place.

4.1.4 Grounded theory

It would seem that grounded theory is concerned with generating theory out of data. Although there are differences of approach to grounded theory, 'classic grounded theory' as developed by Glaser and Strauss (1967) has the following distinguishing features;

- It follows an inductive approach in that it starts with the data and seeks to find patterns in the data
- Constantly compares the emerging codes and checks against new raw data
- The codes and categories can be refined as the research progresses
- Theorisation to explain patterns in the data forms an integral part of the process.

This approach would seem to have some resonance to the research in question and these aspects of grounded theory were used to help generate theory from the data and produce explanations that were grounded in reality. However, the data analysis was not carried out purely from using this approach. From the beginning, based upon my own professional experiences and reading from the literature, some of the coding for the data analysis was developed beforehand using intuitive theory as described by Pope and Denicolo (1986). Wellington (2000) refers to this as 'a priori' codings and considers this approach, combined with a 'posteriori' codings as probably the most rational way to analyse qualitative data. Therefore, the extent to which this research could be based within a grounded theory approach is perhaps somewhat tenuous, although, in some respects it contains elements in that *some* of the codings were developed from the data which in turn contributed to theory building.

4.1.5 Gender considerations

Usher (1996) acknowledged the pervasive influence of gender in research, particularly in relation to power and possible gender bias. As the all participants in the research were women and the researcher was also a woman, it is important to consider the extent to which aspects of gender could influence the research process. I would not consider this research to be feminist research per se as Martusewicz and Reynolds (1994:13) suggest that feminist research is significantly different from 'traditional male dominated research' because it raises problems and concerns that are important to women rather than men and that the purpose of feminist research is to facilitate female

emancipation and the understanding of women's views of the world. Whilst these characteristics do not necessarily feature within the aims of the research, nevertheless I have to acknowledge that women may express themselves differently, reflect differently and consider their priorities differently within their professional role. Osgood (2006: 8) describes this female dominated world of Early Childhood Education and Care as one that is necessarily characterised by what she terms the female characteristics of 'emotional labour', 'passion' and 'nurture' including having strong feelings towards protecting and supporting children. Thus I consider it has been important to be 'gender sensitive' and I have endeavoured to acknowledge where such influences may occur.

Reflective commentary (vii)

I have come to realise the interrelatedness between my position as the researcher and the paradigm which I have chosen as most appropriate. My own values and beliefs in terms of democratic voice, social empowerment, and equity and fairness have all been influential in my decision to place the research within the interpretive paradigm. The extent to which I will be able to stay faithful to this may depend upon me being able to ensure my research practice reflects this and that I do not become distracted by 'other ways' of doing things. The ability to facilitate and interpret the emergence of theory will mean that I will need to ensure that everything is documented carefully and that I can trace back where new ideas have come from and how new may emerge.

I hope I have taken the correct stance in taking into consideration the influence of gender as opposed to defining this study as feminist research. If possible I hope to interview male professionals as well should the opportunity arise.

4.2 Framework for Research Design

Levi-Strauss (1962/1966) suggests that in social enquiry we should forget there are right or wrong ways to go about it. Instead we should use '*bricolage*'. Within this approach, the *bricoleur* is someone who uses the means at hand, that is, the instruments that are at his disposition and the researcher tries by trial and error to adapt them and does not hesitate to change them if necessary. This study has

been developed based upon this premise and has been concerned with using a research design that is fit for purpose, using the best tools at hand in order to achieve its aims. An example of this was my decision to use a questionnaire, part of which sought to gather an amount of quantitative data. This was useful because it helped to 'set the scene' in preparation for the large amount of qualitative data gathering that followed.

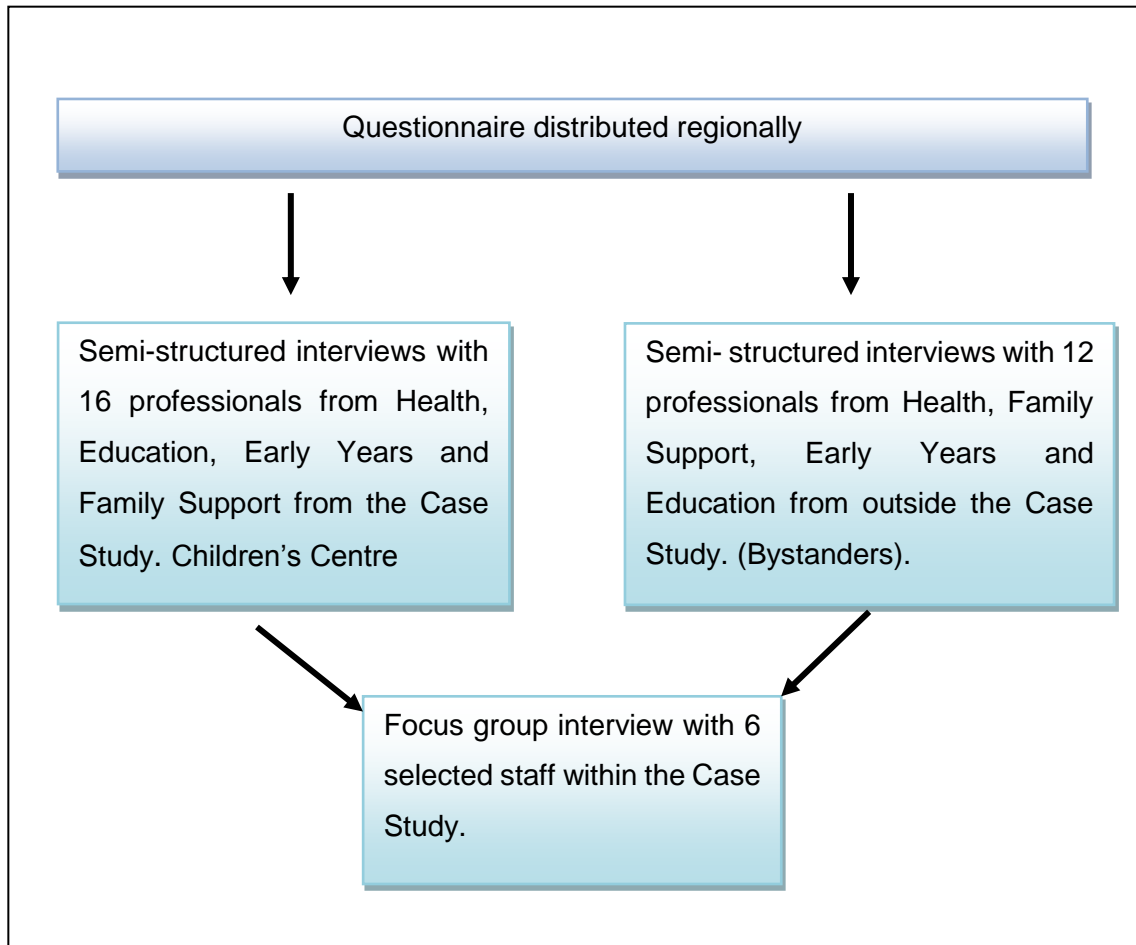
In order to answer research questions it is necessary to give thorough consideration to the methods that would be most appropriate for answering them. Since the beginning of my journey, my research questions have developed and evolved and consequently so have my methods. Robson (2007:81) considers this to be characteristic of a flexible design, in that the detailed framework of the design emerges during the study. As I gathered more data, further questions were raised, and in response I adapted my design accordingly. My design also had to be adapted for pragmatic reasons, related to access, sample and time restraints. Despite these changes the research has remained faithful to its original over-arching aim, that of exploring the relationship between 'professional culture' and collaborative working in order to identify ways of improving integrated working in Children's Centres.

Table 2 A summary to show the relationship between the research aims and research methods

| Research aims relating to data gathering | Research methods | Research sample |
|---|--|--|
| To investigate the meaning of professional culture including its development and evolution. | Critical review of the literature. | |
| To establish the degree to which people working in Children's Centres identify themselves with specific professional cultures and identities. | Questionnaire. | Distributed regionally to all Children's Centres. |
| To examine how the interaction of professional culture and collaborative working is enacted in one Case Study Children's Centre | Semi-structured interviews. | Case Study Children's Centre, Hollyville. 16 Health, Family Support and Education professionals |
| | 'Immersion' in the field activities. (See page 78) | Case Study Children's Centre, Hollyville. |
| To explore how and to what extent, professional culture influences collaborative working in Children's Centres | Semi-structured interviews | A volunteer sample from outside the Case Study 12 Health, Family Support Early Years and Education professionals. (The Bystanders) |
| | Focus group interview. | Representative selected sample (6 professionals) from within the Case Study. |

4.3 Research Methods

Figure 10. The sequence of the main research activities



4.3.1 Part 1 Questionnaire: *Surveying the scene*

In the first phase of the research it was necessary to produce a starting point on which I would be able to build. Whilst the review of the literature had provided some useful knowledge that contributed to this, integrated working was in the early stages of development in Children's Centres and I felt it was important that reconnaissance and an overview was made 'on the ground'. I also considered it necessary to elicit the views of as many professionals working in Children's Centres as reasonably and practically possible which ultimately became one region in England. A questionnaire was chosen as the most appropriate tool to undertake this task. Denscombe (2007:169) suggests questionnaires are economical, relatively easy to arrange, they lend themselves to standardized answers and there is little scope for the data to be

affected by 'interpersonal factors'. They also have the advantage they can be used to collect both quantitative and qualitative data. Whilst this is an essentially qualitative study in 'surveying the scene' it was useful to also collect some quantitative data in order to gain an accurate view of the Children's Centre context.

4.3.2 Data gathered from the questionnaire

- A. Job role
- B. Length of service the Children's Centre
- C. Qualifications
- D. The extent to which they saw themselves as a health professional, social care professional , education professional, community work professional
- E. Which profession they considered themselves to most closely belong to
- F. Other comments they may wish to make

Newby (2010:301) suggests different types of information require different types of questions in that they may be open or closed. It was important for respondents to be given the opportunity to provide information in a way that best suited them and from my perspective in a way that presented optimum opportunity to elicit information and their views. Therefore, questions A to D were closed questions whilst Question E provided the respondents with an opportunity to indicate the *extent* to which they considered themselves belonging to a particular profession and Question F, as an open question provided respondents with an opportunity to provide their views and thoughts.

The questions asked (Appendix 1) were informed by the literature, my own knowledge and experience and those of my 'critical friends' (Appendix 2) who were all professionals who had formerly worked in this field. There were two challenges in designing the questionnaire; the first was how to target the potential audience using the word 'professional' and the second one was to consider which categories and terminology of professional to use. It was decided to provide a dictionary definition of a professional which was fairly generic and therefore had the potential to be widely applicable.

... 'someone who has a particular knowledge base and training that is governed by a set of values and ethical principles'. Oxford Dictionary 2009.

This then allowed members of Children's Centre staff to decide if they considered themselves to be a professional and to complete it or not. It seemed to be a more inclusive approach rather than denying anyone the opportunity. The second challenge, that of deciding professional categories was largely based upon the basic principles upon which Children's Centres were developed; the integration of Health, Education, and Social Care and Community work. Whilst probation services, police, housing and possible other charitable organisations could also be involved, professionals from these agencies were less likely to actually be working within a Children's Centre and therefore have access to the questionnaire. Consequently, the final categories became Health, Education, Social Care and Community work. It was important to consider, not only which type of professional they considered themselves to most closely belong, but also the degree to which this was the case. There was also the possibility they may have considered themselves to have belonged to more than one category. To this extent my intention was to gather nominal data and ordinal data, (Cohen, et al.2011) i.e. the *type* of profession the respondents considered themselves to belong and also the *extent* to which they consider themselves to belong to a particular profession. In order to obtain this data I decided to use an adapted version of the Likert scale as it is easy to indicate a person's position and subject it to analysis. (Newby 2010).

4.3.3 Piloting the Questionnaire

Oppenheim (1992) and Wilson and McLean (1994) strongly advocate piloting a questionnaire due to some of the following reasons;

- To check clarity including instruction and layout
- To eliminate ambiguities or difficulties with wording
- To check readability levels for the target audience
- To identify commonly misunderstood or non-completed items.

The questionnaire was also piloted amongst 10 students with whom I was working with at the time who were all Children's Centre managers. The feedback comments from the pilot indicated the following areas that needed to be changed;

- The language was somewhat 'academic' and 'stark' and there was a fear that it might not be readily accessible to everyone, for example in question E, the word 'align'. This was simplified to 'I see myself as'.... The term *professional identity*

was also removed for similar reasons. The respondents found question B, asking for '*length of time in post in a Children's Centre including other posts*' too confusing and so this was simplified to just '*length of time in post in a Children's Centre*'.

- It was felt that it would be useful to include an additional question inviting the respondents to indicate any other professional identities to which they considered they belonged. Oppenheim (1992) considers that open ended questions can catch authenticity, richness and depth and suggests that a sentence completion item is a useful tool which was used in question F.
- It would be a good idea to invite participants to provide contact details if they wished in order for them to participate in any follow-up research.

4.3.4 Questionnaire distribution

Initially, the questionnaire was distributed via Children's Centre managers with whom I had connections within one region in England. They were asked to forward to all staff who worked in or very closely with their Centre.

The questionnaire were distributed via email as an attachment and then forwarded to other staff within the Centre. Denscombe (2007) considers some of the disadvantages of sending out a questionnaire in this way including the issue of the reply not being easily executed as it involves the respondent opening it, completing, saving it as a file before reattaching to send it back. Nevertheless, respondents were invited to email their responses back to me, or, upon request I would send a stamped addressed envelope for them to return anonymously to me if they wished to do so. This approach naturally incurred a 'gatekeeper' element and it was uncertain as to which staff ultimately received the questionnaire. The response rate from this was ultimately disappointing, and so following this, it became necessary to try to obtain a better reach and increased response rate. The second strategy involved 'cold emailing' along with a short message to all Children's Centres in the region inviting, them to respond. The email addresses were obtained from the Sure Start website and sent to the generic email address of each centre. Again there were 'gate keeper' implications. The gate keepers were often administrators and it does not seem to be a coincidence that a relatively high response rate was obtained from them. The same processes for returning the questionnaire were employed and this resulted in a final response of 120,

which was far greater than expected. However, by employing this strategy, I had little control over who responded in respect of which professionals they were likely to be; however, due to the number of returned responses I was able to ensure I had an equitable number from each of the professional categories under consideration.

In order to ensure the respondents were fully informed, the email (Appendix 3) briefly described the nature of the research and the intention of the questionnaire. A cover letter (Appendix 4) was also sent out with the questionnaire which gave further details including how it could be returned anonymously. For tracking purposes, each Children's Centre was given an identification number which was written on the questionnaire before it was sent. This enabled me to track responses so that reminders could be sent if necessary, whilst still ensuring anonymity of the individual respondents.

4.3.5 Part 2 Homing in and drilling down: the Case Study and the Bystanders group.

The second phase of my research was concerned with focusing down on the particular. It was necessary to investigate some of the emerging themes within a context. Lincoln and Guba (1985) and Bassey (2000) consider there to be little consensus of definition for a Case Study but Stake (2005:443) suggests that '*Case Study is not a methodological choice but a choice of what is to be studied*'. Despite these ambiguities, this stage of the research focuses on one instant, that of, investigating the interaction of professional cultures and collaborative working in one Children Centre. From this I aimed to achieve what Denscombe (2007:36) describes as '*providing an in-depth account of events, relationships, experiences or processes occurring*' in this particular instant. Yin (2009) considers case studies are likely to be the preferred approach when 'how or 'why' questions are being posed. My aim is, as Denscombe describes, '*to illuminate the general by looking at the particular*'. Yin (2009) goes further and describes a Case Study as a *strategy* which focuses on a particular phenomenon within its real life context and suggests that multiple sources of evidence can be used. Robson (2007:181) outlines different types of Case Study, including individual case studies, a set of individual case studies, a community study, a social group study, a study of an organisation or institution, a study of events, roles and relationships. However, it is difficult to place this Case Study into any of these neat categories as it

seemed to be a mix of many. It focused on an organisation (i.e. a Children's Centre), it focused on groups, (i.e. different professional groups) as well as focusing on individuals in their own right. Furthermore, it also focused on events, roles and relationships. Robson distinguishes between the purpose of a Case Study being *exploratory* in that the approach will be highly flexible, and the purpose being *confirmatory* where previous work has suggested an explanation and therefore there is a place for structure right from the beginning. Again, it is difficult to allocate this Case Study to either of these purposes, it is in fact both. The questionnaire did provide some information which formed the baseline structure, along with themes that emerged from the review of the literature for the Case Study, but the purpose was also exploratory as it built upon the questionnaire and generated more questions to explore. Newby (2010) describes a Case Study as a detailed analysis of an individual circumstance or event that is chosen either because it is typical, because it is unusual, because there was a problem or because something worked well. I considered this Case Study is most closely aligned to what Stake (1995) terms an *instrumental* Case Study whereby a case is chosen to explore an issue or research question.

Stake (2005:7) suggests a Case Study is a poor basis for generalisation, although he puts the view that certain activities, problems or responses will come up again and again and thus certain generalisations can be drawn. Therefore, whilst no wider claim to generalisation can be made from this study, it may be possible that claims could be made to generalisation *within* the Case Study.

Primarily, the Case Study was used to help to answer two research questions;

- How is the interaction of professional culture and collaborative working enacted in one Case Study Children's Centre?
- How and to what extent, does professional culture influence collaborative working in Children's Centres?

4.3.6 Selection of Case Study

Simons (2009) suggests there are a variety of reasons that need to be taken into account when selecting a case for study, including type, location and what will yield the most understanding. The prime reason for choosing my case was because;

- It was a well-established Children's Centre, being one of the first to be developed in the country.
- It had a national reputation for good practice.
- It welcomed researchers into the Centre.

Therefore, rather than choose a Children's Centre that displayed 'typicality' I chose one for its 'specialness' or 'differentness' (Thomas 2011:76). This was primarily because I considered their specialness to be that of their national reputation for good practice. However, ultimately I always had to bear in mind;

'.....although the researcher may be a delightful company, hosting a delightful company is a burden' Stake (1995: 58)

I initially approached the Centre Leader by email which was followed with a meeting to discuss the intentions and details of the planned research. I was then invited to discuss the research plan further with the senior management team. The team became supportive for the following reasons;

1. They felt it would help them to improve their policies and practice further.
2. By allowing scrutiny by an independent researcher it could possibly help validate their aspects of good practice to a wider audience.

4.3.7 Research activities within the Case Study

Research within the Case Study took place over a period of eighteen months and involved visits lasting for half a day or a full day. The initial phase involved 'getting to know people and establishing rapport. I was able to do this by spending time with staff at break times in the staff room and supporting with some of the activities with the children in the Centre. I was also able to attend as an observer during two senior management meetings. More formalised research activities included;

1. Semi-structured interviews took place with four staff who were Teachers, six staff who were Early Years practitioners, two staff who were Health professionals and four staff who were Family Support workers
2. Focus group interview with six staff who had previously been interviewed.

4.3.8 Semi-structured interviews

The following professionals were interviewed as part of this phase of the research.

- 7 Teachers (4 from the Case Study and 3 Bystanders)
- 8 Early Years practitioners (6 from the Case Study and 2 Bystanders)
- 4 Family Support workers (4 from the Case Study and 4 Bystanders)
- 5 Health professionals (2 from the Case Study and 3 Bystanders)

The Case Study participants had been invited to take part and the Bystanders had indicated on the scoping questionnaire they would be happy to be interviewed should they be asked to do so.

Miller and Glassner (2011:131) suggest that interviews reveal evidence of the phenomena under investigation, including insights into the cultural frames people use to make sense of experiences. Qualitative interviewing involves asking people questions, but it is equally about listening carefully to the answers given (David and Sutton 2011). The type of interviews may vary along a continuum from being structured where the wording of the questions is standardised and the sequence is adhered to, to unstructured interviews where the structure may be largely led by the participant and the questions may be flexible and open. In order to decide the structure of the interview, I needed to refer to the type of information I wanted to find out. Essentially this fell into the categories of facts, views and opinions

- What was the professional journey to date of the participants?
- What made themselves identify with a particular profession with reference to their identity, values and working practices i.e. professional culture?
- How did they see their role in collaborative working in the Centre?
- What did they consider the challenges and opportunities of working in this way to be?
- What were the factors in this Children's Centre that may influence any of the above?

Semi –structured interviews were undertaken because they provided a common framework and yet enabled flexibility for issues to be explored in greater depth by the participant if they so wished. Newby (2010) suggests semi-structured interviews can also help to clarify misunderstandings and can lead to the gathering of rich data. King and Horrocks (2010) consider qualitative interviews from different epistemological positions; realist, contextual and constructionist. It would seem this study has most resonance with the contextual stance in so much as the context is integral to understanding how people experience their lives and knowledge is gained through the participants' own understanding and my interpretation as the researcher. However, to a certain degree the interviews could also be what Oppenheim (1992) considers exploratory in that, not only were they seeking to establish facts and viewpoints but they were also seeking ultimately to develop theory.

Each interview lasted approximately half an hour and took place in a mutually agreed area within the Children's Centre where it was quiet and private. All interviews were recorded and were later transcribed (Appendix 5). In order for the participants to give some thought to what I was going to ask them, they were sent an email in advance that outlined four basic themes;

- Professional journey
- Professional identity and belonging
- Their role in collaborative working
- Opportunities and challenges of collaborative working.

4.3.9 Immersion in the field

Although I do not consider this to be an ethnographic study, because I was unable to spend sustained amounts of time in the field, it was important to try to experience what life was like for those in the Children's Centre and to try to establish a trusting relationship with the staff. Therefore, when opportunities arose, I participated in working with the children by engaging in activities with them and helping staff to tidy up after sessions. I also spent time in the staff room at break times, again, in order to

establish relationships and trust. Following these activities, my reflections were recorded in my field notes. (Appendix 6).

4.3.10 Attendance at management meetings and staff development training

On two occasions I was invited to attend as an observer at management meetings. Largely I adopted a passive role and listened to what was being said. I also attended one staff development day. The intention of these activities was to observe and reflect upon how staff interacted with each other and on some of the issues that were being discussed. Again, my reflections were recorded in my field notes. (Appendix 7).

4.3.11 The Bystanders group

In addition to conducting semi-structured interviews within the Case Study, I also conducted semi-structured interviews with twelve other professionals working at different Children's Centres outside the Case Study. These participants became known as the Bystanders. There were three Teachers, two Early Years practitioners, four Family Support workers and three Health professionals. The reason for this was to help to enrich the study further and contribute to the triangulation of the data. These interviews were conducted in parallel to the interviews within the Case Study and the same themes were explored and the same basic questions were asked. The sample was taken from people who had completed the original questionnaire and had indicated a willingness to be interviewed. As such, they were not known to me and were from different Children's Centres from across the region. Initial contact was made through email and arrangements were made to meet at a mutually convenient venue and time. As with the other interviews, they were recorded and transcribed.

4.3.12 Focus group interview: *Checking out*

The purpose of conducting a focus group was to bring a selection of staff from the Case Study (Hollyville) together, present them with scenarios that were compiled from the analysis of some of the data that had been gathered thus far, including that of the Bystanders group outside Hollyville and to encourage them to discuss and debate the issues with reference to their own context within the Children's Centre.

According to Newby (2010:286), one of the real advantages of focus groups is they can help to establish how stable people's opinions and views really are and that it can

be used to explore the deeper significance of the responses given by its members. Morgan (1997) suggests its distinctiveness is that it allows group interaction which is distinct from other forms of data gathering. Kitzinger (1994: 116) suggests that focus groups can serve the following purposes;

- They can highlight the respondents' attitudes, priorities, language and framework for understanding.
- They can tap into a wide range and forms of understanding
- They can help to identify the group norms
- They can provide an insight into the operation of group processes in the articulation of knowledge
- They can open conversation about embarrassing subjects and can facilitate the expression of ideas and experiences that might be left underdeveloped at interview.

Tonkiss (2004:197) notes that the difference between individual interviews and focus groups is not simply 'confidentiality versus openness' but the two methods produce different forms of data that are based upon separate models of social action and meaning. Focus groups are concerned with accounts that *emerge* through participant interaction and this was something I was hoping would be gained from using this method. I was concerned with gaining insights into shared understandings. However, I was mindful that focus groups may be somewhat difficult to manage for a researcher, especially as it was important for me to retain a fairly structured approach in order to gather the information that was required. I was also aware that it is difficult to make generalizations from focus groups and as Tonkiss suggests, whilst they seek to reproduce social interaction, they are not in themselves naturally occurring interactions. The approach I ultimately took was that of myself as the researcher directing and structuring the discussion. Lunt and Livingstone (1996) suggest the sample chosen naturally has implications for the status of the data that emerges and in how far this will inevitably influence the data that is gathered. As such a 'purposive sample' was the method used, in that it was as representative as possible of staff from the whole of the Children's Centre. The group consisted of one Teacher, four Early Years practitioners and one Family Support worker. I had interviewed them all before individually and selected individuals for different reasons, including; those who I knew may have further insights on the issues to be discussed, those who had been there

for varying amounts of time and those who I considered would be prepared to perhaps give considered responses on potentially 'difficult issues'.

4.4 Credibility and Reliability

Much discussion has taken place in respect of the terminology to be used within qualitative research in this area. Lincoln and Guba (1985: 294) prefer the terms *credibility*, *transferability*, *dependability* and *conformability*. This is mainly due to the fact that the term validity is associated with the positivist paradigm and scientific enquiry whereas Robson (2007) argues that whilst this may be true, qualitative research can also be rigorous, systematic and accurate in a similar way. Lincoln and Guba use also use the term 'trustworthiness' and Maxwell (1992) considers there are three aspects of qualitative research which can be considered as threats to validity; description, interpretation and theory. It is important to consider this in relation to this study. By using description, there is a risk there may be inaccuracies or incompleteness in the data. To guard against this, I kept on-going field notes (Appendix 8) to ensure I kept the 'authenticity of the moment' and I ensured that all interviews were recorded. According to Maxwell, the main threat to providing a valid interpretation is that of imposing a framework or meaning on what is happening rather than one that is occurring or emerging. Mason (2002) suggests the researcher should be able to, and be prepared to trace the route by which they came to their interpretation. In this study, I have done this through careful documentation, and rigorous data analysis which is supported by my field notes and discussions with critical friends (Appendix 9). Lincoln and Guba (1995) also discuss three further threats to validity; reactivity with reference to researcher's influence on participants of the research, respondent bias and researcher bias.

4.4.1 Respondent bias

I would consider myself to be an 'outside researcher' in that I was not part of their organisation, i.e. the Children's Centre. Within the Case Study Children's Centre, I introduced myself as a researcher from a university with a background in education. However, I learned that participants also construct their own identity and perceived intentions of the researcher. I sometimes suspected, although this was never articulated, they considered me to be connected in some way to the Centre Leader,

perhaps within the context of conducting the research on her behalf, despite reiterating it was independent research I was undertaking. Furthermore, I was aware this may have an impact on what they were prepared to discuss during interviews. In order to try to mitigate against this, I tried to establish a trusting relationship with staff by spending social time with them at break times, supporting on occasions with activities with the children, and attending staff development days with them. During these times, I tried to take opportunities to reiterate my independence as a researcher.

4.4.2 Researcher bias

Thomas (2010) points out that the *person* of the researcher is central to the process and therefore needs to use their knowledge of people, social systems and structures and how they relate rather than rejecting this knowledge in the pursuit of 'objectivity'. As a qualitative researcher, it was necessary for me to be engaged by listening, talking, watching, observing and reflecting in order for me to understand what was going on.

Robson (2007) also notes that in qualitative research there may typically be a close relationship between the researcher and the setting and between the researcher and the respondents which may add yet another dimension to possible bias. I was aware that I brought my own pre-conceptions, values and assumptions to this study which were based upon my own professional heritage as an educationalist, my gender and my cultural background as a white middle class British woman. In addition it is possible there were other factors relating to me as a researcher which may have had an impact on bias of which I was unaware. Ingham and Luft (1955) describe this as the *unknown area*, which is unknown to self and unknown to others, but nevertheless still may have influence. Ahern (1999: 408) suggests that '*it is not possible for researchers to set aside things about which they are not aware*'. However, Crotty (2003:80) stresses the importance of engaging in reflexivity which he defines as 'an awareness of the ways in which the researcher as an individual with a particular social identity and background has an impact on the research process'. Bourdieu and Wacquant (1992) suggest that it is by only questioning the things which seem certain that we can consider the perspective of others. The following table shows the possible areas of research bias that I identified and how I attempted to mitigate against them.

Table 3 Possible areas of research bias and how these were mitigated

| Possible areas of researcher bias | How these were mitigated |
|--|---|
| Personal value systems related to my own professional heritage and my own social identity. | Discussions with supervisors, critical friends and the Learning Circle, a group of peer researchers (see Appendix 22) Reflections in research journal 'Checking out' assumptions through different data gathering approaches, e.g. issues emerging from the interviews were brought to the focus group. |
| Areas of potential role conflict | Ensuring I did not only interview those with whom I felt most comfortable Maintaining confidentiality as far as possible with all parties. Being explicit and clear to everyone about my role as the researcher. |
| Areas of potential lack of neutrality | Recognition of feelings of empathy towards one particular perspective through discussion with critical friends and reflective journal. |

4.4.3 Triangulation

Cohen, et al. (2011:195) define triangulation as '*the use of two or more methods of data collection in the study of some aspect of human behaviour*'. Its purpose is to enhance the credibility or trustworthiness of the data. Denzin (2006) suggests four different types of triangulation;

1. The use of different and multiple sources
2. Different methods
3. Different theories
4. Different investigators

Within this study, I have used the first three of these types;

Table 4 The Different methods of triangulation employed

| Different and Multiple Sources | Different Methods | Different Theories |
|--------------------------------|--|---|
| Sources from the literature. | Questionnaire Individual semi-structured interviews | Cultural anthropological theory Sociological theory Socio-cultural theory |

| | | |
|--|-----------------------|--|
| Different professionals from Children's Centres across one region in England Professionals from within one Case Study Children's Centre | Focus group interview | |
|--|-----------------------|--|

In order to establish trustworthiness, Lincoln and Guba (1995) suggest that attention should be given to credibility, transferability, dependability and confirmability. Some of the ways in which these can be achieved are through;

- Peer debriefing which took place with participants in the Children's' Centre and my own colleagues within my research group and critical friends. Debriefing took place before, during and after the research process. In addition, aspects of the research were presented to conferences (Messenger 2009a, Messenger 2009b, Messenger 2020b, Messenger 2011a, Messenger 2011b, Messenger 2011c, Messenger 2012a, Messenger 2012b) where peers from the wider academic and practitioner community contributed comment and feedback.
- Rigorous audit trails of all research processes and analyses which will be identified in the following data analysis
- Use of a reflective journal in order to reflect, interpret and make sense of the research process, for example Appendix 8.

Ultimately, as Punch (2005) suggests, trustworthiness is established in interpretive research by the researcher placing emphasis on the final account and how they are able to defend their interpretations they make from the data.

4.5 Ethical Considerations

Permission to undertake the proposed research including ethical approval was granted by the University of Worcester Research Degree Committee. Robson (2007:66) considers that ethical dilemmas lurk in any research involving people and whilst we may not be able to mitigate against these dilemmas completely, the researcher has a responsibility to address these as far as possible and where this may not always be possible, these dilemmas should be made transparent to the participants. The British Educational Research Association Guidelines (BERA) (2011:4) states that educational

research should be conducted with an ethic of respect for the person, knowledge, democratic values, the quality of educational research and academic freedom. Within this guidance there are some issues that come to the fore in relation to this research, namely, the issue of *voluntary informed consent* and the *right to withdraw, detriment arising from participation in the research and confidentiality and anonymity*. To some extent these issues are interrelated and can be difficult to consider separately.

Howe and Moses (1998) suggest that informed consent is the cornerstone of ethical behaviour as it respects the right of individuals to exert control over their lives and to take decisions for themselves. Diener and Crandall (1978: 57) consider there are four elements to informed consent, namely; competence, voluntarism, full information and comprehension.

- Competence implies reasonable mature adults will make the correct decisions if they are given the relevant information.
- Voluntarism implies that if participants choose to take part, they know the risks they may be exposed to and knowing what these risks are, have decided to take part.
- Full information implies that participants are fully informed.
- Comprehension implies that having been given the full information that participants understand it.

Within the questionnaire, which was emailed to participants with an outline of the research, it was difficult to ascertain whether 'comprehension' had been achieved, as I did not have the opportunity to check their understanding of the accompanying letter that described the context of the research and explained the purpose of the questionnaire face to face. However, the results of the pilot indicated that I needed to amend some of the language in order to make it more accessible to a range of different professionals and so this may have gone some way to address this. *Voluntary* informed consent in relation to the questionnaire was straightforward in as much as respondents had the freedom to decide whether or not to participate as it was sent by email and most of the Children's Centres were unknown to me and I was unknown to them. It was accompanied by a letter which outlined the basis for the research and how the questionnaire would contribute to it (Appendix 3). Participants were free to decide whether to include contact details with a view to taking part in a follow-up interview.

Initially, the people interviewed within the Case Study were those who had indicated their willingness to participate in further aspects of the research and so in that sense, they were 'volunteers' although I was aware that it was necessary to give them further information including the possible 'risks' of participating which included the fact that they may be identifiable in the final published work due to the small sample. This was discussed with each participant before the interview took place. Further possible interviewees were then approached from the Case Study, Hollyville, by myself. I was aware there may have been some tensions with this in relation to participants feeling 'obliged' to take part because I had asked them. I could not be sure this was not the case, although I had worked at building up trusting relationships described on page 78 but this may have meant they felt allegiance. Similarly, whilst stressing the fact both in writing (Appendix 10) and verbally, their right to withdraw at any time, I had to be mindful of the fact it may have been perhaps something they felt they should continue with because it was considered to be 'the right thing to do'. To this end, I tried to ensure my interviews were scheduled at less busy times so that participants felt under less pressure and may voice their feelings more freely.

The 'Bystanders' group were unknowns from both sides and so issues of *voluntary* informed consent were slightly different, in that they had 'opted in' of their own accord following completion of the questionnaire and having been provided with both written explanation beforehand and verbal explanation prior to the interview.

The focus group, which were a group of staff that I had selected from within the Case Study, Hollyville and I had gained their consent to participate. At the outset, before the interview was recorded, I explained some of the risks of taking part, including being identifiable in the published research due to the small size of the group within one Children's Centre, having their individual views more widely known and possibly reported upon within the Centre. Following this explanation, they were encouraged only to participate if they wanted to. I was aware that by saying this, it would have an impact upon the nature of the information they were willing to share, by possibly being afraid of others hearing their views on specific issues and/or possibly feeling the need to 'tow the party line'. Following all interviews, participants were given the opportunity to see the transcript if they wished in order to correct any misunderstandings or to merely verify what had been said.

Simons (2009:96) considers one of the fundamental principles of ethical research is 'to do no harm' and suggests this can be interpreted differently by different people at different times. It is necessary to review this with participants in the process of gathering data particularly within a Case Study context whereby relationships of trust may have developed over time and where participants may speak openly about their experience and may possibly reveal something they did not intend. With this in mind, I gave particular consideration to the following key questions raised by Simons;

Table 5. Ethical responses with reference to questions posed by Simons (2009)

| | |
|---|---|
| Who gains and who loses by the release of this information? | The children and families using the Centre may gain due to the factors mentioned below The Children's Centre as a whole potentially would gain by providing information that could be the basis for further staff development and possible would enable positive outcomes to be celebrated and shared within the wider professional community. It is possible that some of the findings may identify areas of weakness which may point responsibility to certain individuals. |
| What are the consequences for whom for each course of action? | It might be possible due to the small sample within one organisation, that confidentiality and anonymity might be compromised and that participants may be identified through a process of deduction. |

4.5.1 Confidentiality and anonymity

Walford (2005) argues that it is impossible in small scale studies to successfully anonymise. Cohen et al. (2011: 91) likewise considers that although a researcher can go a long way down the path of ensuring anonymity, there can be no absolute guarantee as far as life studies are concerned.

The assurance of confidentiality in the sense that a participant's responses would not be discussed with anyone else was given in written form (Appendix 10) and again verbally prior to the interviews taking place. Within the data analysis, participants were identified by numbers only, although their professional category was identifiable. It is difficult to ascertain whether, ultimately participants truly were convinced by my assurances in this respect which may have had an impact upon the information they shared with me. For example, within the Case Study, participants may have wrongly had the view that I may discuss what individuals said with the Centre leader; this is because there were occasions when I considered their responses may have been 'somewhat guarded' in comparison to those of the 'Bystanders'. Perhaps this was inevitable.

It was important to remember the different socio-cultural contexts which exerted different influences on the interviews. This was related to my position as the researcher

in respect of my own professional heritage which might have influenced the language I used and perhaps unconsciously, my 'Habitus' discussed on page 18 was displayed. The perceived construction of my identity, in terms of status, culture, gender etc. by the respondents may also have influenced the interview process and as Cohen et al. (2011:421) point out, the interview is a '*social, interpersonal encounter, not merely a data collection exercise*'.

4.6 Concluding Comments

I have come to understand the strong relationship between research questions, the paradigm that will be best suited to work within in order to answer the research questions, and the research design. However, it is also perhaps important not to be constrained by this, and use 'the tools' that will work best. Hence, for example, whilst grounded theory is an element in this research, other theories have been used (see Chapter two) to provide a framework for understanding. Whilst the research methods have largely been qualitative, through the use of questionnaire, semi-structured interviews and a focus group, there some elements of the questionnaire that could be considered quantitative. The reason for using this was primarily to provide some preliminary data in relation to professional identity and professional alignment which would inform the next phase of the study.

It was important in this qualitative study to ensure reliability and credibility as much as possible. This was done in a number of ways including the use of a Case Study and the use of 'bystanders'. Whilst this could not strictly be considered comparative study between the two groups of participants, rather one enhanced the understanding of the other. The interviews with these two different groups of participants were carried out simultaneously. The focus group within the Case Study provided an opportunity, in the light of the analysis from the individual interview described above, to seek further clarification and understanding.

It is clear that my position as the researcher carried with it deep responsibility. It carried responsibility in relation to the participants to ensure ethical considerations were examined and adhered to carefully. This was not without dilemmas, but it was important to have given due consideration to these in order to ensure the interests of the participants were always to the fore.

Chapter Five: *Surveying the Scene*. Analysis of the Questionnaire

5.1 The Questionnaire

This chapter undertakes an analysis of the initial scoping exercise that took the form of a questionnaire. Its intention was to provide a baseline ‘picture of professionals’ working in Children’s Centres. At this preliminary stage of the research, I was wanted to investigate perceptions of professional identity and whether this may be influenced by job role, original training and qualifications, and length of service. I considered professional identity to be important because it seemed to be an element of professional culture. Furthermore, the review of the literature appeared to indicate that collaborative working may influence this. Both quantitative and qualitative data were gathered in an effort to achieve a more rounded picture. The analysis of the questionnaire is presented with reference to the specific questions asked on the questionnaire and finally, a reflection of outcomes in terms of themes that emerged and some of the challenges that were presented will be discussed.

The questionnaire (Appendix 1) explored the following themes;

- Job title
- Length of service
- Qualifications
- The degree to which and the type of professional, staff felt they most closely belonged to and why.

Number of completed questionnaires = 129

5.1.1 Question 1. Job Title

The first question on the questionnaire asked the respondents to indicate their job title. I did not anticipate the response in terms of the range of job titles indicated. Initially I hoped this would provide a means to which job role could be understood. Whilst it did provide some indication, it was not possible to understand the nature of the role of the job from job title alone.

Table 6. Job titles of questionnaire respondents

| Job Title | | Job Title | |
|--|----|---|-----|
| 0 - 2 Room Leader | | Children's Centre Manager | X11 |
| Acting Outreach Senior Practitioner | | Children's Centre Services Manager (HoC) | |
| Acting Service manager, Community Development Leader | | Children's Centre Support Teacher | |
| Acting Team Leader within nursery school of CC | | Children's Centre support Teacher | |
| Administrator | X3 | Children's Centre Support Worker | X4 |
| Admin assistant | X3 | Children's Centre Group Manager | |
| Administration officer | | Clerical Officer | X2 |
| Business Manager | | Community Engagement Support Officer | |
| Care Manager | | Community Psychiatric Nurse | |
| Centre Worker | | Community Family Worker | |
| Children's Centre Assistant Manager | | Community Health Worker | |
| Deputy Children's Centre Manager | X2 | Deputy Manager, Family Support Co-ordinator | |
| Deputy Head Teacher (Curriculum) | | Deputy Nursery Manager | X2 |
| Deputy Head Teacher (Learning and Teaching) | | Deputy Team Leader | |
| Deputy Manager (Early Years) | | Dinner Assistant | |
| Early Years Assistant | X2 | Early Years Practitioner/SENCo | |
| Early Years Family Support and Inclusion Manager | | Early Years Worker | |
| Early Years Outreach Worker | X3 | Educarer | X2 |
| Early Years Practitioner | X3 | Education Manager | |
| Early Years Assistant | X2 | Employment and Training Advisor | |

| | | | |
|--|-----|---|----|
| Facilitator/mentor | | Family Support Team Leader | |
| Family Services Manager | | Family Support worker (5-13 yrs) | X2 |
| Family Support worker | X15 | Finance manager | |
| Head of Centre | X3 | Head Teacher of Centre | |
| Head of Children's Services | | Health and Family Support worker | |
| Head of Early Years | | Home Support Worker, (NHS) | |
| Nursery Nurse (Early Years Practitioner) | | Nursery Officer | X8 |
| Nursery Manager | X2 | Nursery Teacher | |
| Nursery Nurse | | Operational Manager | |
| Office Manager | | Outreach worker, Nursery Officer | |
| Playgroup Leader, Teaching Assistant | | Project Worker (Early Years) | |
| Receptionist/administrator | | Site Service Officer | |
| Senior Community Engagement Worker | | Specialist Midwife | |
| Senior Community Family Worker | | Speech and Language Therapist | X2 |
| Senior Early Years Worker | | Speech and Language Therapist Assistant | |
| Senior Educarer | | Sure Start Midwife | |
| Senior Health & F. Support Co-ordinator/Deputy Manager | | Teacher | |
| Teacher Co-ordinator | | Toy and Resource Co-ordinator | |
| Teenage Pregnancy Support Worker | | Volunteer Co-ordinator | |

Total of 77 different job titles

The number and range of different job titles is somewhat surprising, although some may have been historical considering that Children's Centres were developed from

existing Nursery Schools, Day Nurseries, Early Excellence Centres and Neighbourhood Nurseries. Clearly some of these job titles equate to the same role, whilst others perhaps might be subtly different; for example, Educarer and Early Years Practitioner. The range of job titles might indicate a lack of conformity and consistency between Children Centres and this could be considered critically in that it may be confusing to outside agencies in relation to who does what in the different Centres. Alternatively, it could illustrate the uniqueness of Children's Centres as they each respond to their local community's needs in different ways whilst still providing the core offer of services. (Figure 6).

5.1.2 Question 2. How long have you been working in this Children's Centre?

The responses ranged from twenty years to two weeks with the average being 3.55 years. A point for consideration is that Children's Centres in their present form were not in existence twenty years ago, and so it could be that some staff interpreted the question in relation to how long they had worked at the establishment in question, rather than in its present configuration as a Children's' Centre.

5.1.3 Question 3. Have you worked in a Children's Centre previously?

5.1.4 Question 4. If yes, for how long?

The majority of respondents had not worked in a Children's' Centre before. There were twenty one who had, three of whom had previously worked in a support capacity in the early development of Children's Centres. The rest (eighteen) had previously worked in other Children's Centres for an average of 2.4 years. Again this data may have to be treated with caution because it may not have been within Children's Centres as they are now defined.

5.1.5 Question 5. Qualifications, academic awards

Some respondents indicated all their qualifications and academic awards, whilst others indicated their most recent only. This raised many challenges in relation to analysis. In an effort to try to provide some clarity, these have been collated in relation to the highest qualifications/academic awards that were indicated only. For example NNEB, PGCE was recorded as PGCE. However one of the implications of this is that it does

not truly help to provide an understanding of the relationship between original training and professional identity. However, the qualitative data gathered in response to Question 7 has been useful in relation to providing some understanding of this.

Table 7. A list of Qualifications and academic awards

| | |
|--|----|
| Level 1 Qualifications | |
| Electrical diploma | 1 |
| NVQ Level 1 (subject unknown) | 1 |
| Level 2 Qualifications | |
| RSA typing | 2 |
| NVQ Business administration and customer service | 1 |
| Level 3 Qualifications | |
| NNEB | 17 |
| NVQ Level 3 Childcare and Education | 12 |
| BTEC Diploma in Early Years | 10 |
| Diploma in Childcare and Education | 4 |
| CACHE Level 3 Childcare, Learning and Development | 4 |
| NVQ Level 3 Administration and Business | 2 |
| BTEC Hotel and Catering | 1 |
| NVQ 3 Health and Science | 1 |
| Level 4 Qualifications | |
| NVQ Level 4 Advice and Guidance | 1 |
| Diploma in Professional Development and Community Family Support | 1 |
| Advanced Diploma in Childcare and Education | 1 |

| | |
|---|----|
| Level 5 Qualifications | |
| Diploma in Paediatric Nursing | 1 |
| Foundation Degree in Early Years | 3 |
| Diploma in Social Work | 1 |
| RGN (Registered General Nurse) | 2 |
| RM (Registered Midwife) | 2 |
| Certificate in Education | 1 |
| HND Finance | 1 |
| Diploma in Management | 1 |
| Level 6 Qualifications | |
| BA Early Childhood Studies | 10 |
| BA Professional Studies in Childcare | 1 |
| B.Ed | 5 |
| BSc Psychology | 1 |
| BSc Sociology | 1 |
| BA Health and Social Policy | 1 |
| BA Education and Health | 1 |
| BA Religious Education and History | 1 |
| BSc Community Specialist Practice (Nursing) | 1 |
| B Phil in Education | 1 |
| BA Social Welfare | 1 |
| BSc Complementary Therapies | 1 |
| BSc Speech and Language | 2 |
| Level 7 Qualifications | |
| NPQICL | 14 |

| | |
|--|---|
| PGCE | 7 |
| MA Education | 1 |
| MA Social Science | 1 |
| MA Social Work | 1 |
| MA Educational Management and Leadership | 1 |
| MA Visual Communication | 1 |
| MA Leadership in Early Years | 1 |
| Associate Chartered Accountant | 1 |

Total =126 plus 3 with no qualifications (not recorded) = 129

Clearly, the range and level of qualifications is striking but perhaps what might be expected where different professional groups undertaking a range of roles are working together. At Level 3, forty seven out of fifty one respondents had qualifications related to Child Development and Care which would suggest that most of these practitioners are working or have worked as Early Years practitioners. At Level 6, eleven respondents out of sixteen have degrees related to Early Years. These factors give rise to further points for consideration. It might be these professionals have values and practices which are deeply embedded into Early Years culture, which would possibly influence their professional identity. Alternatively, it could be that whilst this is where their formal training and learning has taken place, they are now working in other roles within the Children's Centre which may also have influence on their professional identity. Twenty eight respondents had a Level 7 qualification and it would be safe to assume that most of these respondents were either Teachers and/or were in management roles in the Children's Centre based upon the job title they gave. It is difficult to undertake further analysis in relation to professional identity of this group without having a more complete picture of their previous qualifications and training.

