Research



How integrated working affected the development of the Caring 4 Kids project

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The reports have provided valuable insights into the children and young people's workforce, and the issues and challenges practitioners and service users face when working in an integrated environment. This will help to further inform workforce development throughout England.

This practitioner-led research project builds on the views and experiences of the individual projects and should not be considered the opinions and policies of CWDC.

# How integrated working affected the development of the Caring 4 Kids project

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#### Abstract

This project developed between two separate agencies and aimed to examine and identify, from a participant observer perspective, the specific effects of integrated working on the development of the Caring 4 Kids project. The project, Caring 4 Kids, was a collaborative piece of work between a voluntary sector provider of children's centres, and a girls' secondary school. This school has the highest rate of student pregnancy within the local authority.

The research consisted largely of interviews with five of the professional participants in the Caring 4 Kids project, one from each discipline: teaching; nursery nursing; social work practitioner/management; social work; and early years consultancy. The participants were:

- the director of the voluntary organization providing children's centres, by background a social worker
- the Community Liaison deputy head of a girls' secondary school, by background a teacher
- the manager of one of the children's centre nurseries, by background a nursery nurse
- an ex-social worker
- an Early Years consultant with the local authority, by background a SENCO.

The questions attempted to address the previous experiences of the interviewee in multidisciplinary working, their attitude to integrated working in relation to their agency's attitude as they saw it, and their experiences of integrated working in this specific project. In addition to these questions, the research attempted to identify what the participants felt positive and negative about, and if possible to indicate what they might be taking back to their agency, or to their next experience of integrated working, from this present experience.

The research identified that

- integrated forums were dependent on the consent, real as well as formal, of the agencies seconding to them
- the differing values derived from the different professional backgrounds of participants mattered less than the core remits of each of their agencies
- some professionals may have identified more with the integrated forum in respect of some of their values than with their own agency
- the success of the forum as a 'workplace' owed a great deal to participants not feeling disempowered with regard to higher ranking or higher status professionals.

#### Introduction

I am outlining research I have undertaken to understand some of the effects of integrated multidisciplinary working. The project, Caring 4 Kids, was a collaborative piece of work between a voluntary sector provider of children's centres, which I shall call Startout, and a girls' secondary school, Meadowline. This school has the highest rate of student pregnancy within its local authority.

Together with the Teenage Pregnancy Prevention co-ordinator for the primary care trust (PCT), the director of the voluntary organization and a deputy head from the school proposed a project based upon the core concept of Teens and Toddlers (see below): that the reality of caring for two and three year olds has an impact on the attitude to giving birth of very young women.

The project, Caring 4 Kids, had already began when I joined the organization in July 2008. Only the outcome of the funding application was awaited. The nursery managers were prepared, but much of the detail and indeed the possibility of the school's involvement remained to be formulated. Detailed work began in September 2008.

#### Aims of the project

This research project asked how integrated working affected the outcomes of the Caring 4 Kids project. One of its key concerns was to try to examine the interface between the multidisciplinary decision-making process and its meeting with reality on the ground regarding service users and their parents by asking:

What were the differing expectations of the professionals from each discipline, and how did that work through in practice?

How were key decisions made?

How were they influenced by service users?

#### Context

Research shows that the consequences for mothers who give birth in their teenage years are that they are more likely than mothers who give birth later to have lower educational achievement; to have partners who themselves have lower educational achievement, and therefore in a market society more likely to suffer poverty through low wage employment or unemployment; and to suffer worse mental health in the first three years of their children's lives (Institute of Social and Economic Research, University of Essex, 2004).

According to Swann et al. (2003), 'little or no evidence...was found [regarding the effectiveness of]...interventions to prevent pregnancy aimed at specific vulnerable groups'.

The director of the centre had identified American research which indicated that placement of 'vulnerable' young teenaged women in day-care settings, giving them access to, and responsibility for, the care of toddlers rather than babies, had a positive effect on their future decision-making about the age at which they would have their own babies (see Laura Huxleyand Diana Whitmore in References section) This research was being applied in Britain in the Teens and Toddlers project, and director of the centre wished to instigate a similar project here.

### Methodology

The research consisted largely of interviews with the five professional participants in the project, one from each discipline: teaching; nursery nursing; social work practitioner/management; social work; and early years consultancy. Since I have myself been part of the planning and execution of this multidisciplinary project, I was working as a participant researcher.