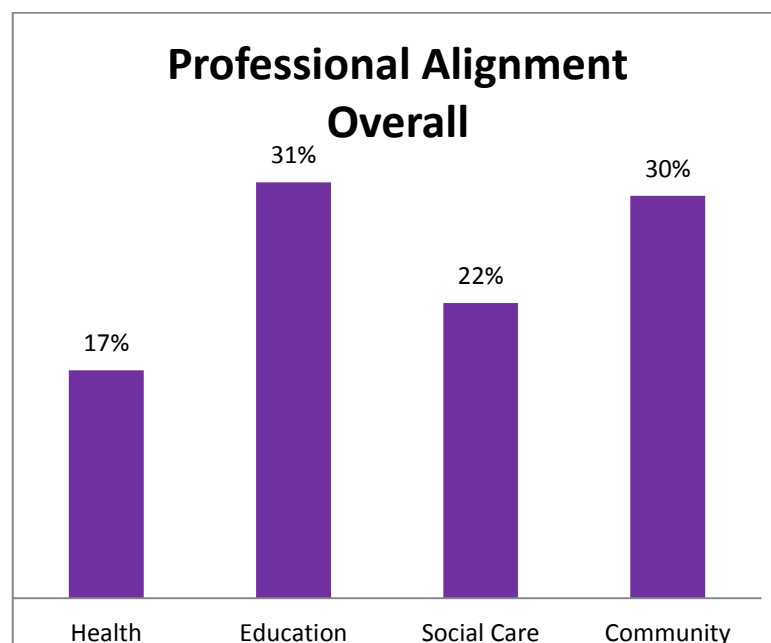
The nature of qualifications and training that are not directly related to working with children and adults is also worthy of note. For example, Business Administration, Hotel and Catering, Finance, and Accountancy. Clearly it is important to have

professionals working in Children’s Centres with these skills and it would be interesting to consider the extent to which they influence the professional culture and identity of others.

5.1.6 Question 6. Professional Identity (belonging). ‘I see myself as.....’

Respondents were asked to consider their professional alignment using a scale between not at all (0) to very much (5) (See Appendix 1) and were asked to rate themselves in relation to the extent to which they considered themselves most closely belonging to Health, Education, Social Care and Community. In addition they were also asked if there were any other professional disciplines they saw themselves belonging to. The four selected professional disciplines were chosen because they are considered largely to be the ones who would be normally be present in Children’s Centres or be working closely with them. The raw numerical values were then converted to percentage points in order for comparison to be made.

Figure 11. Professional Alignment Overall



It is interesting to note, that despite the large numbers of job titles, overall, staff considered themselves to align most closely to Education and Community. In some ways this may be unsurprising when one considers the policy agendas at the time the questionnaire was distributed in 2008. The importance of Children’s Centres

having to be responsive to the local community they serve, and the view that education provided a mechanism through which issues of social disadvantage might be addressed was very much to the fore. Opportunities through which education for children and families could be promoted were at the forefront of staff development and training at this time. It is also interesting to note that when the *type of* qualifications is considered, i.e. largely related to child development and education, one would perhaps not expect professional alignment to Community Work to be so strong which may suggest in this case that original training and qualifications may not have as much influence upon one's professional identity that one might have expected. It is perhaps a little surprising that Social Care is somewhat lower, although on reflection this term may have been somewhat problematic. This is because I suspect some of the respondents may have interpreted this to mean 'Social Services' as again, at this time, these terms were beginning to become synonymous with each other. Sample size may also have some bearing upon the *overall* data. For example, Health professionals who I identified by job title were the smallest professional group in the sample and therefore it would perhaps follow that other professional groups would not necessarily align themselves as closely with health. As such, this may have had the effect of skewing the data in this respect.

5.2 Professional Disciplines and Professional Groups

In order to make sense of the data further, I needed to consider the data in terms of the relationship between professional *disciplines* and professional *groups*. I believed this may help me to examine professional identity more closely and help to provide a deeper understanding of how professionals view themselves in Children's Centres. I define professional discipline as a broad but discrete body of knowledge that is associated with one particular type of working with children and families. Professional groups could be defined as professionals whose knowledge, skills and expertise have salient features in common. I therefore attempted to categorise the seventy seven job titles into professional groups with reference to the four broad professional disciplines. I consulted with my critical friends (Appendix.2) in order to try to help to validate the decisions I had made with regard to matching job title to the broad professional disciplines. This was a challenging exercise and there is a possibility that the allocation to professional groups may not

have been entirely accurate, but I attempted to make as informed a judgement as possible. Ultimately it proved to be very difficult to establish discrete Social Care professionals and discrete Community Work professionals from job title alone and so it was decided to mark them as one broad category. Hence the following 'professional group' categories were then established;

- Education
- Early Years practitioners
- Health
- Social Care and Community

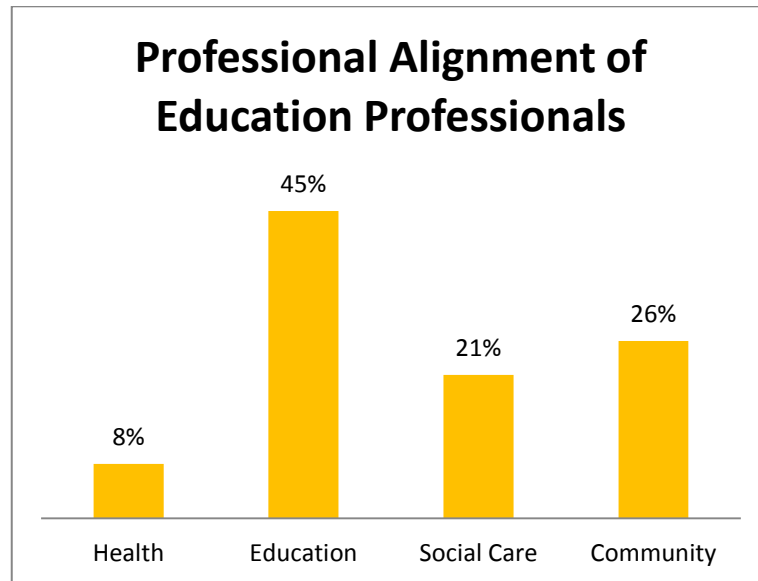
In addition, administration was also added as a further category. This was because ten administrators had responded to the questionnaire as a result of being invited to do so if they considered themselves to be a 'professional' with reference to the definition provided on the front of the questionnaire.

Table 8. Education Professional Groups

| |
|---|
| Children's Centre Support Teacher |
| Children's Centre Teacher |
| Deputy Head Teacher (Learning and teaching) |
| Deputy Head Teacher (Curriculum) |
| Education Manager |
| Head Teacher of the Centre |
| Nursery Teacher |
| Teacher |
| Teacher Co-ordinator |
| <i>Total = 9</i> |

I considered that all in this group were Teachers, some in management roles. Therefore it was fairly straightforward to establish them as Education professionals. It is possible there were other Teachers who responded to the questionnaire, but who gave a different job title. In response to the questions about professional alignment the following responses were received from this professional group.

Figure 12. Professional Alignment of Education Professionals



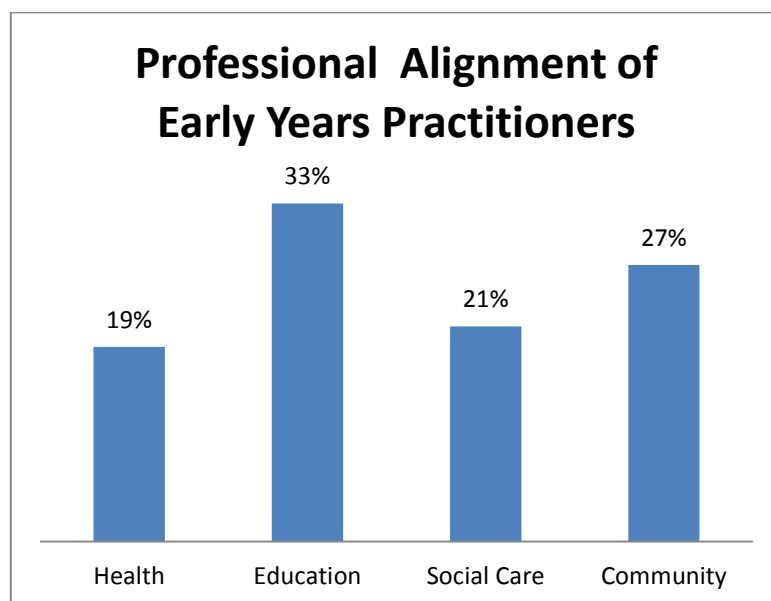
As would be expected, they considered themselves to be most closely aligned to Education. Perhaps it is somewhat interesting they align themselves slightly more closely to Community Work rather than Social Care. Whilst it is difficult to offer possible reasons for this, it could be because about half have a possible management role in which they may need to engage with community issues more regularly, or it may be that in Children's Centres, the role of the Teacher has evolved to more closely take into account a community emphasis.

Table 9 Early Years practitioner Groups

| | |
|---|---|
| Acting Team Leader within the Nursery School Deputy Nursery Manager Deputy Manager (Early Years) Dinner Assistant Head of Early Years Early Years Worker Nursery Officer Nursery Manager | Playgroup Leader Early years Practitioner Early years Practitioner/SENCo Early Years Assistant Nursery Nurse Nursery Nurse Early Years Practitioner Project Worker Early Years Senior Early Years worker 0-2 Room Leader <i>Total = 17</i> |
|---|---|

This group of professionals were identified primarily on the basis that their job title referred to ‘Early Years’, or ‘Nursery’. In addition, others were decided upon following discussion with my critical friends. For example, ‘Dinner assistant’ would seem to suggest this member of staff may have had some contact with the children through either cooking, serving or clearing away meals; they were less likely to have contact with parents inside or outside the Centre in a professional capacity.

Figure 13. Professional Alignment of Early Years practitioners



This professional group would seem to consider themselves more evenly spread across the professional disciplines, although they consider themselves to be aligned most closely to Education. Their alignment to Health and Social Care is almost evenly balanced. This may either be due to the influence of their original training and/or due to the influence of the duties they presently perform in their job role.

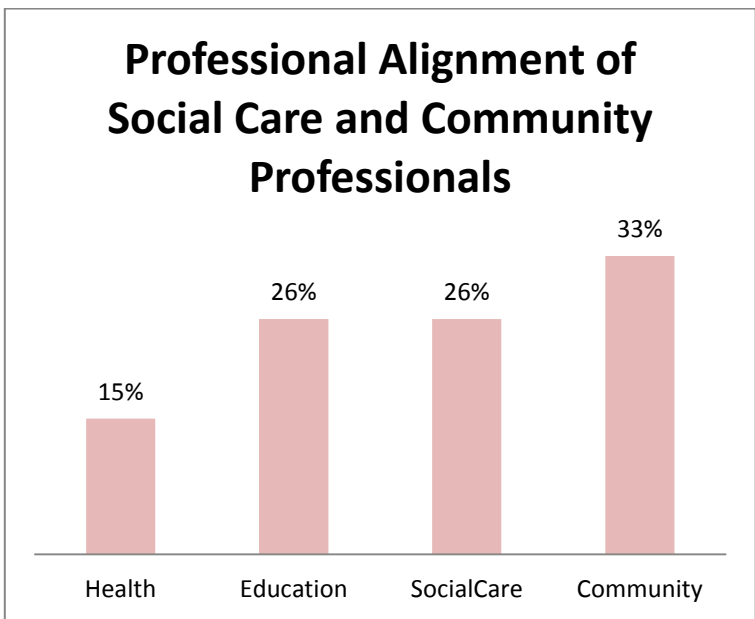
Table 10 Social Care and Community Professional Groups

| |
|---|
| Acting Outreach Senior Practitioner |
| Acting Service Manager, Community Development Leader |
| Care Manager |
| Centre Worker |
| Children's Centre Assistant Manager |
| Children's Centre Group Manager |
| Children's Centre Manager |
| Children's Centre Services Manager |
| Children's Centre Support Worker |
| Community Engagement Support Officer |
| Community Family Worker |
| Deputy Children's Centre Manager |
| Deputy Manager, Family Support |
| Deputy Team Leader |
| Early Years Family Support and Inclusion Manager |
| Early Years Outreach Worker |
| Educarer |
| Employment and training advisor |
| Facilitator/mentor |
| Family Services manager |
| Family Support team leader |
| Family Support worker |
| Family Support worker 5-13s |
| Head of Centre |
| Head of Children's Services |
| Home Support Worker |
| Outreach Worker |
| Senior Community Engagement Worker |
| Senior Community Family Worker |
| Senior Educarer |
| Senior Health and Family Support Co-ordinator /Deputy Manager |

| |
|----------------------------------|
| Social Care/Community worker |
| Teenage Pregnancy Support Worker |
| Toy and Resource Co-ordinator |
| Volunteer Co-ordinator |
| Total = 35 |

This group was the most challenging to identify as it was less clear from their job title alone. The first identification occurred through job titles that contained the words ‘Community’, ‘Outreach’, ‘Support’, or ‘Care’. However, there were some job titles that were ambiguous, for example ‘Early Years Outreach Worker’, ‘Educarer’, ‘Centre Worker’. However, again in consultation with my critical friends, I made the decision they were more likely to belong to this group, although equally acknowledge they may have belonged to other groups. Some of the professionals within this group were managers, but I considered ultimately it was probably appropriate for them to belong to this group.

Figure 14. Professional Alignment of Social Care and Community Professionals



Unsurprisingly most of this group considered they felt most closely aligned to Community, and they also indicated they felt they were equally aligned to Education and Social Care. It is interesting in the extent to which they consider themselves aligned to education. It might be possible they are interpreting education in the widest

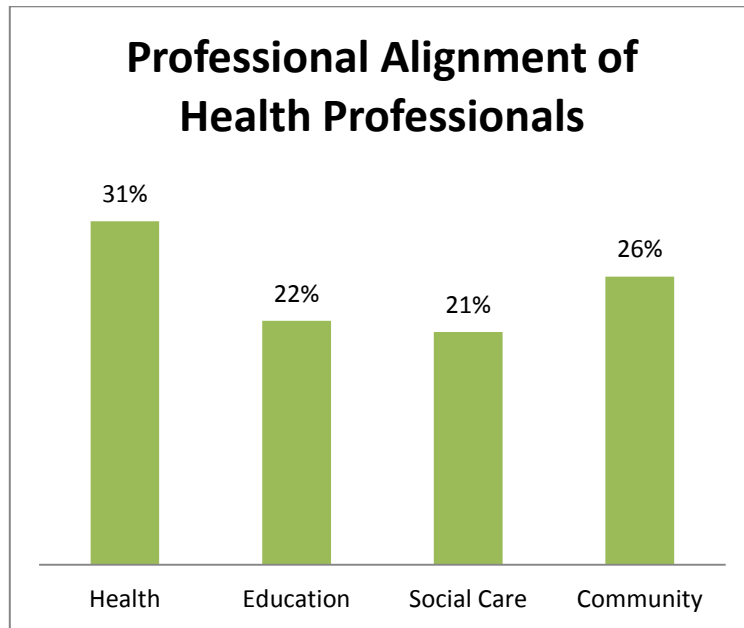
sense, not only in terms of educating children but also the parents and carers with whom they work. Furthermore, worthy of further examination is the possible influence of initial training or subsequent training to their professional identity or perhaps it is the job they actually do that is of greatest influence to this which may explain the analysis above to some extent.

Table 11 Health Professional Groups

| |
|---|
| Community Psychiatric nurse |
| Community Health worker |
| Specialist Midwife |
| Speech and Language Therapist |
| Speech and Language Therapist Assistant |
| Sure Start Midwife |
| |
| Total = 6 |

This group was identified by their job title including health related disciplines. These were largely straightforward apart from 'Community Health Worker' which could have been categorised as either Social Care and Community or Health. Again, after consultation with my critical friends, I decided the 'health' brief was possibly more at the forefront of this role.

Figure 15. Professional Alignment of Health professionals



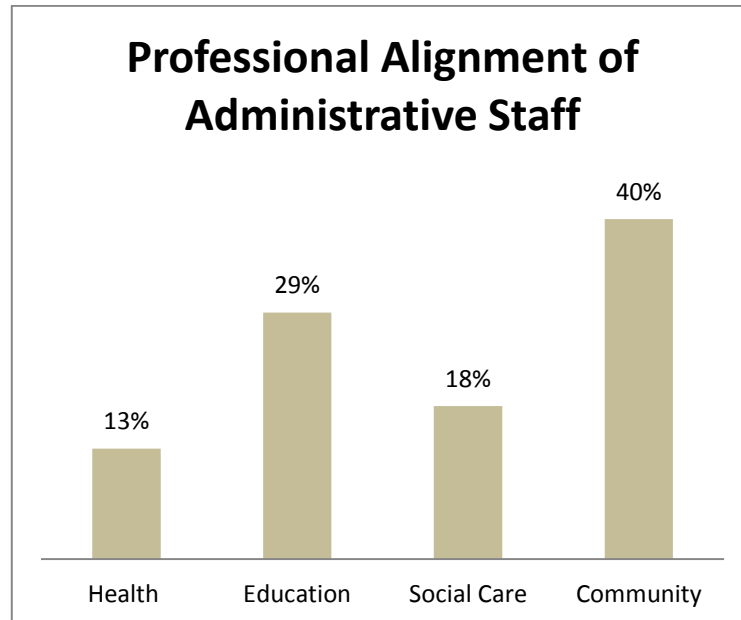
Whilst this was a small sample of six, it nevertheless helps to give some indication of professional alignment. Perhaps one would have expected the margin between Health and Community not to have been as close, but this possibly reflects the *type* of Health professional they are, and their role with children and families. Education is also perhaps higher than one might have expected but may be this is possibly because they see their role as *educating about* health related matters in the community. Once again, it would seem to appear that perhaps the role these professionals undertake as well as their professional expertise may be influential in relation to their professional identity. .

Table 12 Administration

| |
|--------------------------|
| Site Services Officer |
| Administrator |
| Administration Assistant |
| Receptionist |
| Clerical Officer |
| Office Manager |
| Business Manager |
| Operational Manager |
| Finance Manager |
| Administration Officer |
| <i>Total = 10</i> |

Again this professional group was identified mainly by job title i.e. 'administrator', 'clerical', 'finance', 'business'. Whilst Site Services Officer did not fit strictly into this category they seemed to fit more closely than in other categories and it was considered the role would involve carrying out administrative duties.

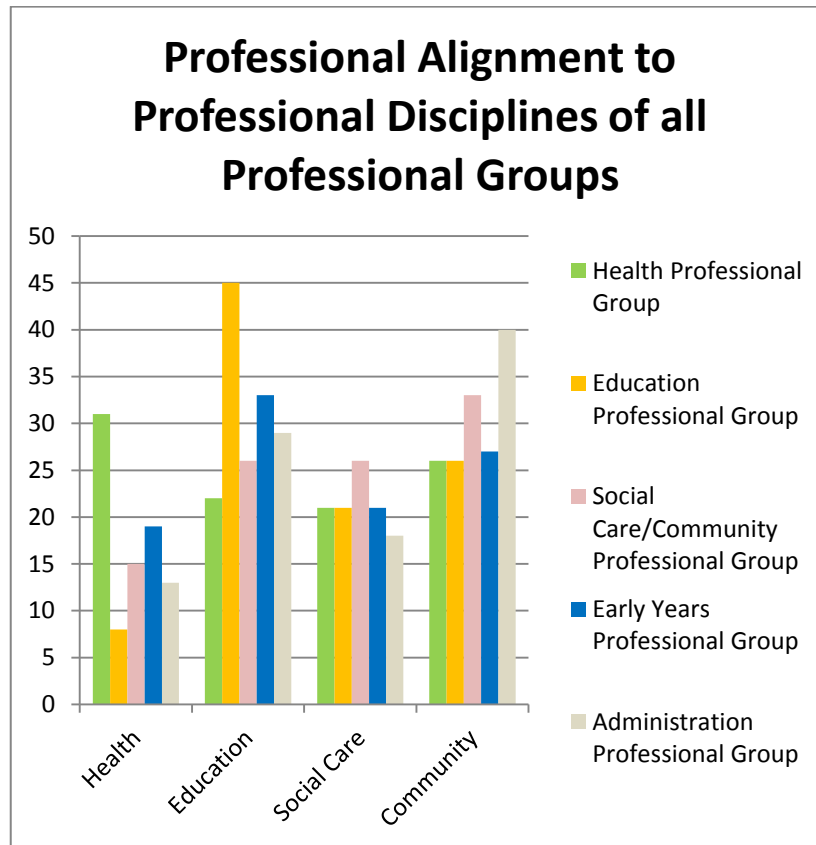
Figure 16. Professional Alignment of Administrative Staff



This staff group are quite often have contact with children and families and so it is perhaps no surprise they considered themselves to be aligned most closely to 'Community' as they perhaps see themselves as providing a service to the community. Worthy of further examination is their alignment to education. Again they could be construing education in its widest sense in that they are providing information and help to parents and carers. Furthermore, this may also explain the extent of alignment to health in that they may be providing information about health related issues.

5.2.1 Professional Alignment overview with reference to professional groupings

Figure 17 Professional alignment to the professional disciplines of all professional groups



This graph helps to demonstrate the comparative degree to which the different professional groups consider their alignment. Unsurprisingly, each professional group was most closely aligned to the discipline one would perhaps expect, but what is worthy of further consideration is the extent to which they aligned themselves to other disciplines. Whilst this may not be surprising, it would seem that maybe the role they undertake is more influential in making them the professionals they are rather than their original training or specific expertise. If this is the case it will be important to examine more deeply how this process comes about because maybe it is likely to influence their ability to work collaboratively.

It is important to remember the analysis above is derived from the analysis of the Likert scales in the questionnaire. The following analysis is based upon the qualitative data

gathered from Question 7 ‘*I most closely belong to...*’ and Question 8 ‘*Is there anything else you would like to say?*’

5.3 An analysis of the reasons for most closely belonging to one professional discipline

This analysis was undertaken using content analysis as described by Cohen et al (2011). All comments were recorded verbatim on an Excel spreadsheet (Appendix 11) so they could be grouped and placed alongside one another. The primary aim of the questionnaire was to carry out an initial scoping exercise rather than an in-depth analysis. Consequently, only the first level of qualitative analysis was undertaken in order to provide some initial indications of possible emerging themes. The use of the Excel spreadsheet provided the means by which professional groups could be grouped together and their comments considered as a whole. Appendix 12 provides an example of how this was achieved in relation to the Health professionals. Robson (2007:277) points out, ‘*content analysis is no better than its system of categories*’ and so it was important to make the categories as trustworthy as possible and so consequently these were shared with the rest of my peers with the Learning Circle on in May 2008 in order to try to discuss the extent to which they agreed and in order to avoid misinterpretation.

5.3.1 Educational Professional Group (Ten respondents)

Table 13. Educational Professional Group

| Reason | Example |
|----------------------|---|
| Linked to job role | <i>Education because it is a key part of my role to develop the curriculum side of the Centre.</i> Education Manager |
| Linked to training | <i>Education because this is what my training as a Teacher has involved.</i> Nursery Teacher |
| Linked to experience | <i>Education because of my twenty years teaching experience.</i> Deputy Head Teacher (Learning and Teaching) |

| | |
|---------------------|--|
| Linked to expertise | <i>Education because as a Teacher this is where my expertise lies.</i> Children's Centre Support Teacher. |
|---------------------|--|

These themes would seem to perhaps reflect the notion of a Teacher as a professional in that experience, expertise, training and role one would be expected to be part of this. It will be interesting to establish whether other themes in addition become apparent during the interview stage of the study.

5.3.2 Early Years practitioner Group (Thirty three respondents)

Table 14. Early Years practitioner Group

| Reason provided | Example |
|--|--|
| Linked to job role | <i>Community work because my work is based in the community working in partnership with our families offering various sessions, stay and plays and classes.</i> Early Years Outreach Worker. |
| Linked to the purpose of the Children's Centre | <i>Education because the Children's Centre is primarily an educational establishment with other resources attached to it. If I'm in the Nursery area it's an educational/teaching role and if I'm in the family learning area it's also an educational role.</i> Nursery Officer. |
| Linked to area of expertise | <i>I really see myself as an Early Years practitioner because this is my specialist field that I have been in over the last 22 years.</i> Nursery Officer |
| Linked to training | <i>Child development/education because this is the area I have trained in.</i> Nursery Officer. |
| Linked to qualifications | <i>Social care because I am social work qualified.</i> Acting outreach senior early years practitioner. |

It is worthy of note that the Early Years practitioners have expressed similar themes to the Teachers and in addition one respondent made a link between herself as a professional and the *purpose* of the Children’s Centre. The possibility of a relationship between professional identity and the Children’s Centre as an organisation may be an area of deeper examination.

5 .3.3 Social Care and Community Professional Group (Sixty respondents)

Table 15. Social Care and Community Professional Group

| Reason Provided | Example |
|----------------------------------|---|
| Linked to job role | <i>Community work because the biggest part of my job is outreach work and going into the community and supporting families.</i> Children’s Centre Support Worker |
| Linked to professional body | <i>Social care because this is the professional body for which I maintain registration.</i> Children’s Centre Manager. |
| Linked to employing organisation | <i>Education because I have been employed by education through the local authority since 1985 and I have predominantly worked in education establishments.</i> Children’s Centre Manager. |
| Linked to training | <i>Social care professional because I have been trained in this profession. I have many years of working and continue to update my work through further training.</i> Family Support worker. |
| Linked to qualifications | <i>Care and Education as I am qualified in both and provide both for children.</i> Educarer. |
| Linked to expertise | <i>Family and community care because I feel I have these necessary skills to reach out to people and make a difference to their lives.</i> Family Support worker. |

| | |
|---------------------------------------|--|
| Linked to personal beliefs and values | <p><i>Education because I personally feel you can't take education out of health, social care and community because it is all about education, learning, knowledge and understanding, skills and attitudes.</i></p> <p>Head of Centre.</p> |
|---------------------------------------|--|

The Social Care and Community groups were by far the largest sample of respondents and it is interesting to note that in addition to other themes previously mentioned by the other professional groups, being linked to a professional body would appear to be an element of their professional identity. They also seem to be linking personal values and beliefs, and this again is worthy of further exploration.

5.3.4 Health Professional Groups (Eight respondents)

Table 16. Health Professional Groups

| Reason Provided | Example |
|----------------------------------|---|
| Linked to professional body | <p><i>Mental health services because they are my safety net for crisis work and the supervision of my work.</i></p> <p>Community Psychiatric Nurse</p> |
| Job role | <p><i>Health and Community because my role is about working with families in the community promoting early communication.</i></p> <p>Speech and Language Therapy assistant.</p> |
| Linked to qualifications | <p><i>Health because my degree was in health and I work in health promotion.</i></p> <p>Community Health Worker.</p> |
| Linked to employing organisation | <p><i>Health because I am employed by NHS but work in a Children's Centre.</i></p> <p>Speech and Language Therapist.</p> |
| | <p><i>Health profession because I feel a health professional and a midwife. As a midwife you have a clear understanding of what you do, although to some extent when you work in a Children's</i></p> |

| | |
|---------------------------------|--|
| Linked to a 'feeling'. | <i>Centre this is less defined as the work may not be the traditional/normal activities of a midwife.</i> Sure Start Midwife. |
| Linked to a particular approach | <i>Outreach/health because I am multi-skilled and flexible in my approach.</i> Specialist Midwife. |

Again, as with the Social Care and Community professional group, being linked to a professional body is mentioned by the Health professionals. In addition the notion of 'feeling' your identity is indicated, which is an interesting idea because perhaps this may indicate an emotional element to professional identity. Due to the small sample of ten, these themes may need to be viewed with caution, although the ones mentioned above are worthy of examination during the interview phase of the research.

5.3.5 Administration Professional Group (Sixteen respondents)

Table 17. Administration Professional Group

| Reason given | Example |
|----------------------|--|
| Linked to job role | <i>Community because I work directly with the public who visit the Children's Centre and I am the first person that anyone visiting the Centre comes into contact with.</i> Administration Officer. |
| Linked to experience | <i>Community work because of my wealth of experience in community development and engagement.</i> Operational Manager. |

These two themes would seem to be ones that are directly related to the administration role within the Children's Centres and it could be perhaps they consider these aspects alone to be markers of their professional identity.

A summary of the responses to preferred professional alignment are presented below which helps to provide an overview of distribution.

Table 18 Summary of qualitative responses to professional alignment

| | Education | Early years | Social Care/Community | Health | Administration |
|--|-----------|-------------|-----------------------|--------|----------------|
| Linked to job role | | | | | |
| Linked to training | | | | | |
| Linked to experience | | | | | |
| Linked to area of expertise | | | | | |
| Linked to qualifications | | | | | |
| Linked to professional body | | | | | |
| Linked to the purpose of a Children's Centre | | | | | |
| Linked to employing organisation | | | | | |
| Linked to personal beliefs and values | | | | | |
| Linked to a 'feeling'. | | | | | |
| Linked to a particular approach | | | | | |

It is interesting that from a summary of the findings in this table, no clear exclusive pattern seems to emerge that pertains to one professional group. Clearly all groups associate their professional identity or alignment with their job role to a greater or less degree. Training, expertise and qualifications also feature commonly across the different professional groups. The link between belonging to a professional body and the link to that employing organisation are both made by Health and Community/Social Care professionals. This may be because these professional groups are possibly more

strongly influenced by their professional body, for example the Nursing and Midwifery Council. It is interesting to note that Education professionals did not indicate this was important to them as part of their professional belonging. The Health professionals indicated two categories that was not mentioned by others; that of being ‘linked to a feeling’ and ‘linked to a particular approach’. No claims can be made as to the how representative these views are, particularly because the sample sizes differ so markedly. However, they are useful to take into consideration to inform the next stage of my research.

5.4 Professional culture and Identity with reference to collaborative working

This information was gathered and analysed from what had been written beside Question 8 asking ‘*Is there anything else you would like to say?*’ These comments will be considered with reference to each professional group and then as a whole. Again, caution must be taken due to the variation in sample sizes.

5.4.1 Education Professional Group

Table 19. Education Professional Group

| | |
|---|--|
| Importance of working closely with other professionals. | <i>Although I indicated I feel I am an education professional, I do feel all professionals need to work closely together.</i> Education Manager. |
| The relationship between collaborative working and professional learning. | <i>I feel I am learning more about social care aspects from working with our deputy for care and I am feeling more confident supporting families as a result.</i> Deputy Head Teacher (Curriculum). |
| Blurring of boundaries | <i>The Children’s Centre Teacher role parameters seem largely undefined.</i> Children’s Centre Teacher. |

5.4.2 Early Years practitioner Group

Table 20. Early Years practitioner Group

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|---|---|
| The danger of dilution of skills | <p><i>I feel there is a risk of becoming a 'Jack of all trades and a master of none'.</i></p> <p>Acting Team Leader within the Nursery school of the Children's Centre.</p> |
| Non-exclusivity of role | <p><i>My role can never be exclusively educational because I am on the senior management team for the whole of the Centre.</i></p> <p>Head of Early Years.</p> |
| Possession of skills across all professional disciplines | <p><i>As an early years educator, I believe we have many skills that are based broadly across all professional areas.</i></p> <p>Nursery Officer</p> |
| The relationship between collaborative working and professional learning. | <p><i>I have gained expertise in various health initiatives, social care and community work, none of which were my background.</i></p> <p>Deputy Manager (Early Years).</p> |
| Perceptions of status | <p><i>Sometimes I feel undervalued and other professionals do not always value our opinions.</i></p> <p>Nursery Officer.</p> |

5.4.3 Social Care and Community Professional Group

Table 21. Social Care and Community Professional Group

| | |
|---|--|
| Difficulty of defining professional belonging and identity. | <p><i>It is very difficult to put myself into a set category as my role encompasses care, education, outreach and Family Support services</i></p> <p>Care Manager.</p> |
|---|--|

| | |
|--|---|
| The importance of an holistic approach | <i>I hold the view that the way forward it for practitioners to implement a holistic approach in order to provide seamless universal services</i> Children's Centre Manager. |
| Developing a wider skills base. | <i>I have had to engage in new experiences and I have had to use transferable skills and ask others for help where I see gaps.</i> Children's Centre Manager. |
| Sharing expertise | <i>I have been able to share my expertise with others.</i> Children's Centre manager. |
| Logistics of working together | <i>Although we aim to work together with other professional services, it is difficult to work together with agencies who are not always receptive to Sure Start.</i> Children's Centre Support Worker. |
| The importance of leadership | <i>The sense of belonging in a multi-disciplinary team can be fostered by the leadership team. If you have a good leader then different professionals can be successfully brought together.</i> Deputy Manager of Children's Centre. |
| The importance of dialogue | <i>There needs to be constant dialogue through staff and team meetings.</i> Family Support Co-ordinator. |
| The importance of shared training | <i>There needs to be a shared training between all staff teams.</i> Deputy Manager of Children's Centre. |
| Relationship between collaborative working and professional learning | <i>I feel I have learned much from working with colleagues from other professional backgrounds.</i> Deputy Manager of Children's Centre. |
| The difficulty of establishing relationships based upon trust. | <i>It is not easy to build relationships based on trust – these take time to build.</i> Deputy Manager of Children's Centre. |

| | |
|--|---|
| The need to look at different perspectives | <i>Although I don't view myself as a health professional, I think it's paramount that I do need to look at services we provide from a health perspective.</i> Family Support worker. |
| Collaborative working is exciting | <i>I am excited to be part of a multi-disciplinary organisation.</i> Family Support worker. |
| Dilution of expertise. | <i>I feel multi-agency working not only provides better services to the families but helps us professionals develop our skills and knowledge too. The negative side is that we sometimes get pulled into other roles without realising and need to remain focused on our professional role and job. I feel I belong a little bit to many teams and my professional identity becomes dilute.</i> Family Support worker. |
| The importance of knowing boundaries. | <i>I believe it is important to understand job role and boundaries and responsibilities,, however I feel I work effectively with a broader knowledge base and an understanding of other professional roles.</i> Family Support worker. |
| The discrepancy between salaries. | <i>The only thing that I have concerns about is the salary of Family Support workers compared to other professionals.</i> Family Support worker. |

5.4.4 Health Professional Group

Table 22. Health Professional Group

| | |
|-------------------|---|
| Holistic approach | <i>As a health professional the holistic approach suits my way of working.</i> Specialist Midwife. |
|-------------------|---|

| | |
|---|---|
| <p>The issue of the external perception of identity</p> | <p><i>I have witnessed first-hand the difference in response from families when you introduce yourself as a Sure Start midwife rather than a health professional midwife. It affects your self-worth. Families are more likely to take on board your support and advice as a health professional midwife.</i></p> <p>Sure Start Midwife</p> |
| <p>Identity can be reinforced by fellow other professionals</p> | <p><i>I feel more comfortable and familiar surrounded by other Health professionals.</i></p> <p>Sure Start Midwife.</p> |
| <p>The difficulty of understanding the professional identity of others.</p> | <p><i>Health professionals have a strong sense of professional identity and responsibilities which are reinforced by belonging to professional bodies such as NMC which creates a common ground and understanding. It is difficult to understand fully the positions of other professions and feel you are part of theirs if they don't have this.</i></p> <p>Sure Start Midwife.</p> |
| <p>Lack of recognition of status</p> | <p><i>When working alongside other professionals I feel underrated because unless you have a recognised title, such as midwife or nurse, you become 'the other' and not recognised.</i></p> <p>Community Health Worker.</p> |

5.4.5 Administration Professional Group

Table 23. Administration professional Group

| | |
|------------|--|
| Enjoyment | <i>I really enjoy working in the Centre and with the community. Site Services Officer.</i> |
| Excitement | <i>This is a very exciting and busy Children's Centre.</i> Business Manager. |

It is worthy of note that some of the emerging themes seem to occur across more than one professional group, for example professional learning, whilst others pertain to one group only for example, external perception of identity (Health). It would be unwise to draw conclusions from this at this stage due to the variation in sample size between the professional groups. The Social Care and Community professional group were much larger than the other groups which may explain why more themes began to emerge. Another factor that may have impacted upon the outcomes may possibly have been the earlier decisions made with reference to classifying job titles into professional groups. Again, within the Social Care and Community professional group were Children's Centre Managers and Deputy Managers. It could be that this group were the most experienced, and had more of an overview or insight into the issues related to collaborative working in general as well as ones pertaining to their own professional group. However, this analysis has clearly provided a basis for exploring some issues pertaining to specific professional groups as well as some broader issues that occur across the different professional groups.

Whilst the questionnaire did not ask specifically about issues related to working collaboratively, as part of Question 8, 'Are there any other comments you would like to make?' some respondents did refer to this. Therefore it seemed wise to give consideration to these as they would help to inform the next phase of the study. The benefits and challenges that were indicated by the respondents are summarised below.

5.4.6 Benefits of Collaborative Working

- Greater professional learning, including developing a wider skills base
- Shared training
- Sharing expertise
- Excitement
- Nurtures a more holistic approach
- Enjoyment

5.4.7 Challenges of Collaborative Working

- Blurring of boundaries
- Logistics of working together
- The difficulty of establishing relationships based on trust
- Discrepancy between salaries
- The external perception of identity and status
- The difficulty of understanding the professional identity of others
- The danger of a dilution of skills

5.4.8 Contributory factors for successful Collaborative Working

- The importance of working closely together with other professionals
- The importance of an holistic approach
- The importance of leadership
- The importance of dialogue
- The importance of shared training
- The need to look at different perspectives
- The importance of knowing role boundaries

5.5 Concluding comments

The questionnaire helped to illustrate themes that may be worthy of examination, including;

- Education appeared to be the most dominant professional discipline to which professionals felt most closely aligned.

- Job role, training and qualifications appeared to be the more dominant reasons professionals gave for stating their alignment more closely to one professional discipline; however, there were others that were more specific to professional groups.
- The analysis of the qualitative data was useful in providing a starting point in which to consider some of the benefits and challenges to collaborative working within a Children's Centre.

As a result of the analysis of the questionnaire, it helped me to formulate my plan of action for the next phase of the research. I would need to interview professionals belonging to the four main professional groups in relation to the following.

- Their professional journey in order to consider this in greater depth to examine the link between their qualifications, training and their professional identity and culture.
- The extent to which the role they undertook influenced their professional identity and culture
- Their role in collaborative working and their views about the challenges and opportunities it may bring.

It helped me to realise that I needed to understand this within a *context* in order that I could try to make some sense of the interconnectedness between these elements. In order to do this the use of a Case Study would be very important. In addition it also helped me to realise the importance of gathering data from more than one source or location and so in addition to the Case Study, I would also need to elicit the views of 'others'. This would help me to consider the extent of contextual influences. Furthermore, the questionnaire helped to illustrate some of the challenges in relation to terminology. For example, it was during this time the Early Years Practitioner Status (EYPS) was being developed as a new role within the Early Years sector. This had the potential to present confusion within this study and so it was decided to use the term Early Years Practitioner rather than Early Years Professional. In addition, the confusion between Social Care and Community Professionals also became a challenge. Following a discussion with my critical friends, it was decided from thereon to use the term Family Support worker as it was probably safe to assume these professionals were the ones who were largely concerned with Social Care and Community work.

Reflective Commentary (viii)

The questionnaire proved valuable in providing a useful starting point on which to base further research questions as I planned the next phase of the data gathering. It seemed to raise as many questions as it answered in a number of ways. Firstly, it caused me to reflect deeply on the importance of terminology in this study, both in terms of clarifying my own thinking and how it could be construed by others. My own terminology has sometimes differed slightly from that which was presented in the questionnaire. For example, 'professional alignment' is the term I have used in this analysis and yet 'professional belonging' is the term I used in the questionnaire as a response to the pilot. One could argue there might be a slight difference in meaning but I have to consider whether it is enough to make a difference to responses given and data analysed. After discussion with my peers in my Learning Circle I concluded the difference was probably negligible.

There is considerable potential to have undertaken a much deeper analysis of the questionnaire but I had to remember its purpose was that of an initial scoping exercise that would complement my review of the literature in order to inform the next phase of the study. My main learning points from undertaking the questionnaire were;

- This is a highly complex area that will need an organised, rigorous collection and analysis of further data collected.
- It is difficult to categorise job roles and be certain of their relationship to professional disciplines.
- It is difficult at this stage to establish a relationship between professional qualifications and identity and culture due to the number of different qualifications and different levels.

Chapter Six: *Homing in*

6.1 Portraits of Individual Professionals

In order to gain an understanding of each of the professional groups, in this chapter a portrait of one professional from each group is presented. They have been selected for presentation because they have some features which were found to be typical; although it would be unwise to consider them as being truly representative due to the small sample size. It is hoped however, they can help to contribute towards providing a holistic understanding of their professional identity and culture in relation to collaborative working in a Children's Centre. The information presented in the portraits was gathered from the individual interviews and was gained as a result of the undertaking of the first level of analysis. (see page 137)

6.2 Verity the Teacher

6.2.1 Professional Journey

Verity has been teaching for nearly twenty years and became inspired to work with young children after finishing university and spending some time volunteering at the nursery where her mum worked as a nursery nurse. She then took the decision to embark on Teacher training (PGCE) after which she worked as a Teacher in two different primary schools for ten years. Some of this time was spent as a reception class Teacher which she particularly enjoyed, but became tired of what she considered to be the regimented curriculum that seemed to revolve around the 'literacy hour' and 'numeracy' hour and felt it was hard to get to know the children because of all the pressures related to the curriculum. She ultimately came to the conclusion that she would like to teach and work with children in a more holistic way and perhaps get to know them from different perspectives. Subsequently she was successful in obtaining a teaching position in the Children's Centre where she currently works, although at the time of her appointment it was a Family Centre. She recalled how things have changed at the Centre since her arrival due to the development of the Children's Centre agenda. When she first arrived, it had been what she perceived to be an 'old style' nursery school but the most striking difference was that previously she had been used to having a classroom of her own with a couple of teaching assistants and now she was the leader of a team which included working with and managing six members of staff. She felt this was her most difficult challenge. She recalls it being a 'big shock' from moving from a school environment to the more integrated environment of a family centre.

Verity has no regrets or hankerings to return to teaching in a school environment because she *'hated the regimentation'* and often it felt like a top-down system with *'little acknowledgement or appreciation and understanding of early years issues'* and therefore in her view it was not given the importance it deserved.

6.2.2 Professional Identity and Culture

Reflecting upon her identity as a Teacher she considers herself to *'feel more like a Teacher'* now because she has her *'own group'* of twenty eight children for which she is responsible. It hasn't always been this way and for the previous two years she felt a little displaced because she had a mainly coordination and management role which took her further away from the children. This meant it was sometimes difficult for her to see where the gaps were in the children's learning. It was also sometimes hard to know who was coordinating and managing what, as this role was shared between three Teachers at the Centre.

She commented when she first took up her role there were times when she hated it because she couldn't *'find her place'*. Slowly Verity felt she came to understand that children learn in the same way wherever they are and she enjoys the collegiality which allows her to share observations of children's learning with other staff as it happens.

She has taken opportunities to engage in her own CPD (Continuing Professional Development) and considered her visit to Reggio Emilia to be very influential in developing her thinking further. She has also been involved in the professional development of others at the Children's Centre and has worked with staff to develop *'learning conversations'* and worked with musicians and artists.

Verity still considers an important part of her role to be working with and developing other staff. In her view, as a Teacher she has a greater knowledge and understanding of the cognitive and social opportunities that can arise from certain activities and she works with other staff to share her expertise with them in relation to this. It is when she is engaged in this work that she really *'feels like a Teacher'*. She considers part of her role to be making a contribution to *'higher thinking'* and this is what marks her out as a Teacher rather than a teaching assistant or nursery officer. She also considers herself to be very responsible for the learning of these staff.

Verity reflected upon her different pay and conditions in comparison to other staff in the Children's Centre and felt this was one of the most striking issues she had to deal with when she first came. She commented that when a Teacher works in a school it is more obvious why they are paid more than other staff because they have to attend parents evenings, write reports and do assessments but in a Children's Centre the role of the Teacher can be less clear. She did however feel that she had to prove to other staff that she could do all the things that they did like changing a child, mopping up, washing paint pots because she felt the need to demonstrate that Teachers *'do not need to be exempt from these jobs'*, but at the same time she felt the need to show how she was different in relation to being able to engage in *'higher order thinking'*. She considered it was important earn the respect of the other staff that weren't Teachers but felt this was harder than if she were a Teacher in a school. She still feels the need to *'continually prove'* and *'continually show'* that she *'can take things one step further'* and in her view that is why she gets paid more

6.2.3 Working Collaboratively

Verity works collaboratively on a daily basis with other staff within the Children's Centre but rarely has contact with professionals from other agencies. One of the challenges of working in a large Children's Centre is communication due to the large numbers of staff and the large amount of physical space. Different strategies are in place including encouraging staff to work in pairs to communicate and share information with each other but sometimes clashes of personalities can arise. Within the Centre there is a strong Family Support team and Verity noted that sometimes they think of themselves as dealing with the family and the Teachers are dealing with the children when in fact she feels the two are inseparable.

Reflective commentary (ix)

Verity has had wide teaching experience in conventional school environments before coming to work at the Children's Centre which means she is well placed to reflect upon her different experiences. The constraints of the curriculum, the style of pedagogy and strategic priorities appear to be the main motivation from moving away from the school environment into the Children's Centre where she considered the more holistic approach to children's development and learning to be closer to her own educational values. I wonder whether a personal professional philosophy is influential in the development of professional identity and whether Teachers in Children's Centres have a common personal professional philosophy.

She is quite clear upon the differences this makes for a Teacher, particularly in relation to her own identity. She refers to her identity as 'feeling like a Teacher' and trying to 'find her place'. She tries to articulate some of the indicators that set her apart from other staff at the Children's Centre including her engagement with 'higher order thinking' and being responsible for the learning of other staff. It would seem this may be an important part of one's professional identity by being able to consider oneself in relation to others.

It would appear that the superior pay and conditions of Teachers do present some challenges for her in that she feels she has to prove her worth by demonstrating she is prepared to do all the things the other staff do whilst also feeling the need to '*continually prove and show*' how she has additional skills that are different. I wonder whether this aspect can be addressed in some way through being supported by the leadership of the Children's Centre.

6.3 Pam the Health Worker

6.3.1 Professional Journey

Pam is an experienced Health Visitor, originally working in the community but attached to GP's surgery. She has been working with Children's Centres since their inception in 2003 and until recently she was based in a Children's Centre. She reflected upon the differences between being based at the Children's Centre as part of a Sure Start team. At the beginning she considered it to be all about focusing on Sure Start targets and then developing groups and resources to enable the targets to be met. Whereas now the role of the Health Visitor has become more about working with GPs (General Practitioners) and working with the families that are registered at the practice which may or may not be the same ones that have contact with the Children's Centre. In other words, when she was based within the Children's Centre she felt her role had a greater community emphasis and now it has developed into more of an emphasis on health.

6.3.2 Professional Identity and Culture

She reminisced about how proud she once was to be a Health Visitor until about two years ago. She considers the service has been run down, there has been no training within the last four years and fifty percent of health visitors are over the age of fifty. She feels now health visitors only '*do the basic requirements*' which is related to working with the most vulnerable families, involvement in child protection issues and cases of domestic violence.

She regrets that increasingly a greater proportion of her original role is now being undertaken by others as such as staff nurses and NNEBS who have now become part of the health visiting team. Health Visitors now have much larger case loads but are supported by these other professionals. Pam regrets this policy shift and considered the value of her doing *all* the clinics was that she knew all the families and '*could nip problems in the bud*'. Whilst she does not consider NNEBS not to have expertise, she views their knowledge and skills base as varied and it is more concerned with general child development. In her view, they don't have the knowledge or experience health visitors do and she expressed concern about them running baby clinics on their own. She also expressed concern about them '*not being accountable*' unlike Health Visitors who have a Professional Code of Conduct. Pam felt her Professional Code of Conduct was very important to her because it helps to maintain standards and although Health

Visitors are supposed to be practitioners in their own right, she considers this to be increasingly less so. Pam considers her main role to be supporting families and is worried that Health Visitors will become stigmatised by families if they only become associated with the most vulnerable ones. She feels she will lose her good relationships with all families and it is only by having these that preventative work can be done. She summarised this as the current agenda moving from one of being proactive to being reactive.

6.3.3 Collaborative Working

Pam uses collaborative working as a resource and reflects back to the early days of Children's Centres when she was part of the planning for activities and actually had time to use them as a very good resource. Now other priorities have taken over. She considers she hasn't even got time to oversee the baby clinics the NNEBS are running. She considers Children Centres that are managed by PCTs (Primary Care Trusts) have a much wider perspective of integrated working because she feels they are aware of all the resources in the area unlike the Early Years workers. She feels Health professionals bring a wider outlook as opposed to some other professionals who might stick rigidly to targets and not fully making use of all the resources available.

Pam does not consider status to be a barrier in collaborative working and notes that health visitors '*used to be crème de la crème*'. She feels very comfortable in her role and she would like to think she values everybody. She feels that some agencies can be '*quite narrow*' in their outlook. Pam considers that through collaborative working in Children's Centres families generally feel less stigmatised now and this is because Children's Centres are not just in the most deprived areas anymore. She considered that in the ideal world all professionals should be based in the Children's Centre and it should be considered as a resource in partnership. It should be something that works for that particular community and what the community feels comfortable in. She feels that she should be seen more in the Children's Centre more than she is at the moment and should be involved in many more sessions based there. Unfortunately, in her view, this is because much of her work is being done by the NNEBs in the Centre. Regretfully, at the moment she only comes into the Centre to attend case conferences.

Reflective Commentary (x)

Pam has been part of many changes in her career as a Health Visitor and is able to reflect upon the impact of her role in the different workplace contexts. She makes the distinction in her role between the more community based emphasis when she worked in the Children's Centre to a more health based emphasis now she is attached to a GP's surgery. It is interesting that as Health professional she seems to consider it more important for her role to have closer a community focus. It is clear that she saw great value in working through the Children's Centre by truly feeling and being part of a team, planning how Sure Start targets would be met and developing groups and resources. She regrets that her role is now only with the most vulnerable children and families, although she manages a group of staff including staff nurses and NNEBS who now carry out the work she used to do. She clearly feels her role should be more concerned with early intervention rather than crisis intervention which is more closely aligned to the original purpose of Children's Centres. She perceives some of these other professionals not to be sufficiently skilled or accountable to undertake the roles previously assigned to her within the Children's Centre. Pam perhaps appears to consider her skills and expertise as being superior to others which causes me to reflect upon whether there is indeed a hierarchy in Children's Centres this respect. Whilst she does not consider status to be a barrier to collaborative working, she uses the term 'crème de la crème' which may be why she considers herself, or used to consider herself to be of high status. This in turn might explain why she does not consider status to be a barrier.

6.4 Diane the Family Support worker

6.4 1 Professional Journey

Diane is an experienced Family Support worker, now Head of Family Support, and is also Deputy Manager of her Children's Centre. She originally qualified as NNEB and did her training in a day nursery and a residential assessment unit. After qualifying she worked in day nurseries before coming to work as a nursery officer in the nursery school as it was then in, the Centre where she now works. She eventually became a

team leader before being asked by the Head of Centre to begin a new project in setting up Family Support in the early 1980s. Over the years she feels most of the work has been about proving the benefits of Family Support and then working with other agencies and encouraging them to make referrals to the Family Support team. Her Centre was a national leader in these developments and became a trail blazer for the development of Children's Centres nationally.

6.4.2 Professional Identity and Professional Culture

Diane doesn't consider she really belongs to any particular professional group and feels she has to be flexible and be prepared to use '*different languages*'. She has to work with different agencies and so sometimes, for example in a meeting with health, she has to be able to communicate in '*their language*' and then the next meeting she has could be with social services where she has to be able to communicate in a '*different language*' again. She feels she '*juggles lots of balls*' and that her role has complex dimensions particularly because she is Deputy Manager as well as leading Family Support. She feels her most important role is making the Centre a safe place for children ultimately, because whichever agency she works with, it is about the safety of the children, safety of the families and safety of the staff. In her view, without the Centre being a safe place then other things can't happen. She feels the community itself is important to her and it's not just about the Centre itself.

6.4.3 Working collaboratively

Diane feels she has a good understanding of what support is available for children and families and tries to ensure that parents are given opportunities and support to reach their full potential. She considers she is the one who can think what can be done for the family and where to go to get the help for them. This is because she is good at networking, knows the community well and keeps up to date with developments in the community.

Diane pointed out that it is the complexity of collaborative working that is the greatest challenge. She works with so many different agencies each with seemingly different ways of working. She says '*it's hard to keep abreast with changes in structures within the different agencies and with some of the agendas that drive them, like target setting or financial constraints*'. Sometimes she finds it hard to keep up with all this. Diane considers another challenge is keeping herself emotionally and physically strong and

also supporting other staff to do so. In the past there have been staff who have not managed to do this.

She adds *'people are kidding themselves if they think everyone is equal within the Centre'*. There is an open door policy and everyone aims to be fair but she considers it is about being equally valued rather than everyone being equal because it's about who knows the most information about something that is the most important consideration. *'Working as a team and working with what you've got is really important'*.

Diane recalls an example where working collaboratively with a Midwife has brought particular challenges. This was in relation to the Midwife who seemed to consider her main purpose for working with the families at the Centre was to meet breast feeding targets, whereas Diane considered her main purpose should be responding to whatever the family needed in relation to Midwifery support. She reflected that in her view these tensions were probably as a result of Health being *'very target driven'*. She also felt that on occasions the midwife appeared to feel her role was being threatened. When a Midwife only comes to the Centre once a week and is used to a particular way of working that is safe and comfortable it seems hard for her to allow some of the other Centre staff to take on some of the roles she has done previously. She referred to an example of where the nursery officers wanted to take over the role of weighing the babies at the baby clinic. Diane considered as a Family Support worker she wants to work with the family but *'doesn't want to put everyone in little boxes'*.

Reflective Commentary (xi)

Diane offers her perspectives both as a very experienced well established Family Support worker as well as deputy manager with a good overview of her Children's Centre. Her original qualification is NNEB it is interesting she has chosen only to develop this further through relevant CPD programmes in relation to Family Support. Diane seems to be very comfortable in her professional identity in that she considers it is about flexibility and responding to what the families need rather than a specific set of knowledge and skills that lead to certain tasks and activities being undertaken. Complexity, speaking and understanding different languages, understanding the workings and agendas of different agencies all seem to be important elements of her role. Diane seems to have a strong set of values which are anchored in integrity and ensuring everyone is equally valued which may be different to having an equal voice. Keeping everyone safe and ensuring it is a safe place to work and emotional needs are attended to are all very important to Diane. She is very much concerned that the work of the Centre is about supporting the families and children in what they need individually rather than becoming distracted with overprotection of job role and different agency agendas in related to meeting specific targets. I wonder if these are indicators of her professional identity and culture and if so they would appear to be quite different to some of the other professionals.

6.5 Liz the Early Years Practitioner

6.5.1 Professional Journey

After Liz left school she felt she wasn't very good at '*academic work*' which included writing and so wanted to do something that meant she would more '*hands on*'. She thought she would like to work with children and so went to college for two years to do a BTEC National Diploma in Early Childhood Studies. The Children's Centre where she now works was her first job as a nursery officer and she has worked at the Centre for seven years. In that time she has worked in two areas, the 0-2 room and the 3-5 room. At the moment she is working in the 3-5 room with one Teacher and one other nursery officer with twenty three children.

6.5.2 Professional Identity and Culture

Liz says she's not sure which professional group she most belongs to, because it's hard to decide because she does *'quite a lot of everything'*. After reflecting further, she considers at the moment she would probably be best described as being closer to being an education professional as she does a lot of activities with the children that are related to learning and teaching although *'caring for and looking after'* the children is also a large part of what she does. She looked back to when she first started her job at the Centre and felt she had much more involvement with the parents then, helping to make sure they were supported. She doesn't think the parents differentiate between herself and the Teacher because all the staff, including Teachers and nursery officers have contact with the parents. She says that her friends just think she plays all day with children, but she finds it difficult to explain to someone what she does. Liz is not sure how she is going to progress from being a nursery officer, but would like to one day, although she would like to stay working in the nursery. The most important thing to her is the welfare of the children, *'making sure they're happy, warm, secure and learning'*. It's also important to her when she sees the children do something they couldn't do before, for example using scissors. She also considers *'it's important working with people who you get on well with; because she feels if you don't get on with members of the team you don't feel happy in your job and you then can't do your job properly'*.

6.5.3 Working collaboratively

Liz says that communication is quite a challenge in the Children's Centre, to try to make sure everyone knows what's going on. There is a communication book but it doesn't work perfectly and sometimes things don't get passed on and Liz then doesn't know what is happening. She thinks this is because everyone is so busy and there is so much going on all the time that people forget to tell others. Liz feels she doesn't always get to find out what went on in meetings and what is happening as a result. She also doesn't always get to know about visitors to the Centre. Liz herself rarely goes to meetings in or outside the Centre but she does meet regularly within her own small team to do planning, evaluations and assessments. She feels valued and she is listened to in *'her own little team'* and feels more confident. The team leader goes to the morning briefing but Liz doesn't always get feedback. She recognises that in an

ideal world things wouldn't be this way, but she feels the main barrier is lack of time. She feels awkward saying '*why didn't you tell me?*' because she doesn't want to create any tension. Liz doesn't have many opportunities to work with other professionals, but reflects upon a time when she worked with a speech and language therapist for six weeks and how much she enjoyed it and learned from it. She does not have opportunities at the moment to work with the Family Support team. Liz suggests there is a kind of '*ranking order*' and she considers herself low down in this and that sometimes she feels she's not told things because she's '*not important enough*'. Liz enjoys the friendships she has made and the satisfaction that she knows she is helping to make a difference to children's lives and the lives of their parents.

Reflective Commentary (xii)

Liz does not perceive herself to be academically able and explains this as part of her reason for choosing to study Early Childhood through BTEC. This link is an interesting one and it is worthy of further exploration in relation to the perceived status of such courses. Liz has only ever worked at this Children's Centre and so is unable to make comparisons between other settings, although she has worked in different parts of the Centre. She views her role as being varied and considers herself to be more aligned to an Educational professional. I wonder whether working with Teachers influences her own professional identity in this respect. She clearly sees herself as a valued member of her own small team of Teachers and nursery officers but this does not appear to be the case in relation to herself as a member of the Children's Centre team as a whole. She seems to consider herself to be of low status in the Centre which seems to manifest itself sometimes in the way information is shared or not shared with her. She clearly feels awkward about this but appears to be reluctant to challenge this for fear of causing tension. This leads me to reflect upon the extent to which there might be a sense of a perpetuation of low self-esteem and status by self and by others. It is clear however, that Liz gains satisfaction and enjoyment from her work with the children and working in her small team although she has had few opportunities to work with *other* professionals either within or outside the Centre.

6.6 Concluding Comments

It would seem that each of the four professionals have had quite different experiences in relation to their professional journeys with regard to their qualification and training. Of particular interest is that the Diane and Liz's initial training was broadly similar and yet they had different views about their professional identity currently. Perhaps this might be because the role they undertake in the Centre is more influential upon their professional identity as opposed to their original training and qualifications.

Issues in relation to status are threads that run throughout the four portraits. For Verity, the Teacher this seems to present as awkwardness due to superior pay and conditions and yet at the same time there appears to be a need to be considered as offering a higher level of skills. This latter point is also demonstrated by Pam, the Health Visitor and yet for Liz, she seems to be very aware of her place in the hierarchy which also seems to be reinforced by others. Diane, the Family Support worker is the only professional who does not *seem* to be affected by status in the same way. Perhaps one might expect experience to influence perspectives on status and yet Pam who is very experienced could be considered as having very forthright ideas, and yet Diane who is also very experienced offers what might be considered a more inclusive view.

Opportunities to work collaboratively varied between these four professionals and so this would possibly influence their perspectives in relation to this. Perhaps Diane has had most opportunities to work collaboratively, both with other professionals within the Children's Centre and with others through agencies outside. This may mean she has a deeper understanding of some of the influences of status and how these can be mitigated. This is possibly demonstrated when she states 'People are kidding themselves if they think everyone is equal in the Centre *'.....it's about being equally valued rather than everyone being equal....'*

Chapter Seven: *Drilling Down*

This chapter will firstly explain and discuss the coding analysis used in relation to the semi-structured interviews and the focus group. An analysis of each of the four professional groups (Teachers, Health professionals, Family Support workers and Early Years practitioners) will then be presented.

7.1 Coding Analysis

7.1.1 Rationale for Coding Analysis

Throughout the gathering of my data it was important that my focus remained on my original aims and research questions, and the temptation to veer from these was often great, possibly because of the complexity of the context, participants and the potential sheer volume of data. It was important for me to try to find a way of gathering and analysing the data in the best way that would enable me to produce a rigorous, well organised and credible analysis that remained as true as possible to the original voices of the participants. This may have been somewhat idealistic but I knew I did not want to be constrained by convention in terms of data analysis as I needed to find a way that worked for me as the researcher, within this context at this particular time. Becker (1993: 70) suggests '*there are no recipes for ways of doing social research, rather one has to have imagination, smell a good problem and find a good way to study it*'. Thomas and James (2006) consider researchers should feel unconstrained in data collection and analysis, as knowledge is everywhere and all of it is valid. Nevertheless, being able to demonstrate rigour has had to be a prominent consideration. I viewed the process as the four stages outlined by Newby (2010); those of preparing the data, identifying the basic units of the data, organising the data and the interpretation of the data. I decided against using computer assisted qualitative data software (CAQDAS). Whilst in hindsight there may have been some advantages, I did not want to be constrained or dominated by software that may have made it difficult to change coding categories once they had been established. Furthermore I did not want to risk the possibility of creating a false sense of certainty which O'Reilly (2009) considers may ape statistical approaches to data analysis. As Thomas (2009) notes, nothing substitutes for intelligent reading of the data by a human brain.

Kerlinger (1970) defines coding as '*the translation of question responses and respondent information to specific categories for the purpose of analysis*'. It can either be decided in advance or in response to the data that has been collected. Whilst it was important for the emerging voices to be heard, I considered it may also be possible to consider some of the coding categories beforehand as a result of my own knowledge from reading the literature and my own professional experiences and heritage. I reflected upon which type of data analysis seemed most appropriate to my research within the context of an interpretive paradigm, and concluded I need to be eclectic in order for it to be most fit for purpose. I would best describe my approach as being aligned to content analysis in respect of it ultimately being concerned with a systematic set of procedures that in its most simple form, involves the process of summarizing the main contents of data and their messages. According to Cohen et al (2011:565), coding is the ascription of a category label to a piece of data and is the process of breaking down segments of text data into smaller units and then examining, comparing, conceptualising and then categorising the data. It was my aspiration that theory would ultimately emerge from the data drawing from Glaser and Strauss's notion of grounded theory (1967). I hoped my analysis *would not force* the data to fit with a predetermined theory. However, as Thomas and James (2006: 790) warn, '*[grounded theory] entails an explicit denial of what we know and our ways as practitioners (and as human beings) of making sense*' and they suggest it can relegate the voice of the researcher and the participant. Qualitative analysis, rooted within deductive *and* inductive processes would best describe my approach, whilst I tried to remain focused upon my research questions.

Most suggestions of coding systems, for example, Miles and Huberman (1994), Strauss and Corbin (1994), Newby (2010) involve producing a system or numerical or written codes that symbolise how data has been grouped and analysed, which ultimately work towards a reduction in codes as the analysis becomes increasingly interpretive and conceptual. I would argue that I have used a similar approach but with a difference. Rather than coding on the interview transcripts themselves, I have constructed a coding grid on an excel spread sheet and pasted verbatim sections of transcript that I consider are relevant to a particular code. There are also instances whereby a section from a transcript has been entered under more than one code if considered to be appropriate. This method has allowed me to manipulate the data

easily in a number of ways including looking across the codes with reference to individuals, specific professional groups or examining the codes themselves across all the professional groups. (Appendices 13, 14, 15.) I had to be conscious of the fact that I did not acquiesce to neatness and order by attempting to put everything into tidy boxes. I had to ensure that as much as possible everything was coded whether or not it provided examples of a 'positive case'. The exception to this being was where a participant spoke about obviously unrelated matters that were not the focus of the research.

7.1.2 Organisation of Codes and the processes of analysis

During the first stage of the analysis it was important for the codes to be arranged to reflect the data but at the same time help me to answer my research questions. For this reason the three dimensions were used from the outset; Professional Journey (PJ), Professional Identity and Culture (PIC) and Working Collaboratively (WC). In some respects these could be considered the initial codes. Using these dimensions as the framework, I was then able to start to insert codes that I thought would emerge, normally descriptive codes and as I scrutinised the data I inserted other codes as they emerged which were related to particular views and feelings. In the table below, the codings in green were inserted beforehand. In some respects, this bears some resemblance to the system of 'open coding' and 'analytical coding' suggested by Strauss and Corbin (1994) and Gibbs (2007) Coding decisions were shared with my Learning Circle peers and the at the British Early Childhood Education Research Association (BECERA) Conference (Messenger 2011a) Feedback from colleagues from within the national academic community were recorded and noted.

Table 24 Initial data analysis coding

| | | |
|-----------------------------|---|--------------------------------|
| Professional Journey | Professional identity and professional culture | Working Collaboratively |
|-----------------------------|---|--------------------------------|

| | | |
|-----------------------------|---------------------------------|--|
| P1 Qualifications, training | PIC1 Hybridity | WC1 Opportunities , experience to work in this way |
| P2 Previous experience | PIC2 Related to job role | WC2 Enjoyment, job satisfaction |
| P3 Motivation for change | PIC3 Enjoyment | WC3 Professional learning |
| P4 Present role | PIC4 Experiences, opportunities | WC4 Advantages |
| P5 | PIC5 Professional development | WC5 Skills to offer |
| Passion/enjoyment | PIC6 Confidence | WC6 Communication |
| P6 Optimism | PIC7 Values | WC7 Team working |
| | PIC8 'Unsuresness' | WC8 Coping strategies |
| | PIC9 Perception of status | WC9 Disadvantages, challenges |
| | PIC10 Working practices | WC10 Personality, dispositions |
| | PIC11 Pay and conditions | |

7.1.3 The Second Level of Analysis

Following the entry of the verbatim sections of transcripts under the relevant codings, it was then necessary to carry out the first stage of interpretation which I have termed 'description'. This involved summarising and drawing out the main points of what had been said. (Appendix 16) provides an example of how I did this in relation to the Health professionals. Each code in turn was scrutinised in this way.

7.1.4 Third Level of Analysis

This was undertaken by attempting to draw inference and critical reflection on what was being said. Some of what was said was factual information and therefore did not require further analysis whilst other reflections by the participants offered opportunities for further interpretation. It was at this stage it was possible to start to identify 'thick description' (Geertz 1973) and to consider what Bahktin (1981) cited in Holquist (1990) describes as non-dit which refers to what participants may not choose to say or tell me. I had to acknowledge that I may not have been told everything for a range of reasons. The final column in Appendix 16 illustrates an example of this with reference to the Health professionals.

7.1.5 Fourth Level of Analysis

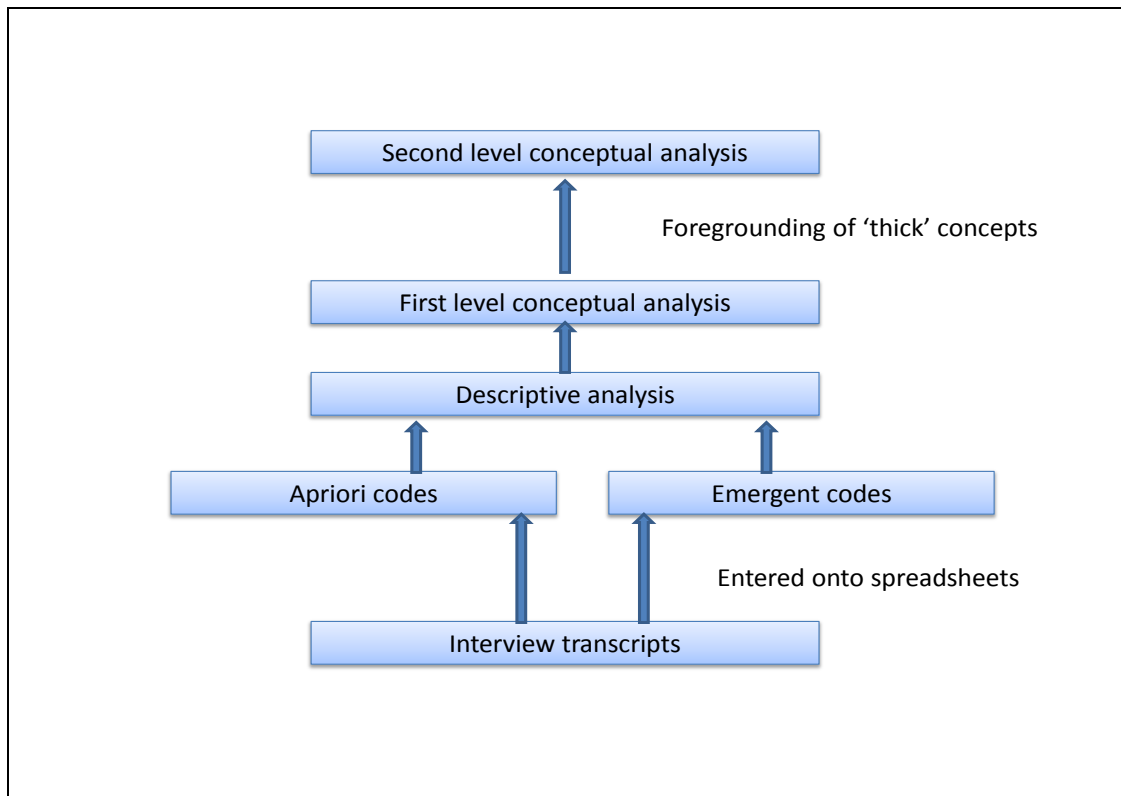
It is at this level analysis that '*distillation*' (Lichtman (2012:261) occurred. Some codes were deleted, others merged, and some key concepts were confirmed or began to emerge. It was important my decisions at this point were validated by others and so

again, I shared my decisions and interpretations with my critical friends and with my peers at the Learning Circle. Appendix 17, 18, 19 and 20 illustrates this process in relation to the four professional groups. I consider this approach is closely aligned to that of interpretative analysis offered by Smith and Osborn (2008) although it is also similar in some respects to constructivist analysis offered by Charmaz (2006). Miles and Huberman (1994:245) offer tactics for generating meaning and the following were relevant to the analysis of this study.

- *Noting patterns, themes and trends*
- *Clustering. Making metaphors.* Use of metaphors to help connect the data with the theory
- *Making contrasts and comparisons.*
- *Subsuming particulars into the general.*
- *Factoring.*
- *Building a logical chain of evidence.*
- *Making conceptual/theoretical coherence.*

In an effort to undertake 'coding distillation' as I worked towards conceptual ideas, I abandoned the numerical codes, instead opting for text because as Silverman (2011:274) suggests, qualitative data analysis can never be adequately summed up by using a neat tag. These processes took place for all interview transcripts and were examined in relation to specific professional groups and across professional groups.

Figure 18. Diagram to show the levels of interview data analysis



The diagram provides a summary of the processes that were undertaken in order to conduct the data analysis. The diagram does not however, reflect the full complexity of these processes and as Silverman (2011:288) suggests, it is only by going through the process of 'getting your hands dirty with the data', returning to and checking the stages that conceptual ideas begin to emerge.

7.2 Presentation and analysis with reference to Specific Professional Groups

Consideration will be given next to each professional group in turn and the findings and analysis will be presented within the three dimensions of professional journey, professional identity and culture, and collaborative working. This is in order to provide a framework in which the emerging themes can be understood in relation to the aims of the study.

7.3 Teachers: Professional Journey

7.3.1 Past and present contexts

There was an even spread of the nature and type of qualifications with half of the Teachers having trained through the three year professional degree (BA QTS) and half

completing a post graduate teaching qualification (PGCE). Apart from one of the Teachers, who was a newly qualified Teacher, all had previous teaching experience in schools and /or nurseries. They had all had a broad range of roles and levels of responsibility which included being team leaders, curriculum leaders, deputy head Teacher and head Teacher.

7.3.2 Motivation to work as a Teacher in a Children's Centre seems to be influenced by pedagogical experiences and philosophy

Verity spoke of '*liking the idea of working with children in a more holistic way*'. Sally also spoke of this and described it as it her aspiration to work holistically. In addition to this, it seemed that Sally's motivation could also be seen as a protest against what she considered to be happening in schools. She says '*I had issues with the Standards agenda in schools that tried to squeeze early years practice out*'. This would suggest whilst she was in disagreement of some of the pedagogical approaches in schools, she considered the approach in a Children's Centre to be more in keeping with her own philosophy.

7.3.3 Passion and Enjoyment for teaching in a Children's Centre seems to be related to the diversity and challenge of role

Two Teachers spoke about their passion and enjoyment for working as a Teacher in a Children's Centre. Heather said she '*loved working in exciting and diverse places*' and Nina, the newly qualified Teacher, spoke about a number of additional aspects.

'I love how it's a bit different, not the usual teaching job if that makes sense. I feel I can really get to know the families..... I love coming to work, I love the relationships that are built, working as a team and how they all interlink..It's not just you in your classroom; there are so many staff members to be working with'

Reflective commentary (xiii)

It could be that teaching in a Children's Centre is attractive to a certain type of Teacher, one who is disposed to new challenges and working in different ways. Furthermore, perhaps it takes a certain *type* of Teacher who is good at building relationships with children and families.

7.4 Teachers: Professional Identity and Culture

7.4.1 Role Blurring

It would appear that when working in a Children's Centre as a Teacher a blurring of roles is often inevitable and perhaps indeed there is a need for roles to be blurred on occasions. Perhaps it is *when* such occasions arise that is the crucial aspect rather than whether they should occur at all. Blurring usually occurs between the Teacher and the Early Years practitioners although it may also be with the Family Support workers as well. Annie considered that in her view, the times when the roles were blurred were the ones when it really didn't matter whether it was a Teacher or not carrying out the task. However, it does not necessarily mean that all Teachers felt happy with this. It is possible this could be closely linked to the awkwardness that some Teachers feel about their role which is discussed in detail below.

7.4.2 Evolvement into a new kind of Teacher

Most of the Teachers interviewed referred to this in different ways and used comparisons with working in a school to try to make sense of what was involved. Annie said '*working here is different to working in a school and as a Teacher I expect you become slightly different to what you would have been..... there are different expectations and awareness of people and their needs*'. Perhaps the different expectations are ones that could be associated with working more collaboratively which in turn would require a heightened awareness of the needs of the families and also the roles and needs of other staff.

It would appear that it takes time to adjust and work in a new way and as Sarah suggested, '*it takes a while to understand it. At first you think you know what you're*

doing but later on you realise that you didn't'. Again, she uses a school comparison to illustrate this by likening the work of a Teacher in school to being mainly focused on education whilst in a Children's Centre the work of a Teacher has to include giving consideration to the whole family in a new way. Avril stated *'it's been a huge learning curve for me. I didn't know anything about the social care side and now I have to deal with things to do with this on a daily basis'*. Clearly, Verity struggled to make the transition at first as she says she hated working as a Teacher in a Children's Centre at first and thought she *'couldn't do it'* but she slowly realised that *'children are just the same'* and now she really loves the job.

Perhaps the main factors for evolvment to occur appear to be related to having to encompass a more holistic pedagogical approach and the need to clarify and define one's role within the Children's Centre. For some, this seems to be a struggle to begin with and it takes time to become a Teacher in a Children's Centre.

7.4.3 Identity Maintenance

Annie pointed out that when Teachers work in a Children's Centre they are in the minority by virtue of the fact they are part of an inter-professional team. She points out this is not the case when you work in a school as a Teacher. *'There are so few Teachers here whereas in a school you could be in the majority. This is less important to me now than when I first came'*. She appears to suggest that a Teacher in a school has her identity reinforced by other Teachers. It is interesting that she felt this was more important to her when she first came to work at the Children's Centre. Perhaps this is because, as stated previously this is a time where a Teacher has to 'struggle' to find her identity. However, according to Heather, a senior Teacher in a Children's Centre, she feels being a Teacher in a Children's Centre is not an easy place to be *'People are feeling challenged right to the core of what's probably defined them for a number of years as a Teacher and when people feel challenged it takes them back to a more hardened form of what they feel comfortable with'*. Some of the Teachers spoke about their identity in terms of *'feeling'* like a Teacher. Verity expressed this in terms of having a class of children. *'I feel more like a Teacher this year because I've got a group of children who I'm responsible for...'* Perhaps this is an example of Verity yearning for the more comfortable form of being a Teacher.

Perhaps this would suggest that even once a Teacher has become confident and comfortable with her role and identity, this can be challenged and therefore it remains a dynamic notion and at times possibly at risk or subject to redefinition.

7.4.4 Professional Development

The Teachers referred to this in different contexts, one of which was in respect of opportunities for new learning they perhaps wouldn't otherwise have had. Annie and Alison both spoke of being given the opportunity to go to Reggio Emilia. Nina also mentioned this and talked of the additional benefits of spending time with colleagues and sharing the learning together.

Annie spoke about professional development in relation to training that was offered in her Children's Centre to all staff. She said '*training is often pitched at the middle level and is not stretching enough*'. Naturally Teachers need to undertake training in many generic aspects of the work of a Children's Centre, for example safeguarding, but it is an interesting comment because it would seem to imply that perhaps for Teachers their CPD in relation to their specific practice of teaching could be developed further.

7.4.5 An advocate for education through the building of relationships

'I think it's important you work together for the learning of the child and enhancing that learning, but I think you've got to stop and make those relationships first because if you don't get on together you can't work together'. Nina.

Nina seems to be expressing her strong values of what being a Teacher in a Children's Centre is all about. It seems to be her perception of what Teachers will do and be like, perhaps what it means to be 'Teacherly' in this environment. Annie considers an important part of her role is '*to pull it back to education*'. It is clear that she feels the need to defend and be the advocate for the educational aspect of the work at the Children's Centre. Heather also referred to her values in terms of advocacy, but by being an advocate for the children and families. She felt very strongly that it was all about 'meaningful relationships'

7.4.6 A dichotomy of thinking in relation to identity and status

There appears to be a complex relationship between the identity of Teachers and their status, both in terms of how they perceive themselves and how they are perceived by others. This seems to lead to an 'unsureness' or 'uncomfortableness' due to the

tensions this can create. I suggest this could be related to a dichotomy of thinking. There seems to be a need to feel they are part of a team and yet at the same time seem to feel the need to be perceived differently. Avril speaks of the need to defend status, *'There's the comparison thing, how much we earn, how many holidays we get amongst other staffand that's one thing about status, you feel you need to defend it quite often.'* Some of the Teachers spoke of status in relation to hierarchies. Both Heather and Sarah spoke of the notion of a hierarchy as being inevitable. Sarah felt this had to be seen in relation to the superior pay and conditions Teachers enjoyed and with these came a duty for Teachers needing to be seen to be *'doing more and having more responsibility and making sure you're living up to what you're supposed to be doing'*. However, Verity spoke about how she felt it was easy in school to see why Teachers had the status they enjoyed but in a Children's Centre it was not as obvious. *'When I first came here my first thing was to prove that I would change a child and mop up stuff, wash paint pots because what I was trying to say was I work as hard as you ..'* This would suggest that it was important for her to be seen to be like everyone else in the team and yet she also went on to say *'you have to continually prove and continually show you can take things one step further, that's why you get paid more'*. Alison commented that she thought Teachers' pay and conditions did cause tensions with other staff and she could understand why this might be so. Avril thought it was important that the parents knew who the Teacher was whilst at the same time she has sometimes felt uncomfortable about this. *'It felt uncomfortable introducing myself as the Teacher. 'I didn't want anyone else to feel they're not as good....but it's different isn't it?'* Angela talks of *'feeling pulled in lots of different directions in a way that perhaps would not happen in a school'*. All the Teachers interviewed had line management responsibilities for other staff who were mainly Early Years practitioners, and some Teachers were involved in the professional development of these staff. Alison felt this led to further pressures of *'always having to set an example of good practice...it is a pressure because you always feel as if you're looking to give the answers'*. However, Verity was able to conceptualise this in relation to how she saw her role as being different. She considered she had a different knowledge base to the Early Years practitioners and that she engaged in *'higher order thinking'*.

Sarah, an experienced Children's Centre Teacher, seems to reflect the challenge and complexity of being a Teacher in a Children's Centre. *'Sometimes I still look at the*

school vacancies because I think it would be much easier to go back....because it would be more straightforward....It's also about the complexity of relationships, I find it hard'.

Reflective commentary (xiv)

It appears to be a challenge for Teachers to establish and maintain their professional identity in Children's Centres and this could be related to the complexity of the work and the complexity of relationships. The dichotomy of thinking mentioned above also seems to present specific challenges. This leads me to consider whether there might be an internal resourcefulness that some Teachers may have at their disposal which might help them to navigate these challenges.

7.5 Teachers: Working Collaboratively

7.5a Language and Communication

7.5.1 Language

Sometimes the use of language by different professionals seemed to be a barrier to collaborative working, especially when Teachers are new to their role in a Children's Centre. Sally spoke about this requiring perseverance, not only in terms learning the language, but also in terms of building relationships in order to learn the language. Some of the Teachers spoke about undertaking shared training, and how this can lead to a shared terminology. Heather considered that different professionals speak in separate languages '....*there's the whole thing about separate languages and the way we define things. I didn't understand it at first, but I think it's about being very honest.*' By this it could be construed that it was important to say if you did not understand. She goes on to suggest that if this is not framed within a respectful relationship it can cause anxiety. This is possibly a significant reflection that is based on Heather's wealth of experience of working collaboratively with other professionals. Nina however, explains one way in which shared language and shared understandings can be developed. '*We've done a lot of safeguarding training and CAF training so you're sort of within the*

same terminology as each other; we're on the same page.' Shared training between professionals appears to be one way in which language and terminology can be jointly shared and understood, but I wonder how many opportunities arise for this to occur.

7.5.2 Communication Structures

Most of the Teachers spoke in different ways about the challenges of communication and the importance of good communication structures. Nina spoke of the need to be innovative in this respect, constantly trying to think of new ways to make communication structures better. Verity thought that some of the challenges were related to working in a large Children's Centre that had a large number of staff and physical space. At her Centre she had created a system whereby they had worked in pairs which then communicated with other pairs but this still proved difficult to sustain.

7.5.3 Information Handling and Sharing

At Nina's Children's Centre Teachers were represented by other staff at 'raising concerns meetings' in order to minimise the time Teachers were taken away from working with the children, but sometimes she felt her voice was not always heard, or it became diluted with the views of others. Annie also recognises this as a dilemma *'..we're trying to get to the bottom of this really because if it takes a Teacher out of the areas to go to a meeting or make a phone call then all the children are missing out on a Teacher; but if the Teacher's the one that holds the best information, how do we give that information to someone else without having a meeting about a meeting?'*

Alison intimates that sometimes the handling and sharing of information can possibly be a means to preserving status and hierarchies. She reflects that when she first came to work as a Teacher at the Centre, the Family Support team were 'quite a clique' and 'high status' and were resistant to sharing all information. It is possible that she is suggesting that sometimes, some professionals may not be considered to have a high enough status to be privy to some information and this is therefore a mechanism that could be used to help to maintain the status of others.

Annie suggests there are times when different professionals give conflicting or different information to families which can cause confusion. She illustrates this with an example of a Health Visitor. However she goes on to say that usually this is resolvable by being open and honest with each other, recognising where there has been a problem.

7.5.4 Differences of perspective and working practices

Avril discusses how she works well within her team of Teachers and Early Years practitioners but is not sure other professionals within the Centre understand what she does. She reflects that this might be because as a Teacher she does not attend inter-professional meetings for the reasons described above. Heather, as an experienced leader talks about 'doing a lot of stripping back to reach a point where there are shared principles that can be agreed upon and built on and this also involves recognising differences. Nina shared her concern regarding different professionals having different agendas in meetings and in her view, sometimes decisions are made based upon different agency agendas, *'ticking boxes'* rather than what might be in the child's best interests.

Annie puts forward an insightful personal view of how Teachers are perceived by health visitors with reference to sharing information. *'Health visitors, they're quite hard to liaise with and from a lot of perspectives they seem to struggle most with communication. They think we're going to tell everyone – so that perhaps why'*. This could be related to different conventions between professionals in relation to sharing information.

Verity speaks of the danger of Family Support workers *'just seeing the family'* and Teachers *'just seeing the child'* when actually, the two cannot be separated. She goes on to say *'....for all the right reasons, Family Support will fight for the parents and it's all because you have your passions and its channelling those passions together which can often be a challenge'*. This is an interesting point because it raises questions in relation to how the expertise, passion and interest of different professional groups can be successfully woven together with another without losing any of its main purpose.

7.5.5 Time

Time was mentioned by a few of the Teachers as being one of the challenges to working collaboratively. Time to reflect and discuss both formally and informally is difficult to find in a busy Children's Centre and sharing information with different professionals requires making concerted efforts to find the time. Alison puts forward the view that in her Centre they are trying to develop a more integrated approach, and it is getting better *'but there just isn't enough time.'* Teachers spoke of the need to be *creative* in trying to make time.

7.5.6 Relationships

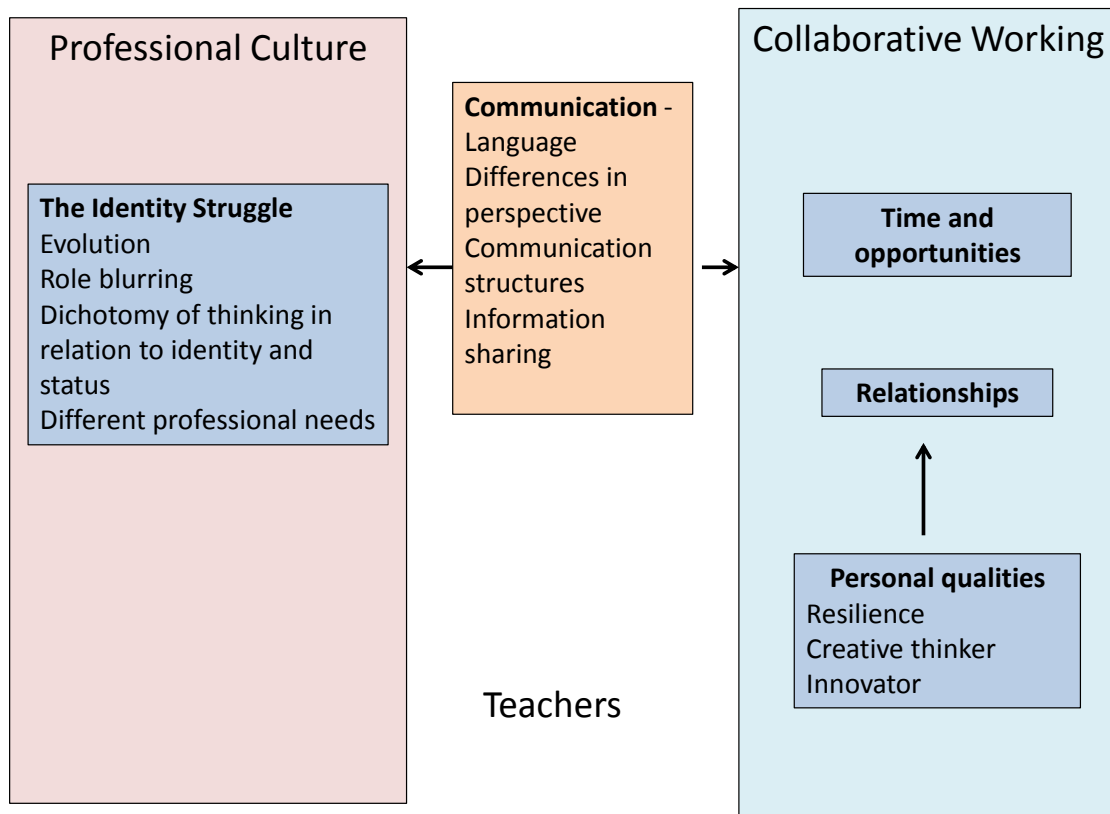
The significance of relationships featured in a variety of guises with the Teachers. Sarah made the distinction between professional relationships and personal relationships, *'I love some of the staff on a personal level but I don't like working with them'*. She referred to this in relation to differences in preferred ways of working, considering some staff as 'blockers'. It is difficult to establish however, whether this was related to different professional cultures working collaboratively. Sarah did suggest that what was needed was a 'culture of challenge' but she felt this was difficult to achieve *'because people personalise it.'* She also considered that developing shared values was often difficult, particularly with Health professionals as sometimes *'they are not really tuned in to some of the peripheral issues that surround staff, parents and children'*. She felt that it helped where there was clarity of role and good organisational structures in place.

Verity and Heather both referred to personality being an important factor for successful collaborative working and were able to identify this in themselves. *'I'm very knowledgeable now across a whole range of different disciplines and different ways of thinking. I suspect it's to do with my personality really...I don't think you can separate me out as a professional person and me as a person'*. She goes on to outline how she is a questioner and tries to understand things through discussion. She feels that attitudes and personal qualities are the hardest thing to acquire rather than knowledge and skills. Tellingly, she ends with a suggestion that these factors are more important than professional heritage. Verity says that she's realised she is a *'go with the flow'* type of person which means she can respond flexibly to situations as they arise. Clearly for Sarah, humility has been something she has had to learn and display. *'I've learned a lot and I've had to eat my words sometimes because it's not just a nursery is it?'*

Reflective commentary (xv)

Language and communication seem to be important factors that influence collaborative working for Teachers. The extent to which Teachers interact with other professionals appears to affect shared understanding of their professional perspectives and working practices by others; but this interaction may be constrained by the very nature of their primary role of being necessarily being concerned with teaching children. This would appear to be somewhat difficult for Teachers. The relationship between professional characteristics and personal qualities seems to be closely interwoven with Teachers and perhaps it is not possible to separate one from the other. **Figure 19 summarises the relationship between professional culture and collaborative working for teachers.**

Figure 19 Overview of the possible factors influencing professional culture and collaborative working with reference to Teachers



This table presents a summary of the relationship between professional culture and collaborative working for Teachers. Within the professional culture of teachers, it is their identity struggle which seems to present the greatest challenge. Evolvement into a new kind of teacher, the blurring of roles between themselves and other members of staff also reflects upon how they feel about their identity. Perceptions of how to be a teacher in a Children’s Centre in relation to being part of a team and yet feeling the need to be seen as different and of higher status due to superior pay and conditions is particularly challenging. Furthermore, they have unique professional development needs. Professional culture and collaborative working is mediated through communication; in terms of language, communication channels and information sharing. For teachers, all three of these aspects are influenced by their professional culture in terms of how they communicate with others and how other professionals

communicate with them. For teachers, Collaborative working is constrained by time and opportunities. They often have limited opportunities in this respect as meetings often take place during their contact hours with the children. In order for teachers to navigate the challenges of working collaboratively they have to be creative thinkers and innovators in the sense they need to be divergent thinkers in order create opportunities and establish and build relationships with other professionals. Teachers also have to be resilient in order for them overcome the challenges of establishing a professional identity in a Children’s Centre and in order to ensure they make a meaningful contribution to collaborative working.