The schedule of interview questions was drawn up following initial discussion with my academic consultant. The basic proforma is appended. The questions attempted to address the previous experiences of the interviewee in multidisciplinary working, their attitude to integrated working in relation to their agency's attitude as they saw it, and their experiences of integrated working in this specific project. I wanted specifically to try to isolate what they felt positive and negative about, and if possible to indicate what they might be taking back to their agency, or to their next experience of integrated working, from this present experience.

The interviewees were chosen as representatives of the four disciplines involved in Caring 4 Kids. In addition, one interviewee (E) was chosen as a representative of the other disciplines that were involved in presentations for the girls during some of the group sessions: midwifery, school nursing, early years. The interviewees were:

the director of a of the voluntary organization providing children's centres, by background a social worker

the Community Liaison deputy head of a girls' secondary school, a teacher

the manager of one of the two children's centre nurseries, who was responsible for the day-care component of the project, a nursery nurse

an ex-social worker, responsible for the groupwork component of the project

an Early Years consultant with the local authority (also my predecessor), a SENCO by background.

I had examined the ethics of the research in discussions with my consultant. The project itself was funded by the PCT, who had granted autonomous discretion to the project team to consider ethical issues, because service users were not in any way being interviewed as part of it. The local authority did not have views or guidelines on the project. I had gained the consent of each participant to be interviewed, which included an account of the nature of the research, an explanation of the distribution of the research, and a guarantee of anonymity from all but fellow interviewees. I took verbatim records of the interviews, which I worked up as soon as possible afterwards, and distributed to the interviewees. .

As a participant researcher, I have been involved in all but one of the planning meetings; I have supervised both D and the student social worker who was her co-worker.

#### **Findings**

#### Effects of integrated working on the practice of the project

The first point of multidisciplinary influence came soon after the inception of the project. Its existence is owed to the motivations of two key professionals: the director of Startout, and the Community Liaison deputy headteacher at Meadowline. For the director, the project represented an opportunity to intervene on an issue which had been important to her from early on in her social work career. She stated that she had a 'personal commitment':

'I was keen on the idea because of my background in social work, and because of my experience in the early part of my career of working with this group of clients, of working with very young women with babies. In particular, I worked with one 14 year old – she was 13 when she became pregnant – whose baby died six days after premature birth.'

For the deputy head, the motivation for the project was different. He was on the lookout for opportunities to make contacts with 'outside' non-educational agencies, partly for the specific purpose of engaging relevant workers on the delivery of the PHSE curriculum, partly because both his role and his natural bent inclined him to focus 'outside' in this way:

> 'I am the member of staff employed with responsibility for liaison with community groups...As part of my role, I have developed liaison around Children Not In Education, school nurses, the health services, and of course in co-ordinating HSE input...This has involved services coming into the school, rather than the school going out...It's about making contact with the people who have the same interests at heart.'

He was, in a sense, the initiator of the possibility of the project, because his contact with the Director of Startout helped to catalyse a number of possibilities for her regarding the real possibility of this project:

'The immediate impetus for the project came from the Change for Children/Every Child Matters agendas...So now there was suddenly interest in prevention within the performance indicators themselves, and there was a possibility of "lead rather than lag" in relation to teenage pregnancy. At around that time, I was contacted by B (teacher at F school) about whether our service could contribute to their Year 11 social and emotional teaching. I invited him to our senior management team meeting, and he was quite enthused by the idea of the project. At that point, it became a possible project.'

From that point, the multidisciplinary nature of the project was integral to its existence. The participation of the school was necessary for the identification and support of the students, and the participation of nursery nurses was necessary for their placements. From interviews, it would seem that discussions with the then family support services team manager, now an Early Years support consultant, resulted in the addition of a groupwork element to the programme: specifically, to introduce some basic ideas about attachment to the students, as well as to give them accurate information about pregnancy, childbirth, benefits for mothers, and other relevant topics.

Did the necessity of multidisciplinary working affect the genesis or development of the project in any other ways? The nearer the project came to being realized, the greater the impact of multidisciplinary decision-making. I chose to focus the interviews on a key decision that had arisen in the planning, which was how the group should be constituted. Comparing the views and recollections of the different participants showed a blurred memory of the decision-making, and also indicated some irreducible incompatibilities. Most agreed with a view voiced by the Director:

> 'The decision was about the need to capture the young women at risk of becoming young parents, but not to stigmatize the students.'