7.6 Health professionals: Professional Journey

7.6.1 Professional Training and Experiences

All the Health professionals had a nationally recognised professional qualification in their field. It is useful to consider their individual job titles and their related qualification.

Table 25. Professional Training and Experiences

| | | |
|--------|--|---|
| Janice | Community Psychiatric Nurse | BSc Community Specialist Practice |
| Pam | Health Visitor | State Registered Nurse plus Health Visitor Training |
| Laura | Early Years Mental Health Worker (CAHMS) | BSc Psychology |
| Jane | Midwife | BSc Midwifery |
| Judy | Speech and Language Therapist | BSc Speech and Language Therapy |

It is clear that some of these professionals have undertaken further qualifications and training following their initial training in order to undertake their present role, for example, Janice and Pam. All had worked in roles that could be considered within the ‘traditional’ context of their professional specialism prior to working in or with a Children’s Centre. For example, Pam had worked as a Health Visitor attached to a GP’s surgery and Judy had worked as a speech and Language Therapist doing clinics

with the NHS. This may be important because it means their views and opinions about working in a Children's Centre are formed against the background of a 'traditional' comparative context.

7.6.2 Location of present Role

Whilst all these professionals work closely with a Children's Centre, only one of them is physically based with the Centre, Janice the Community Psychiatric Nurse. All the others come into the Centre to conduct clinics, usually on a weekly basis. For Pam this has now been reduced and she finds herself coming into the Centre for specific meetings only. This might have an impact on professional identity and collaborative working in relation to Wenger's (1998) notion of *participation* and *reification* which might suggest that professional identities are influenced by daily interactions through which participation with others and the sharing experiences leads to reification.

Reflective commentary (xvi)

Professional qualifications and experience so far has probably contributed to the shaping of the identity of these professionals and it might be interesting to consider the extent to which their identity and culture is also influenced by working with others in a Children's Centre. Indeed Hudson (2002) suggested that professional identity is shaped during the qualifying period as well as through a process of socialisation with 'others' throughout one's working life. It is the socialisation with 'others' that might be important here because for most, interaction with these other professionals does not occur on a daily basis and they are not based at the same location.

7.7 Health professionals: Professional Identity and Culture

7.7.1 The dilemma of being a 'specialist' and yet being a team player

Laura spoke about this in some detail and it is clear she saw a tension between her professional role and showing good will as a team player.

'I think Children's Centres are all very hands on deck but sometimes you are asked to step outside your remit.... I will sometimes be asked to cover reception which is difficult because I can't be having confidential conversations with social workers when I've got people coming in and have to check their ID to make sure they are the right person to pick up the child...You sometimes get told its about team

working when sometimes you feel you're not a team player if you say its not appropriate for me to do that.Its very different to being up in your ivory tower at CAHMS!

7.7.2 The influence of training and belonging to a professional body

Jane seemed to make a link between her professional identity and her professional qualification and professional registration. *'What makes me feel like a midwife is because I have a qualification and I am registered with the Midwifery Council and I have to maintain my accountability. I have to prove I am keeping updated every year and have supervision meetings'*. Pam also referred to this when she said *'my professional code of conduct is very important, it's what keeps us my standards as a health visitor'*. This is an interesting construction of professional identity as it appears to be more closely related to professional training, qualification and accountability rather than the job they do. It would have been useful to know if these factors are as important to other midwives and health visitors.

7.7.3 .The relationship between knowledge and identity

7.7.3a The knowledge giver

Pam and Judy both alluded to this but in different ways. They seemed to perceive themselves as the 'givers of knowledge' to others. Pam says *'I find that staff come to me when it's a really complex case or when they just want me to say yes that's fine'*. Judy talks about this in terms of delivering training for other staff. *'Everybody knows how they can access me and so they know how and when to contact me if they need some training. I think staff find me quite useful because I've got specialist knowledge really that I can bring in and they can tell families that there is a speech therapist who can help '*. These perspectives could possibly be interpreted as these professionals seeing themselves as having specialist knowledge to 'give' to others as perhaps opposed to sharing knowledge which might suggest a more collaborative approach.

7.7.3b The anxiety of 'dilution' of expertise versus a threat to perceived specialist knowledge and skills

It would seem that the Health professionals were often quite focused on the importance of their expertise and skills and as can be seen from above, it is very much at the heart of what defines them professionally. Pam spoke at some length of the recently introduced initiative within health visiting known as 'skill mix'. The rationale behind this

initiative was to allow health visitors more time to focus on prioritised children and families who required their expertise and skills to a greater degree. The consequence of this appears to be that NNEBs within the Children's Centres are now undertaking work that was formerly Pam's. She gave the example of them running the baby clinics at the Centre. *'NNEBs haven't got the skills or expertise; they don't have the health background'*. It would seem this is related to Pam's perception of her own skills in comparison to the skills of others and it is difficult to separate whether she is more anxious about skills and expertise being 'diluted' across the centre or whether she is more anxious and threatened by others being seen to have similar skills and expertise to her own.

Jane reflected upon a colleague's decision to leave working as a midwife in a Children's Centre to go back to clinical work in a hospital. *'She felt she was getting further and further away from practical midwifery and didn't want to be distanced from it.'* This would suggest that for some, there is a need to return to their traditional setting where they feel more secure and confident in the development of their specialist skills and expertise which may in turn help to reinforce their professional heritage.

7.7.3c Professional confidence and identity

Some of the Health professionals displayed outward confidence with their professional identity working in a Children's Centre and this manifested itself in different ways. Pam considered that she had always been comfortable in her role and was surprised that others weren't. However, as can be seen above, she clearly feels quite threatened at times. Jane considered that working in a Children's Centre made no difference to her as a professional. *'I feel the same as a midwife whether I work in a hospital or a Children's Centre'*. Both these Health professionals were experienced and had many years of service. This contrasts to Judy who suggested it was hard at first for her. *'I think when I first started it was hard but I've done a lot of work building up my identity and advertising myself with others so they know who I am as well'*. Laura also speaks of how hard it has been for her and having to move away from *'clinging to my comfort blanket and staying in my cubby hole'*.

7.7.3d Empowerment and Support are strongly held values

These were considered to be important by most of the Health professionals. They all spoke of their role as being one of support to families and children, and putting them

at the centre of everything they did. Laura represented this view well when she said '*... being able to show people they can take control of their lives and do something different. Even if you only get through to one family then it's worth it*'. Both Judy and Jane spoke of being there to offer support and being accessible and making it known their area of expertise. It is interesting that none of them really alluded to specific health related values as being of particular importance to them.

7.7.3e Perceptions of Status

Health professionals expressed views in relation to status both from the perspective of how it is constructed by themselves and how it is constructed by others. Janice offered an interesting perspective in terms of uniforms with reference to status. '*When I first started working in the Children's Centre I would have liked to have worn a uniform but now I'm longer in the tooth I'm alright with it. People know who I am and do a different role. I don't want to go into a home where they see a crèche worker uniform when they're expecting a community psychiatric nurse to offer a different level of support and I don't want to be a barrier as well..... so I need to be perceived as something slightly different anyway...*' It seems to be important for Janice that she her status is recognised and the wearing of a uniform would have offered her this distinction in a traditional setting. However, once other staff were wearing uniforms, by *not* wearing one she considered it had the same effect of distinguishing herself from others. Perhaps this view is also linked to the importance Health professionals seem to attach to the construction by others of their expertise and skills.

Pam considered that '*status is not a barrier for me*'. It is difficult to ascertain what Pam actually meant by this, but taken within the context of her interview as a whole, she seems to regard herself as being of 'high status' because she speaks of health visitors being the '*crème de la crème*' and therefore it might be presumed that she does not see status as a barrier because she perceives herself as having high status. Laura put forward to the view that Children's Centres were very hierarchical places with the nursery staff being at the bottom but she does not suggest her own position in the hierarchy.

Jane makes a very interesting point which may indicate her position as an experienced professional who is very confident with her own professional identity and therefore doesn't seem to need to be concerned or worried about status.

'Generally I think some people think they are far more important than they are and I think at the end of the day you've got to work together. I just think that if you think you're the most important thing you sometimes lose sight of the fact that other people are doing equally important work and there's no need to be too bothered about it.'

Reflective commentary (xvii)

The possession of specialist knowledge and expertise would seem to be very much at the heart of the professional identity and culture of Health professionals. The establishment and maintenance of these and the positioning of them within a Children's Centre context seems to drive their internal and external construction of identity. This may concur with the work of Hoyle and John (1995) who make the distinction between *being professional* and *behaving professionally*. Perhaps it is by positioning their own specialist knowledge and expertise Health professionals consider they are engaging in these two activities. It will be interesting to consider the extent to which this is a barrier or enhances collaborative working.

7.8 Health professionals: Working Collaboratively

7.8.1 Professional Learning

This was only mentioned by explicitly by Judy which may be an interesting point in itself to consider. *'I've learned an awful lot from the staff, and specific knowledge as well. I think I learn things every day about families, ways of working, key stages and education I've been on training as well which has been really useful..'* It could be that Judy is in the early stages of her career and therefore is building her experience and knowledge; but perhaps this is also related to her exposure to working with and alongside other professionals.

7.8.2 Internal and external awareness of specialist skills and knowledge

The perception of specialist skills and knowledge has also been discussed above with reference to identity but it would appear to also have a strong influence on working collaboratively. All the Health professionals interviewed appeared to have a strong sense of the skills and knowledge they brought to working collaboratively with other professionals and expressed this in a number of ways. Janice views herself as a

confident provider of knowledge. *'I've been known to go into situations and resolve issues and move things forward. I'm not afraid to speak my mind ...I've always been a good problem solver because I've done counselling work and conflict resolution...I have a good knowledge base. I have empathy and listening skills and I am able to challenge and use intuition'*. Interwoven with Janice's perception of her skills are not just those related to knowledge, but also, interpersonal skills and qualities, for example empathy and being a good listener. Jane seems to be very sure of her own skills set and what she can bring to collaborative working but tellingly she is also aware of the boundaries of this. *'I'm aware I may not be all things to all people, I may not be the right person to provide support that's applicable to that person....'* Perception of their skills set by *others* appears to be an important aspect of collaborative working with some Health professionals. This has already been discussed above within the context of the use of uniforms with reference to Janice. Judy also refers to this when she comments upon her role within the context of the families who use the Centre. *'But it's just that specialist knowledge really we can bring in, and a lot of staff that I've worked with like knowing they can tell families there is a speech therapist who can help and give families a bit of hope'*.

7.9 Health professionals: Communication

7.9.1 Information Sharing

It would seem that some find this a difficult aspect in relation to sharing information with other professionals. It would appear to be related to processes and procedures. For example, Judy spoke about finding it really hard because she was unsure about who she needed to give information to. *'Sometimes, confidentiality....I mean who do you share with...and also because I'm not here all the time its making sure information is shared with me and that I'm not forgotten.'* Her difficulties appear to be related to the fact she is not based within the Centre and is more comfortable with the procedures back at her clinical base where she has case notes that are put in files and that is how information is shared. This poses a further question about the procedures for sharing information with other Health professionals.

7.9.2 Differences in professional language

This was only mentioned by Jane but within the context of demonstrating an awareness of different professional languages. Clearly experienced with collaborative working she

discusses it in relation to others' understanding. *'I try not to use language that they wouldn't understand, that's not fair'*. She also points out that if she doesn't understand the language of others herself she will ask. Again, perhaps this is a sign of a confident professional in this environment.

7.10 Managing relationships

7.10.1 Working with already established teams

For some of the Health professionals who are not based within the Children's Centre it would seem this may present specific challenges for them. This can be in a number of respects, including trying to be seen as a team player which was discussed earlier in with reference to Laura, but also in trying to work collaboratively with already well-established teams. Judy spoke of feeling a little intimidated at first when trying to become part of the 'team'. *'Some of them have been here a long time and are used to working together and so from an outsider coming in it can be difficult'*. Perhaps this is a scenario that is common in any organisation when new members join and it takes time to feel part of it. The added difficulty for some of these Health professionals though might be because of the fact they are not part of the 'team' on a daily basis, rather only part of it once or twice a week.

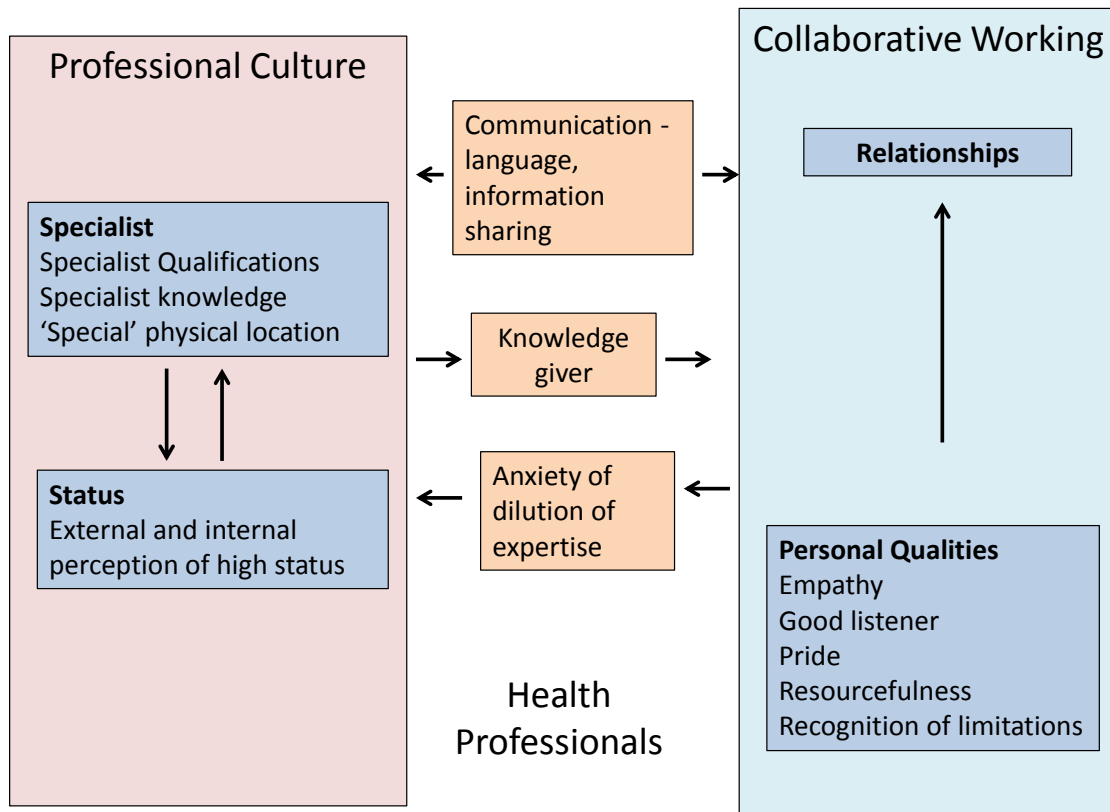
7.10.2 Managing conflicting viewpoints and agendas

Conflicting viewpoints often seemed to be related to different organisational agendas. Some spoke of frustration but saw it as an inevitable challenge of collaborative working. Laura spoke about the pressures of heavy case loads and funding issues putting a strain on working relationships with other professionals. Judy also referred to the different legal obligations and the scarcity of resources that were accessible to some. Laura commented there was not enough space for creative thinking in order to invest time in building relationships and to try to address some of the challenges. Jane again offered some words of wisdom when she suggested it takes quite a long time to build relationships where people are not afraid to ask, but she emphasised the problem of the danger of becoming so defensive of not asking. *'I think the biggest thing is when you can't admit, and I think that's when you're at your most dangerous'*.

Reflective commentary (xviii)

Constructions of professional identity would appear to influence the way in which Health professionals work collaboratively in Children's Centres. How they perceive their own set of skills in relation to others affects how they perceive their role in collaboration. Professional culture in relation to procedures and language use also seem to be important considerations. Robinson and Cottrell (2005) consider the establishment and maintenance of these to be one of the fault lines of inter-agency working, particularly in relation to the value that is placed upon the interpretation of confidentiality by Health professionals. However it appears that personal qualities and could also be a factor in how the different Health professionals work collaboratively with others. It might be important to explore further the relationship between personal qualities and collaborative working and to consider whether this emerges across other professional groups too. Some of these qualities might include an awareness of the importance of relationship building, being able to see things from different points of view and being able to really listen and empathise with others. This would seem to be part of maintaining respectful relationships. **Figure 20 summarises the relationship between professional culture and collaborative working for Health workers.**

Figure 20 An overview of the possible factors influencing professional culture and collaborative working for Health professionals



This diagram helps to illustrate some of the factors that may influence the relationship between professional culture and collaborative working for Health professionals. The professional culture of Health professionals is marked by their notion of 'specialism' in terms of their qualifications, knowledge and physical location. They perceive it is this that sets them apart from other professionals and as a consequence this leads to an internal and external perception of high status. Once again, professional culture and collaborative working are mediated by communication which in the case of the Health workers is not only in relation to the language they use, but also their practices in relation to sharing information with others. This appears to be deeply embedded in their professional culture and has a strong influence on their ability to work collaboratively. Health workers seem to perceive their role to be 'knowledge givers' in terms of communicating knowledge to others.

There seems to be a complex relationship between their perception as specialist 'knowledge givers', and some anxiety in relation to others not being sufficiently knowledgeable to take on aspects of their role. This may be because they see their specialist knowledge as being linked to their perceived high status amongst other professionals. Therefore, being a 'knowledge giver' and anxiety of dilution of expertise might influence their ability to work collaboratively with others. However, it would seem that for those who exhibit the personal qualities described in Figure 20, it may mean the impact of aspects of communication, being a knowledge giver and anxiety of dilution of expertise can be mitigated.

7.11 Family Support workers: Professional Journey

7.11.1 Qualifications, experience and role

The Family Support workers had a range of qualifications and it is interesting to note that all the four from the Case Study Children's Centre, Hollyville. - Lucy, Maggie, Diane and Kelly, had the same qualification; NNEB. The four 'bystanders' had a different range of qualifications. Paula and Sue had a social work qualification, Anita had a BSc in Psychology, and Jill had a Foundation Degree in Youth and Community Work. All had substantial experience mostly in social care settings such as day nurseries or family centres. Maggie had also worked previously for a short time in a school. This leads me to believe there may not be one set route into Family Support work or indeed one qualification. If aspects of professional culture and identity are formed during initial training, as Hudson (2002) suggests, one would possibly expect a diversity of views and values in relation to working practices and professional identity.

Job titles were varied and all appeared to have some type of leadership role, for example, Pastoral Deputy of the Centre, Senior Family Support worker, Family Support Co-ordinator. I had checked the job titles with my critical friends in order to ascertain they could be classed within the parameters of a Family Support worker in a Children's Centre.

7.11.2 Passionate professionals

Kelly discussed in some detail her passion for her work. This was related to making a difference, excitement and it being rewarding. Pride also featured prominently in the responses from this professional group. Paula talked about being very proud of what

she did and putting families first. *'I don't let the families work around me, I work around them'*. All these Family Support professionals have been in their present post for some time and this could possibly be explained by the passion they have for their job.

Reflective commentary (xvix)

These professionals had a range of qualifications which leads me to consider there is not one single qualification required in order to become a Family Support worker, unlike Teaching or any of the Health professions. This might be because this is a relatively new role, or it could be because it is considered an asset to have Family Support professionals with different qualifications and training. It is hard to know if it was a coincidence that all those interviewed were experienced and some had been in post for a considerable amount of time. Taking into consideration the complexity and the possible stress this role can bring, it is interesting that all seem passionate about their role and they expressed this in a number of ways which leads me to consider what it might be that sustains the passion. Osgood (2006) might view the reason for this being related to characteristics of professionalization which include having a strong code of ethics, standards and commitment.

7.12 Family Support workers: Professional identity and Culture

7.12.1 The need to have a unique professional identity appears not to be important.

I have come to reflect this may possibly be the case, not from what this group of professionals have said, but what Bahktin in Holquist (1990) describes as non-dit. Not one of them mentioned it in relation to feeling they needed to belong to a professional group although Anita considers her degree in psychology leads to her feeling less secure than some of the others in her professional identity as it is not a 'professional qualification'. Despite being asked specifically about how they felt as a professional, the Family Support workers only responded to this with reference to the job they did and what needed to be done. Diane said that she did not feel like she really belonged to any professional group whilst Maggie illustrated that she was comfortable with not being able to identify her belonging to a specific group. *'It's hard to say, some days I'm*

more one than the other. I do a lot of caring some days then sometimes the focus is on learning and the other days the focus will be safeguarding.but it doesn't bother me'.

7.12.2 The Construction of professional identity by others

Whilst the Family Support workers did not seem to consider having a specific professional identity was important to them, they had views on how they were perceived by others. Diane mentioned this in terms of other staff. *'One day I am supporting families and another day I can be having meetings with different agencies. I think the other staff see me as a person they could come to about safeguarding issues'.* Jill spoke about this in terms of how she may be perceived by parents. *'Parents see me as a mentor, as somebody they can confide in'.* Paula also considered how parents might perceive her, but in terms of how they might perceive her over others. *'Families see the distinction between Family Support workers and social workers and often they prefer us'.*

7.12.3 Continuing professional development in relation to professional identity

It would seem that some of the Family Support workers see their continuing professional development (CPD) to be more influential upon them as a professional than their original training. Lucy reflected upon what she considered to be the demise of her original qualification, the NNEB which she completed many years previously. She pointed out that she felt she had kept up to date with training relevant to her role and gave the example of child protection. *'I think my current role has moved emphasis – it was definitely originally all just about children'.* This could be because the Family Support worker is a relatively new role and half of the Family Support workers interviewed had the NNEB as their initial qualification which would primarily have had children as its focus. This may mean that CPD could be a stronger influence in developing and reinforcing the professional identity of Family Support workers.

7.12.4 Strong values seem to underpin professional identity and culture

7.12.4a Safety

All the Family Support workers interviewed were able to articulate strong professional values and these appeared to be at the heart of them as professionals and as people. Most considered 'safeguarding children' as being fundamental to what they did. Diane

represented this view, *'It's about making a safe place for children and I actually think the bottom line is that without it being a safe place other things can't happen'*.

7.12.4b The development of positive relationships with families

This was expressed in a variety of ways with reference to working with families. Kelly spoke about this in terms of not being judgemental. *'I'm not a judgemental person, I would hate to be judged and I would never judge anybody and I would hope that if I did somebody would pull me back'*. She also spoke about the importance of fairness but was clear that this was not about treating everyone the same, rather acknowledging that families have different needs and should be treated on an individual basis. Jill also spoke about this *'It's about treating parents differently, they're not all the same, but it's about celebrating their journeys'*. Openness and honesty were also considered to be important. Kelly thought that parents *'deserved the truth'* and Paula reflected that she tries to work at the families' level in an open and honest way. Anti-oppressive practice and wanting to bring about change was also mentioned. Sue reflected upon this within the context of her own life journey. *'I came from a white middle class upbringing and really truly believed that anybody could achieve anything if they worked hard enough. I had no understanding about there not being a level playing field'*. She went on to say that it was about playing a key role in trying to address imbalances for children who get poorer life experiences. Clearly it would seem that Sue has a strong sense of social justice and perhaps this could be said of the other Family Support workers that were interviewed too. It would be interesting to explore the interrelationship between the development of values and professional practice in greater depth.

7.12.4c Hierarchies and perceptions of status

For some of the Family Support workers, it was difficult for them to distinguish between hierarchies and status. Diane reflected that she did not think status was important but sometimes other people did. She made an insightful distinction in relation to equality. *'I think you kid yourself if you think everyone is equal, I think everyone is equally valued but it's about who knows the most information that's important'*. Lucy felt there was a hierarchy but felt it was necessary. Interestingly, Kelly considered that status was not a barrier for her and considered this was due to her position. *'I've never found status a barrier. I'm lucky enough to have the title of Senior Family Support worker'*. For Anita, the issue of status appeared to be complex. She felt that she lacked *professional* status

because she does not have a professional qualification, rather a degree in psychology. She went on to say that sometimes Family Support workers were '*looked down upon*' by Health Visitors and she felt this was because they did not have their own recognised professional qualification. Paula also felt that those who had undertaken further training often considered themselves to be of higher status to the rest within the Family Support team. It would have been interesting to have ascertained as to whether this was a specific type of training.

Reflective commentary (xx)

Family Support workers generally seem to be confident within their own professional skin and their professional identity seems to be rooted in strong personal and professional values, particularly in respect of social justice; rather than a nationally set recognised set of knowledge and skills. Brock (2009) also suggests that having a strong set of values and having a high level of commitment to a professional role and client group can be strong indicators of a professional identity. Furthermore, they largely seem to be comfortable about this, possibly because they know they need to demonstrate flexibility if they are to meet the needs of the families they are working with. Continuing professional development seems to be more influential than their initial training. This might be because they consider the initial training to be far removed to their present role.

7.13 Family Support workers: Working Collaboratively

7.13.1 The knowledge and skills base of collaborative working

In general the Family Support workers who were interviewed appeared to be confident and aware of their own set of skills and knowledge. Some identified the fact they were experienced which meant they had a lot to bring to collaborative working. Diane said '*I hope I bring the fact that I've been doing it for a long time and I have a really good understanding of what's available. I know the community really well*'. Jill also spoke about the value of experience she had and it meant she had become skilled at '*making parents feel important*'. Jill also added that she was very clear about her role and that was really important in collaborative working. Kelly considered herself to be a good

advocate and was able to speak well on behalf of others. She was also clear about her knowledge and skills base. *'I think I know what I'm talking about and if I don't know I'll try and get the facts and that helps the other professionals'*. Paula, a qualified social worker very clearly stated that she brought a wealth of knowledge particularly in terms of child protection.

7.13.2 Relationships

Relationships were discussed on many levels by the Family Support workers and they appear to be a strong thread that runs throughout their responses. Lucy speaks of the importance of shared understandings of each other's' roles which in turn leads to more respect for one another. Lucy said that this has developed more in her Centre since they had been given some opportunity to cover one another's' roles. Maggie speaks of the importance of having good relationships with the people you work with and this can be encouraged and developed with the support of the leadership of the Centre and through good systems of communication. Paula speaks of the necessity of trying to make sure she works in a 'no blame environment' which takes time to establish.

7.13.3 Collaborative working and learning collaboratively

Learning together seemed to be one of the valuable facets of collaborative working. Maggie mentioned the fact that she does a lot of training with other professionals within the Centre and she finds this really valuable and it helps her to understand their roles. She also undertakes external training with her colleagues from other professional heritages which she says has been really good in helping to build relationships because they have had to disseminate their new learning together to others in the Centre.

7.14 Language and Communication Processes

7.14.1 Differences in language

Some of the Family Support workers demonstrated an awareness of the 'different languages' spoken by different professionals.' Diane, a very experienced Family Support worker reflected upon her own use of different languages. *'If I'm in a meeting with the midwife, I can talk in her language and if I'm in a meeting with social workers I talk in their language'*. This must clearly take some time in the role to be able to do this. Paula seems to reiterate this as she considered that language can sometimes be

a barrier, for example in case conferences, but with *'practice and experience'* it can be overcome.

7.14.2 The relationship between regular systematic communication and shared understanding

This was mentioned by a number of those interviewed in different ways. Lucy spoke about this in general terms when she said that she thought there was a lot more shared understanding and more respect for each other's roles now and she thought this was to do with better communication between the different teams. Kelly gave an example of how this occurs. *'We debrief at the end of the day. It only takes fifteen minutes but everybody's then up to speed and we find this really good'*. Maggie also mentioned how all the staff in her Centre meet at the beginning of the day for briefing where they go through what is happening during that day. Anita warned of some of the dangers of poor communication. *'If people don't communicate with you it can make you feel intimidated....you don't quite know what you're doing and you feel powerless'*. Sue felt that the Common Assessment Framework (CAF 2004) had helped to provide lots of opportunities for systematic communication and had also helped in the development of moving towards a shared language. Whilst communication structures were considered to be important, Maggie also pointed out that staff had to take responsibility to 'find things out' and not always wait to be told. Being proactive and taking responsibility may also to be prerequisites for good communication between professionals.

7.14.3 The dangers of 'fuzzy working' and 'tokenism'

These notions were discussed at length by Sue who had worked as a senior member of staff for some time. *'The worst thing about integrated working is when people say we'll do a bit of this and a bit of that together and it's all very fuzzy, or we do our own thing and occasionally we bump into each other, that's very tokenistic'*. These are interesting notions within the context of the Family Support workers as they it would appear they are not as concerned about their professional identity, rather seeing flexibility as being at the heart of their role. Nevertheless it would seem that role clarity is fundamental to avoiding fuzzy working and tokenism.

7.14.4 The complexity of different agency values, structures and agendas

Anita observed how in her view, different professionals have slightly different values. She gave an example of this by illustrating how Family Support workers, Teachers and Health professionals view things differently. *'Family Support workers tend to be very empathetic Teachers tend to have a strong sense of right and wrong whereas, Health professionals keep everything close to their chest'*. She considered this had a strong influence on the way these different professionals were able to work together. Jill felt that one of the frustrations was getting staff to understand what Family Support workers were trying to achieve. Different professionals have different perceptions regarding the needs of families. Diane comments upon the sheer complexity of working in this way. *'The fact that you are working with so many agencies, different ways of working makes it complicated. You have to learn the ways the different agencies work and what their agendas might be. Some are target driven, some are finance driven and they have different structures which are hard to keep up with'*. She goes on to give an example of a Midwife who just wanted to come and *'do breast feeding'* whereas she needed to see her role as wider than that and in Diane's view, be prepared to support new mothers in any way they required. Possibly the Midwife was been trying to meet her breast feeding 'targets'.

7.14.5 The possible influences of attitudes, dispositions and personal qualities

These were alluded to in a variety of different ways and may be worthy of close consideration. At this point in the analysis it may be difficult to distinguish between the two. The importance of 'lightening up' situations seems to feature in some of the interviews with participants. Kelly considered humour to be important and referred to the fact that it was important to bring a sense of humour to things and have some fun. Paula felt that she was a bubbly person which she felt helped to lighten up some tense situations. Diplomacy and empathy may also be key qualities that are required. Jill refers to *'being able to smooth down situations'* and truly understanding how parents feel. Demonstrating flexibility was referred to by both Lucy and Kelly, both in terms of doing their job and working with other professionals. Lucy considered flexibility was needed in order to be *'solution focused'*. Confidence as a person and a professional also seems to be important in order that decisions and views by others could be challenged. Confidence was also needed to be able to assert their own views as well.

Jill said that she had developed a lot of confidence when speaking to parents and sometimes did this on behalf of other professionals who lacked confidence and gave an example of when she had done this on behalf of an early years practitioner. Related to this seemed to be the ability to challenge, Lucy spoke of *'being able to deal with people and handle them appropriately and if there are things that need challenging not being afraid to do so and doing it in a way that is not going to upset people'*. Resourcefulness also seemed to be an important quality in the sense of knowing where to go or what to do. Diane said that she felt she knew what was available, who to ask and where to go to seek help if she needed it. Sue spoke of attitudes sometimes being a barrier to collaborative working. By this she meant ones that may have been previously developed as a result of past experiences. She humbly reflects on her own attitudes. *'From my own personal experience I can recognise that I was influenced in relation to specific professional groups. For example at school I considered I was treated very unfairly and was misjudged which made me very unhappy. This has influenced my view as an adult of Teachers and I have come to realise now that you have Teachers with different levels of enthusiasm and commitment and this is the same in all professions'*. I considered this to be a very honest and brave offering and it made me think about how widespread the influence of long held attitudes are, and under what conditions and over how long it takes for these to be dispelled. Sue also warned of the danger of dominant enthusiastic personalities overpowering others. She felt this sometimes happens and the effect can be overwhelming for some, which in turn makes them retreat and become defensive.

Reflective commentary (xxi)

It would seem that the notion of positive, authentic, respectful relationships are at the heart of the Family Support worker's role both in terms of the job they do and in respect of their own identity and culture. This would appear to suggest they have a great deal to bring to collaborative working in Children's Centres and are perhaps unique in respect of their professional identity. They probably have the most opportunities to work with a variety of different professionals and with different agencies and so have been able to offer some insightful reflections based upon wide experience. I wonder if as a consequence, as Robinson et al (2005) suggest, the consequent continual reshaping of their professional identity by constantly having to learn and share knowledge with a wide variety of professionals has actually enhanced their sense of identity.

Of particular interest is the importance of the development of respectful relationships and the influence of personal qualities. **Figure 21 summarises the relationship of professional culture and collaborative working for Family Support workers.**

Figure 21. An overview of the possible factors influencing professional culture and collaborative working in relation to Family Support workers

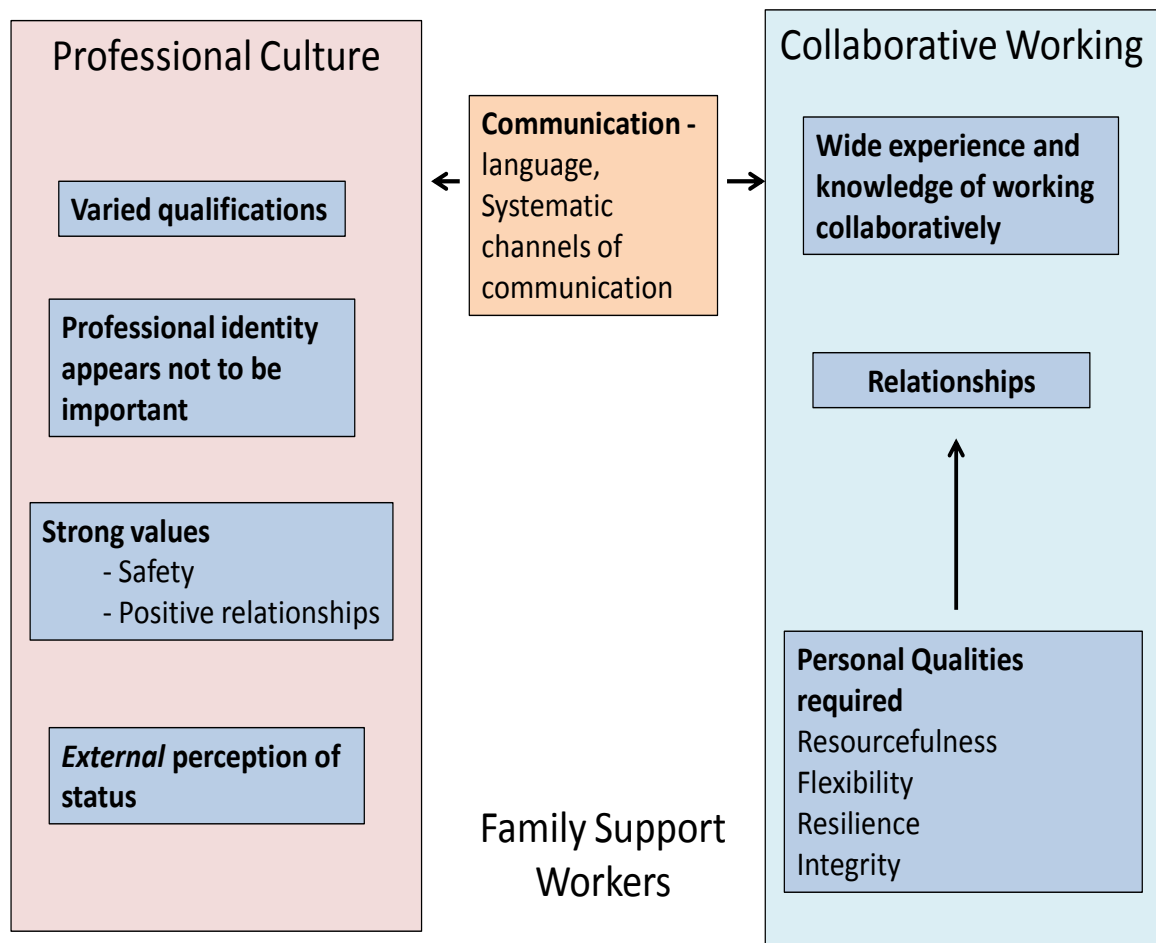


Figure 21 summarises the suggested relationship with reference to professional culture and collaborative working for the Family Support Workers. They are unique in some respects in that their professional journeys, including their qualifications are varied and yet despite this, they have strong values which they are able to articulate effectively and are at the core of everything they do. Professional identity does not appear to be important to them in that their emphasis appears to be connected to responding flexibly to the needs of the family rather than what defines them as a professional. They appear to be more concerned about the external perception of their status, especially in relation to the families themselves, rather than how they wish to feel themselves about their status. Once again their ability to work collaboratively is mediated by language and channels of communication. Probably because they have

much experience of working with other professionals and other agencies, they are able to understand the professional language of others and where required, speak the professional language of others. They work within systematic lines of communication which means they are able to work well collaboratively. In order for them to work in this way, the personal qualities listed are very important as they have a direct impact upon their ability to engage with other professionals and to develop relationships.

7.15 Early Years practitioners: Professional Journey

7.15.1 Qualifications and Experience

All eight of the Early Years practitioners had level 3 Childcare qualifications including NNEB, NVQ and BTEC. In addition, Kathy and Mel had higher qualifications which included a Foundation Degree and an Honours degree in Early Childhood Studies. Both Kathy and Mel also had Early Years practitioner Status (EYPS). All apart from two of these practitioners had worked at the Centres for some time and had a variety of experiences in other types of setting previously. Two practitioners had worked at their Centre since qualifying. It would seem therefore that these practitioners may be able to offer valuable insights based upon a range of experiences and slightly different professional journeys.

7.15.2 Differing reasons for working in a Children's Centre

Five of the participants spoke about their reasons for wanting to work in a Children's Centre. They appeared to fall into two broad categories. There were those who viewed it as an opportunity for new and different pedagogical opportunities and challenges and there were those who seemed almost to be there by 'default'. Sophie spoke about 'wanting a new challenge' and Fiona felt she wanted to extend her role. However, Amy expressed dissatisfaction about working as an Early Years Practitioner, instead wishing she was working as a Family Support worker. Liz spoke about how she came to train and work at the Centre. *'Yeah I just got into it because I'm not that good at writing essays and stuff like that, I wanted to do something hands-on'*.

7.15.3 The relationship between passion and enjoyment and role diversity

Whilst it can be seen that possibly not all Early Years practitioners enjoyed their role, over half of them were able to articulate why they did enjoy it. Most of their reasons seemed to be related to the diversity the role brings. Sophie summed this up well. *'Love*

it! Such a lovely place to meet families from different cultures. I love having lots of different things to do in my job'. Kathy also made reference to loving the diversity the role brings. Carol reflected that it did not feel like she had worked in the same place for twenty years. She said she had gained lots of experience and was always learning something new.

Reflective commentary (xxii)

There was a range and level of qualifications of the Early Years practitioners. Their job roles and previous professional journeys may have influenced their perceptions and feeling about their own identity within a Children's Centre. Possible diversity or role and experiences seemed to be related to enjoyment of their job and it may explain why some of these Early Years practitioners had been in post for such a long time. Pascal and Ribbins (1998) also found there was a direct relationship between variety and diversity of role and length in post.

7.16 Early Years practitioners: Professional Identity and Culture

7.16 1 The relationship between identity and job role

When asked about their professional identity, all the Early Years practitioners spoke about it in terms of the job they did in their current role. Most did not appear to be troubled by it although some offered some interesting insights. Carol felt she was a mix of an education professional and a 'care' professional, referring to the possibility of being an 'educarer'. Kate felt that she was a mixture too of an Education and Social Care professional and thought the care aspect was a very strong part of her professional identity because she has to make sure she meets the care needs of the children before she can meet their education needs. Whilst Liz considered herself to be more of an education professional because *'that was the main thing that she did'* working with the children age three to five years. It was Fiona who seemed to be more troubled by her professional identity and she acknowledged that she was 'a bit of a mixture'. She spoke at length in general terms about the identity of an Early Years Practitioner in a Children's Centre and compared it to the identity of other professionals. She reflected up on the relationship between qualifications and identity considering it to be much clearer for that of a Teacher for example.

'I think in a Children's Centre it starts to get a bit muddy because we (Early Years practitioners) do a lot more general working without being a specialist. I'm doing an Early Years degree at the moment but even within that it still feels very muddy and you're not becoming an expert in anything....obviously trained Teachers are experts in education that's clear but I'm not sure for us it is. Ours relies on what people have brought rather than what they are so we've got a huge mix of skills and experiences which is really good and we learn from each other'.

She went on to compare her identity to that of a nurse whose identity she felt was very clear to others. Whilst Fiona is the only one who expresses these views she seems to be offering some interesting insights into perceptions of professional identity by self and others.

7.16.2 Perceptions of 'expertness'

Above, Fiona clearly views Teachers as being 'experts' and seems to link this with their clear professional route and professional body, and yet she does not seem to view herself as an expert. It would appear she may view being an expert as being linked to a particular body of knowledge and possibly being trained to do something '*others can't do*'. She gives the example of the nurse to illustrate this where she suggests everyone knows what a nurse does. In a Children's Centre she considers her expertise comes from experience which she seems to equate to informal learning and learning from other people. This may suggest that she views professional training leads to becoming a different kind of expert than one who has mainly learned from experience.

7.16.3 The importance of being able to access different professional experiences and training

Opportunities to engage with a variety of professional experiences and training was mentioned by a few of the Early Years practitioners. They talked about the value of continuing professional development and the opportunities they had been given. Carol considered herself to be fortunate to have been given these training experiences unlike when she worked in private day nurseries. Kate spoke about the value of undertaking training together so they could learn together and grow together '*I think the education aspect and the interest in teaching and learning has really grown through doing the documentation of children's learning. I think to do it with Carol has been a real development*'. It would be interesting to consider the extent to which this type CPD

influences their professional identity and to what extent it reinforces their identity with others.

7.16.4 Values

Some of the Early Years practitioners were able to articulate their values well and most considered empowerment and the importance of the welfare of the child to be paramount. Collegiality was also considered to be important within the context of 'getting on with people' and sharing ideas together.

7.16.5 Understandings and influence of status

This aspect bore a close relationship to training and notions of expertise. Fiona commented upon the fact that '*your level of training to some extent identifies your level of expertise and status*'. The word level seems to be significant here and would appear to suggest this is within the context of *academic* level. Kathy seems to perhaps reinforce this view '*There's a perception that if you're Early Years you're only Early Years*'. Mel on the other hand appears to reflect upon the status of organisations which in turn influences how her professional status is viewed when she says '*I've found it quite hard to work with other professionals, for example head Teachers, but now schools have got to know me I've earned my status*'. She reflected upon the fact that working in a school hold more status because it is a statutory body as opposed to a Children's Centre.

Fiona reflects upon how the wearing of uniforms may have an impact upon how professionals are perceived. She considers this within the context of instilling the confidence of the possible service users. '*As soon as you wear a uniform in nursing you're a nurse, it might even give people confidence as well*'. She is uncertain as to whether the wearing of a uniform by Early Years practitioners may be a good idea however, as she questions whether it would encourage the 'right type' of relationship with parents.

Liz appears to imply that as an Early Years Practitioner she has fairly low status.

'Yes there's a kind of ranking order and I've found a couple of times that when things have happened, we're kind of well, low down, we don't need to know those kind of things, you know we're not important enough to know...I know it shouldn't happen but it does.' She then appears to be resigned to this state of affairs when she says '*...well we're down here so*

you've got to move on and forget about it because I don't think it will ever change'.

Reflective commentary (xxiii)

Interestingly there were a range of responses with reference to the views on professional belonging and there appeared to be a direct relationship between this and the job they did. However, there is evidence perhaps that some Early Years practitioners do not view themselves as having a specific area of expertise in the same way they consider some of the other professional groups may have. They articulate this through the notion of 'expertness' and possibly 'keepers of knowledge'. It will be interesting to consider how important this is in relation to professional identity in general. Brock (2009) also attempts to make this distinction between two types of professional knowledge but defines them as 'systematic knowledge' and 'knowledge gained through experience. She does not however distinguish them in levels of importance. It would seem that the influence of status is very evident and I wonder whether some Early Years practitioners themselves may help to reinforce this through their thinking and actions. Freire's (1970) suggestion that workers can reinforce oppressive practice themselves by remaining subservient to it and Bourdieu's (1984, 1990, 1990b) notion of social, cultural and economic capital as a means of reinforcing status all appear worthy of further consideration in this respect.

7.17 Early Years practitioners: Working Collaboratively

Opportunities to work collaboratively for Early Years practitioners that were interviewed varied both in terms of the type and the frequency. This inevitably influenced the responses they gave. Some only worked collaboratively within their own teams within the Children's Centre and appeared to have had little opportunity to work with other professionals. Liz said she never went to any of the meetings about the children she worked with and had only had one opportunity to work with a speech and language therapist with a child for six weeks. Sophie however, had worked with midwives, CAMHS, Teachers and Social Workers. Clearly the extent and type of collaborative working for Early Years practitioners seems to be dependent upon their role which can vary from Centre to Centre.

7.17.1 Collegiality and the sharing of knowledge

Comradeship and 'getting on' with others were mentioned several times within the context of collaborative working and the opportunity it brought to enhance professional knowledge was considered to be a real advantage. Sophie spoke about this both in terms of developing her own knowledge and developing a greater awareness of the knowledge that others may hold. *'You learn more from working with other professionals. It's nice to learn a bit more and get to know about their job as well'*. Carol spoke about this in terms of *'absorbing good practice'* and it has had the effect of making her more confident in her work. Amy considers that it has given her opportunities to *'bounce ideas'* off other professionals.

7.17.2 Skills, abilities and expertise

Some of the Early Years practitioners could articulate the skills they brought to collaborative working, although sometimes they did not consider these in the same light as other professionals. Carol reflected that she did not consider her skills were as specific as a Physiotherapist or a Speech Therapist but she was able to see the whole picture and use all the knowledge she had gained over the years. *'I have expertise in ideas I suppose but never think of myself as the expert, but I'm happy and confident with that'*.

7.17.3 Differences in language, communication and protocols

Differences in language and terminology was mentioned by a few of the Early Years practitioners interviewed. In particular the language of Health professionals including Midwives was difficult for them to understand. This seems to be compounded by differences in protocol between different professionals and different agencies. Fiona reflects on this again, giving the example of health.

'Health has different protocols; because things like share care where the CAF comes in they keep theirs completely separate. So although it's there you can't access it. I think the confidentiality thing is also a big thing but they won't share information easily with us which makes it difficult and sometimes it can cause tensions for the Health professionals themselves because they could like to share but can't'.

It is clear that channels of communication appear to be influential to successful collaborative working and it would appear they can have an impact on how some Early Years practitioners feel about their role and identity. Liz speaks of a communication

book but people are often too busy to write in it, but it means sometimes she doesn't know what is going on.

'Sometimes if someone's been told something they forget to write it down or tell me and I never find out what's been going on at meetings or who's where and what's happening..... it makes me feel stupid and awkward when I don't know and then it's quite hard to say why didn't you tell me?'

Liz then goes on to suggest that even when people write in the communication book she is not always sure what it means.

7.17.4 Making time to reflect and share understandings

A number of Early Years practitioners have expressed this in different ways. Mel also reflects that there is little time to reflect on what she's said and done and to share with others the actions she has taken. Kathy speaks of the danger of feeling 'pigeon holed' and if there was more time to reflect together it might prevent this. She spoke of '*needing more time to grow together*' so everyone can see it's about working holistically rather than just with 'the bit that you know'. She felt this was also important because it was about other professionals understanding what you do. '*Other teams understand we're Early Years but not sure they understand the depth of what we do*'.

Reflective commentary (xxiv)

Once again, perceptions of 'expertness' seem to influence the way Early Years practitioners view themselves in relation to collaborative working. How they perceive themselves and how they consider other professionals to perceive them appears to be an important part of their identity and culture. This leads me to reflect upon whether personal qualities are also important here. For those who perhaps feel they can have agency over how they are perceived rather than a resignation of their perceived low status may lead to them becoming a more confident and effective Early Years practitioner. 'Making an effort' or even assertiveness, and 'being proactive' and showing confidence in the light of adversity may be important qualities, but perhaps difficult to develop. **Figure 22 summarises the relationship between professional culture and collaborative working for Early Years practitioners.**

Figure 22 An overview of the possible factors influencing professional culture and collaborative working in relation to Early Years Workers

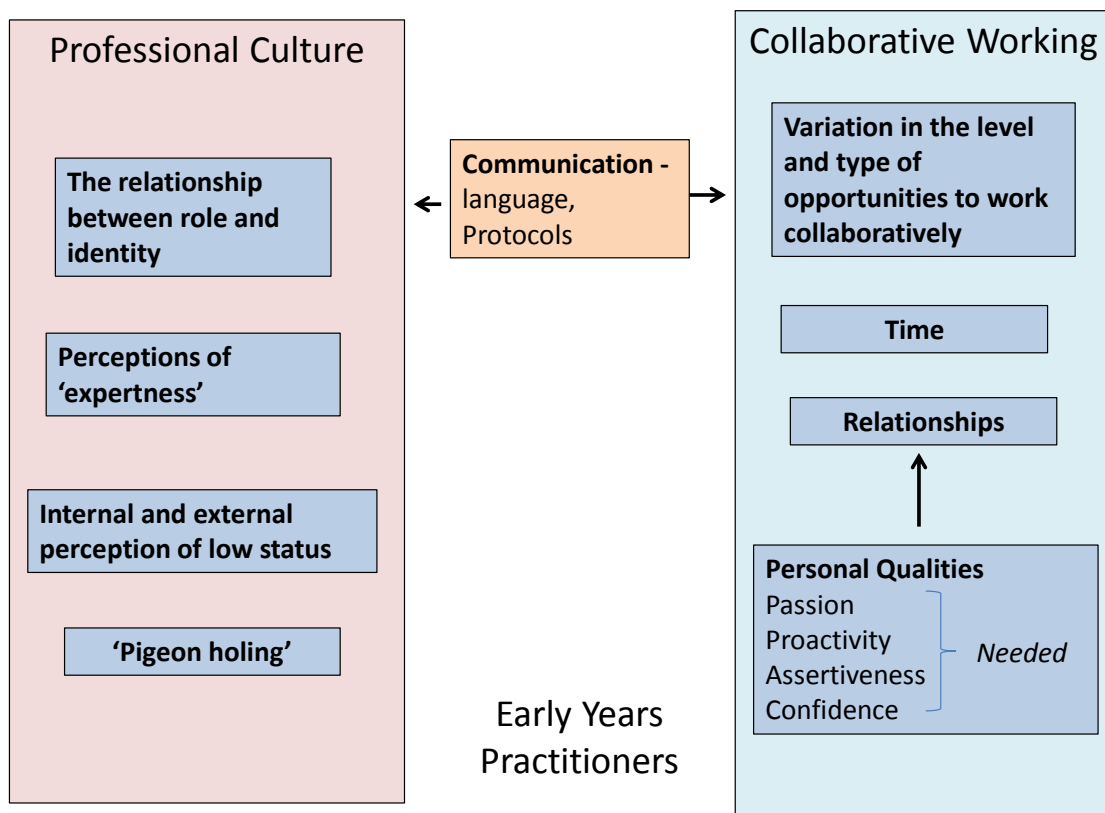
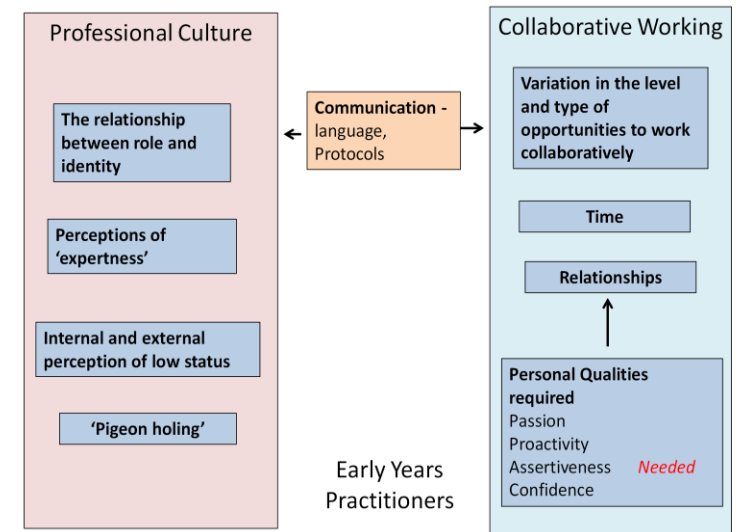
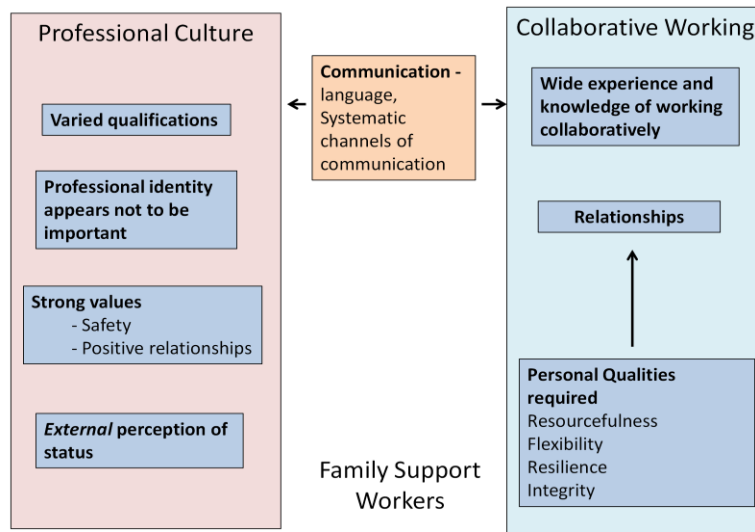
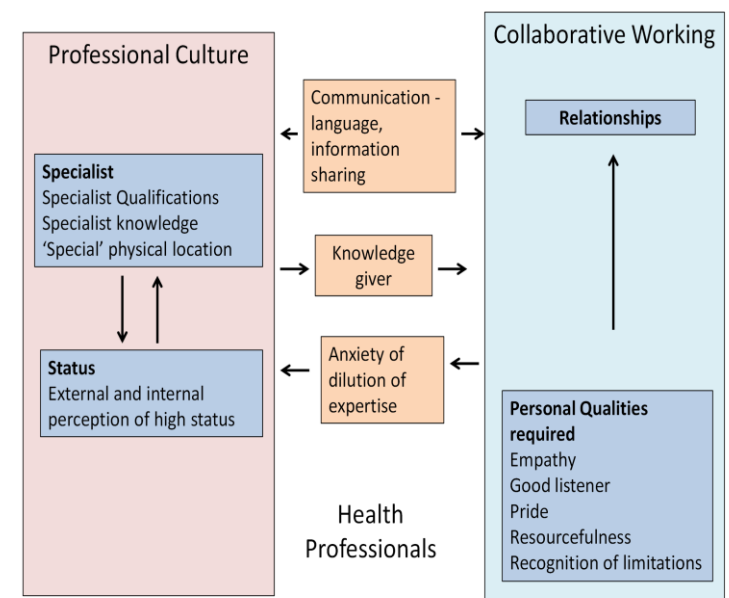
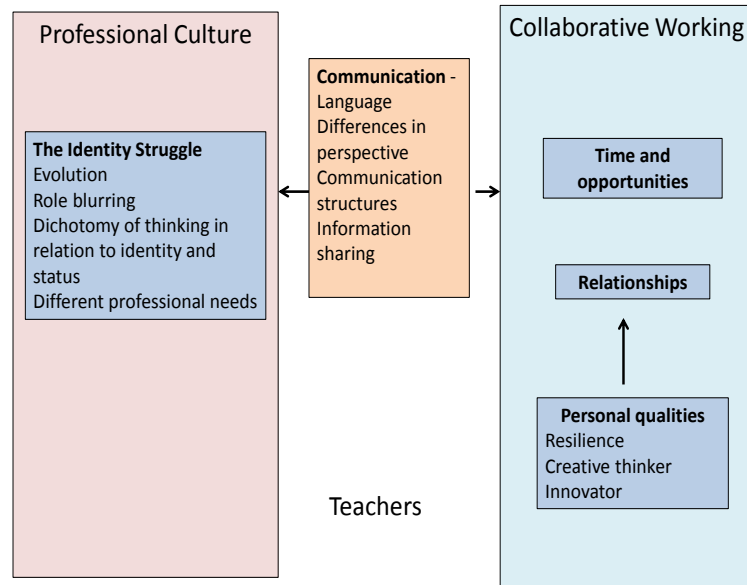


Figure 22 summarises the relationship between professional culture and collaborative working for Early Years practitioners. With regard to their professional culture, there appears to be a relationship between role and identity which in turn, for some, influences their perception of their specific area of expertise in relation to other professionals. Their internal perception of low status, which appeared to be reinforced by external perception of their low status by other professionals, also appeared to be part of their professional culture. In turn, this meant that for some, they felt constrained within their perceived skills set and role. Communication in terms of language and protocols influenced their ability to work collaboratively; they sometimes did not understand the professional language of others or the systems for communication were unsatisfactory to them. In some cases time appeared to be a major constraint and furthermore, this was compounded by the fact the Early years practitioners had

variable opportunities to work collaboratively with other professionals or agencies, as their work frequently remained within the Centre Early Years provision. For some practitioners, there appeared to be a relationship between feelings of low status and exclusion from collaborative working activities and practices. The requirement for the development of the personal qualities listed, in order to build relationships further may have the effect of enabling them to develop a more proactive role in collaborative working and indeed their status in relation to others.

F23 A Summary of Analysis across professional Groups



7.18 Looking across the professional groups

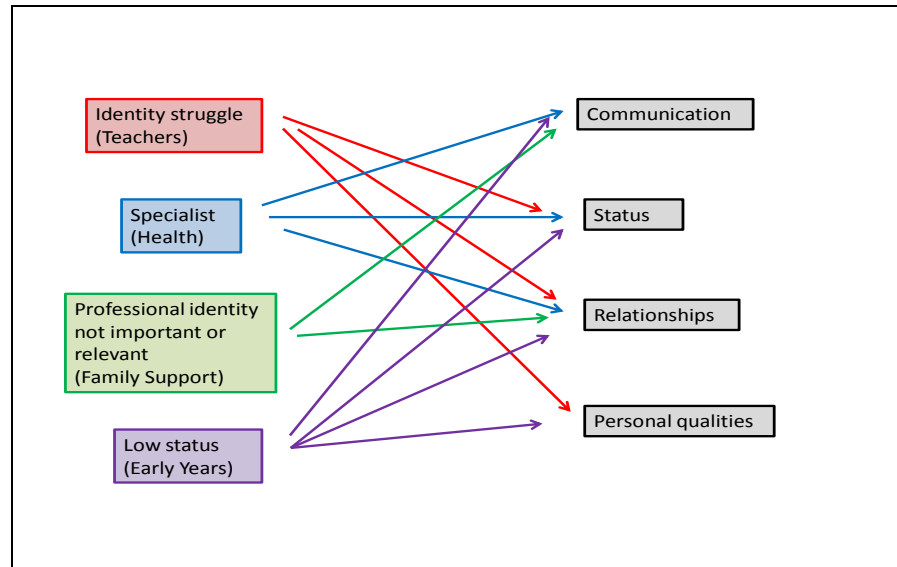
With reference to Figure 22 which provides a summary of the main areas for possible further consideration it can be seen there are substantial themes which emerge from all professional groups but also themes that appear to be particular to one professional group. These were shared and discussed and agreed with my peers at the Learning Circle in February 2011. I explained how through the process of analysis I had come to my interpretation. This was shared and discussed and after questioning, peers were able to confirm my interpretation of the data analysis.

Figure 24 Common and specific themes in relation to professional culture and collaboration

| Strong emerging themes common to all groups | Strong emerging themes particular to a certain professional group |
|--|--|
| <ul style="list-style-type: none"> ➤ Communication ➤ Status ➤ Relationships ➤ Personal qualities | <ul style="list-style-type: none"> ➤ Teachers – the identity struggle ➤ Health professionals – the notion of being a ‘specialist’. ➤ Family Support workers – professional identity does not appear to be a concern or have relevance ➤ Early Years practitioners – perception of low status |

The themes emerging that are common to all and specific to particular professionals seem to be strongly related to each other and therefore I shall consider them together. Figure 24 attempts to illustrate how the different kinds of themes could be interlinked.

Figure 25 The possible relationship between general strong themes and themes specific to particular professional groups



7.18.1 Communication

This was mentioned by nearly all the professionals who were interviewed and similar issues arose.

- Difficulties in understanding different professional languages
- Sharing information
- Systems and protocols in relation to communication

Some of these issues seemed to arise between professionals working with the Children's Centre itself as well as between professionals who were working with other agencies outside the Centre. It was notable that those staff with the most experience seemed to manage these issues better. For example the Family Support workers who dealt with many different agencies and professionals had learned the language of others, indeed Diane commented that she could 'speak' in the other professional languages as well as her own. Jane, an experienced Midwife seemed to be very aware of the difficulties others may have in understanding her professional language and spoke of it being 'not fair' to them and so she always tried to speak using terminology everyone would understand. The sharing of information seemed to be related to professional culture in the way different professionals

conducted different procedures and had different ideas of how and what should be shared. This seemed to be particularly so in relation to the Health professionals who commented upon this themselves as well as other professional groups commenting upon how Health in particular viewed the sharing of information. It would seem the practice of confidentiality is very much part of being a Health professional and whilst other professional groups may consider this to be important too, they also considered the sharing of information to be equally so. Judy, a speech and language therapist commented upon the different systems for sharing information in the Centre and how she found this difficult in comparison to the system she was used to back at the clinic.

It would appear that systems and protocols to aid communication were still areas in need of further development despite great efforts being made. Liz an Early Years practitioner spoke about having a communication book in her Centre in which staff could use to share information. However staff were often busy and forgot or they wrote things she did not understand. Annie, a Teacher spoke of the system of communication through meetings where one Teacher represents another to enable minimum disruption to the children, but she felt this sometimes led to a 'dilution' of her views. Clearly communication is a complex issue and perhaps there is a possible relationship between communication and status which will be discussed below.

7.18.2 Status

Whilst this emerged as a strong theme, it was reflected upon in different ways. Some professionals considered it within the context of how they perceive themselves, whilst others considered it from the perspective of how they are perceived by others. Most felt that hierarchy and status were inevitable when different professionals are working together although Diane, an experienced Family Support worker, made the distinction between 'everyone being equal' and 'everyone being equally valued'. The construction of status by others was evident and there seemed to be a close relationship between status and professional knowledge and qualifications

for some. In general, the Early Years practitioners considered themselves to be of low status and reflected upon others having a higher status. They provided the example of Teachers and Health professionals being of high status because of their qualifications and specialist knowledge, linking this to 'being an expert'. Fiona and Liz struggled with the idea of themselves being an expert in anything in particular. For some Health professionals they seemed to consider themselves to be of high status and because they contributed specialist knowledge. The Teachers seemed to struggle with issues in relation to status. These appeared to be related to their professional identity as Teachers which brought with it superior pay and conditions which they felt they had to live up to, and their desire to be seen as an equal part of the team. Interestingly in general, the Family Support workers seemed to be concerned more with how their status was viewed by others, particularly by Health professionals. Again this appeared to be linked to the view the Health professionals considered them to be less of an expert or a specialist. The relationship between formal professional qualifications and a 'recognised' body of knowledge which in turn may be at the heart of professional culture appears to have a strong influence upon the internal and external perception of status.

7.18.3 Relationships

Unsurprisingly relationships were reflected upon by all professional groups and were considered both from the perspective of collegiality and an acknowledgement of some of the factors that might make building relationships difficult. The need to feel part of the team and learn together was strongly evident by most professional groups and considered to be a real strength of collaborative working. Sarah, a Teacher commented on the fact that this was what she enjoyed about her job and how it would not be possible to work in this way in a school. Liz, an Early Years Practitioner spoke about one of the things she enjoyed most was 'getting on' with her colleagues. Exceptionally the Health professionals did not reflect upon this notion of collegiality as being important to them and this could be because they were normally not based at the Centre and perhaps had stronger links with colleagues from their own profession. Judy however, the Speech and

Language Therapist reflected upon how she sometimes found it difficult to work with already established teams within the Children's Centre, again this may be related to her not be permanently based at the centre. Learning together, an impact of collaborative working was mentioned by a number of professionals, for example Kate who spoke about undertaking training with other professionals which help to lead to a better understanding of each other. Sophie, another Early Years practitioner also reflected upon the fact that just by working alongside other professionals she had developed stronger relationships and learned so much.

Most of the Family Support workers spoke about the need to build positive relationships both with the parents and families as well as with other professionals. Kelly considered that making sure you 'knew your stuff' first was important in this respect. Sometimes relationships were difficult to build and sustain when different agencies and professional organisations had different agendas. Changes of staff, challenging case loads and differences in perspective were all factors that affected this.

It would seem therefore, that negative *and* positive relationships have an impact upon collaborative working and these would appear to be mediated by status and power. It is perhaps relationships that are *respectful* of staff, children and families as well as specific professional groups in particular that are important here.

7.18.4 Personal Qualities

This was a theme that appeared often to be implicit and embedded within what the professionals said in their interviews. It would seem personal qualities could be inextricably tied to relationships. They are also related to knowledge and understanding and skills, to personality and dispositions. They are personal because they come from 'within'. Some may exhibit negative personal qualities, which may not be conducive to collaboration but it is my intention to focus on the ones which could be considered positive in this respect. Jane the Midwife spoke of having to be a good listener and having empathy with the children and families with whom she worked. Pam spoke of knowing where to go to get what the families what they needed

which I have called 'resourcefulness'. This also appeared to be an important quality for Family Support workers who again spoke about having to know the community well and knowing where to go for things or who to ask. It would seem that Family Support workers also have to show flexibility as they respond to families in different ways according to their needs. They also have to demonstrate flexibility in working collaboratively with other agencies. Teachers it would seem need to be innovators and creative thinkers as they try to evolve and change into a new kind of Teacher. Whilst the Early Years practitioners did not articulate personal qualities explicitly, it would seem proactivity, assertiveness, confidence and passion *would be* valuable qualities in order for them to become more influential, collaborative professionals within a Children's Centre context.

Reflective Commentary (xxv)

I have come to realise the interconnectedness between professional culture and collaborative working. One would seem to influence the other and perhaps these factors indicated in Figure 25, whilst always being present, predominate more than others at certain times. Staff turnover could be a consideration in this respect. Well established, experienced staff may be better able to work with these factors to a positive effect. It would seem that leadership of the Children's Centre could be critical in encouraging the acknowledgment of these factors and trying to work with them positively. I wonder whether relationships and the possession of positive personal qualities conducive to collaborative working may be as influential as professional culture itself.

Chapter Eight: *Checking out*

This chapter considers ways in which aspects the analysis and findings in relation to the data to this point were then considered with a focus group within the Case Study and also reflected upon through an informal interview with a previous leader of the Centre.

8.1 The Focus Group

In order to attempt to increase the reliability and trustworthiness of the data further, I carried out a focus group interview with six staff who volunteered to be part of it from the Case Study Children's Centre. (Hollyville). All the participants had previously been interviewed by myself. I attempted to invite as representative group as possible to participate and took into account the importance of 'opting in' on a voluntary basis. Consequently the six staff who participated did not represent all the professional groups and this was mainly due to availability rather than a reluctance to participate. The following participants ultimately were included;

- Lucy (Family Support)
- Annie (Teacher)
- Fiona (Early Years practitioner)
- Carol (Early Years practitioner)
- Sophie (Early Years practitioner)
- Kate (Early Years practitioner)

I had to remind myself of the views expressed at the focus group may not have been truly representative for a number of reasons. Firstly, due to the fact not all professional groups were represented and there was a disproportionate number of Early Years practitioners included. Secondly, there may have been a reticence to express personal views in this more public arena. Thirdly, I was obliged from an ethical point of view to point out at the beginning the risk of them possibly being identifiable despite being given pseudonyms in the final write up of the research due to the small size of the group. This may ultimately have influenced what they said.

Nevertheless I considered it to be a worthwhile research activity as it may have enabled me to gain a better understanding of some of the issues within a specific context, namely Hollyville. I gave an undertaking that it would last for no longer than forty five minutes as staff had other commitments beyond this time. This unfortunately meant that it was not possible to explore all the issues I had planned. Nevertheless I was able to consider the following themes to some extent;

- Communication
- Status
- Professional identity and culture
- Relationships
- Personal qualities
- Organisational culture

I introduced these themes in the form of small scenarios that either were a composite reflection of some of the issues that had emerged previously or were real anonymous examples that had been offered by some of the Bystanders. Appendix 21 outlines the main questions that were asked. These were then followed with supplementary questions. The interview was recorded and later transcribed using the method described previously.

8.2 Communication

The view was that communication was a challenge in all its forms but the group felt that at Hollyville good communication structures were in place but that time was always a pressure. Each day is structured to facilitate pedagogy and planning meetings. Also at the end of each day there are debriefing meetings for fifteen minutes which provided a good opportunity to reflect with each other. Kate made the very realistic point that *'You have to accept that you don't know lots of things and that is a challenge. It's one of those things you have to live with but it's quite hard'*.

8.3 Status

This was discussed at some length within the context of the significance of professional qualifications in relation to perspectives on status. However, the overwhelming view was that staff are given many opportunities at Hollyville

to further their professional development by undertaking CPD courses or undertaking higher qualifications such as degrees if they wish. These opportunities had been offered to all staff irrespective of their professional heritage or role. Carol felt quite strongly that experience was given as much recognition as professional qualifications or academic awards and considered social skills to be much more important. The common view seemed to be 'there were no hierarchies at Hollyville' and people who came to work there expecting there to be one had quickly left. There did not *appear* to be a view that reflected some professional groups being of higher or lower status than others.

8.4 Professional Identity and Culture

Annie the Teacher reiterated the view that when she first came she did not know how to be a Teacher and it took some time for her to work out. She also pointed out that her role continues to evolve. She suggested that Teachers who can't do this quickly leave, and when pushed on why she thought that was she reflected that it would be '*they didn't like liaising with different teams*'. Lucy, the Early Years practitioner pointed out that they all had unique roles and whilst they might cover for someone they couldn't take on someone else's expertise.

8.5 Relationships and Personal Qualities

These were mentioned within a variety of different contexts and appeared to be in the background of all the conversations along with values. Jane spoke at length about 'there being a great commitment to wanting to make it work and felt that relationships were at the heart of this. '*There's something about a collective wanting to make it work, it's about relationships isn't it?*' Lucy spoke about the challenges sometimes of working with Health professionals and felt these were probably due to the fact they weren't based in Hollyville and so had fewer opportunities to build relationships. However she also conceded that it could also be related to personality as well. Respectful relationships were considered to be at the heart their values at Hollyville and these appear to be nurtured and supported by a strong leader.

8.6 Organisational culture

Whilst this was not my original intention to consider organisation culture as the focus group discussions progressed, it became apparent that it might be influential and it was a good opportunity to explore within a Case Study context. It became clear that many of those in the focus group had worked at Hollyville for a considerable length of time. I was interested to know why this should be so, especially because some of the Bystanders had indicated that high staff turnover was a problem in the Children's Centres in which they had worked. There did not appear to be one particular reason although Annie the Teacher suggested it was because everyone within Hollyville values Early Years and considers it to be important. Lucy suggested it was because of the variety of work they do. *'It gets under your skin and you stay forever...'* Interestingly the group also alluded to the fact there were key experienced members of staff who had remained a constant through turbulent times and had been there to support them. Staff had been given the opportunity to work across the Centre, covering each other's roles and so learning more about each other's work. Carol said she did not feel like she had been there for long because she had moved around within the Centre and had different roles.

The organisational culture appeared to be that of a learning one. Jane reflected that you learn so much at Hollyville, not just with staff but from the local community including their resilience.

The focus group helped to enable me to see some of the emerging themes within a specific context and led me to reflect upon the possible influence of the *organisational culture*. This seems to have developed over a long period of time led by and supported by a group of experienced and committed staff. Although Children's Centres are a relatively new phenomenon, Hollyville had been in existence for over thirty years in a variety of forms, supporting the needs of the local community and indeed had been a national trailblazer in the development of collaborative working. I was interested to discover more about its historical significance and in turn how the present organisational

culture developed. Consequently I then conducted an unstructured interview with one of the previous heads of the Centre, Christine.

8.7 Interview with Christine

Whilst my interview with Christine was not a planned form of data gathering, she was visiting Hollyville and I took the opportunity to ask if she would mind being interviewed with reference to her time as Centre leader at Hollyville. Christine is now retired but came to Hollyville in 1970's as a Teacher. The Centre at this time primarily offered nursery education provision but throughout Christine's time at the Centre where she progressed to Deputy and then to Head, the Centre developed integrated provision. In the late nineties it became an Early Excellence Centre which became the forerunner to the Sure Start initiative.

Christine spoke about the development of collaborative working at the Centre and reflected that during this time it was an unsettling period for staff but she was motivated by the need in the community. Christine felt she had learned a lot from the first head of the Centre who taught her the importance of following through something you have initiated. Christine's values seemed to be very much at the heart of what she did, including 'respectfulness for the community'. Christine reflected upon the importance of attitudes and getting all staff to reflect upon their own and those of others. She spoke about it taking a long time to develop the Centre to the point where respectful relationships were at the heart of everything. She considered leadership to be important in the development of respectful relationships. She identified key members of staff who helped her to do this and it is interesting that these members of staff are still working at Hollyville today.

Reflective commentary (xxvi)

The notion of 'respectfulness' seems to be at the heart of the development of collaborative working and it would seem that in the case of Hollyville the development of this has been driven by leadership at the Centre, both by the head and significant others. This leads me to reflect this is perhaps at the heart of the organisational culture and has perhaps taken a long time to develop which may have an impact on staff retention. In turn, key members of staff have remained working at the Centre who have probably had a stabilising influence when changes at the Centre have occurred. This may help to explain why this culture of respectfulness still appears to be very much apparent at the Centre today. It might be that it is for this reason some of the issues that have emerged in relation to the influence of different professional cultures appear to have been utilised to the best advantage.

8.8 Concluding Comments

The focus group did provide me with an opportunity to check some of the previous interpretation of the analysis of the data. However, I had to remember that what participants told me in the focus group may have been different to what they might have said to me privately. However, I had to remind myself of the reason for choosing Hollyville as my Case Study; it had a national reputation for good practice and so I had little reason to doubt their shared reflections upon the questions they were asked. The interview with Christine further supported what staff had said in relation to the importance of well-established teams.

Chapter Nine: How does professional culture influence collaborative working and what might be possible ways forward?

In this chapter I intend to consider my original overarching research question 'How does professional culture influence collaborative working?' I will do this by undertaking a critical reflection of my research findings, including the data analysis and theoretical perspectives. Ultimately I offer a *new conceptual model for collaborative working* which has a *new, psychodynamic model of the 'Third Space' at its heart*. I argue that the new model has the potential to be transferable to other collaborative contexts, including commercial and business environments.

A summary of the claims I make are as follows;

- **Professional culture does influence collaborative working in Children's Centres.**
- **Intra-emotional challenges and personal qualities also influence the ability to work collaboratively.**
- **Different professional groups present with their *own* specific challenges**
- **In order for professionals to work together collaboratively a culture of *respectfulness* needs to be developed.**
- **It is at the interface of respectfulness, professional culture and personal qualities that a new Third Space emerges, which is a new culture that enables and facilitates high quality collaborative working.**

These claims will be discussed and critically analysed with reference to the following;

- What is professional culture?
- What are the challenges of the influence of professional culture in relation to collaborative working for specific professional groups?
- The influence of intra-emotional challenges in collaborative working.
- The influence of respectfulness and personal qualities on collaborative working.
- A new model of collaborative working.

9.1 What is professional culture?

The undertaking of a critical review of the literature enabled me to formulate an initial theoretical framework which I could use as the foundation for my further research activities. This theoretical framework was broadly based upon a cultural anthropological perspective, drawing upon the work of Hofstede et al, (2004) a sociological perspective drawing upon the work of Bourdieu (1984, 1990a, 1990b) and a post-colonial and post-structural perspective, drawing upon the work of Bhabha (1994), discussed in Chapter two. This helped me to begin to understand the important elements of professional culture and identity, notions of status and power and how new cultures might be formed. I return to consider the cultural anthropological and the sociological perspective in the light of my data analysis. The post-colonial and post-structural perspective will be re-examined within the context of the new model of collaborative working that I will propose.

9.2 A return to cultural anthropological perspectives of culture

In chapter two I examined Hofstede et al's notion of culture (2004) and the analysis of my research confirms that some of the 'components' of culture Hofstede et al. identifies were found to exist. This model provided a useful starting point although it had limitations in helping to understand professional culture because it does not take into account 'interconnectedness' and or possible fluidity between the layers. The work of Geertz (1972) and Moua (2007) help us to understand this better and it might possibly have been useful to have foregrounded Geertz's notion of 'interconnectedness' and Moua's ideas of sub cultures and cultural universals to a greater degree from the outset of my fieldwork. Hofstede et al's notion of 'heroes' did not appear

to be particularly helpful to understanding *professional* culture, although some might argue that with some professional groups, their professional bodies could be considered their heroes. However, I have come to understand that professional culture is indeed concerned with values, 'symbols' and practices or rituals; these elements presented themselves amongst the different professional groups. However, the extent to which they presented themselves within the 'onion like' form or layers (Figure 2) is where my view differs to those of Hofstede et al.

9.3 Values

Hofstede et al. suggests that values are at the heart of culture and they are what guides and frames all other elements. Ghaye (2010) reminds us that values not only give us a sense of professional identity, but they motivate us to work in the way we do. He suggests that 'informed action' which he defines as being clear about the way you are acting, is informed by your values. My study suggests this was indeed the case with the Family Support workers; in fact they were the professional group that were most able to articulate their values and were able to demonstrate and explain how they informed their work. (p.171). The Early Years practitioners were the group that were least able to articulate their professional values but I must be careful not to make the presumption they did not have any; rather they did not recognise them as such. Some values were common to most professional groups, for example the importance of trying to meet the needs of the children and families whilst others were articulated more strongly or frequently by some specific professional groups. As I expected, Teachers frequently stated that it was important for the children to have a good education and patient confidentiality was considered to be of utmost importance for Health professionals. This would seem to suggest that within the context of *professional* culture there is a strong relationship between values and working practices; each would seem to inform the other.

9.4 Symbols

Symbols, as defined by Hofstede et al. are words, gestures or objects which carry a particular meaning which are only recognised by those who share

the culture. Within the context of professional culture, I consider this to have some applied relevance. I interpreted this as professional language and I found this did seem to influence the way in which different professional groups could work together. All professional groups to some extent seemed to have terminology which was easily understood by themselves but more difficult to understand by others. All the professional groups identified this as a challenge to collaborative working. More importantly, barriers associated with this were more easily overcome when there was an awareness and effort made to ensure 'others' understood terminology and language used. It also required a confidence and willingness to ask for clarification if language used was not understood. In addition, the extent to which professionals engaged in collaborative working with different professionals greatly influenced their ability to both use language others would understand and similarly understand the language used by others. For example, Family Support workers were the professional group who most frequently engaged in collaborative working with other professional groups and agencies, and were therefore more able to understand and speak in 'different languages' (p174). Indeed Engestrom (1999:45) refers to language not as a symbol in this respect but as one of the *mediating artefacts*. This would seem to provide a better description than 'symbols' as it implies the necessity of interaction.

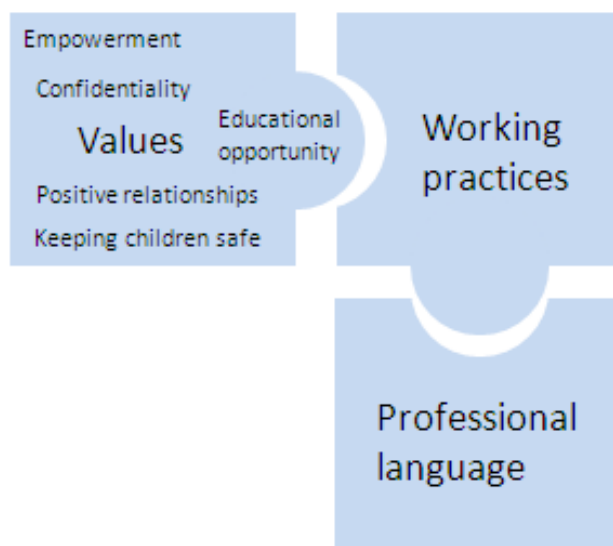
9.5 Working Practices

Within the Hofstede model, 'practices' cuts across all the aspects of culture and I consider this to be the case too within the context of professional culture. It would appear there is a two-way relationship between professional values and working practices, each informing the other. For example empowerment of children and families was considered to be fundamental to the work of some of the Health professionals and Family Support workers which in turn influenced their working practices, and even the language they used. In the case of teachers, where the importance of providing educational opportunity was largely their central belief, merely by providing those educational opportunities possibly helped to reinforce their belief that educational opportunity was paramount. This leads me to

question whether working practices which are often developed as a result of '*enculturation*', (the process by which the requirements of a professional culture are learned), contribute strongly to the development of professional values. By engaging in the working practices associated with confidentiality, for example in relation to Health professionals, I have come to the view this possibly helps to reinforce the belief that patient or client confidentiality is of utmost importance.

To summarise, Hofstede et al's 'layers of culture' helped me to understand some of the possible *elements* of professional culture but within the context of professional culture in Children's Centres, these elements do not necessarily present themselves in *discrete layers*. Rather the boundaries between the layers, or 'elements' as I would now prefer to call them are interconnected and may be fluid. For this reason, unlike Hofstede et al's model, there is an influential component. Values influence working practices but in my view, working practices can influence values because they help to reinforce some values above others. Working practices also influence professional language and vice-versa. I have also come to the view that professional identity which I consider to be a part of professional culture is also influenced by these three elements. In the model of professional culture I suggest, (Figure 26) the interrelationship of values, working practices and language help to define it. This model helps me to understand what professional culture is and how it might be interpreted within Children's Centre context.

Figure 26 Professional culture: an interconnectedness of values, working practices and professional language.



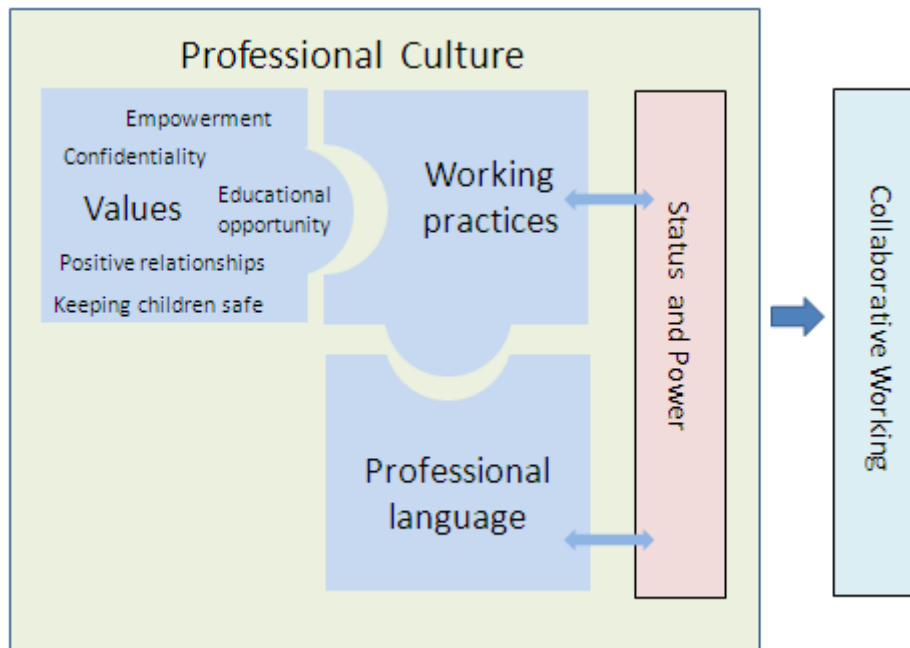
9.6 A return to sociological perspectives of culture

Bourdieu's notion of social structuration (1986, 1990) whereby notions of power are socially and symbolically created through forms of 'symbolic capital' (page 18) featured strongly in my research, particularly in the seeming acceptance of hierarchies. Bourdieu's original work was set within the context of the French Bourgeoisie and it has been surprising to discover notions of social structuration has relevance and application in relation to status and power within the context of collaborative working in Children's Centres. In particular, there appeared to be a relationship between cultural capital, or rather in this case, *professional* cultural capital and status. This can be illustrated with the example of the Early Years practitioners. They were generally regarded by others, and themselves in some cases, as having a lower level of education or qualifications (cultural capital), (p162) in their view, the role they undertook was not regarded as highly (social capital) and they generally earned less than the other professionals (economic

capital). This consequently seemed to be reinforced by what Bourdieu terms 'symbolic violence' whereby potentially this created opportunities for other professionals to reinforce this. There were instances where some of the Health professionals appeared to consider themselves to have greater cultural capital in terms of their expertise and qualifications (p164). They used this to maintain their position in hierarchies in a number of ways including for some, the wearing or not wearing of a uniform, conveying to others a specialist area of expertise that only they had and/or which they needed to 'give' to others. In addition, in some cases it could be considered that their 'Habitus' was also used to maintain their position and status. This sometimes took the form of the working practices and procedures to which they adhered, for example their very firm stance on maintaining confidentiality. On occasions this had the effect of excluding some professionals from information. This was subsequently perceived as an opportunity to maintain a position of power.

The sociological theoretical underpinning therefore, helped me to consider through my data analysis that power and status through the means of Capital and Habitus are also inextricably linked and therefore a significant influence within professional culture itself. Furthermore, I would argue, the interaction of the elements of professional culture and dynamics of power and status combine to form the *medium* through which collaborative working takes place in Children's Centres.

Figure 27 The influence of status and power within professional culture.



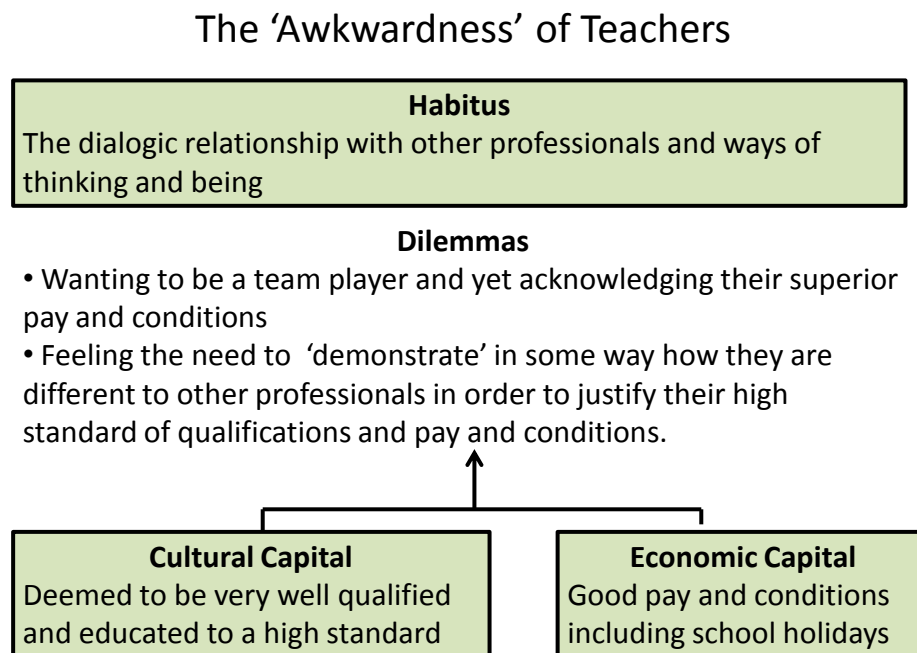
This figure demonstrates the relationship between professional culture and status and power. This is a two-way relationship in the sense that working practices and professional language influence status and power and vice versa. As such this two way relationship is related to the development and maintenance of Capital and Habitus; both of which relate to the way professionals speak and their use of language, and the way they behave and conduct their professional role through their working practices. Inevitably therefore, status and power are an inextricable part of professional culture. Hence, these components of professional culture would seem to influence the ability of professionals to work collaboratively.

9.7 What are the challenges of the influence of professional culture in relation to collaborative working for specific professional groups?

9.7.1 The Awkwardness of Teachers

The teachers proved to be an interesting professional group in terms of symbolic capital. They were deemed to have a great amount of economic capital (p150) by both themselves and others in terms of their pay and conditions. They were also deemed to have a great amount of cultural capital in terms of their qualifications and skills (p182) however, they often seemed to be troubled by Habitus, in so far as they appeared unsure of how to act and behave as a teacher in a Children's Centre. (p150, 151) This appeared to be influenced by both their economic and cultural capital. The term I have used for this is 'awkwardness'. This notion of 'awkwardness' seems to be peculiar to teachers. Perhaps this could possibly be interpreted as the teachers being uncomfortable with hierarchy and yet acknowledging they have to be part of it.

Figure 28 The Awkwardness of Teachers



9.7.2 The Tight Boundaries of Health professionals

It might be dangerous to attempt to make generic assumptions about the Health professionals as if they were one homogenous group. Firth-Couzens (2001) reminds us that workers in health care have different professional groupings and different allegiances. However, Baxter and Brumfitt (2008:239) suggest that generally, professional practice in health has an emphasis on a high degree of expertise, the freedom to control the management of the task, a system of ethics, professional standards and autonomy and dominance over other groups. These elements were also borne out by this study although to varying degrees. Particularly to the fore was that all the Health professionals that were part of this study seemed to have a strong sense of identity that was bounded by the rules and regulations of their respective professional bodies (p160). Indeed for some of them this was very important and helped them to make sense of their professional role and identity within a Children's Centre context. However it could be argued that it was also constraining in that the emphasis for some was related to maintaining their remit and role at all times, particularly with reference to working practices relating to sharing information rather than perhaps, being able to be more flexible in order to be more responsive., Working practices as Baxter and Brumfitt suggest, are very much part of their professional culture and perhaps in some instances it makes working collaboratively with other professionals challenging, especially where the working practices of others differs (p159). In this study this in turn was sometimes perceived as a vehicle to maintain symbolic capital and therefore power, as it sometimes denied others information to which they felt they should have been privy. (p182). This study bears out the findings of Baxter and Brumfitt in that the depth of knowledge and skills seemed to be perceived as a central element in preserving professional boundaries, (p160) and as Howkins and Ewan (1999) suggest, Health professionals have traditionally been trained to function independently and autonomously as part of a process of professional socialisation. The impact of this, in my view can lead to a very tight boundary maintenance which can be constraining in terms of working collaboratively.