This statement also expresses the dilemma that everyone perceived, though perhaps the social worker responsible for actually carrying out the groupwork part of the project, and co-ordinating the whole, put it most clearly and bluntly:

> 'we had to do this without giving the message to parents that "your daughter is at risk of getting pregnant". What if those parents think that we are accusing their children of being slappers?'

Different participants had differing opinions about how far these dilemmas were resolved. For some, the eventual decisions about selection were smooth and congruent with their values:

'You can't select these girls and lie to them. I came away with quite clear criteria about the girls the group would be good for, then F (Head of Year) got involved, and we had names (we'd selected).' [B]

For others, the opposite was true:

'It was very difficult to try to highlight fairly. We needed to be sure we weren't seen to be making prejudgements. Obviously, we did really...' [C]

In this way, the history of the decision-making about the selection of the membership of the group is also the history in miniature of the multidisciplinary working. The greatest concerns about stigma and labelling were being expressed by the school, which at the same time also had collectively (between the three teachers who at one time or another attended the planning groups) the clearest idea about the specific students they would ideally like to engage with the project. It was also the school staff, of course, who actually had the concrete task of selling the group to students and parents. The greatest concern for transparency of explanation of the purposes of the project was expressed by the members of the planning group from a social work background.

Debate about the best way of reconciling conflicting priorities continued over at least three meetings, and seemed to me, as a participant myself, to set up an anxiety within the group that made it hard to move forwards. We continued to plan the logistics, programme and content of the project while this key issue remained unresolved.

I recall the proposal that seemed to present a solution to this dilemma as relieving the tension about the issue within the group. B from the school suggested that the school had already created a group of students in the previous year for which the project would be clearly relevant: this was a group of girls selected as having low self-esteem, who had already undertaken a project with the rugby club. He suggested that because of the self-esteem issues, this group of girls would also be by definition suitable for the project because of the perceived connections between low self-esteem and risk of early pregnancy. The multidisciplinary planning group unanimously agreed with this proposal, with, as I have said, in my recollection considerable relief.

This was not, however, the final proposal. As seen by different participants:

'I am still worried about this. I always felt the need for transparency...I felt there was an attempt to throw transparency out of the window and choose anyone we felt like. I played a role in hanging on to the transparency.' [A]

The decision was about the need to capture the young women at risk of becoming young parents, but not to stigmatize the students. Participant A chose the group of young women with self-esteem issues, a ready-made group. Before that decision was made, the discussion was about the ASDAN group. However, the eventual decision was to invite all the girls on a list for causing problems with their behaviour, and for low self-esteem, and for low academic performance.' [C]

'The drivers were the desire to avoid stigmatization, the desire to make the service relevant to the right students. A third driver was about motivation and interest. Hence recruiting the group by invitation. There was a need to avoid the girls being seen as – well, it came out in the group – as "the slags of Meadowline".' [A]

In effect, the selection criteria for the group had been shifted from a focus on the 'objective' characteristics of those young women at greatest risk of pregnancy, to the behavioural characteristics of a particular subgroup of girls at Meadowline school. This should not be exaggerated: there was little sustained research into those objective characteristics by the planning group, and so there was more of a boundary creep from one set of criteria to another, each linked to the previous and succeeding ones. And of all participants interviewed, it was B, from Meadowline, who clearly identified a group of students who neither the self-esteem criteria nor the behavioural/attitudinal criteria identified:

> 'The only thought I've got in my mind, F [his colleague] identified more girls from report data, which was about effort and attitude. So it may be that in doing that some of the girls most in need might lose out. For instance, the Christmas disco last night. Some very assertive girls, not, you know, and with a very much more mature look and attitude than their age.'

Nevertheless, there was a shift, and combined with an unforeseen effect, it did have consequences.

The unforeseen effect was the response of the students at Meadowline. This is the point at which the reactions of service users and their peers fed back into the planning process, raising another view of the group that had barely been considered during the planning sessions. Teachers at Meadowline reported that it turned out that membership of the project brought kudos to the students to whom it was offered. This may have been a consequence of the shift of focus referred to above, from the 'objective' characteristics of those young women at greatest risk of pregnancy, to the behavioural characteristics of a particular subgroup. Those characteristics were more related to their behaviour and characteristics within the school setting than to their social and

family lives outside. This being the case, the group was very visible to their peers, some of whom were envious of this privilege. The teaching staff involved with the project were highly conscious of this; indeed, the project had to some extent been 'sold' as a privilege:

'F framed it positively: "this programme will be a reward". And therefore unacceptable behaviour would rule someone out.' [B]

The teachers involved took the view that the group could under no circumstances be allowed to be seen as any kind of 'reward' for bad behaviour. Therefore, good behaviour during the course of the group was regarded as a precondition for continued membership of the project. A policy of 'one strike and you're out' was the result, whether intentionally or not, in order to ensure that poor behaviour in school was not rewarded. Clearly, I am not a neutral or particularly objective observer, but a full participant in this process, to which I actively consented. From my professional perspective as an ex-social worker. I would have to assess this process as one which demonstrated a real tension between professional priorities. Two girls were excluded from the project, one on the day she was selected, because of behavioural issues within school. Girls may have been excluded from the project on other considerations besides whether this met their needs or the broader aims of the project. On the other hand, from a different professional perspective, there was clearly a case for placing this overall objective within a broader, or at least a particular, context: that of what was feasible within a school. The tension between the different 'loyalties' (school/project, and perhaps group/project too) and the different understandings of successful outcome in the project can be seen in this example.

#### Membership of the multidisciplinary group

Another instance of possible tension that I wished to explore was that between membership of the multidisciplinary group, and membership of one's professional group, and the effects upon participants' feelings about their role.

Of the participants interviewed, four had considerable experience of multidisciplinary working, and all had some. All said they found it satisfying. It may be of some significance that the four (A, B, C, E) were all managers at some level, while D, who had had the least extensive experience, had been a local authority social worker. Nevertheless,

'As a social worker, I had involvement in Child Protection plans. In that situation, the social worker carries more weight and responsibility. I managed to work well with other professionals when the jobs and responsibilities were clear. But I was still the chair of the core group. I learnt a bit about communication issues: part-time ersus full-time workers, finding a time when it would be possible to talk. This relates to Caring 4 Kids' difficulties in contacting the midwives.' [from D]

She was positive, but probably the interviewee who expressed the most concrete appreciation of the specific everyday difficulties involved in integrated working. Others expressed similar experiences more broadly:

> 'When it goes well, there are the satisfactions of achieving more than any one agency could achieve on its own. But it can be a real struggle to mesh the expectations and standards of the different participants.' [A]

At one other extreme was B, from Meadowline, the community liaison element of whose job essentially consists of multidisciplinary working at a contact-bycontact level:

> 'I feel that schools are not as good at liaison as they should be. They should be much more engaged in meeting and discussing projects with community partners.'

He is deeply committed to integrated working. But he also has a keen appreciation of the practical difficulties:

'Communication is very hard. I find, when I'm making contact with another service for the first time, that it is very hard talking to the right person at the right time, not to lots of other people who aren't very interested... Just finding the right person can be really hard...And teachers' time is limited.'

And the difficulties do not lie only in frustrations in trying to make external contacts. In answering the question whether 'there is a history in your agency of multidisciplinary work, would you say, broadly, that your agency could be said to have a particular attitude towards it', the carefulness of B's language may imply the negotiations involved within the school around this issue:

'Yes, in certain aspects. Mostly this is services working together around particular cases: for instance, social services, or the school nurse. But with regard to specific projects, this would be the last five years only. We have a very successful relationship with X, who do drop-ins in schools. Then there is all the cooperation around PHSE. [He lists other examples] I hope we're quite positive about it. There is an element of reluctance about it in some quarters, because of the extra workload associated with it. It's about getting people to be open about that, so that it can be talked about. And as well as the workload, it's also about [with Caring 4 Kids] keeping children away from classes. That's been the biggest obstacle so far. But speaking personally, I'd say we're definitely wanting more [multidisciplinary work].'

While C's descriptions of (presumably) past experiences seem to speak of another issue in integrated working which was not raised by anyone else: that of working jointly when there is an unequal distribution of power, or resources, or perhaps especially status between the agencies:

> 'I have always worked within a multi-agency environment. Multi-agency work is very beneficial...It is difficult getting other nurseries on board, responding to our contacts and recognizing our expertise. This is also true of some practitioners, like paediatricians. But this has improved over time. There are lots of frustrations. It's such a shame. When people are all together the results can be supportive... for parents...Sometimes, two nurseries may not even realize that their children go to both settings.'