Figure 29 The 'Boundedness' of Health professionals

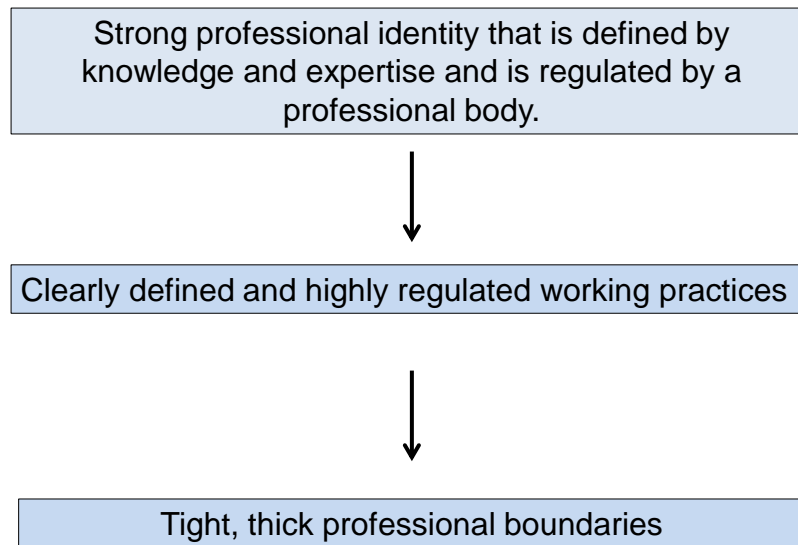


Figure 29 illustrates aspects of the Health professional's role and identity that leads to the formation of tight, thick, boundaries.

9.7.3 The disenfranchisement of Early Years practitioners

They were generally regarded by others, and themselves in some cases, as having a lower level of education or qualifications (cultural capital), (p181) the role they undertook was not regarded as highly (social capital) (p182) and they generally earned less than other professionals (economic capital). This consequently seemed to be reinforced by what Bourdieu terms 'symbolic violence' whereby potentially this created opportunities for other professionals to reinforce this.

Disenfranchisement seemed to be the result of a complexity of factors that were both internally and externally constructed. (Figure 30) McGillivray (2008: 245) explains the dichotomy that faces Early Years practitioners. They are seen as '*caring, maternal and gendered as opposed to professional, degree educated and highly trained*'. Whilst two of the eight Early Years practitioners held Early Years Professional Status (EYPS) this did not *appear* to set them apart from the other six in terms of them feeling

differently about themselves despite the commonly held view reflected by Miller (2008) that EYPs can be active change agents and standardisation and regulation can create possibilities for them. However, in this study there were instances of 'within-self' confusion over their specific professional identity (p181) coupled with their own view of their cultural and social capital, seemed to lead to feelings of disenfranchisement. In addition, in some cases they felt this view was also reinforced by other professionals. (p182) According to McGillivray (2008), this does not appear to be helped by an ever changing national policy agenda exacerbated by an absence of an established job title. Osgood (2006) disagrees with Miller and suggests that the official discourse of Early Years professionalism is disempowering in itself and is a mechanism for regulation and control. In addition to these considerations there could be a possible relationship between perceived 'worthiness of knowledge' (cultural capital) and the status of Early Years professional culture and identity. Swingewood, (2000) and my own work (Messenger 2010b, 2011b) suggest that power and knowledge are joined. Furthermore, Fook and Askeland (2007) suggest there is a traditional hierarchy of knowledge and that we are socialised to believe that intellectual knowledge has the highest value, and knowledge gained through experience being at the lowest rung in the hierarchy. I would also argue that a further hierarchy exists which again is inextricably linked to power which is that of a hierarchy *within* intellectual knowledge which is of course reinforced by official levels it is given. For example, NVQ levels 2 and 3, Foundation Degrees at levels 4 and 5 and an Honours degree at level 6. In addition, the Independent Review of Early Education and Childcare Qualifications (Nutbrown 2012:5) makes reference to 'concern' that the qualifications in relation to Early Years practitioners may not perhaps '*be systematically equipping practitioners with the knowledge, skills and understanding they need to give babies and young children high quality experiences*'. Once more , the external construction of 'knowledge worthiness' is being reinforced and being given credibility. It would be naïve to think there is not a necessity for this, but the impact upon the dynamics of power within a collaborative working context are significant, both for the Early Years practitioners themselves and how they are seen by others.

Figure 30 Factors influencing the disenfranchisement of Early Years practitioners

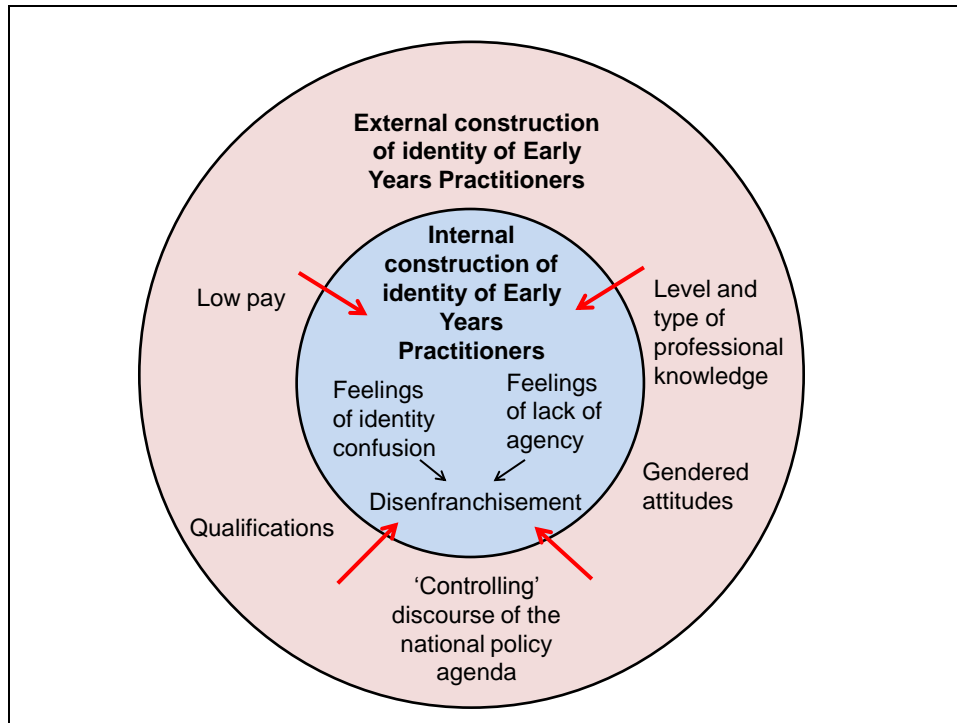


Figure 30 helps to demonstrate how external and internal factors influence the disenfranchisement of Early Years practitioners. The outer circle represents how the external factors, including low pay, qualifications and the discourse of the national policy agenda which are discussed in depth in Chapter 10, contribute to the external construction of identity for Early Years practitioners. The level and type of professional knowledge is also influential in that it is sometimes considered to be lower than that of other professions and the specific type of professional knowledge is difficult to differentiate from others. Furthermore, gendered attitudes that are associated with 'caring' and 'maternal feelings' perpetuate the idea that Early Years practitioners offer little more than this. The internal construction of the identity of Early Years practitioners appears to be associated with feelings of identity confusion in relation to the fact that they are unsure as to their specific area of expertise in relation to other professionals. Their feelings of

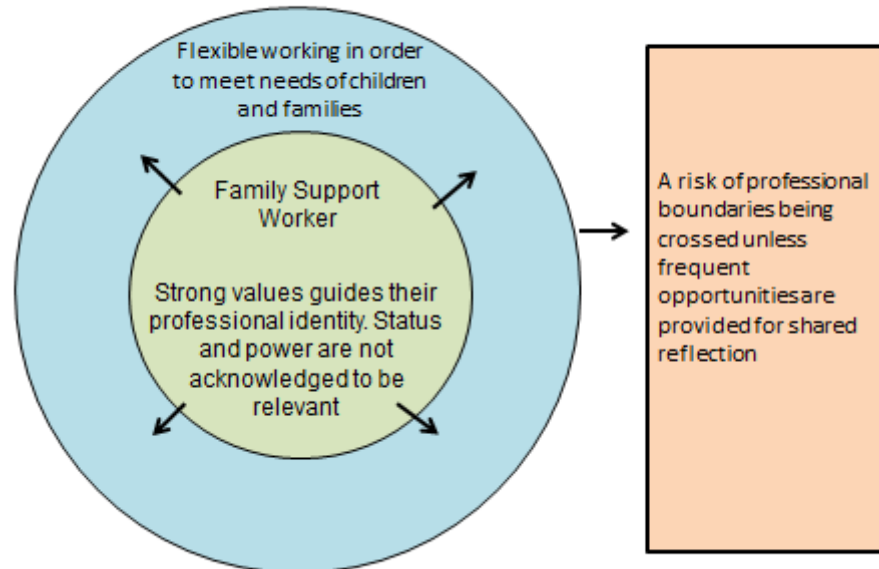
a lack of agency are exacerbated by the external factors described and as a consequence this contributes to feelings of disenfranchisement.

9.7.4 The consequences of 'flexibility' for Family Support workers

Family Support workers stood out from the other professional groups in that they appeared to be comparatively less concerned about their professional identity and culture, to them, responding to the needs of the children and families was more of a concern to them. Neither did they appear to be as concerned with power and status. At first glance, therefore, they seem to be the professional group that is most suited to collaborative working in Children's Centres.

It is somewhat difficult to describe and discuss the professional identity and culture of Family Support workers other than to suggest their work is guided by a strong set of values which they are able to articulate well (p171). However, returning to Robinson et al (2005) perhaps the requirement to have to learn and share knowledge constantly with a wide variety of professionals actually enhances their sense of professional identity even if it is not an identity in the same sense as the other professional groups. It might be difficult to define because it is continually being reshaped by the complexity of their work. Whilst this may be viewed in a positive light within the context of collaborative working, their role involves an extensive amount of what Hochschild (1983:26) terms 'emotional labour' and possibly there is great risk associated with this in terms of personal and professional boundaries. Due to their ability to respond flexibly and not be constrained in the same way by the boundaries other professional groups encounter, they possibly run the risk of not staying within their original remit and this may have implications for collaborative working with other professionals. It would seem the importance of shared reflection with others on their work is vital in order for them to be reminded of their professional boundaries. At Hollyville there did seem to be strong and frequent opportunities in order for this to occur (p197).

Figure 31 The consequences of flexibility for Family Support workers



To summarise, all professional groups presented with specific challenges within the collaborative working context which were related to their professional culture and identity, namely the awkwardness of teachers, the 'boundedness' of Health professionals, the disenfranchisement of Early Years workers and the consequences of 'flexibility' for the Family Support workers. However, I would like to argue, that although these challenges did influence their ability to work collaboratively in Children's Centres, the *intra-emotional responses* that working in this way evoked, were also influential.

9.7.5 The influence of intra-emotional challenges in collaborative working.

I describe intra-emotional challenges as those which are 'within-self' and could be considered as negative responses. That is not to say that positive intra-emotional responses were not experienced also; for example, feelings of happiness, relief, satisfaction, passion, but the ones presented below seemed to result in challenges to collaborative working. All the professional groups face social and emotional challenges that are as a result of the work

they do i.e. working with vulnerable children and families, and the way they undertake it within the collaborative context of a Children's Centre. *I would argue that it is the way in which individual professionals respond to these emotional challenges that influences collaborative working possibly more so than professional culture itself.*

Examples of some of the intra-emotional challenges professionals may face include the following and examples were found in my data analysis.

- Threat e.g. (for example p.162)
- Anxiety (for example p150)
- Loss (for example p161)
- Disenfranchisement (for example p185)
- 'Unsuredness'(for example p149)
- Frustration (for example p175)

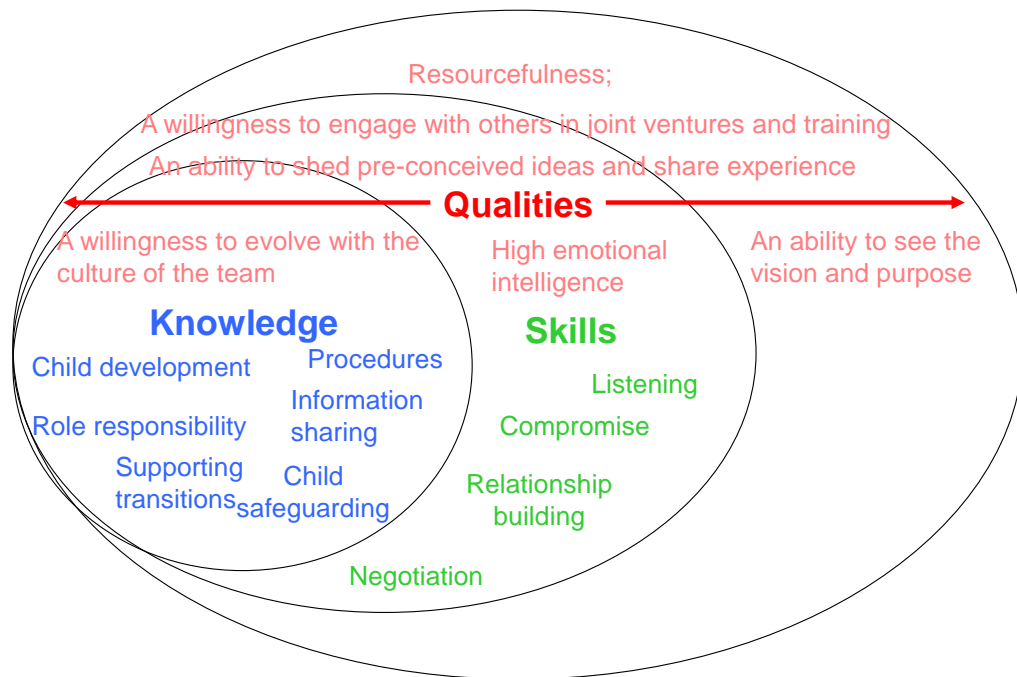
Individuals may not experience all of these emotions and may not experience them for some or all of the time. A feature of collaborative working is that it is dynamic and ever-changing and so therefore it is possible emotional responses may change in intensity or type. Indeed, Smith and Bryan (2005:196) identified that issues of trust, ambiguity and conflict within any collaborative relationships had to be emotionally managed. In addition, Smith and Bryan (2005:203) suggest that as part of the process in navigating these emotions in what they term 'partnership working', professionals engage in *emotional labour*. Stated in Hochschild (1983:7) Smith defines emotional labour as the induction or suppression of a feeling in order to sustain an outward appearance that produces in others a sense of being cared for in a safe place. I would argue that professionals working collaboratively in Children's Centres probably engage in emotional labour on two levels; one being with the children and families with whom they work and the second being with each other as they strive to make collaboration work. Interestingly, Hart (2011:373) refers to the management of emotions in interprofessional collaboration as the '*elephant in the room*' and suggests that an acknowledgement of the underlying power dynamics is crucial to understanding and dealing with emotions in this context. Goleman (1996)

suggests 'emotional intelligence' is required in order to have the capacity to deal with complex emotions. Self-awareness of one's emotions and the ability to recognise and manage the emotions of others are central to Goleman's ideas on this. Gardner (2006) makes the distinction between intra-personal intelligence and inter-personal intelligence with regard to managing emotions and it would seem both types are relevant within this collaborative working context. It might be unrealistic to consider these intra-emotional challenges can be eradicated completely but it would seem that some professionals (p145) do find a way of dealing with them. I would suggest it is their *personal qualities that help professionals deal with* these intra-emotional challenges.

9.8 Personal Qualities

As my research progressed, I began to consider personal qualities (which I would define as 'an identifying characteristic of a person') more closely because they were mentioned by the professionals themselves, for example (p170) and I began to reflect upon which the ones which may be important within the context of collaboration. Initially I viewed this in terms of *professional* qualities and attempted to discover the relationship between professional qualities and knowledge and skills.

Figure 32 Qualities: the thread which draws professionals together



Messenger 2010a

In the early stages of my thinking I considered separately some of the generic knowledge and skills that appeared to be required for collaborative working and then attempted to reflect upon where professional qualities cut across both knowledge and skills. As my thinking has developed I have come to believe that it is *personal qualities* that are the most influential in collaborative working. I have come to view this term as the most appropriate for a number of reasons. I also had to reflect upon whether I was essentially considering personality traits as described by Matthews et al. (2003). Their suggestion of openness, conscientiousness, extraversion, agreeableness and neuroticism were certainly traits that might be influential, and indeed some of the identified personal qualities could be considered to be components of these traits, but they did not emerge as themes from the data analysis. The word 'qualities' also provided a dilemma in that I had to think carefully as to whether it was 'attributes' or qualities I was in fact examining. However, after reflecting upon how the term 'attributes' is used elsewhere,

for example the professional requirements of teachers (DfE 2012), nurses and midwives (Nursing and Midwifery Council [online] no date) and Early Years Professionals (Teaching Agency 2012) I came to the view that in these contexts ‘attributes’ was interchangeable with ‘competencies’ and it was not competencies I wished to consider. It is interesting that it was the professionals themselves who discussed some of these qualities. Interestingly, it was only the Early Years practitioners who did not allude to any qualities at all, but again I must be careful not to conclude they as a professional group do not recognise personal qualities as being important; rather they did not articulate them to me at the time I spoke to them.

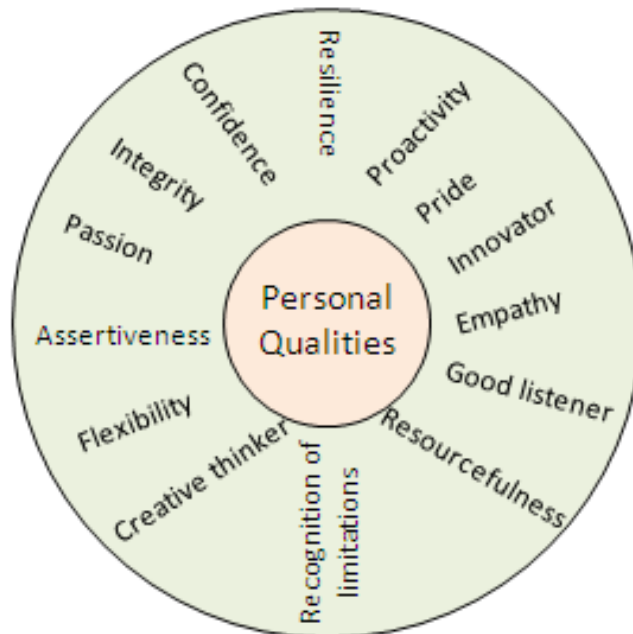
Table 26 The personal qualities needed for collaborative working that were referred to by the research participants

| Teachers | Health professionals | Family Support workers |
|---|--|---|
| Resilience Creative thinker Innovator | Empathy Good listener Pride Resourcefulness Recognition of limitations | Resourcefulness Flexibility Resilience Integrity |

Whilst this table shows which professionals identified which of these qualities, it is interesting that apart from resourcefulness and resilience, there does not appear to be any duplication. However, I would suggest these are not specific to the discrete professional groups; rather they are ones that are required across *all* the professional groups. In order to support this view, I return to my definition of collaborative working in a Children’s Centre context on page 4 ‘...which has respectful relationships at its heart and allows for the sharing of information, knowledge and expertise in order to work towards common goals thereby responding to the needs of the children and families’. I argue therefore, these personal qualities have to be generic rather than specific just to certain professional groups. In addition,

particularly in response to issues of power and status being a prominent feature of collaborative working I would also add *passion, proactivity, assertiveness and confidence*. I began to come to this view following the analysis of the Early Years practitioners which revealed disenfranchisement and internal and external perception of low status. I reflected that if these qualities could be supported and developed, it may have a positive influence on these negative perspectives. However, I appreciate that the interaction of complex external and internal factors discussed represented in Figure 30 may mean this would be particularly challenging as a task on its own. Furthermore, for the reasons discussed above, these qualities are relevant for all. At this point it could be argued that the line becomes more blurred between *personal* qualities and *professional* qualities. But perhaps it is not important to debate the intricacies of semantics. Rather more important in my view, would be the degree to which they are innate or can be learned. Whilst few would doubt that some people have these qualities in abundance already I would suggest they could be encouraged, developed and grown in others. One way these qualities could be developed is through self-awareness within a medium of Communities of Practice. The notion of personal qualities is not new. Rogers (1961) within a psychotherapy context suggested that only four personal qualities were necessary and sufficient. *Congruence* (where the inner experiences matches the outer expression of that experience) and *genuineness, empathy* and *respect* in terms of unconditional positive regard. I would go further to suggest that within a Children's Centre professional context all the ones I have previously mentioned are important. All are desirable for all professionals but some may foreground over others depending on role and the current policy and practice agenda. Perhaps worthy of consideration would be the consequences of *not* developing these personal qualities. This may mean these professionals might succumb more easily to the intra-emotional threats and challenges of threat, anxiety, loss, disenfranchisement, 'unsureness' and frustration.

Figure 33 The personal qualities that can be identified, developed and supported through a culture respectfulness and communities of practice.



9.9 The development of a culture of respectfulness

I have come to the view as a result of this study respectful relationships, or ‘respectfulness’ as I have come to term it are fundamental to collaborative working in Children’s Centres. Respectfulness permeates all areas, including respectfulness with children and families, and respectfulness between staff and between different professional disciplines. I have come to consider this notion of respectfulness firstly from my data analysis within and across professional groups which indicated ‘relationships’ as being a strong theme. Through my review of the literature, the focus group interview and my interview with Christine I was able to examine ‘relationships’ in greater depth which helped to inform my ideas in relation to respectfulness. (Reflective commentary XXVii) My original definition of respectfulness was ‘*an acknowledgement and regard for the knowledge and skills, values and professional views of others.*’ It seemed that in Hollyville this was an

important part of their *organisational culture* and appeared to be influenced by the factors indicated in the figure below.

Figure 34 Factors affecting the development of respectfulness and the interrelationship between them

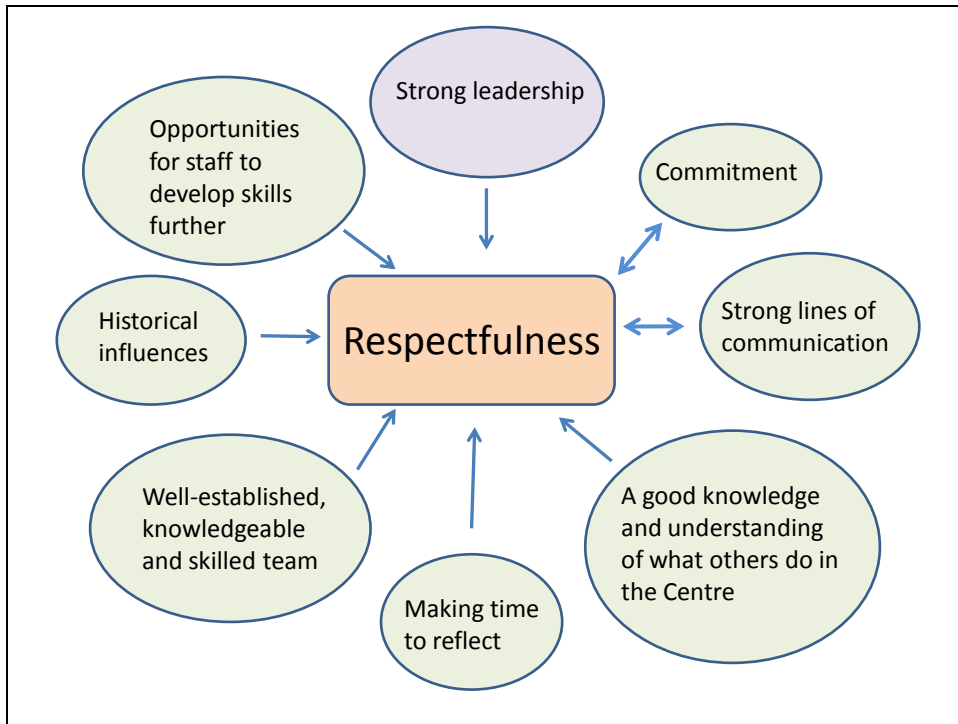


Figure 34 helps to illustrate the factors that influence the development of respectfulness. For some of these factors there is a reciprocal connectivity; for example, strong lines of communication influence the development of respectfulness and vice versa. I would argue this is also true of commitment. Strong leadership is pivotal to the development of respectfulness and this is considered further on pages 218 and 227.

9.10 Historical Influences

Hollyville was a well-established Centre and had been one of the first to develop collaborative working long before the advent of Sure Start and Children's Centres. It is therefore well known in the community it serves and is very well connected with local agencies and services. These relationships have been built up over a long period of time and the impact of this would

seem to make collaborative working easier because there is a historical shared understanding of each other's' professional cultures and a good knowledge of each other's roles.

9.10.1 Well established and knowledgeable skilled team

Again one of the salient features of Hollyville was the fact that many of the staff had worked at the Centre of a long time, albeit in varying capacities. However this was also true of a minority of the bystanders in their Centres too. The impact of this appeared to be that staff were very knowledgeable of the local community and services available, they had undertaken a range of staff development that meant they had become very skilled in their role. In Centres where this was not the case and there had been a high staff turnover, it seemed to be difficult to develop a new culture of the whole team.

9.10.2 Opportunities to develop skills sets further

Where professionals had been given a range of opportunities to develop their skills, besides the obvious benefit of becoming better at what they did, it appeared to increase motivation, renew enthusiasm, and give the message of being valued (p198). For some professionals they were able to engage in training with different professionals within or outside the Centre (p 184) which facilitated greater shared understandings.

9.10.3 Making time to reflect

Many of the professionals interviewed discussed this, for example, on page 180. 'Making time' is difficult in a busy Children's Centre which many of the professionals acknowledged although Hollyville have been able to create time for this and they are part of the timetable, for example at the end of every day.

9.10.4 Strong Leadership

Strong leadership within this context is defined within the parameters outlined in the National Standards for Children's Centre Leaders (DfES 2007b:17) in relation to developing, inspiring and motivating teams so that their individual and collective strengths are deployed imaginatively and

effectively within a climate of mutual trust. Again, many references were made to this in the focus group interview; being supported to take risks, knowing you would be listened to were considered to be important aspects of leadership by the professionals. Strong leadership is crucial to developing this culture of respectfulness and strong leadership requires a high degree of emotional intelligence that Sharp et al. (2012:9) suggests is demonstrated through resilience, optimism, motivation, intuition and the ability to form strong relationships.

9.10.5 Commitment

Many of the professionals in the study demonstrated commitment to their role, but with reference to Figure 34 it would seem this is influenced by the factors indicated and does not necessarily occur or develop without being supported. I would suggest it needs to be recognised and nurtured through valuing professionals through celebrating achievements and offering genuine positive feedback.

9.10.6 Good knowledge and understanding of what others do in the Centre

This was an area that appeared to be a real strength at Hollyville and many of the staff spoke of the benefits of being given opportunities to work with different professionals within the Centre or in a different part of the Centre (p199). Sometimes this took the form of providing cover, or perhaps being given the opportunity for example, an Early Years practitioner working for one session a week in the 'Stay and Play' session with the Family Support workers. With some of the Bystanders, there were examples where this did not happen and they considered others in the Centre did not understand their role or what they did. (p185). I would argue that in order to develop a culture of respectfulness, it is of utmost importance there is a shared understanding and knowledge of each other's' roles.

9.10.7 Strong lines of Communication

Figures 23 and 25 help to demonstrate the influence of communication within collaborative working. It was frequently cited as one of the biggest

challenges, for example. It seemed that even at Hollyville, a Centre which has been established for some time, communication continues to present big challenges. Firstly communication in respect of sharing information becomes complicated when different 'professional languages' might be spoken (p152) which hinders understanding. Perhaps it might be used as a vehicle to reinforce hierarchy and status. However, by engaging in and developing some of the activities suggested in Figure 34, I would argue there is probably still further potential to improve lines of communication, for example shared reflection and by having a good knowledge and understanding of what others do in the Centre.

I have reflected upon *why* respectfulness could be so important within the context of collaborative working and consider this could be for the following reasons;

- It has the potential to keep influences of power and status under control primarily because it encourages a *positive* regard for the knowledge and skills of others (for example p 198)
- It forms the basis upon which genuine and authentic shared reflection can take place (for example p 198)
- Without respectfulness, it is difficult for professionals to collaborate.

As can be seen from Figure 35 there is also an overlap between respectfulness and personal qualities. I argue this is because there are aspects of both which acknowledge both the person as a human being and the person as a professional. I also argue that the personal qualities discussed on page 218 support the development of respectfulness and the development of respectfulness is supported by these personal qualities.

Figure 35 The Relationship between personal qualities and respectfulness

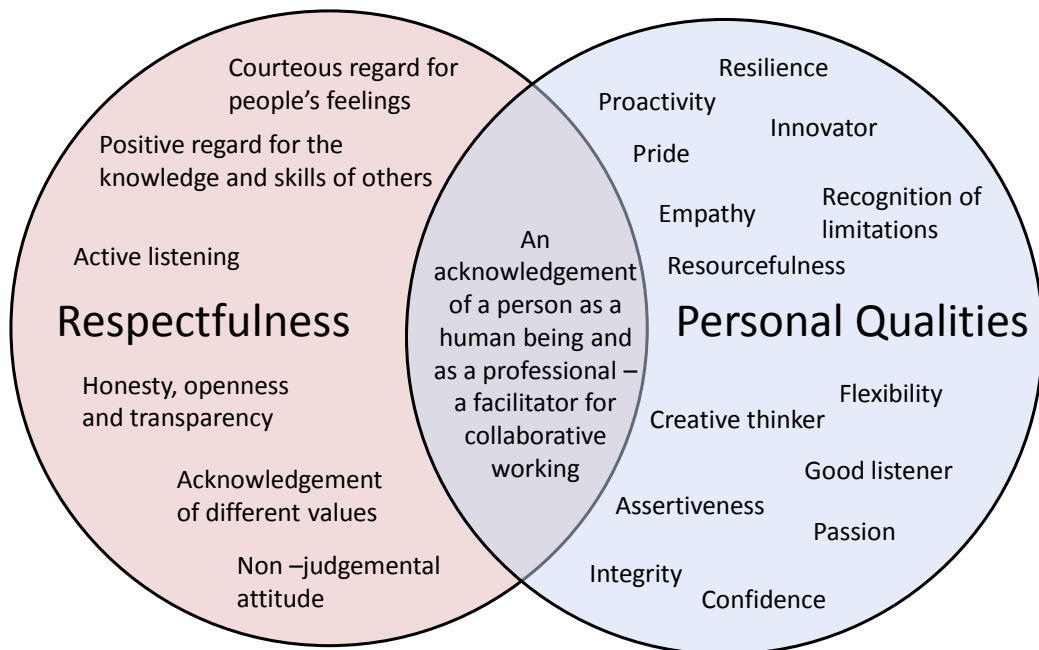


Figure 35 helps to illustrate the interface between respectfulness and personal qualities. The indicators of respectfulness indicated are discussed further below.

Thus I have come to view respectfulness as something that is a necessity if collaborative working is going to be effective there is a possibility that it could be at the heart of *inter-professional* staff development within a Children's Centre and the indicators I have put forward in Table 27 could be a possible means by which it could be used as a focus.

9.11 Indicators of Respectfulness

From my data analysis I have been able to identify six aspects of respectfulness. I have found examples of these within the different professional groups for example, pages 172, 173, and within Hollyville. (p197-200) It is important to consider carefully what they might look like in practice. I suggest that the sub-indicators listed in the second column could be used as a focus for discussion as a form of staff development and it is

possible that each one could be considered in some depth in relation to what they might look like in a specific Children’s Centre. In this way this may have the potential to be used as a possible professional toolkit.

Table 27 Proposed professional toolkit

| | |
|---|---|
| <p>A courteous regard for people’s feelings</p> | <p>Able to show empathy. Able to acknowledge the emotional state of others. Able to communicate to others acknowledgement of their feelings in a sensitive manner. Able to demonstrate a non-judgemental stance or approach for the feelings of others.</p> |
| <p>A positive regard for the knowledge and skills of others</p> | <p>Able to communicate through words and actions that the knowledge and skills of others are valued. Able to adopt an inclusive approach whereby others feel included in decision making. Seek advice and views and act upon them with reference to the knowledge and skills of others. Find opportunities to encourage the empowerment of others where possible so they can demonstrate their knowledge and skills.</p> |
| <p>Active listening</p> | <p>Actively respond to what it being said. Maintain an open mind. Allow people to talk and offer their view. Be able to ask questions in a positive non-threatening way. Be able to set aside prejudices and opinions unless invited to do so. Acknowledge any emotional state.</p> |
| <p>Honesty, openness and transparency</p> | <p>Be prepared to offer a view truthfully. Be prepared to subject oneself to scrutiny by others. Be able to engage in frank dialogue where necessary.</p> |
| <p>Acknowledgement of different values</p> | <p>Be able to consider how and why others may view things differently. Be prepared to demonstrate a flexibility of thinking and actions. Be able to make explicit to others an acknowledgement of different values.</p> |
| <p>Non-judgemental attitude</p> | <p>Avoidance of giving opinions to people as to whether they are right or wrong.</p> |

| | |
|--|---|
| | Actively pursuing inclusive policies and practice, setting aside personal views and opinions where necessary. |
|--|---|

In order for this to be used as a tool kit for the development of respectfulness it would have to move from the somewhat conceptual ideas that are presented here to a more in-depth exemplification of how each of the sub-indicators might look in practice. This could be done in a number of ways but it would be important to ensure that it remains meaningful, applicable and useful to the Children’s Centre in question. There might be a dilemma between developing it into a more prescriptive tool which would have the advantage of ease of use and clarity, against offering something that as a result, is not tailored sufficiently towards a specific Centre, taking into account the somewhat uniqueness of each Centre. A compromise to this might be to offer prompting questions for each sub-indicator which may help staff to consider ways in which it could be made applicable in their Centre. An example of this is presented below;

Table 28. Questions to help staff to consider where indicators of respectfulness are applicable

| Respectfulness Indicator | Respectfulness Sub-indicator | Sub- Indicator prompt questions |
|--|------------------------------|---|
| A courteous regard for people’s feelings | Able to show empathy | <p>To what extent/how do you identify your own feelings and how they might impact on others?</p> <p>To what extent/how do you respond based upon relevant cultural knowledge?</p> <p>To what extent/how do you recognise underlying concerns in others that may not have been verbally expressed?</p> |

I propose the toolkit could be used with individuals or it could be used with teams or professional groups as a whole. Within a Children's Centre context, it could have a starting point with the leadership team to enable them to become familiar and begin to think how the prompt questions might be applicable within their own Centre. I consider it has the potential to offer flexibility in this respect and yet is sufficiently detailed to offer a relatively tight framework from which an action plan can be drawn. Furthermore, I believe this toolkit has the potential of transferability across other collaborative contexts, for example, other public voluntary and private organisations. It has the potential to be used in commercial business environments as well. Its wide applicability I would argue is due to the 'from the general to the particular' approach which is not restricted by being context-specific. Furthermore, the proposed use of 'prompt questions' enable professionals to reference their own working context. I realise that having undertaken this process, it is important to consider what might happen as a consequence of working through this professional development toolkit. I anticipate strengths and weaknesses which would then be identified could have the potential to form the basis of supervision/staff appraisal meetings at an individual level, or as an item in a team or Centre action plan. However, it is important not to lose sight of why the development of respectfulness is important and in my view, its strong relationship to effective collaborative working in Children's Centres must be its 'raison d'etre'. It would be necessary therefore for staff to understand why respectfulness is important within a collaborative context and this may have to be reinforced at the outset. Once again, strong leadership is important here.

9.12 Professional Culture, Personal Qualities and Respectfulness.

I view professional culture, personal qualities and respectfulness to be the main influences in collaborative working. Within personal qualities and professional culture it is possible there may be negative influences as well as positive ones. These may include for example, allowing the influence of power and status in relation to professional culture to become a barrier, or personal qualities that are the antithesis to the ones described above, for example, not having empathy, or being inflexible. I would argue that the

mediating factor here is respectfulness which can help to militate against some of these negative influences.

I return to my original research question, 'How does professional culture influence collaborative working?' My data analysis shows that professional culture does influence collaborative working in the ways that have been described but I would also argue that personal qualities and respectfulness are influential too. At Hollyville, during the focus group interview, respectfulness and personal qualities appeared to have similar prominence to professional culture in relation to collaborative working. Furthermore, where barriers to collaborative working were discussed in individual interviews, (for example, Mel on page 185) there appeared to be an absence of many of the elements of 'respectfulness' described in Figure 34 and evidence of some of the intra-emotional challenges described previously. I have to remember this was a relatively small scale study although the inclusion of a Case Study and others outside the Case Study provided an opportunity to establish further credibility to my ideas. I can make no claim to reliability in the sense that if this study were to be repeated the outcome would be the same, but I have attempted to ensure its trustworthiness and credibility in the sense that it has been presented for scrutiny before 'knowledgeable others' at various points along the research process. For example, Messenger (2009a, 2009b, 2010a, 2010b, 2011a, 2011b, 2011c, 2012a, 2012b) with meetings with my critical friends and Learning Circle peers.

9.13. The New Culture of the Third Space

I return once more to my original theoretical underpinning with reference to Bhabha (1994) in relation to his notions of hybridity and the Third Space. (p 21). The Third Space will primarily be a medium through which dialogue and negotiation takes place and as with all cultures it will be dynamic and ever-changing as it responds to changing policy and practice agendas and changes of staff. It will be created through the development of respectfulness and personal qualities which will acknowledge and value different professional heritages and cultures.

Bhabha suggests that the Third Space is a place of negotiation and discourse where new cultures emerge. The analysis demonstrates that hybridity in terms of Bhabha's interpretation did exist in the sense that many professionals to a greater or lesser extent considered their identity to be closely related to the job they did within the Children's Centre. (p180). I would interpret this as hybridity because it is not a mixture as such of different professional cultures, rather a new one that has emerged or is emerging as a result of collaborative working. It is the position of the Third Space that is particularly relevant as it would seem to be the place where these hybrid identities emerge which in turn provides a place where professionals are able to translate, negotiate and mediate affinity and difference. In this respect it could be regarded as similar to Engeström's Activity Theory (1999). However, the Third Space is a new culture with all the cultural attributes of any other culture which in this context would be concerned with shared values, shared professional language and common working practices (See figure 36). Critics may consider the Third Space within this context as a somewhat utopian ideal that ultimately may be unachievable, but I would argue it could be viewed as a *process* rather than a state. I would go so far as to suggest that working towards the development of the Third Space is a necessity for effective collaborative working. This would suggest that it might be possible to develop a further staff development tool that would have the potential to be used as a needs analysis in order to help Children's Centres to identify the extent to which they are developing their own Third Space. Again this has potential of transferability to other collaborative working environments because the elements of respectfulness, personal qualities and professional culture are not context-specific.

Figure 36. A New Conceptual Model for Collaborative Working in Children's Centre's

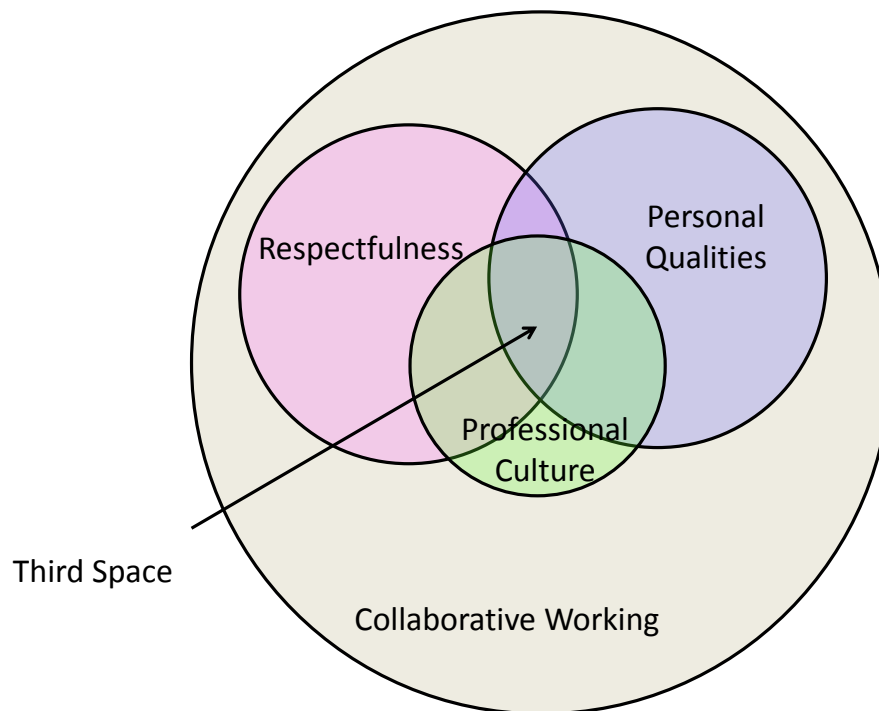


Figure 36 demonstrates the position of the Third Space at the interface of respectfulness, professional culture and personal qualities. This in turn facilitates high quality collaborative working

9.14 Facilitating factors required for the development of the Third Space.

9.14.1 Strong Leadership

Leadership will be crucial to its nurturing, growth and sustainability in the face of constant threats and uncertainty. In the study undertaken by Sharp et.al. (2012), their investigation into effective leadership in Children's Centres acknowledged the challenges of the role within the present context of intense change, particularly with reference to maintaining staff morale and motivation. The most successful leaders were deemed to be the ones who were change managers. Whilst Centre leadership specifically was not a focus for my research, some of the attributes identified by Sharp as a prerequisite for Centre leadership emerged through my interpretation of the data. This was particularly so for Hollyville within the context of the senior

leadership team. For example, a tolerance and respect for others and their views, disposition to establish common purpose and mutual benefit and being empathetic and trustworthy, extending appropriate trust to others. (p199, 200). Sharp et al refer to one Centre Leader who considers what makes her role effective; *'It's about being humble, listening to priorities, perspectives and difficulties'* (p29). The National Standards for Leaders of Sure Start Children's Centres (DfES 2007) also refer to developing an organisational culture that facilitates shared learning and valuing the contributions and views of others. Therefore I would suggest that the personal qualities of the Centre Leaders are crucial to leading to the development of the Third Space.

9.14.2 A learning organisation developed through Communities of Practice

According to Senge (2006:5) learning organizations are those where new and expansive patterns of thinking are nurtured, and where people are continually learning to see the whole together. He distinguishes between 'survival learning' and 'generative learning' which is the learning that enhances our capacity to create. Within the rapidly changing face of the Children's Centre agenda this would seem to be of paramount importance as survival learning will not be enough. In order to create generative learning Senge suggests there must be dialogue in order to promote team learning so that genuine 'thinking together' can occur. At first glance this would appear to be a somewhat idealistic notion that might be difficult to achieve when positions of different types of social capital are being enacted. *Genuine thinking* together in particular might be difficult. Within the Case Study Hollyville, this did appear to take place and this was checked again within the focus group interview (Appendix 21). Examples were provided where decisions had been made as a result of what could be deemed as genuine thinking together.

Wenger (1998:10) suggests a learning organisation can be created through developing *communities of practice* which he defines as; *'a group of people who share a concern or passion about something they do and learn better*

how to do it better by interacting regularly'. According to Wenger, the Community creates the social fabric of learning and it can lead to the development of new ideas, tools and language. It could be argued that all Children's Centres, by their very nature have to do this all the time, but within this type of community of practice, it is important that members value their collective competence and the competence of each other. Again examples of where this was the case were provided from some of the professionals within Hollyville during the focus group interview. Wenger suggests that by engaging in communities of practice, '*practitioners can address the tacit and dynamic aspects of knowledge creation and sharing, as well as the more explicit aspects*'.p.34. This is particularly important with the Children's Centre context as it has the potential to enable practitioners to engage in both explicit and tacit knowledge exploration with a view to them possibly being given equal importance. Wackerhausen (2009) also recognises the value of such forms of practice whereby informal and tacit learning gradually helps us to acquire new ways of talking, ways of questioning and new ways of understanding.

9.14.3 Opportunities and time for reflection

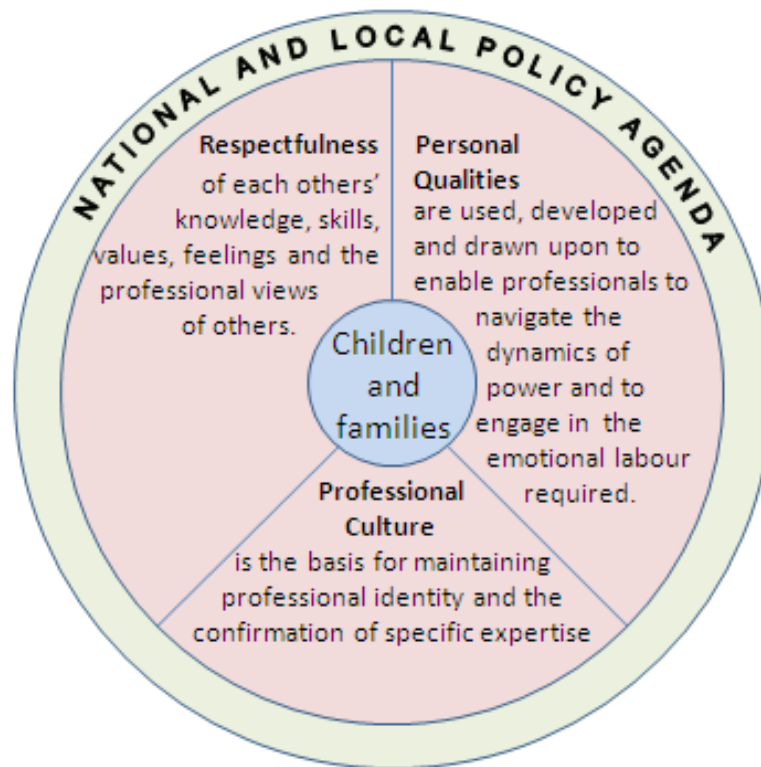
Time and again throughout my research, lack of time for professionals to meet and shortage of physical space in which for it to take place were recurring themes. (pp.165, 185). Yet without these opportunities it is difficult to see how any of the above might be achieved. Quite often this took the form of snatched moments, or more formal meetings where some staff represented others. It would seem there is a need for this to occur on two levels. The first being at an inter-professional level within the Centre and then at a multi-agency level within or outside of the Centre. My research has demonstrated that not all professionals working within a Children's Centre have the same type of opportunities to work collaboratively, however all staff would benefit from at least one of these types of shared reflection in order to become part of a community of practice. Schon (1983) also views reflection *on* action to be as important as reflecting *in* action and in order to do this it has to be done with others. At Hollyville, it was apparent that some time and space had been given to do this. For example with the Family

Support workers this occurred for fifteen minutes at the end of each day. Opportunities and time for shared reflection is not the same as shared communication however. There were many examples throughout the research where there were difficulties with sharing and establishing good lines of communication. However shared reflection is more than this, because it is dialogic and simultaneously interactive which allows professionals to take new learning and shared understandings further. Examples of the effectiveness of this were found when professionals had time to do this (p174)

9.14.4 The Third Space in practice as a new psychodynamic model

At the heart of the Third Space are the children and families; their needs have to be central to all aspects of collaborative working. Common goals in relation to them will be informed by the local and national policy agendas. For this reason these agendas are at the edge of the Third Space but they will influence everything that takes place within it. Whilst respectfulness, professional culture and personal qualities are other components of the Third Space, they may not be static and within each of these three components developments will be constantly taking place in response to the children and families and the national and local policy agendas.