However, all interviewees agreed that, in this instance, issues of status and power had not affected the work of the integrated planning group. All confirmed that their professional expertise was respected, and most stated as their particular satisfactions: that they had a chance to see other professions' working and thinking styles, and that they had the opportunity to see the effects of their work and agency upon other services.

More specifically, my sense from the interviews is that the social work backgrounds of almost half the participants in the planning group meant that, for them, the group was more seamlessly joined with the rest of their working life. However, in B's interview, there were indications that in some ways his values might have more in common with the values of the rest of the group than with some of his own colleagues:

> 'Everyone in the group has *very* similar values. Our interest level in [the welfare of] teenage girls is very high. I am aware that the disruption to other services, like the nursery, has actually been much higher – very high – than to us at the school. It could well be that the group has worked well because of my, well, there are other staff members who would have found it more difficult. Like those I mentioned in the last question. [He had said: There was some acceptance that it would mean disruption to lessons. This was not an easy acceptance in some quarters. Some people have a more insular view, that their job is about passing exams.]'

It may well be the case that membership of integrated working forums is made easier, not only by the congruence of the values of one's profession with the purpose and ethos of those forums, but by one's personal values also, which may find points of contact with the value bases of other professions.

#### Implications for practice

(1) Except within a limited feedback loop between students and school staff, the students and their parents did not appear to have the effect upon the project that I was expecting. (Though other service users were involved in the design and delivery of the project, and the student's feedback was used in a subsequent review and reshaping of the project for future cohorts.) However, the necessities of the internal realities of particular agencies certainly did. Besides the effect of the school's presenting participation in the project as a reward, the social worker D pointed out that her envisaged role changed as a result, partly of her own professional thinking, partly because:

> 'I came up with some different ideas. It was originally sold to me as a co-ordinating role, co-ordinating multi-agency input. But perhaps because of lack of planning time, we went down the groupwork road. If more of the inputting professionals had got involved in planning, perhaps there might have been less emphasis on groupwork.'

Good practice therefore needs to take account of the dialectic between the integrated forums and the deep agendas and purposes of the agencies from which their members come. It would seem to be a mistake to think of integrated forums as wholly rational spaces where plans and decisions can be made which agencies will then carry out in accordance with decisions made 'elsewhere'. After all, agencies, like schools, have clear remits already, to which most of their staff will be committed. Integrated forums are therefore to some extent dependent on the consent – real as well as formal – -of the agencies seconding to them. If this is not recognized, outcomes may be different from the explicit intentions of the integrated forums.

(2) On the other hand, where there is congruence between professionals' values at a personal level:

'It's about making contact and working with the people who have the same interests at heart'

as B put it. Then, different professional backgrounds alone may be less important and may present little difficulty. It is the specific interests, roles, and especially management structures of agencies, which have to give their consent for work to move forwards, which matter more than individuals' internalizations of a particular professional ethos.

(3) Differences of power and status matter. The unanimous praise for the planning group's respect for each profession shows how important it is not to underestimate power differentials in integrated working.

### Conclusion

When I thought about this research project in the beginning, I expected to find numerous issues around the relationship between those involved in integrated working, and their 'parent' agencies. I also expected to find evidence of influence from service users on the working out of the ideas. In the event, I found little evidence of either. What I feel I have found, have been examples of agency practice influencing the development of the Caring 4 Kids project semi-separately from the integrated working forum; and of the integrated working forum providing a space where professionals from different agencies but with similar values can work together creatively.

For myself, I am aware that I have carried out my own role in the group with more detachment than I would normally have considered proper, and in my mind this was about perhaps internal assumptions about what it is to carry out research. This was certainly not something I had foreseen, and it is something I would need to become aware of earlier were I to undertake a project like this again.

#### References

Laura Huxley: see <u>http://www.children-ourinvestment.org/philosophy.htm</u> Diana Whitmore: see <u>http://www.teensandtoddlers.org/</u>

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Swann, C., Bowe, K., McCormick, G. and Kozmin, M. (February 2003) *Teenage Pregnancy and Parenthood: A Review of Reviews*, Health Development Agency

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