Figure 37 The psychodynamic model of the Third Space



The model I present here is the one I propose within a Children’s Centre context whereby children and families must be at the centre. They represent the common focus for collaborative working and must be at the forefront of all policies and practice. However, in a different professional context, I believe this central focus could be replaced by whatever the core focus might be for collaborative work. I maintain that the factors within respectfulness, personal qualities and professional culture would remain the same, although the national and local policy context would be replaced by relevant macro initiatives that may influence the collaborative work.

9.15 A summary of findings and their implications

- **Professional culture does influence collaborative working in Children's Centres.**

Professional culture, which is defined in Figure 26 as an interconnectedness of values, working practices and professional language does influence collaborative working and this is mediated by status and power. (p.209).

- **Different professional groups present with their own specific challenges**

Each of the professional groups that were considered, namely teachers, health workers, family support workers and Early Years practitioners present with their own specific challenges. Teachers felt an 'awkwardness' which was related to their relationship with other professionals and their ways of thinking and being. (p.210). Health professionals were constrained by tight, think professional boundaries which were part of their identity and role. (p212). External factors at national policy level including issues of low pay and type of professional knowledge coupled with internal factors in relation to the construction of their own professional identity led to the disenfranchisement of Early Years practitioners. (p214). Whilst Family Support workers appeared to be the professional group whose professional culture allowed them to be well suited to collaborative working, there were the possible consequences of risks in relation to personal and professional boundaries being crossed due to their flexibility of approach. (p216).

- **Intra-emotional challenges and personal qualities also influence the ability to work collaboratively.**

Intra-emotional challenges in relation to the nature of working collaboratively, including feelings of threat, anxiety, loss, disenfranchisement, 'unsureness' and frustration were examples of ones that emerged in this study.. (p217). It was the possession of the relevant *personal qualities* that enabled them to deal with the intra-emotional challenges (p222) and thus engage in high quality collaboration.

- **In order for professionals to work together collaboratively a culture of *respectfulness* needs to be developed.**

In order for personal qualities to be developed, a culture of respectfulness needs to be present within the Children's Centre. (p223). Furthermore there are prerequisites (pp223 - 231) including strong leadership, making time to reflect and opportunities for staff to develop their skills further, which contribute the development of a culture of respectfulness. It is possible that a professional development toolkit could be used to help to support this process. (p228)

- **It is at the interface of respectfulness, professional culture and personal qualities that a new Third Space emerges, which is a new culture that enables and facilitates high quality collaborative working.**

A new psycho-dynamic model for collaborative working is proposed (p233) which brings together respectfulness, personal qualities and professional culture in order to produce new culture of the Third Space (p237). It is in this place that dialogue and negotiation take place and is ever-changing as it responds to changing policy and practice agendas and changes of staff.

9.16 Concluding comments

This study has reinforced the view that complexity is the sustaining feature of collaborative working in Children's Centres. Furthermore, professional culture does have an influence, but the personal qualities of professionals and the ability to develop respectful relationships also influence the degree to which it can be of high quality. The Third space which is concerned with the development of a new culture provides a space for dialogue in which shared values, working practices and language can be developed. The Third Space is not static and will evolve and change as policies agendas and staff change and develop.

Chapter Ten: Questions raised by the research within the context of the current policy agenda

The political agenda and the current policy context in relation to Children's Centres have begun to change since the advent of the Coalition Government in May 2010. Almost immediately after coming to power they began to commission a series of reviews and reports on the basis of which they have formed their current strategies. It became clear in the Government response to the Fifth Report of the Children, Schools and Families Committee on Sure Start Children's Centres (2011) that Children's Centres were to be viewed as part of 'the cornerstone of the Big Society' (p.1) and a commitment to devolving greater power to local government was revealed which included proposals to close or make significant changes to Children's Centre services. Whilst reiterating their commitment to Children's Centres, the Coalition Government proposed a number of changes which included focusing on those with the greatest need, evidence based interventions, no ring fencing of funding, streamlining services and clustering the management of Centres in order to save costs. The Early intervention Grant from April 2011 would be the new mechanism for funding. By January 2011 the Daycare Trust [Online], revealed the results of their national survey which indicated approximately two hundred and fifty Children's Centres were at risk of closing within a year, a further two thousand were cutting back services they offered to families and a thousand Centres were issuing 'at risk of redundancy' notices to staff. Clearly the removal of ring fenced

funding and the need for austerity was beginning to have an impact. Despite government assurances of a commitment to Children's Centres, a survey completed by Sharon Hodgson, the Shadow Children's Minister cited in Camps and Long (2012) showed that of one hundred and fifty two authorities in England, of those that responded, eighty percent had already cut funding and more were planning to reduce funding in 2012.

Alongside this new policy context is also the publication of four key government reports and reviews, all of which have significance within the current Children's Centre agenda. Namely;

- The Independent Review of Poverty and Life Chances. (Field 2010)
- Early Intervention: the next steps (Allen 2011)
- The Early Years: Foundations for life, health and learning. (Tickell 2011)
- The Independent Review of Childcare and Qualifications. (Nutbrown 2012)

Field (2010: vi) strongly stated he had found overwhelming evidence that *'a child's life chances are most heavily predicated on their development in the first five years of life'*. He reinforced the view that parental education, good parenting and opportunities for learning are of the utmost importance. He held the view that funding should gradually move to the most disadvantaged and that Sure Start Services should be more targeted and focused *'New contracts should be include conditions that reward Centres for reaching out effectively and improving the outcomes of the most disadvantaged children'*. (p.vii). This is now becoming a reality with Children's Centres have to clearly demonstrate impact of their services and a payment by results system appears to be the outcome of this. Allen (2011) also reiterated the importance of intervening early, not only because of the impact upon the child's life chances but also because it makes good economic sense because it is much less costly than later interventions (p.xiv). He suggests this can be done by increasing the effectiveness of staff and *'creating the*

right financial freedoms for local areas to pool budgets and work across agencies to tackle shared problems'. Interestingly he advocates the forming of a new Early Intervention Foundation which would act as a broker between financial investors, local authorities and deliverers to make the most of alternative funding mechanisms. At the time of writing, the Coalition Government does not appear to have made this suggestion a reality.

The Tickell Review (2011) examined the Early Years Foundation Stage in terms of children's experiences, the nature of the curriculum, and the context of staff expertise. For this study, her considerations of the appropriateness and relevance of staff expertise is of particular relevance. '*A strong, resilient and experienced workforce*' that has '*confident practitioners*' (p42) with a minimum Level 3 qualification is advocated by Tickell. She reflects upon the concern that young people with few academic qualifications are the ones who tend to be steered towards a career in this sector which in turn reinforces the view of a career in Early Years as being 'easier' or of lower status than other careers with children. . This view is indeed reflected in the findings of my research (Liz on p179) and in my view, to some extent is self-perpetuating. The lack of progression routes and concerns about the relationship between the Early Years Professional Status and Qualified Teacher Status were also identified by Tickell. Whilst I only interviewed two practitioners who held Early Years Professional Status, status still seemed to be an issue in relation to the supposed equivalence to qualified teacher status, (p181). Clearly there is still much work to be done in respect of status and career progression in Early Years but I hold the view that it is still possible to create a Third Space where respectfulness of each other's roles and professional expertise is developed and reinforced through the Communities of Practice. Perhaps some may consider this to be a utopian ideal because issues of power and status will always be present; however, in my view it is about opening up these issues, acknowledging their presence, but also making very transparent the ways in which all professionals make their valid and worthy contribution towards meet the needs of the children and families with whom they work. There will always be a need for clear professional boundaries as it is important for

professionals to know and others to know and understand specific areas of expertise. However, some professionals become good 'boundary spanners' (Sloper 2004: 45) probably due to their well-developed personal qualities. If collaborative working is going to be more than merely transferring information between professionals, rather creating new ways of thinking as Baxter and Brumfitt (2008) suggest, then the creation of the Third Space provides opportunities to do this.

The review of the Early Education and Childcare Qualifications by Nutbrown (2012) again reflected some of the concerns identified by Tickell in respect of low status and generally poor academic qualifications on entry into the Early Years profession. Nutbrown also suggests clear progression routes with a minimum level 3 qualification. She also notes the dissatisfaction in the lack of parity between EYPS and QTS. Interestingly she suggests an Early Years Specialist Qualified teacher Status and those holding EYPS could make the transition to this new status. Perhaps this might go some way to alleviating some of the 'awkwardness' that some teachers feel when working in Children's Centres, particularly in relation to superior pay and conditions.

In a recent study conducted by Cottle (2011:252) which elicited the views of 115 Children's Centre practitioners in relation to quality, the personal qualities of staff were considered to be critical to achieving quality services. The tensions of achieving high quality are explored. *'On the one hand joined up working policies require flexibility and contextualised responses to community needs whilst other policies advocate a single-handed standards based position whereby settings are governed through a system of centralised targets.'* (p.261). In addition to this I would argue that the 'standards' imposed through professional competencies discussed above can also add to some of these tensions, although Osgood (2006) argues that professionals are self-regulated by internal constructions of their professionalism. My research would seem to support this view to some extent in respect of professional identity and culture. Interestingly, the Family Support workers who are not regulated in the same way by a set of professional competencies or standards, appear to be able to be the most flexible and responsive professional group. It could be argued there may be

disadvantages to this in respect of a possible lack in the clarity of boundaries but with strong Centre leadership discussed previously, I would suggest it is possible for these to be regularly revisited and maintained.

Reflective Commentary xxvii

It is interesting at this point to reflect upon and return to Bourdieu's notion of Capital particularly in relation to the Early Years practitioners. It would seem the national agenda may be moving towards ways of increasing their cultural and symbolic capital (as described on page 20.). Field (2010), Allen (2011), Tickell (2011) and Nutbrown (2012) all reinforce the importance of high quality Early Years education and care in relation to a child's future development and life chances. Furthermore, it follows that those practitioners who have direct involvement with this need to be better trained, more highly qualified and awarded high status by external bodies. The aspirational reality of this could be an increase in their cultural and symbolic Capital. However, perhaps it is more complex than this because Bourdieu might argue that all types of Capital are influenced by each other (Figure 3) and Capital is also influenced by the Field; which in this context is comprised of other professionals. This is particularly important because it is within this arena that symbolic violence can occur which might be considered to be a form of disrespect. Evidence of this was found to be the case with some Early Years practitioners (p. 214) in this study. The extent to which the recommendations of Tickell and Nutbrown are taken forward may signify the extent to which symbolic violence may continue. It may be difficult to eradicate if the Early Years practitioners themselves remain unclear about their own professional identity and as long as their 'perceived worthiness of knowledge' is considered to be inferior by other professionals with whom they work. Although symbolic Capital may be raised through developments in national policy, it may still be influenced by the external construction of the professional culture of Early Years practitioners in relation to one of being caring, maternal and gendered. 'Imposition' of Capital will may not in itself address these issues and it will require the Early years practitioners to develop the personal qualities described in Figure 33 to a greater extent, through being given the opportunity and recognition to be able to do this led by the Children's Centre management.

10.1 The new model of collaborative working within the current national policy context

Whilst the national policy context is sometimes difficult to influence, I argue that it is possible for professionals to influence to some extent the policy initiatives within their Children's Centres. The present models of professionalism, espoused by national policies that have been discussed previously are primarily concerned with competency-based models, for example EYPS and QTS in that they require levels of competencies, skills and outcomes against which professionals are assessed. The model for collaborative working I suggest moves away from this because it is dialogic, and responsive to unique Children's Centre factors. It does not rely upon prescribed configurations of professional groups or agencies although it does require strong leadership to support and facilitate its development. The model removes prescription and allows an opportunity for 'personal being' to be considered alongside the 'professional being'. Furthermore, because an aspect of it has the potential to be developed into a professional toolkit, it offers much more than merely being a conceptual model. Lastly it has the potential to build upon what is already taking place, rather than offering something completely different.

Clearly a new era is emerging for Children's Centres, one that is marked by uncertainty, in terms of role and remit, funding and staffing. The next five years will be ones of further change as they make great efforts to demonstrate impact and target services to those most in need. Harris and Allen (2011:416) suggest the lack of ring fenced support raises questions about the longevity and sustainability of any multi-agency provision. They also point to this agenda being extremely sensitive to high profile interruptions and being vulnerable to contextual pressures. They refer to it as being an '*unstable policy space*'. The development of new organisational cultures with the Third Space at their heart will be a challenge against this backdrop of continuing uncertainty and policy change. It is difficult to predict what the next few years will hold, but in my view, there will continue to be a need and, hopefully a continued requirement for professionals to collaborate in order to meet the needs of vulnerable children and families. The

challenging question is that of how can the new model of collaborative working be given the credence and significance within the current climate of professional competencies, skills and outcomes? Clearly there is a necessity for the development of further research in order to demonstrate more widely its importance and significance. This may take the form of more wide ranging case studies of good practice which exemplify the Third Space in action and its effectiveness.

Harris and Allen (2011) noted that children and families who used services in multi-agency settings such as Children's Centres tended to view their level of support in terms of the individuals with whom they worked most closely. This leads to a further question that is worthy of further research; the views of children and families in how they consider their needs to be best met. Their views were not elicited in this study but they should be considered the *missing part of the jigsaw* and have the potential to bring yet another dimension to the contribution of new knowledge in this important area.

There is also potential for further research in relation to the new model of collaborative working in other collaborative contexts. This is especially important when the complexity of the demands of the workplace often demand collaboration as the tasks are too complex for one individual or one organisation to do alone. Indeed, Hood (2012:11) has used complexity theory to provide an understanding of collaborative working and notes that the dimension of human agency greatly increases the complexity of interactions. He concurs that '*collaborative partnerships need to develop the capacity to observe their own behaviour, challenge their hypotheses and encourage innovative solutions that accept risk as well as manage it*'. The new model of collaborative working provides the opportunity to do this.

Chapter Eleven: Reflections upon my research journey

At the outset I did not consider this research study to be action research in the sense in which McNiff et al (2003) describes because I did not believe myself to be a practitioner, because I was no longer engaged in 'practice' Also, it was not intended to be cyclical study. However, I have now come to realise that I *am* a practitioner in the sense that I am an educator of practitioners. Indeed, McNiff (2011) defined educators or trainers as also being practitioners. Whilst my research has not taken on a cyclical form in the sense that more than one cycle has not been embarked upon, I can now see the potential in relation to my new proposed model of collaborative working and professional development toolkit with reference to respectfulness to be a starting point for a second cycle. Ultimately, this may not be as important as I considered I did not want to be constricted or restricted by a particular research design, rather, as Reason and Bradbury (2007:44) state, I wanted 'to be making the road while walking'. Ultimately I still consider the study is informed by *aspects* of grounded theory because new theory has been created and built as a result of the research activities. I also still hold the view that it is based within a post-modernist perspective because the elements discussed in Chapter four are an integral part of it. More importantly however, I have taken a bricolage approach (Levi-Strauss 1962/1966 cited in Thomas 2009) in which I have tried to be the bricoleur by piecing together the most appropriate aspects of research methodology and data analysis that helped me to answer my research questions best.

Pascal (2011) proposes the emergence of the new paradigm of 'praxeology'. This type of research is carried out by practitioners (which includes educators), which can give a more profound understanding of their work, its outcomes and impact. Pascal goes on to suggest that '*it is grounded in real life and uses theories to help reveal the underlying assumptions we have about our work in order to discover why we do it, what we do and what works*'. On reflection, I consider my research to be grounded in this type of approach and I would suggest that this is ultimately what could be considered I have achieved. It is important to critically reflect upon some of the challenges that were faced and so I intend to consider this both in relation

to some of the research challenges and then upon my reflective learning as a researcher in terms of my values and in terms of my practice.

11.1 Reflections on some of the research challenges

11.1.1 Getting over the 'messiness' of the research

Lave and Wenger (1991) and McNiff (2011) all acknowledge the messy and sometimes chaotic contexts in which research takes place. Primarily, it was messy in the sense that the focus of the study, collaborative working itself is messy because it takes place within a context that inevitably is ever changing in order to meet the needs of children and families. Ironically it was one of the reasons why I chose to carry out the research, in order to examine whether I could make sense of the 'messiness'. In order to try to do this, it was important in conjunction with reading the literature, to carry out a scoping exercise in the form of the questionnaire. Whilst these did prove to be a useful starting point in trying to make sense of the messiness, it raised as many questions as it answered, not only in terms of new knowledge that was emerging, but also in terms of research methodology in relation to questionnaire design.

Making sense of theoretical perspectives, applying them and then gradually emerging with new theory was also a challenge to ensure that it was rigorous, well justified and navigable. Mises (1949) cited in Pascal and Bertram (2012:2) suggests that qualitative research is about *'real-world observation that allows you to adopt truths and use these to develop new theorems'*. I consider my study has achieved this in that it has attempted to create new theory that has emerged as a consequence of eliciting multiple voices and sharing those views with others. Messiness occurred in trying to make sense of the multiple voices through developing a system of coding. The use of the Excel spread sheet (for example appendices 13, 14, 15) helped me considerably with this and offered a 'different' and yet manageable way to make sense of this. It allowed me to easily analyse the data between individuals and/or different professional groups. It also enabled me to identify at a glance verbatim conversations from interviews with participants against the coding I had developed.

A further dimension of messiness that I encountered was related to my position as an outside researcher. It was messy in the sense of organisation and momentum. At times, negotiating access to participants was difficult in terms of dates, time and location. Frequently these had to be rearranged or interviews had to be interrupted and resumed at another time. I had to understand that I was not a priority and was at the mercy of the participants giving willingly of their time as and when they could. The effect of this was that sometimes the research lost momentum as I waited for further contact. In some situations, it also meant that the purpose and intention of my research had to be restated and discussed again in order to ensure participants truly were giving informed consent.

11.1.2 The challenging road towards trustworthiness and credibility

Reason and Bradbury (2007) advocate that vigour, rigour and critical engagement are the central tenets of trustworthiness and credibility in qualitative research. This is especially important when the focus is on specific contexts and with relatively small numbers of participants.

I have tried to ensure trustworthiness and credibility through the use of different research tools; including questionnaire, interview, focus group, Case Study. Each of these tools did in fact bring different dimensions to the study and they also brought their own challenges. Whilst the Case Study did help to develop a deeper understanding of the context within one specific Children's Centre, access factors meant that it was difficult to spend as much time as I would have liked, being immersed in the working of the Centre. The focus group interview became constrained by limited time and a limited number of participants. However it was still useful in providing an opportunity for shared reflection on some of the issues that had been discussed at the individual interviews.

Fundamental to trustworthiness and credibility in this type of qualitative research is for the research to be participatory and done in the company of others (Pascal 2011). I have tried to do this by eliciting the voices of practitioners and interpret them as authentically as possible with the help of my peers in the Learning Circle, my critical friends and the focus group. I

also presented on going aspects of my research to others knowledgeable in the field. By engaging in dialogue and shared reflection, I was able to support and develop further my own interpretations. At times these forums themselves were challenging and I now recognise some of the skills I have developed as a result. Pascal and Bertram (2012) recognise this can be a positive consequence and refer to some of these as; developing skills of self-awareness and self-critique, facilitative skills in interpersonal and group settings, and knowledge co-creation and knowledge transfer skills. In particular, the development in my ability to be able to self-critique has been extremely valuable and has helped me to become a better researcher. Researching in the company of others has also helped me to try to ensure my approach has been rigorous and systematic as sometimes it requires the company of others to help to articulate clarity in this respect. A constant striving towards good organisation, methodical record keeping and perseverance has also been a vital contribution towards trying to ensure trustworthiness and credibility.

Solvason (2010) suggests that researchers leave behind their 'footprint'. Whilst it is difficult to ascertain the extent to which participants have changed their working practices as a result of participating in the research, I consider they were given an opportunity in a private space to reflect upon the research themes. In Hollyville, they were also provided with the opportunity to do this in a group. In my view, for many participants it was transformational as I witnessed them articulating and clarifying their own thinking.

11.2 My reflective learning as a researcher

Reflecting back upon the research process has helped me to understand better some of the many challenges I faced and the choices I made in order to try to overcome them. I have come to realise the importance of *reflexivity* which Etherington (2004: 19) suggests is the ability to notice our responses to the world around us, other people and events, and to use that knowledge to inform our understandings. In order to act and behave reflexively I came to truly understand the need to be aware of my own personal, social and

cultural context in order to understand how these impacted on the way I was interpreting what I saw and heard. There were times when inevitably I formed a personal view about what professionals were telling me and it was important to try to acknowledge this and consider my reasons. My research log provided a good medium through which I could do this. As the researcher, naturally I played a central (although not exclusively) role in interpretation and therefore my positionality as an active rather than passive agent in the research process brought with it great responsibility. I was reassured by Thomas (2009: 110) who suggested that *'you should accept subjectivity and not be ashamed of it'*. I realised that it was important to be transparent with the research participants about my positionality as much as I could. I had never worked in a Children's Centre, my own professional heritage as a teacher meant that sometimes it was difficult for me to see collaborative working issues through the lens of others as they would see it; however, I was able to do this with ease from the teachers' perspective.

I consider my study to have been concerned with 'praxis' which Freire (1970) defined as 'reflection on and in human action'. Freire suggests those who authentically commit to this kind of approach must examine themselves constantly. This seems to imply the need for two types of reflection; one which is concerned with reflection upon the research itself and one which is concerned with the reflective learning of the researcher. Moon (2004) uses the term 'reflective learning' as it emphasises the intention to learn as a result of reflection. It is useful to consider the model of reflection- on -practice suggested by Ghaye (2010) which has resonance within the context of myself in relation to reflecting upon my practice and learning as a researcher. It provides a helpful framework for understanding.

11.3 Reflection on my learning about my values as a researcher

I have come to understand the importance of living out my ethical stance in all aspects of the research process. At the heart of the study was to attempt to enable voices to be heard and for them to be interpreted as authentically as possible. I learned at times this was difficult either because my position as a researcher influenced what people told me or because of the complex

nature of the focus of my research. I learned that the influence of power had the potential to sabotage the authenticity of voices and furthermore, I could not always protect against this.

My values in relation to the belief that vulnerable young children and families deserve the highest quality support that is best given when professionals collaborate together has not changed. However, as a researcher, I have learned this is a highly complex, ever changing phenomenon that has great emotional demands, but it is *still* worthy of aspiration.

My personal values in relation to social justice and equality have become strengthened as a consequence of undertaking this study. I have developed a greater understanding of the relationship between 'the oppressor' and 'the oppressed' and hold the belief that this study can offer new ways in which empowerment can be strengthened.

I have come to firmly believe that professionalism is not about professional competencies, skills or outcomes but is much more concerned with shared reflection and shared interaction whilst being firmly embedded in deep knowledge of the professional context and awareness of the dynamics of power.

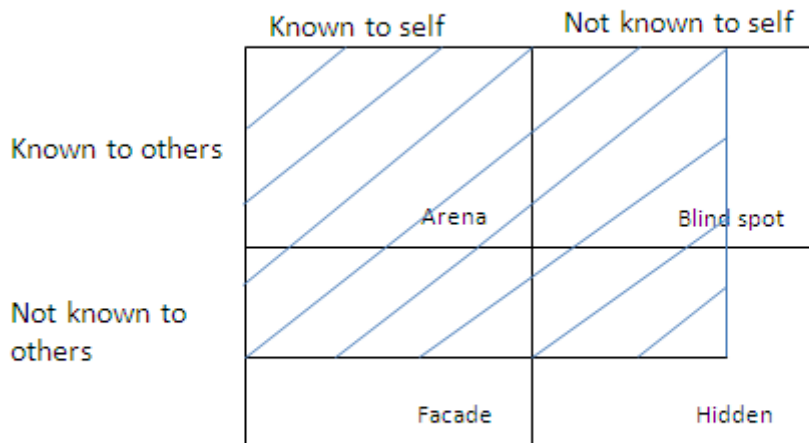
11.4 Reflection on my learning in relation to my research practice

The most significant learning that has taken place in this respect is in terms of the need to be rigorous and systematic in all aspects of my research practice. It has only been by 'living it' that I came to truly understand the need for systematic organisation. This became increasingly important as I developed my thinking and tried to ensure credibility and trustworthiness. I have also learned to be 'brave' and 'courageous' about my research in different contexts. These contexts have included the research field itself, forums in which I have presented my ideas in relation to my research and in supervisory discussions. Through this I have developed confidence and a conviction and belief about my work.

The Johari Window (Luft and Ingham 1950) is useful in helping to understand my reflective learning as a researcher because it considers different

perspectives from which I can view myself and of how I might be viewed by others.

Figure 38 Johari Window Luft, J.; Ingham, H. (1950).



I consider that from undertaking the research study, the Arena quadrant has increased and the remaining quadrants have become substantially smaller. I have become more aware of my competence as a researcher and through sharing dialogue with others in the contexts previously described I would suggest this has been evident to others.

I remember Donald Rumsfeld saying;

'There are known knowns. There are things that we know we know. There are known unknowns. That is to say, there are things that we now know we don't know. But there are also unknown unknowns....there are things we do not know we don't know....'

Donald Rumsfeld Department of Defense news briefing, 12th February 2002
cited in Thomas 2009

At the time it was considered to be humorous at best and words of a fool at worst. Having come to the end of my research, I can think of no better words

that summarise my current thinking. I have come to learn so much about myself as a researcher and have also extended and deepened my knowledge considerably from an ontological perspective. However, whilst it is impossible to consider unknown unknowns, I can reflect only upon some of the known unknowns.

11.5 Closing remarks

Whilst this study has not *directly* been about children, it is important to be reminded that it has been concerned with researching how their needs can be better met through higher quality collaborative working. It is therefore important that I end with the voice of a parent which illustrates the impact for her child.

When I had my first I had no help and support and I was severely depressed. When I had my second I went to the Children's Centre and admitted I was thinking of killing myself - it was so hard but they helped me and supported me to turn my life around. If it wasn't for the Children's Centre my children would be in care and I wouldn't be here."

(Parent 2012, Croydon Children's Centre Consultation Report)

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Appendices

Appendix 1 Questionnaire

'Professional Belonging' Questionnaire

The purpose of this questionnaire is to find out which profession(s) you feel you belong to at this point in time.

Definition of a professional – someone who has a particular knowledge base and training that is governed by a set of values and ethical principles.

It seems such things as our training, our colleagues and our workplace experiences may influence this. Professional belonging is also sometimes marked out by the language we use, the procedures we follow and how we perceive our status.

This questionnaire is intentionally brief, so that your 'gut reactions' may be captured; however your additional comments will be invaluable in helping to support your statements. Thank you for participating.

1. **JobTitle**

2. **How long have you been working in this Children's Centre?**

3. **Have you worked in another Children's Centre previously?**
Yes/No

4. **If yes, for how long?**

5. **Qualifications/academic awards**

6. Please circle the number that is most applicable to your view at the present time.

a. I see myself as a health professional

| | | | | |
|-----------|---|---|---|------------|
| 4 | 3 | 2 | 1 | 0 |
| Very much | | | | Not at all |

b. I see myself as an education professional

| | | | | |
|-----------|---|---|---|------------|
| 4 | 3 | 2 | 1 | 0 |
| Very much | | | | Not at all |

c. I see myself as a social care professional

| | | | | |
|-----------|---|---|---|------------|
| 4 | 3 | 2 | 1 | 0 |
| Very much | | | | Not at all |

d. I see myself as a community work professional

| | | | | |
|-----------|---|---|---|------------|
| 4 | 3 | 2 | 1 | 0 |
| Very much | | | | Not at all |

e. Are there any other professions you see yourself as belonging to?

7. I consider I most closely belong to

..... **because;**

8. Are there any other comments you would like to make?

9. Would you be interested in taking part in a follow up if asked to do so?

If yes, please provide your contact details here.

Appendix 2: Critical friends

Melanie

Melanie worked as a Child's Centre Manager for two years and has an Early Years professional heritage.

Roslyn

Roslyn worked as a Children's Centre Manager for three years and has a social work professional heritage

Peter

Peter worked as a Children's Centre Manager for two and a half years and has a social work professional heritage.

Mark

Mark is a senior university lecturer in Early Childhood Studies with a specialism in policy in the Early Years sector

Appendix 3: Email communication with questionnaire participants

Dear,

I am undertaking some research for my PhD which is looking at professional identity and its impact on collaborative working in Children's Centres.

I am asking if you would be willing to distribute the attached questionnaire and letter to staff at the children's centre. They can forward their response to me via email. If you would prefer paper copies which can be posted back to me to enable anonymity, please get in touch. I will happily refund the postage.

Whilst the individual responses will be confidential, I will gladly feed back to you the final analysis of the research.

Thanking you in anticipation.

Kind regards,

Wendy Messenger

Tel 01905 855329

Email w.messenger@worc.ac.uk

Appendix 4 Cover Letter for the Questionnaire

'Professional Belonging' Questionnaire

Dear Colleague,

As you are aware, staff in Children's Centres are working together from different training backgrounds and professions towards common goals. As part of my PhD research I am reflecting on how people who work in Children's Centres perceive their professional identity or belonging at this point in time. I would be grateful if you could complete the enclosed questionnaire and **return by July 6th 2008** to the nominated person in your centre. Alternatively you can return it directly to myself to the address below.

Confidentiality is assured and you will not be identified as an individual or as a member of staff from a specific Children's Centre in the final analysis. The questionnaires are numbered for my own record keeping purposes only.

If you wish to clarify anything further, you can contact me by email w.messenger@worc.ac.uk or by telephone 01905 855329.

Thanking you in anticipation, your contribution is greatly valued.

Yours sincerely,

Wendy Messenger

Appendix 5: An example of an interview transcript

Interview with a Midwife 26th March 2010

0.18 So if we can start off you're a midwife and you do a clinic in a Children's Centre so can you tell me a little bit about your professional journey first of all. How did you come to be doing this job today?

I first started nursing way back in the 70s. I went on to different wards including gyny I also had community experience. I went out with the community midwife and that is what I wanted to be so it took me a few years to get there. In those days we qualified as SRN then did 2 years post registration and then you were qualified as a midwife. Then I had some children, worked for a few years..... Then I had 15 years off then did bank nursing and whilst working on the bank started to help out in the community. Then I ended up working as a community midwife when a post became available. To start off with I took over the previous person's clinic which was at a community centre which later changed into a chil

2.20 OK so your clinic there is once a week? Yes.

So you've always wanted to be a midwife really, that's always been your direction of travel and you haven't really veered from that even when you had your children? Yes even when I had time out I still worked on the bank for two or three days a week.

And what is it that drives you to keep doing it? It's the continuity of care, it's the caring for the families and I couldn't imagine doing anything else....I just think it's a unique experience to be part of a woman's life at that time. It's really good.

3.30 So if you could describe to me, what is it that marks you out as a midwife as opposed to a different health professional? What is it about you? Is there anything particular because you've got a certain set of skills would you say, or the way that you do things?

A qualification got to be registered, we have to keep up our documentation and we've got to maintain our accountability.

4.15 Is that important to you the – the registration?

It is if you're not registered you can't practise. Erm you've got to keep updated as well and that's always been the case with midwives. We have to prove that we're keeping updated every year and we've always had supervision meetings every year. Nurses are only just, they've been doing it recently but that's always been the case with midwives.

5.28 So the continuous professional development is very high on the agenda for you is it?

Yes, for all midwives. It does make sure that we're giving the women the best care that we can and keeping up to date with new developments that may help them. We try to make sure we're more research based than we used to be. Rather than this is the way we have done it and we've done it like that for years.

6.18 So if I were to ask you what marks you out from a nurse, it's this continuous updating that you have to do in particular is it? Or that marks you out from a health visitor or ...?

I care for women from the beginning of their pregnancy, throughout their pregnancy. Other midwives care for them in labour I practise home births and care for them postnatally. So we're different because we look after people over a longer period of time. So health visitors would look after a mother from 2 weeks after the baby was born until the child reaches 4 and goes to school. The midwife just looks after the family from when the woman is pregnant to 28 days after the baby is born. We tend to look after people, particularly intensely for a short period of time.

7.48 Do you think you have similar values..or..? You know you say it's a privilege to be involved with the family at this particular point in a woman's life and you said that first, so is that quite central?

To what I feel? I think so. You want to make it an enjoyable experience. It's a very important experience in their life and you don't want them to look back on it with regret. We know that we don't always have the good outcomes that we would want but we try to have some happy memories even if the outcomes are not good, to have something that they can hold on to. It's the support of the family, you know that they can hopefully have someone in their pregnancy that they can talk to and you can offer them support and its really nice to see the children when they come back.

9.17 I notice that you're not wearing a uniform, is that policy or is that your choice?

Erm I did for the first couple of years I was on community, I wore a uniform. There's lots of different theories about people wearing uniforms and not. One of them is that if you wear a uniform you gain respect, so you could say that was a good point. Another one is if you're about and about, say I was in the middle of the town people would know I was in the medical profession. The downside to that is it also singles me out at a distance so people may think that I carry drugs so it's about personal safety as well. But I believe respect should come from the person and not from the uniform and also if you wear a uniform it can create a barrier. The other thing is when you're going in to people's homes not everybody wants. Particularly in early pregnancy they don't want people to know which is quite ironic because everybody knows who I am in my area (laugh).

11.15 I don't think just because you put a uniform on it make you a particular person.

11.44 So moving on from that identity question, when you're working in a children's centre do you feel any less of a midwife for want of a better word because you're working with other professionals...or...?

No, I just see the other staff at the children's centre who I work with, they have their job and at times we cross over and integrate and sometimes we're caring for the same families and we've just got maybe a different little chink to offer to that family, little bit of support and I don't think it make any difference to how I feel as a midwife in the centre. A lot of them if they can't get hold of me will actually walk in the centre and or centre staff will ring me because I know how to get hold of them quite easily even though they've all got my mobile number I think its sometimes a question of they haven't got the money

13.05 So regarding your identity you feel the same whether you work in the hospital or you work in the children's centre.

Yes. It makes no difference to me

13.35 So with reference to the wearing of uniform, what about colleagues from other professions? Do you feel wearing a uniform has advantages when working with other professionals in the children's centre of doesn't it matter?

I don't think it makes too much difference there are a lot of people who don't wear a uniform who work in a community setting

14.20 Is your children's centre one of the ones where they've all got fleeces that say sure start or whatever?

Well it's YMCA. Well they tend to have tops with the monogram on

Do you have one of those?

No. It doesn't bother me that I haven't got that. I suppose I don't see a uniform as defining who I am.

15.00 Do you think one of the reasons they would perhaps wear that is that they would present a front to the families they are on team?

I think that could be the case and perhaps if there are a number of people working there its probably better for them to be able to identify them. If you were a new person going in and don't know the staff you may approach the wrong person. So from a parent's point of view I can see it being a good idea..

16.00 From what you describe you don't view yourself as being part of their staff as such rather you view yourself as part of the hospital staff who goes to do clinic, is that right?

Yes. I feel that because I'm not on their payroll, they don't pay me. I suppose that's when I saying about the children centre staff who work there.....

Because in the past some children's centre staff have had their own midwife haven't they? They have but I don't know whether they have been paid by the children's centre

They've been seconded into it haven't they? Yes Sure start centres at the beginning did have a sure start midwife. We've had a coupled. There is one Sure start midwife who has now come back.

Because? I think some of it was partly personal reasons, she'd carried it as far as the development could go and... she'd been out for a while and she was getting further and further away from practical midwifery and I think most of us want to be involved in hands on practical midwifery rather than away from it, they don't want to be distanced...they don't want to be sat at the computer, designing programmes that will help making notes, and endless bits of paper.

18.18 What do you think that you personally as a midwife bring to this integrated way of working?

The only way I can think is that we refer families who we think could be helped by children's centre support, to discuss how you see things from your point of view. For instance if we think there's a family that needs support and I've asked the family support workers to go in, I say well this is my take on what's happening and say would you like to go and see them... sometimes we find different bits out for different people because different people tell certain people things . Its like when some people suffer from domestic abuse we know they have to be asked at least 3 times before they will disclose it and maybe in some cases a lot longer than that and it just might be that you're not the person they feel they can tell so if you pass information on to people and tell them your suspicions... I think we should look at it as we're all working together to a common end and not feel that any one of us is more important than the rest.

20.03 What makes you say that? Is that something that you think occurs sometimes?

Generally I think some people think they are far more important than they are and I think at the end of the day you've got to work together. I just think that if you think you're the most important thing you sometimes lose sight of the fact that other people could be doing equally important work and there's no need to be too bothered about it. We've all got a value and a contribution to make no matter how small it is and it doesn't matter who it is and I think a lot of the women who seek help tend to go to the children's centres and they find someone who they particularly latch on to and it may be a chat to the lady who is sat behind the desk with a welcoming friendly face, if she can manage to draw them in, then if you can introduce some support worker who might say did you want

to come along to one of our groups if you don't pile on pressure but gently suggest it and perhaps say we'll come with you how about that? It seems if you all work together then its better

22.06 So this working together, I don't think anybody would pretend that it's easy would you say?

Erm.. I don't find it particularly difficult (laugh)

So there aren't many barriers that you see? Not that I'm aware of - perhaps I've just got rose tinted glasses

You think it's a good thing generally?

Yes, yes I do. I'm aware I may not be all things for all people, I may not be the person to provide support that's applicable to that person and if there's someone there who I know can do it then that's absolutely fine

23.08 So are you quite often involved in interdisciplinary meetings?

You mean like CAFs? Yes I do those. I'm also involve in the team with the early intervention programmes that they do which is where will try to identify some families that perhaps need some help, perhaps with parenting, debt management, with teenagers who we feel can't cope who are out of the teenage support link but you feel they could do with somebody there to help them so they don't feel isolated. I tend to work with the support workers with those sort of ladies. I may have concerns about the parenting style and discuss it with the health visitor and then together with the family support worker we will devise ideas of what we can do to help them.

25.02 So are the family support workers working very much under your jurisdiction and the health visitors are they?

In as much as the referral goes, yes they get referrals but in terms of what they offer its more in terms of what the children's centre can offer and we share ideas with them . Every time I go in to the Children's centre we have a few minutes catching up about the people I have referred. Some of these ladies from a midwifery point of view don't need to contact me but I do know that these ladies have got my mobile number if they wish to contact me some of them are in touch 3 years later...

That's a big ask of you? But if you are going to be there for one child and then they have other children you are going to get involved with the family, you're going to go back and revisit them and at the end of the day we're a guest in their house so you want things to be as easy as possible for them, you don't want to see them struggling.

27.35 So coming back to working in an interprofessional way are there any frustrations with it?

Not particularly. I think the biggest frustration is perhaps having to go over to [REDACTED] for the meetings and it's maybe the timing of the meetings

That would be the physical dynamics...? Yes . But apart from that no. I just feel that I have a good working relationship with the staff at the children's centre and with the health visitors.

And you've been there for 5 years roughly? Yes it's quite a long time to build up relationships but then I've never been afraid to ask them anything, even at the beginning. I always think well if I don't know I'll ask. I say well I've got concerns about this, do you think there's anything you could offer or not? I do sort of use them as a sounding board as well and I value their opinions

29.19 So language isn't a barrier if you're talking in different terminology?

Not really no because I'm used...if I don't understand I'll ask. I try not to use language that they wouldn't understand, that's not fair

29.48 It sounds to me as if you're a confident professional who is comfortable in your own skin because it would seem to me helps a lot because you know its OK to ask rather than it be a reflection of incompetence shall we say.

Even at the times when we come to work in the (maternity unit) and we do as community midwives, I don't see it as a problem in asking for help, I've never seen it as a weakness. I think the biggest thing is when you can't admit... and I think that's when you're at your most dangerous.

OK thank you

Appendix 6: Field notes with reference to immersion in the Field

Visit to Hollyville 9.11.09

I used most of my visit today spending time with the staff as I feel this might be a way to gain their trust and feel comfortable with me. This was not easy, as at times I felt awkward and surplus to requirements. I arrived in time at lunch time and sat in the staffroom eating my own lunch at the same time. Staff came and went throughout the hour and it provided an opportunity to meet them and explain in an informal way about my research. I quickly realised that I also needed to try interacting with them on a more relaxed front; talking about common interests and families when this arose. I feel this may have helped to present a more personable side and common ground. Some staff, for example Lucy, Maggie and Fiona seemed genuinely interested in what I had to say with reference to the research, whilst others seemed wary and maintained a polite distance. This made me realise that I needed to perhaps do more of this informal mixing so that staff could get to know me even better. However, it also made me realise that I can never be 'one of them'. After lunch time I joined the Family Support workers in their Stay and Play session. There were four staff and about twelve children with their parents and carers. This was overwhelming at first and I decided the best thing to do was to join the children with some of their activities. This provided a good opportunity for me to talk with parents at the same time. This was not always easy, because for many parents they were relatively new arrivals in the country and had little English. However, I was amazed at the support they gave to each other even though communication was difficult between them. It was also interesting to see how the staff communicated with the parents and children through objects, pictures and song. Clearly all four staff were experienced and were intuitive in their efforts to be as inclusive as possible. As the session came to an end, I helped to tidy up the activities under the direction of Kelly and Maggie. Afterwards the four staff got together and had a 'debriefing' which they kindly invited me to join. This was a great opportunity to witness how these staff share their reflections of the session together in relation to the children and the parents. Whilst Lucy was the more senior member of staff, and she seemed to make sure that everybody's views were listened to and considered which seemed to lead to be 'an air of equality about the debriefing. I did not contribute but reflected with Lucy afterwards about the usefulness of the debriefings. I think it was interesting that the feeling of inclusivity extended to me too. I really did feel welcome in this forum.

Appendix 7 Field notes: Attendance at Hollyville senior management team meeting

Visit to Hollyville 5.10.09

I was invited by Heather and Diane to attend the senior management meeting as an observer. I was pleased they felt comfortable enough with me as a researcher to allow me to do this. I hope this means I may be becoming more accepted as a researcher in the Centre. There were eight staff present who were representing their different teams. This was a forum in which strategic issues with regard to staffing, funding and services were discussed. Of particular interest to me was the discussion in relation to the work of some of the professionals who came in to the Centre to do their work rather than being based there. Speech and language therapy was mentioned in this respect, alluding to the fact that it was necessary to ensure that the therapist offered a different kind of expertise and did not just gradually become 'a member of the Early Years team'. Clearly it is important for each professional groups to have their own expertise but perhaps in the process of working together this may have the potential to become diluted or blurred. This made me think about my reading of 'blurred roles' and some of the disadvantages to this.

Also discussed was work of the midwife in relation to her having her own targets to reach with regard to breast feeding mothers. The consensus of the team seemed to be that the needs of the mother should be paramount rather than specific targets that needed to be reached. I wonder if this means that sometimes there may be conflicting priorities between different professional groups which might make collaborative working difficult. I am not sure how this can be overcome at the present time.

Appendix 8 Field notes with reference to reflections upon an interview

Interview with Janice 29.6.09

Today I met with Janice to interview her as one of my 'Bystanders'. I knew it was important to meet in a mutually convenient venue which ultimately was a coffee shop in a garden centre in a location that was easily reachable for both of us. It quickly became apparent that this was not a good choice as it was difficult to hear and interact with each other. It also meant there was background noise on the tape. I had not met Janice previously as she had been one of the participants who had volunteered to take part in a follow up interview after completing the original questionnaire which had been distributed to all Centres across the region. I soon realised some of the challenges in interviewing people who are unknown to me. Janice had a lot to say and I found it difficult to interrupt for fear of being rude. I found it hard to stay focused on the four key themes as we seemed to stray into unrelated matters and I found it difficult to 'pull it back'. At one point I wondered about Janice's motivation for agreeing to participate as she came with a fully written CV to show me and constantly expressed her desire to work in a university. This has made me think about the motivation behind the other Bystanders who have volunteered and to what extent can I consider them to be representative, or even whether this matters?

The interview lasted for one and a half hours and I realise that half an hour would have been sufficient and that I needed to have indicated the time limit at the outset. Most of all this has made me realise the interview is a social interaction but the researcher has to be sufficiently skilled to be able to manage it in such a way that its original intentions are realised and yet at the same time being respectful to allowing participants to express their views and opinions. I need to get much better at doing this.

Appendix 9: Discussion with critical friends

Meeting with critical friends 6.12.11

Present: Melanie, Roslyn and Peter

The focus of this meeting was to consider my interpretation of data with particular reference to the coding I had ascribed. Copies of the ascribed coding were distributed and each coding in relation to each professional group, i.e. Health, Education, Early Years and Family Support were discussed in turn. Below is a summary of the points that were raised;

- All the verbatim anonymous comments were scrutinised with reference to checking whether my critical friends agreed with the codings that had been ascribed and asking for suggestions of further codes if appropriate. Whilst further codes were not offered, it was commented there seemed to be some overlap.
- How was I going to ensure that more than one code could be assigned to something that had been said? This was explained through the demonstration of the use of the Excel spread sheet where comments could be pasted against a code more than once.
- More explanation was required in relation to the use of 'unsureness' I appear to have this code assigned to unsureness in terms of lack of confidence and in terms of being unsure about their professional role. I explained that is about both of these things and confidence was a separate code.
- Specific verbatim comments were identified by me to ask for my critical friends' interpretation of what was being said. Melanie examined the ones assigned to Education and Early Years and Roslyn and Peter examined specific ones in relation to Family Support and Health.

Appendix 10a: Written consent obtained for participation in an interview (Case Study)

The Research Context

I am currently undertaking a PhD in which I am examining the relationship between professional culture and collaborative working in Children's' Centres. You have kindly agreed to be interviewed and have been informed in detail about what the research involves and your role within it.

Ethical Assurances

Anonymity and confidentiality will be respected throughout. You will not personally be identified to a third party. Adherence to the Data Protection Act 2003 will be followed and you will be invited to read any written transcript of the interview afterwards.

I consent to participation in the above research and reserve the right to withdraw at any time.

Signed

Date.....

Appendix 10b: Written consent obtained for participation in an interview (Bystanders)

The Research Context

I am currently undertaking a PhD in which I am examining the relationship between professional culture and collaborative working in Children's' Centres. After completing the initial questionnaire you have kindly agreed to be interviewed.

Ethical Assurances

Anonymity and confidentiality will be respected throughout. You will not personally be identified to a third party. Adherence to the Data Protection Act 2003 will be followed and you will be invited to read any written transcript of the interview afterwards.

I consent to participation in the above research and reserve the right to withdraw at any time. In addition, I have obtained the consent of my line manager to participate as appropriate.

Signed

Date.....

| Job Title | Most closely belong to |
|---|---|
| Community Psychiatric Nurse | Mental Health Services because they are my safety net for crisis work, consultant care, clinical supervision of my work. |
| Speech and Language Therapist | Multi disciplinary team because I feel that allows us to have a more holistic view of the families that we are working with rather than having a 'medical model' approach that we can 'fix' people's needs. |
| Specialist Midwife | Outreach/health because I am multi-skilled and flexible in my approach. I feel that a generic worker is more useful in children's centres as there are so few staff around that they need to be able to have multiple roles. |
| Speech and Language Therapist Assistant | Health and Community because as my role is all about working with families in the community promoting early communication and I am seconded in from NHS into the CC obviously a lot of family support work is done. |
| Sure start midwife | Health profession. Belong is a strong word but in many ways it helps to understand why I <i>feel</i> a health professional and a midwife specifically. I can relate this feeling whilst working in a CC environment in the following ways; As a midwife, you, yourself and others have a clear understanding of what you and your work involves and where you fit in to the wider spectrum of health care, i.e. you have an identity. To some extent when you work in a CC this is less defined as the work involved is not 'traditional/normal' activities of a midwife, so I would often be asked 'what do you do?' Over time I began to feel that I was losing my identity so went to lengths to make sure I kept in contact with other midwives, both in what CCs activities I was involved in but also personally too. This I really helped me overcome feeling 'estranged' and I definitely felt I missed contact with other midwives and in particular working in a same profession team. I can identify that when I no longer attended antenatal classes where I work alongside other midwives stopped, I began to feel isolated from my profession and that my skills were beginning to be lost and therefore this compounds that lack of identity and ultimately questioning myself in how long I could call myself a midwife as to me I wasn't working as a 'midwife'. |

| | |
|-------------------------------|---|
| Community Health Worker | Health professional because my degree was in health and I work in health promotion, prevention and supportive role. |
| Speech and Language Therapist | Health/Education because I am employed by health but am based in a CC so I see the two as very closely linked. |

Appendix 11: Excel Spreadsheet. Questionnaire analysis

Appendix 12 Excel Spreadsheet. Questionnaire analysis: example of Health professionals

| Job Title | Most closely belong to |
|---|---|
| Speech and Language Therapist | Multi disciplinary team because I feel that allows us to have a more holistic view of the families that we are working with rather than having a 'medical model' approach that we can 'fix' people's needs. |
| Specialist Midwife | Outreach/health because I am multi-skilled and flexible in my approach. I feel that a generic worker is more useful in children's centres as there are so few staff around that they need to be able to have multiple roles. |
| Speech and Language Therapist Assistant | Health and Community because as my role is all about working with families in the community promoting early communication and I am seconded in from NHS into the CC obviously a lot of family support work is done. |
| Sure start midwife | Health profession. Belong is a strong word but in many ways it helps to understand why I <i>feel</i> a health professional and a midwife specifically. I can relate this feeling whilst working in a CC environment in the following ways; As a midwife, you, yourself and others have a clear understanding of what you and your work involves and where you fit in to the wider spectrum of health care, i.e. you have an identity. To some extent when you work in a CC this is less defined as the work involved is not 'traditional/normal' activities of a midwife, so I would often be asked 'what do you do?' Over time I began to feel that I was losing my identity so went to lengths to make sure I kept in contact with other midwives, both in what CCs activities I was involved in but also personally too. This I really helped me overcome feeling 'estranged' and I definitely felt I missed contact with other midwives and in particular working in a same profession team. I can identify that when I no longer attended antenatal classes where I work alongside other midwives stopped, I began to feel isolated from my profession and that my skills were beginning to be lost and therefore this compounds that lack of identity and ultimately questioning myself in how long I could call myself a midwife as to me I wasn't working as a 'midwife'. |
| Speech and Language Therapist | Health/Education because I am employed by health but am based in a CC so I see the two as very closely linked. |

Appendix 13 Excel Spreadsheet. Supporting the analysis of individual professionals

| Job Role | PJ1 Qualifications/Training | PJ2 Previous Experience | PJ3 Motivation | PJ4 Present role | PJ5 Passion/Enjoyment |
|-----------------|---|---|---|---|---|
| EY Practitioner | CACHE level 2 got distinctions, when on to BTEC | Private nursery - 7 years | Wanted new challenge | EY worker within Stay and Play | Love it! Absolutely love it! Such a lovely place meeting families from different cultures. Love having lots of different things to do in my job |
| Teacher | BA English, PGCE (Early Years) | Reception, nursery teaching, teacher in charge of a nursery. Deputy of Children's Centre. | Interest grew from having own children, experience of being a parent. Always seemed to be somewhere to aspire to be working | Head teacher, Children's Centre manager. | Love working in exciting very diverse places where there's high deprivation. |
| Family Support | NNEB | Worked in a family unit for a short time | Thought the working conditions would allow me to take school holidays. | Co Team Leader, Family Support | When it was first put to me that I would be part of the 'out team,' of family support I thought you can't take my baby away - Stay and Plays. |
| Family Support | NNEB | Four social services day nurseries, family centres.(21 years experience) | You're treated differently in a social care setting rather than an education setting (as an NNEB) Wanted to do more preventative work - hence the move to Hillfields as a family support worker | Senior family support worker, also deputy team leader of family support | Its exciting, its rewarding work. I've done a lot of training and work around domestic violence and that is one of my passions. I just feel you can make a difference. Really enjoy finding out about different cultures and ethnic backgrounds |

| | | | | |
|-----------------|--|---|---|----------------------------|
| EY Practitioner | BTEC nursery nursing but did not complete. NVQ 3 Childcare, learning and development | Came to the centre as a parent initially. Worked in Family support first, parent link work in Butterfly before working in Forest. | Not really wanting to be with 3-4 year olds. Really want to be with older children, possibly teenagers. Really want to go back working in Family Support. | Nursery Officer in Forest. |
|-----------------|--|---|---|----------------------------|

Appendix 14 Excel Spreadsheet. Supporting the analysis of one professional group against one code

| Job Role | PIC7 Values |
|----------------|---|
| Family Support | Making this a safe place for children. Ultimately.. Whatever agency you work for it's the safety of children, families and staff but I actually think that the bottom line is that without it being a safe place other things can't happen. |
| Family Support | Its about the children you know, its about looking for the positive in that then working with it maybe. |
| Family Support | Its important to have good relationships with the people you work with, to be warm and welcoming to everybody. I think we're good at that. |
| Family Support | My top one is keeping children safe and I would move heaven and earth if I thought a child was unsafe but also making sure that children are heard.... Everyone should be treated fairly and yet you know I'm not a judgmental person , I would hate to be judged and I would never judge anybody and if I do I would hope somebody would pull me back and say 'hang on **** what have you said there? 'Parents deserve the truth, they're individuals and they've all got different needs... I think my one of my values also is not to treat everybody the same because that's wrong because people are individuals and they've got different needs, but to treat people with respect and to try to cater for what those needs might be |
| Family Support | Sometimes different professionals have slightly different values I think. Social workers tend to be very empathetic are very good at understanding the families' needs whereas I think other professions are a little bit more superficial and less understanding - I know that's a bit of a generalisation. We've had debates before when perhaps we know families are perhaps claiming benefits but the father is working at the same time. Our social worker would say well if that's what they've got to do in order to feed their family and to survive, then who are we to dob on them? Whereas our teachers would consider that to be wrong.. With health professionals I think there are some barriers because they keep everything close to their chest, I think it's part of their professional training. |
| Family Support | Its important to be able to talk to parents and knowing their personalities. It's about treating parents differently, they're not all the same. Its important to move parents on and celebrating their journeys. |
| Family Support | I work in a non - judgmental way and in an anti-oppressive manner. I try to work at the families' level and be open and honest. |
| Family Support | I believe that a Family support worker has a key role to play in addressing imbalances for some children who get poorer life experiences and reduced opportunities and I think even now in the role I'm doing that's my motivation for doing the job. It's still about ensuring that those children who are the most vulnerable, who have less opportunities I can work towards putting the right services in place...or to change opinion so that children are protected and children do get opportunities. I came from a white middle class upbringing and really truly believed that anybody could achieve anything if they worked hard enough and I had no understanding about there not being a level playing field. |

Appendix 15 Excel Spreadsheet: supporting the analysis of different professional groups against one code

| Job Role | WC6 Communication |
|-----------------|---|
| Teacher | Where there's not good communication - where perhaps the health visitor is giving a family one bit of advice and we don't realise it - they've not made the link with us or us with them.... Usually resolvable...on the whole its fairly good.... The time it takes to get good lines of communication going....The problems of taking a teacher out of nursery to attend meetings with others. Where communication breaks down, often to do with the individual rather than a whole agency.... Health visitors are quite hard to liaise with from a lot of perspectives - they seem to struggle the most with communication. They think we're going to tell everyone - so perhaps that's why! |
| Teacher | There's also the whole thing about separate languages, the different ways we define things....I didn't understand that - it's about being very honest. If this is not framed within the kind of respectful relationship it can cause anxiety. |
| EY Practitioner | I think there is a different language between different professionals. There is a lot of different language spoken by the Midwife. I think Family Support and Education are probably a bit more speaking similar sort of language. Health still are quite different because Health has, and its not just here different protocols. Because things like share care where the CAF comes in they keep theirs completely separate. So although it's there you can't access it. |
| Family Support | We debrief at the end of the day, it only take 15 minutes...everybody's then up to speed and it gives a really good overview - what the staff are doing, what the parents are doing, what the children are doing. We all find that really good. |
| Family Support | If people don't communicate with you it can make you feel intimidated and really questioning what right do you have to be working with the family and what are your skills of training, you don't quite know what you're doing, you just feel powerless. |

| Job Role | WC6 Communication |
|-----------------|--|
| Teacher | <p>We need to improve communication skills. I think when I first came here there was quite a clique, quite a status with family support we deal with the families you deal with the children but that has changed and the staff are trying to be more open and I think it's the information sharing really. As a key worker you need to know what's going on with that family. We all need to know if that child is vulnerable but if you don't know how can you help them?</p> |
| EY Practitioner | <p>We've got a communication book but it's never perfect and sometimes things don't get passed to us and we don't know what's going on sometimes....., I think we're so busy and there's so much going on if someone's been told something and then they forget to tell everybody else and we really needed to know that and if people go to meetings and write things down then go home, they never feed back to us , we never find out what's been going in meetings and if there are any meetings or who's where and what's happening, visitors and things like that.....No, hardly any meetings. We kind of do our own planning meetings and we do evaluations and stuff like that where we all sit together but I never go to any meetings about any children or... like the briefing in the morning the team leaders go to that and they should come back and feedback but we never get feedback from that either really so we don't know what's going on and sometimes there's a bit of a lack of communication. In an ideal world everybody would know everything but I don't think it kind of works quite like that here (laugh)....We have a planning meeting on a Monday we have to stay an hour extra for a planning meeting and we do get told stuff then ...it makes you feel silly and stupid when you don't know what's going on so it is quite hard then I feel awkward at saying why didn't you tell me? I feel difficult in saying that to someone as well so I just shut up and get on with it (laugh).I would say the communication and the not knowing what's going on and who's who – visitors I want to know who are they and why don't we get told? I don't like that. Even when its written in the communication book, different people write in it and you need to ask what it means.</p> |
| Health worker | <p>When I first started here with lots of different staff and lots of different rooms I found it really hard because I didn't know who I needed to give the right information to but now I wouldn't say it's a problem really . Sometimes, confidentiality..I mean who do you share that bit of advice to... and also because I can't be here all the time, its making sure that information is shared with me and that's not always done so I'm not forgotten but sometimes it happens. But (at the clinic) we often have case notes which we put into files and that's how we share information.</p> |
| Health worker | <p>If I don't understand I'll ask. I try not to use language that they wouldn't understand, that's not fair</p> |

Appendix 16 Initial coding analysis: Health professionals

Health Professionals Coding Analysis Levels 1-3

PROFESSIONAL JOURNEY

PJ1 Qualifications/Training

| | | |
|--|--|---|
| Nursing qualification (?) BSc Community Specialist Practice. | | All have professional qualification in their field. |
| Qualified health visitor | | |
| BSc Psychology, | | |
| BSc Speech and language therapy | | |
| Qualified nurse and midwife | | |

PJ2 Previous Experience

| | | |
|---|--|--|
| Working in nursing homes then children's centres for 5 year. | | All worked in roles within the traditional context of their professional specialism prior to working in/with children's centres. |
| Used to be health visitor attached to a GP's surgery. Based at the CC until 3 years ago. | | |
| Residential home for children with severely challenging behaviour and complex needs. Solihull mental health service then CAHMS LAC Team | | |
| Speech and language therapist for 2 years employed by NHS. | | |
| Nurse, community midwife, | | |

PJ3 Motivation

| | | |
|--|--|---|
| Love the fact that it's a role in which you get to try out new things. | | <ul style="list-style-type: none"> • Motivation is related to the diversity the role brings? |
|--|--|---|

PJ4 Present Role

| | | |
|---|--|---|
| Community psychiatric nurse based in a children's centre. | | Only one professional actually based at the Children's Centre. All others conduct 'clinics' there. Does this affect their sense of professional identity? |
| Previously working in a children's centre for over 5 years. Now attached to GP surgery instead. | | |
| Early Years mental health worker with CAHMS, working with different children's centres. | | |
| Speech and Language therapist working with different children's centres. | | |
| Community midwife which included one clinic a week in a children's centre. Worked with the Children's centre for 5 years. | | |

PJ6 Optimism No responses

PROFESSIONAL IDENTITY AND PROFESSIONAL CULTURE

PIC 1 Hybridity

| | | |
|---|---|--|
| It's difficult. There are issues. I think children's centres are very all hands on deck which I agree with but sometimes you are asked to step outside of your remit into an area that is just not connected in any way. I mean for example, because there are staffing issues I will sometimes be asked to cover reception which is difficult because I can't be sitting there having confidential conversations with social workers if I've got people coming in trying to check their ID to make sure they're the right person to pick up the right child ... You sometimes get told it's all about team work and then sometimes you feel you're not being a team player if you say it's not appropriate for me to do that.....It's very different to being up in your ivory tower at Cahms! | <ul style="list-style-type: none"> • Sometimes expected to step outside role which brings challenges. • The dilemma between being a 'team player' and staying in your role • Easier to stay in role in parent organisation | <ul style="list-style-type: none"> • Tension between being a team player and staying within role. • Not all feel this? |
| It makes no difference to me (feels the same whether working in a hospital or in children's centre | Professional identity does not change. | |

PIC2 Related to job role

| | | |
|---|---|--|
| <p>I think when we first started a lot of people didn't know what our job role was or anything like that and we were just another member of the team within the centre whereas we've now done a lot of work building up our identity, training staff about what we can do , advertising ourselves basically . I kind of see children's centres like a business. I have to advertise myself, I have to advertise what we're saying because otherwise if I didn't people wouldn't come to me perhaps people wouldn't use me as much.</p> | <p>It's important for others to know and understand specific job role.</p> | <ul style="list-style-type: none"> • The importance of how identity may be constructed by others. • Identity is related to qualification, accountability and professional knowledge. |
| <p>A qualification got to be registered, we have to keep up our documentation and we've got to maintain our accountability.....Erm you've got to keep updated as well and that's always been the case with midwives. We have to prove that we're keeping updated every year and we've always had supervision meetings every year. Nurses are only just, they've been doing it recently but that's always been the case with midwives.I care for women from the beginning of their pregnancy, throughout their pregnancy...We tend to look after people, particularly intensely for a short period of time.</p> | <p>Sees identity is connected with qualification, registration and accountability. Updating professional knowledge.</p> | |

PIC3 Enjoyment No responses

PIC4 Experiences/Opportunities – No responses

PIC5 Professional Development

| | | |
|--|---|--|
| <p>We've had to rethink about our way of working which was challenging to start with because you come in fresh and you don't know, so it's working with those challenges which can be quite tricky.</p> | <ul style="list-style-type: none"> • Working in this way was challenging at the beginning | <ul style="list-style-type: none"> • Challenging learning has to take place in order to work in this way which is related to getting a multi-dimensional picture rather than previous safer, more comfortable ways of working. • Why is it less comfortable? |
| <p>I mean I've learn massive amounts since I've been in role and hopefully people have from me as well ...so you're just getting a much more multi-dimensional picture rather than just clinging on to your comfort blanket of what you did and college or university and staying in your little cubby hole.</p> | <ul style="list-style-type: none"> • A great amount of professional learning has taken place in relation to getting a multi dimensional picture which is different from previous 'safer and more comfortable' ways of working. | |

PIC6 Confidence

| | | |
|--|--|--|
| I have always been comfortable in my role and have been surprised that some of the agencies are quite narrow. PWBS | <ul style="list-style-type: none"> • Comfortable and confident | <ul style="list-style-type: none"> • Why are some professionals confident and comfortable and not others? |
| Some people struggle because they have been doing things in a certain way for a long time. LIH | <ul style="list-style-type: none"> • The struggle to work differently | <ul style="list-style-type: none"> • Why is it a 'struggle' to work in this way? |

PIC7 Values

| | | |
|--|---|---|
| I am here to support families PWBS | <ul style="list-style-type: none"> • Families at the centre | <ul style="list-style-type: none"> • Families are very much at the centre of what they do. • Support and empowerment • Being accessible • The privilege of being part of something special in the lives of families – this is specific to midwives I would think? |
| Feeling you're making a difference and evidencing you're making a difference as well. Because just feeling good on your way home from work isn't enough. We need to demonstrate to the local authority we are making a difference and we are saving them money although I hate thinking about it in those terms.. Being able to show people they can do something different with their lives, even if you only get through to one family then its worth it. | <ul style="list-style-type: none"> • Making a difference and providing evidence. • Empowering others | |
| I think the most important thing is making sure I'm there for families and they know I'm available and making people aware of what I can do including the staff , what I can offer and what my knowledge is . That's really important. Meeting the needs of the families overall that's the whole reason why we're here. | <ul style="list-style-type: none"> • Families at the centre • Being accessible and making it know to others areas of expertise. | |
| It's a very important experience in their life and you don't want them to look back on it with regret. We know that we don't always have the good outcomes that we would want but we try to have some happy memories even if the outcomes are not good, to have something that they can hold on to. It's the support of the family, you know that they can hopefully have someone in their pregnancy that they can talk to and you can offer them support and its really nice to see the children when they come back. | <ul style="list-style-type: none"> • Being part of a profound experience. • Providing support. | |

PIC8 'Unsuredness'

| | | |
|--|---|---|
| <p>Proud to be a health visitor until about 2 years ago. 50% of health visitors now over 50. The service has been run down. Basis for this is 'skill mix' - not everything needs to be done by a health visitor. NNEBS and staff nurses now part of the health visiting team. These others are now doing more and more of the HV role. HVs now have bigger case loads with the multi-skill mix of people providing support. NNEBs now doing baby clinics without sufficient knowledge and experience to be running them on their own. The value for me of doing the baby clinics was to that I knew the families and could nip problems in the bud. NNEBS haven't got the skills or expertise; they don't have the health background. Some areas of concern have been missed by NNEBS but they're not accountable. We are accountable and have a professional code of conduct - they don't and whatever they do supposedly we're responsible and I'm not happy to take that responsibility. A professional code of conduct is very important because that's what maintains your standards.</p> | <ul style="list-style-type: none"> • Threat of the role being taken over by others under the guise of 'skill mix' • Judgement of the lack of skills of others and relates this to professional code of conduct. | <ul style="list-style-type: none"> • Identity can be threatened by others taking on part of role. • Identity in relation to status is linked to having a professional code of conduct. • It is a big challenge to maintain professional identity |
| <p>I'd say thing biggest challenge is maintaining your professional identity.</p> | <p>The big challenge of maintaining professional identity</p> | |

PIC9 Perception of Status

| | | |
|--|---|--|
| <p>When I first started working here I would have liked to have worn a uniform but now I'm longer in the tooth I'm alright with it. People know who I am and I do a different role. I don't want to go into a home where they see a crèche worker uniform when they're expecting a psychiatric nurse to offer a different level of support and I don't want a barrier as well....so I need to be perceived as someone slightly different anyway.</p> | <ul style="list-style-type: none"> • The not wearing of the uniform took time to get used too. • The not wearing or the wearing of a uniform can be linked to the notion of higher status | <ul style="list-style-type: none"> • The not wearing or the wearing of uniform can be linked with higher status. • Status is not perceived to be a barrier when you feel you are of high status? • Children's centres are hierarchical' |
| <p>Status is not a barrier for me. HVs used to be crème de la crème.</p> | <ul style="list-style-type: none"> • Status is not a barrier when you perceive you have a high status | |
| <p>...but children's centres, well my experience of them, is that they can be quite hierarchical and its very much the nursery staff who're on the bottom level, then the outreach staff.</p> | <p>Children's centres are hierarchical with nursery staff at the bottom</p> | |

PIC10 Working Practices

PIC10 Working Practices

| | | |
|---|--|--|
| <p>Yes because I do much more consultation here. I find that staff here either come to me when it's a really really complex case and have tried everything else or they just want somebody to say that yes that's fine</p> | <ul style="list-style-type: none"> • Staff come to her for the expertise and knowledge. • Some midwives working in a children's centre feel they are moving away from 'practical midwifery'. | <ul style="list-style-type: none"> • The notion of the role being perceived as the knowledge giver? • Midwives perceive that by working in a children's centre they may be diluting their expertise? |
| <p>(referring to a midwife who was based full time at a children's centre) I think some of it was partly personal reasons, she'd carried it as far as the development could go and..she'd been out for a while and she was getting further and further away from practical midwifery and I think most of us want to be involved in hands on practical midwifery rather than away from it, they don't want to be distanced...they don't want to be sat at the computer, designing programmes that will help making notes, and endless bits of paper.</p> | | |

PIC11 Pay and Conditions

| | | |
|--|--|---|
| <p>Yes. I feel that because I'm not on their payroll, they don't pay me.</p> | | <ul style="list-style-type: none"> • Does who the employer/manager is influence professional identity in children's centres? |
|--|--|---|

WORKING COLLABORATIVELY

| | | |
|---|---|--|
| <p>I'm also involved in the team with the early intervention programmes that they do which is where will try to identify some families that perhaps need some help, perhaps with parenting, debt management, with teenagers who we feel can't cope who are out of the teenage support link but you feel they could do with somebody there to help them so they don't feel isolated. I tend to work with the support workers with those sort of ladies. I may have concerns about the parenting style and discuss it with the health visitor and then together with the family support worker we will devise ideas of what we can do to help them.</p> | <ul style="list-style-type: none"> • Works collaboratively with family support and other health professionals. | |
|---|---|--|

WC1 Opportunities and experience to work in this way - no responses

WC2 Enjoyment and Job satisfaction No responses

WC3 Professional Learning

| | | |
|---|---|---|
| <p>Before I came to children's centres there were lots of things I didn't know about so I've learned an awful lot from the staff and specific knowledge as well. The early years mental health workers I've learned an awful lot from them. I've been on training that they've done which is really useful from other professionals coming in. I think I learn things every day from every single session about families, ways of working, key stages, education. It's give and take really. I think you always get information passed.</p> | <ul style="list-style-type: none"> • Learnt a lot from the other staff. • Been on shared training. • Also learned about 'give and take'. | <ul style="list-style-type: none"> • Learning takes place across the different professionals, including learning about give and take. • Shared training is also a facilitator of shared learning? |
|---|---|---|

WC4 Advantages

| | | |
|--|--|--|
| <p>Families find it less stigmatising now. CCs are not only in deprived areas. Ideally CC should be a resource in partnership. Its what works for the community and what they feel comfortable with.</p> | | <ul style="list-style-type: none"> • The notion of a resource in partnership. |
|--|--|--|

WC5 Skills to Offer

| | | |
|---|---|--|
| <p>I've been known to go into situations and resolve issues and move things forward. I'm not afraid to speak my mind but I'm not afraid to get support. I've always been a good problem solver because I've always done counselling work and conflict resolution etc.... I have a good knowledge base. I have empathy and listening skills, am able to challenge, use intuition.</p> | <ul style="list-style-type: none"> • Very confident of own skills set | <ul style="list-style-type: none"> • Confidence in own skills set. • Acknowledgement of the skills set of others • The type of skills and knowledge may mean that you see yourself as a 'knowledge giver'? • Certain types of knowledge and skills carry status and recognition amongst parents? |
| <p>I can signpost families to the right professional. I use integrated working as a resource.</p> | <ul style="list-style-type: none"> • The notion of using integrated working as a resource. | |
| <p>Its quite difficult at first because you're having to get to know all the staff and things like that but once you've built up those relationships, you're another professional who's got key specific skills. So the psychologist would come in with different skills but we've got our own key areas which everybody knows they can access and so they know where to get us and so we can bring training on specific areas like - its one of the areas that staff say we've learned so much from you , so the training's a big one. That's one of our main focuses. I think some staff find us quite useful that we're somebody external that we're separate from the centre, they come and chat to me that they're struggling with say some policies that the centre has and so they talk to me about that because I've external . But it's just that specialist knowledge really we can bring in and a lot of staff that I've worked with like knowing and they can tell families that there is a speech therapist who can help and giving the families that bit of hope as well. There are lots of different people with specialist areas that they can go to.</p> | <ul style="list-style-type: none"> • Acknowledges the different professionals have different skills. • The recognition that she holds specialist knowledge and therefore can be a knowledge giver. • Her knowledge carries recognition and status amongst parents in her view. | |
| <p>I'm aware I may not be all things for all people, I may not be the person to provide support that's applicable to that person and if there's someone there who I know can do it then that's absolutely fineI just feel that I have a</p> | <ul style="list-style-type: none"> • Acknowledges that sometimes her skills may | |

| | |
|---|---|
| good working relationship with the staff at the children's centre and with the health visitors. | <p>not be the most appropriate to support families.</p> <ul style="list-style-type: none"> • The importance of good working relationships. |
|---|---|

WC6 Communication

| | | |
|--|---|--|
| <p>When I first started here with lots of different staff and lots of different rooms I found it really hard because I didn't know who I needed to give the right information to but now I wouldn't say it's a problem really . Sometimes, confidentiality..I mean who do you share that bit of advice to... and also because I can't be here all the time, its making sure that information is shared with me and that's not always done so I'm not forgotten but sometimes it happens. But (at the clinic) we often have case notes which we put into files and that's how we share information.</p> | <ul style="list-style-type: none"> • The challenge of sharing information with the right people due to the high number of staff and physical space. • The challenge of information being passed on when not based in the children's centre. | <ul style="list-style-type: none"> • Sharing information is difficult with large numbers of staff within different physical spaces. • Communication can be difficult if not based within the children's centre • Communication also involved taking responsibility oneself? • The notion of consciously only talking in a language that others can understand? |
| <p>If I don't understand I'll ask. I try not to use language that they wouldn't understand, that's not fair</p> | <ul style="list-style-type: none"> • Taking responsibility to ask. • Being conscious of only talking in language that others would understand. | |

WC7 Team Working

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| <p>You sometimes get told it's all about team work and then sometimes you feel you're not being a team player if you say it's not appropriate for me to do that.... I think it's more of an expectation here that people will think holistically about families and that includes mental health whereas in other centres its very much – 'well you worry about the mental health stuff and we'll just get on with the childcare' - they don't necessarily see how integral it is to that child's development ...People are still very scared of mental health particularly with the under fives.</p> | <ul style="list-style-type: none"> • The tension between teamwork and not being a team player. • Mental health is very much part of working holistically but some professionals are scared of it. | <ul style="list-style-type: none"> • Team work and being a team player can bring tensions. • Team work can be used to empower other staff • The challenge of working with already established 'close 'teams. • Collaborative working isn't necessarily about professional identity, rather who can best meet the needs of the children and families. |
| <p>I think that's why it's so good to have good relationships with staff because they can do a lot of your work for youbecause they're going to be with the children more than we can be and that's why we did the training that we did</p> | <ul style="list-style-type: none"> • Team working can be about empowering other staff so they | |

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| <p>today because why not give staff the strategies, they're often the ones that have got better relationship with the families because they're there more. I prefer it that way as long as they're getting advice and getting the right advice.....When I first started it was a little bit intimidated because they've all got their friendship groups, so from an outsider coming in I was a bit.... But I think that's only ... but you get used to it and it was absolutely fine. I've never had a problem here or anything and they're often the most useful ones. I was thinking that the ones who've been here a long time are they going to find this training too basic but they've all said actually its really nice as a refresher and for the new ones, they're saying that it's really good because I didn't know that before.</p> | <p>can do the work when you're not there.</p> <ul style="list-style-type: none"> • Sometimes difficult to 'infiltrate' close working already established teams. | <ul style="list-style-type: none"> • Perceptions of importance (status?) of some can hinder collaborative working • Everyone in the teams has a value and a contribution to make. • Personalities are also important when families decide who to approach for support? |
| <p>I just see the other staff at the children's centre who I work with, they have their job and at times we cross over and integrate and sometimes we're caring for the same families and we've just got maybe a different little chink to offer to that family, little bit of support and I don't think it make any difference to how I feel as a midwife in the centre.....we refer families who we think could be helped by children's centre support, to discuss how you see things from your point of view. For instance if we think there's a family that needs support and I've asked the family support workers to go in, I say well this is my take on what's happening and say would you like to go and see them... sometimes we find different bits out for different people because different people tell certain people things . It's like when some people suffer from domestic abuse we know they have to be asked at least 3 times before they will disclose it and maybe in some cases a lot longer than that and it just might be that you're not the person they feel they can tell so if you pass information on to people and tell them your suspicions... I think we should look at it as we're all working together to a common end and not feel that any one of us is more important than the rest.....Generally I think some people think they are far more important than they are and I think at the end of the day you've got to work together. I just think that if you think you're the most important thing you sometimes lose sight of the fact that other people could be doing equally important work and there's no need to be too bothered about it. We've all got a value and a contribution to make no matter how small it is and it doesn't matter who it is and I think a lot of the women who seek</p> | <ul style="list-style-type: none"> • Do different jobs and sometimes we cross over. • Team working can involve referring families to others. • Working in this way isn't necessarily about our own professional identity. • Some people think they are more important than they actually are which sometimes hinders meeting the needs of the children and families. • Everyone has a value and contribution to make no matter how small • Sometimes it isn't your professional status that means families will seek support from you, rather whether you 'click' with them as a person. | |

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| <p>help tend to go to the children's centres and they find someone who they particularly latch on to and it may be a chat to the lady who is sat behind the desk with a welcoming friendly face, if she can manage to draw them in, then if you can introduce some support worker who might say did you want to come along to one of our groups if you don't pile on pressure but gently suggest it and perhaps say we'll come with you how about that? It seems if you all work together then its better.</p> | |
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WC8 Coping Strategies No responses

WC9 Disadvantages, Challenges

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| <p>I don't think health visitors bring much to CCs at the moment because we haven't got the time. We used to be involved in the planning but now have other priorities. I haven't even got time to oversee the baby clinics that the NNEBS are using. One of the barriers of integrated working is the skill mix of staff. The ones that are run by the PCTs have always worked in a multi agency way and have a wider perspective. Health based ones bring a wider outlook because we are aware of all the resources in the area. If you haven't got this you tend to stick rigidly to targets. I should be seen more in the CC so I'm not seen as separate by families. At the moment I only come in for case conferences.....</p> | <ul style="list-style-type: none"> • Time • Conflicting priorities • Health based children's centres bring a wider outlook • Dangers of a target-based approach | <ul style="list-style-type: none"> • Are some of these challenges related to specific agencies whilst others are related to different professionals working together? |
| <p>I'd say thing biggest challenge is maintaining your professional identitythere are times when its difficult to manage conflicting viewpoints on things and that it itself can be hard but that's the whole point of multi-agency working.....One of the biggest challenges I'm having at the moment with some of the other agencies, for example social care, health visitors is in terms of their case loads and funding issues means they're not as open to new ideas and thinking as they think they would be if they weren't carrying such a massive workload. So I think there's a lot of doing just enough to get by and not very much space for creative thinking. Certainly when your job is predominantly around keeping children safe, and helping them have the best chance and the best start, when the other agencies that have got the main legal responsibility for safeguarding aren't on</p> | <ul style="list-style-type: none"> • Maintaining your professional identity • Difficulty in managing conflicting viewpoints • Different agendas – e.g. caseloads and funding issues • Not enough space for creative thinking • Different obligations (legal?) of different agencies | |

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| <p>board, it makes your job impossible sometimes and you spend so much time evidencing what's wrong and the frustration of more damage being done that is difficult because you do all you can with the resources you've got and often it's not good enough. People are still very scared of mental health particularly with the under fives</p> | <ul style="list-style-type: none"> • Scarce resources | |
| <p>I think its knowing how every centre works and fitting in with their ways of working which I did find hard here to start with and I know there's another speech therapist who works here who's in the nursery and some of our assessment strategies, they didn't fit in with the centre's way of working.</p> | <ul style="list-style-type: none"> • Knowing how different centres work, 'fitting in'. | |
| <p>Not particularly. I think the biggest frustration is perhaps having to go over to Bromsgrove for the meetings and it's maybe the timing of the meetings.</p> | <ul style="list-style-type: none"> • Locations of meetings | |

WC10 Personality and Dispositions

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| <p>I don't find it particularly difficult ...perhaps I've just got rose tinted glassesYes it's quite a long time to build up relationships but then I've never been afraid to ask them anything, even at the beginning. I always think well if I don't know I'll ask. I say well I've got concerns about this, do you think there's anything you could offer or not? I do sort of use them as a sounding board as well and I value their opinions.....Even at the times when we come to work in the (maternity unit) and we do as community midwives, I don't see it as a problem in asking for help, I've never seen it as a weakness. I think the biggest thing is when you can't admit... and I think that's when you're at your most dangerous.</p> | <ul style="list-style-type: none"> • Takes a ong time to build up relationships • Need to know when to ask for help otherwise it can become dangerous. | <ul style="list-style-type: none"> • An awareness of the need to do relationship building? • Knowing when you need to ask for help – is this disposition or related to professional training? |
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Appendix 17 Deeper levels of coding analysis with reference to Health professionals

| Professional Journey | | |
|---|--|---|
| P1 Qualifications and training P2 Previous experience P3 Motivation for change P4 Present role P5 Passion and enjoyment P6 Optimism | P1 } Previous training P2 } and experiences → P3 Present role → P5 Background storage P6 Background storage | Previous training and experiences The consideration of the work base location |
| Professional Identity and Culture | | |
| PIC1 Hybridity PIC2 Related to job role PIC3 Enjoyment PIC4 Experiences/opportunities PIC5 Professional development PIC6 Confidence PIC7 Values PIC8 'Unsuredness' PIC9 Perception of status PIC10 Working practices PIC11 Pay and conditions | PIC1 } PIC2 } Role and Identity → PIC4 } PIC6 } PIC8 } PIC10 } PIC7 → PIC9 → PIC3 Background storage PIC4 Background storage PIC5 Background storage PIC11 Background storage | 1. Tensions between being a specialist and a team player 2. The influence of training and belonging to a professional body on identity 3. The relationship between knowledge and identity 4. The relationship between professional confidence and identity 5. The significance of identity construction by others 6. Empowerment and support are at the heart of the work 7. The notion of status |

| Working Collaboratively | | | |
|---|--|---------------------------------------|--|
| WC1 Opportunities/experiences to work in this way | WC1 } WC3 } | → | 1. Professional learning through working collaboratively |
| WC2 Enjoyment/job satisfaction | | | |
| WC3 Professional learning | | | |
| WC4 Advantages | WC5 Skills set awareness | → | 2. Internal and external awareness of <i>specialist</i> skills and knowledge |
| WC5 Skills to offer | | | |
| WC6 Communication | | | |
| WC7 Team working | | | |
| WC8 Coping strategies | WC6 Communication | → | 3. Communication and information sharing can be challenging because of; logistical considerations, differences in procedures and differences in professional language |
| WC9 Disadvantages/challenges | | | |
| WC10 Personality/dispositions | | | |
| | WC7 } WC9 } | Challenges of collaborative working → | 4. The tensions and challenges are related to being a team player versus being an individual specialist. 5. Working with already established teams 6. Managing conflicting viewpoint |
| | | | |
| | WC10 Personality/dispositions | → | 7. Self awareness is important in terms of relationship building and knowing when to seek help. |
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| | WC2 Background storage WC4 Background storage | | |

Appendix 18 Coding analysis :Early Years practitioners

| Professional Journey | | |
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| P1 Qualifications and training P2 Previous experience P3 Motivation for change P4 Present role P5 Passion and enjoyment P6 Optimism | P1 } P2 } Qualifications and P4 } Experience P3 Motivation P5 Passion and Enjoyment P6 Background storage | 1. Qualifications and experience 2. There are different reasons for wanting to work in a Children's Centre 3. The relationship between passion and enjoyment and role diversity |
| Professional Identity and Culture | | |
| PIC1 Hybridity PIC2 Related to job role PIC3 Enjoyment PIC4 Experiences/opportunities PIC5 Professional development PIC6 Confidence PIC7 Values PIC8 'Unsuredness' PIC9 Perception of status PIC10 Working practices PIC11 Pay and conditions | PIC1 } PIC2 } Relationship between PIC8 } identity and job role PIC4 } PIC5 } Relationship PIC10 } between } experiences and } professional } development PIC7 Values PIC9 Perceptions of status PIC3 PIC6 } PIC11 } Background } storage | 1. There appears to be a relationship between identity and job role 2. Perceptions of 'expertness' 3. The importance of being able to access different professional experiences and training 4. Collegiality and empowerment of families are considered to be important. 5. Understandings and influence of status |
| Working Collaboratively | | |
| WC1 Opportunities/experiences to work in this way WC2 Enjoyment/job satisfaction | WC1 Opportunities to work collaboratively WC2 Enjoyment/job satisfaction WC3 Professional learning | 1. Variations in opportunities to work collaboratively 2. The relationship between enjoyment and collegiality 3. Relationship between professional learning and collaborative working 4. Sharing knowledge |

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| <p>WC3 Professional learning</p> <p>WC4 Advantages</p> <p>WC5 Skills to offer</p> <p>WC6 Communication</p> <p>WC7 Team working</p> <p>WC8 Coping strategies</p> <p>WC9 Disadvantages/challenges</p> <p>WC10 Personality/dispositions</p> | <p>WC5 Skills to offer</p> <p>WC6 Communication } WC7 Team working }</p> <p>WC10 Personality/dispositions</p> <p>WC9 Disadvantages/challenges</p> <p>WC4 } Background Wc8 } Wc9 } Storage</p> | <p>5. Skills, abilities and expertise</p> <p>6. Differences in language, communication and protocols</p> <p>7. 'Making an effort'</p> <p>8. The notion of feeling 'pigeon holed' and the need to grow together.</p> |
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Appendix 19 Coding analysis Family Support workers

| Professional Journey | | |
|---|---|---|
| P1 Qualifications and training P2 Previous experience P3 Motivation for change P4 Present role P5 Passion and enjoyment P6 Optimism | P1 } P2 } Qualifications, P4 } experience and → role P5 Passion → P3,P6 Background Storage | <ol style="list-style-type: none"> 1. Range of qualifications 2. Relationship between original training and present job role. 3. The influence of passion |
| Professional Identity and Culture | | |
| PIC1 Hybridity PIC2 Related to job role PIC3 Enjoyment PIC4 Experiences/opportunities PIC5 Professional development PIC6 Confidence PIC7 Values PIC8 'Unsuresness' PIC9 Perception of status PIC10 Working practices PIC11 Pay and conditions | PIC1 } PIC2 } Apparent PIC4 } influences → PIC5 } upon PIC10 } professional identity PIC7 Values → PIC9 Perception of status → PIC3, PIC6, PIC8 Background Storage | <ol style="list-style-type: none"> 1. Professional identity does not seem to be important. 2. The construction of professional identity by others 3. Professional CPD appears to be more influential than original training. 4. Values are a significant influence and are well expressed. 5. Hierarchies and perceptions of status are inevitable |
| Working Collaboratively | | |
| WC1 Opportunities/experiences to work in this way WC2 Enjoyment/job satisfaction WC3 Professional learning WC4 Advantages | WC1 } WC2 } Clear identification WC4 } of knowledge, skills WC5 } and qualities | <ol style="list-style-type: none"> 1. The knowledge and skills base of collaborative working 2. Being a confident professional |

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| <p>WC5 Skills to offer</p> <p>WC6 Communication</p> <p>WC7 Team working</p> <p>WC8 Coping strategies</p> <p>WC9 Disadvantages/challenges</p> <p>WC10 Personality/dispositions</p> | <p>WC7</p> <p>WC3 Professional learning →</p> <p>WC6 Communication →</p> <p>WC9 Disadvantages and challenges →</p> <p>WC8, WC10 Personality and Dispositions →</p> <p>WC11 Additional considerations (new)</p> | <ol style="list-style-type: none"> 3. The relationship between collaborative working and learning collaboratively 4. Clarity of Language and Communication processes 5. Fuzzy working 6. Tokenism 7. The importance of flexibility and humour 8. Self awareness 9. Coping strategies 10. The importance of frequent physical proximity 11. The influence of the complexity of different agency structures and agendas |
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Appendix 20 Coding analysis of the Teachers

| Professional Journey | | |
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| P1 Qualifications and training P2 Previous experience P3 Motivation for change P4 Present role P5 Passion and enjoyment P6 Optimism | P1, } P2, } Past and present → P4 } P3 Motivation for change → P5 Passion and enjoyment → P6 'Background Storage' | 1. Past and present contexts 2. Relationship between motivation and philosophical pedagogy 3. Passion and enjoyment could be related to diversity, challenge and team working. |
| Professional Identity and Culture | | |
| PIC1 Hybridity PIC2 Related to job role PIC3 Enjoyment PIC4 Experiences/opportunities PIC5 Professional development PIC6 Confidence PIC7 Values PIC8 'Unsuresness' PIC9 Perception of status PIC10 Working practices PIC11 Pay and conditions | PIC1 } PIC2 } Role and identity → PIC4 } PIC10 } PIC3 'Background Storage' PIC5 Professional Development → PIC6 'Background Storage' PIC7 Values → PIC8 } PIC9 } Internal/external perception of status → PIC11 } | 1. Role blurring 2. Evolving into a new kind of teacher 3. Identity maintenance 4. Professional development 5. Advocate for education 6. Relationship between identity and status |
| Working Collaboratively | | |
| WC1 Opportunities/experiences to work in this way WC2 Enjoyment/job satisfaction WC3 Professional learning WC4 Advantages WC5 Skills to offer WC6 Communication WC7 Team working WC8 Coping strategies WC9 Disadvantages/challenges WC10 Personality/dispositions | WC1 'Background Storage' WC2 'Background Storage' WC3 'Background Storage' WC4 'Background Storage' WC5 'Background Storage' WC6 Communication → WC7 'Background Storage' WC8 'Background Storage' WC9 Disadvantages/ challenges → WC10 Personality / dispositions → WC11 (new) Other facilitating factors → | 1. Use of language is an important factor 2. Channels of communication are important 3. Information handling and sharing is important 4. Differences in perspectives 5. Time 6. The influence of personality can be negative and positive 7. The development of positive relationships |

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Appendix 21 Focus Group interview prompt questions

Focus Group Interview: Initial prompt questions

1. Why and how does Hollyville seem to work so well?
2. How do you deal with perceptions of status? (Vignette provided)
3. How do you know about what others in the Centre do? (Vignette provided)
4. How can communication be improved even further?
5. How and when do you find time to engage in reflection with others?
6. Is there only one kind of professional that can do certain things?
7. What do professionals need in order to work at Hollyville? (Vignette provided)

Appendix 22 The Learning Circle

The Learning Circle is a group of fellow researchers and practitioners who meet once a month from 4.30 to 6.00pm at the Centre for Research in Early Childhood in Birmingham. The Learning Circle was established in 2003 and is a forum in which Early Years policy and research issues are be discussed. There are opportunities to share and reflect upon personal research and the research of others. The meeting usually begins with an agreed input from one of the participants followed by discussion.
