

How do multi-agency working and systems support children and families in accessing children's centre provision?



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Practitioner-led research 2008-2009

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This report is part of CWDC's Practitioner-Led Research (PLR) programme. Now in its third year, the programme gives practitioners the opportunity to explore, describe and evaluate ways in which services are currently being delivered within the children's workforce.

Working alongside mentors from Making Research Count (MRC), practitioners design and conduct their own small-scale research and then produce a report which is centred around the delivery of Integrated Working.

The reports are used to improve ways of working, recognise success and provide examples of good practice.

This year, 41 teams of practitioners completed projects in a number of areas including:

- Adoption
- Bullying
- CAF
- Child trafficking
- Disability
- Early Years
- Education Support
- Parenting
- Participation
- Social care
- Social work
- Travellers
- Youth

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 do multi-agency working and systems support children and families in accessing children's centre provision?

Abstract

This project looked at multi-agency working and systems in an inner city Sure Start Children's Centre and asked how this way of working supported children and families identified as needing family support in accessing the centre provision. The research was focused on issues facing practitioners, for example – what promoted and what blocked multi-agency team working, exploring systems on the ground. The research did not explore individual child or family outcomes.

This qualitative study concentrated on one inner city neighbourhood children's centre, located in an area with high levels of deprivation and an ethnically diverse community. Through a literature search of key texts, government and local policies and guidance, a link is made connecting current children's centre policies around partnership working with wider regeneration programmes and social service reforms. It suggests that multiple policy aspirations at a national level impact on multi-agency working on the ground.

The methodology included a series of one-to-one interviews with a small sample of staff involved in multi-agency working, a senior NHS manager, a Workforce Development Manager and children's centre managers. In addition, a set of one-to-one interviews was conducted with a small sample of staff involved in multi-agency working in the specific children's centre including the children's centre manager leading on multi-agency working, a family support worker, a health visitor and a centre based therapist.

A cross-section of practitioners, at both strategic and local level, were interviewed. Drawing from their insights, and relating these on the ground experiences to the national programme for children's centres, the study has tentatively identified some themes and findings related to multi-agency working, and which may have implications for wider practice in supporting children and families obtaining relevant services to meet their needs. The importance of team building, networking and sustaining the team was highlighted. Creating a culture of 'who knows', not 'how high'; having clarity about 'family support'; and understanding the potential for multi-agency meetings to have a perverse outcome, where other potential routes and options for families were neglected, were among the key findings.

Introduction

This practitioner research project explores the way in which multi-agency working and systems can and do support children and families to access children's centre provision, by examining one inner city neighbourhood children's centre. The centre, located in an area of high deprivation levels, with an ethnically diverse community, has experienced constant change over the last three years in the transition from an earlier, sole focus on early education into a Sure Start Children's Centre delivering the full core offer.

Working against a background of considerable national and local expectations and formal frameworks, the centre has recognized that building local multi-agency working is a vital cornerstone of the wider children's centre programme, and has been keen to support this project in order to gain some additional insight into the process.

Project aims

The PLR project's central aim was to see if and how multi-agency working can facilitate access to children's centre services by vulnerable families. Its focus has been on how systems worked on the ground; including issues faced by practitioners and has not sought to explore individual child or family outcomes.

In the context of this project 'vulnerable families' are those at tiers 2/3 in the framework of need – families who will be referred to the local multi-agency meeting which forms the initial gateway to additional support services. The project has identified some key themes which are discussed below.

Background and context

Multi-agency working is not a new idea. It might be described as a 'Holy Grail' in public policy, which, if achieved, will improve public services. The concept of professionals from different disciplines coming together, sharing their knowledge and skills in a combined effort to support better outcomes for a family or a community is an attractive one, especially for those working in or with public agencies. Indeed, asking 'why people don't work together' is a common question.

In relation to children's services, efforts to develop multi-agency working go back several decades. In 1968, as Stanton (1989: 72) has described, the Seebohm Committee recommended that social service departments offer 'an integrated service, bringing together different specialisms in accessible local offices...the new departments would promote cooperation and open communication among staff, as a means of making services flexible and adaptable'.

The Barclay Committee (1982) saw integrated teams as ways of providing efficient and co-ordinated services, and proposed 'community social work' with 'patch' teams based in a defined geographical area (Stanton 1989: 72).

The Children Act 1989 placed 'interagency working at the heart of the remit for social services' (Anning et al. 2006: 5). In opposition, Labour had begun drafting plans for Early Years and Childcare Development Partnerships (EYDCP) and as early as 1998, with the advent of the Early Excellence programme, early years services were in the forefront of developing 'joined-up services' and 'partnership working'. These phrases, and calls for '*interconnectedness*' were early and often-repeated New Labour ideas.

The focus on partnership working was not confined to children's services. Since 1994, governments have promoted partnership working, cutting across many aspects of government policy. The Single Regeneration Budget (SRB 1994–2004) prescribed a way of working, setting the pattern for succeeding programmes. It was neighbourhood based, had a budget for commissioning projects across themes, was results led and stipulated partnership working across public, voluntary and private bodies. The intention was to tackle endemic and long-standing problems in deprived communities by agencies working together in a holistic way, pooling resources and knowledge in partnership with each other and local communities. In many inner-city areas child care projects were included in the programme, matching resources locally with EYDCPs.

It can be argued that the SRB set the framework for succeeding programmes, with City Challenge, EYDCPs themselves, the New Deal for Communities and Sure Start emulating this approach. These programmes share a common thread back to the Treasury where social and economic policy objectives were intertwined, working to the political priority of tackling social exclusion and poverty. And in 1998 the Treasury Comprehensive Spending Review looked at services for young children from a position of increasing government concern that 'current provision of services appeared in many cases to be failing those in greatest need'.

The themes of integrating children's social care, neighbourhood based joined-up working, regeneration and multi-agency early years partnerships, converged with Sure Start, with its policy assumption that 'joined-up working'...acknowledged the interrelatedness of children and family needs in the fields of health, education, social services, law enforcement, housing, employment and family support' (Anning et al. 2006: 4).

Evidence from programmes such as Head Start indicated that 'comprehensive early years programmes could make a difference to children's lives' (Glass 1999) and the Treasury enthusiastically developed the programme as a means of positive social intervention.

Subsequently, Norman Glass, the Treasury mandarin leading the programme, wrote about the 'abolition' of Sure Start – 'For poor mothers, work was the answer, and Sure Start was to play its role as a sort of New Deal for Toddlers', as the emphasis shifted away from community ownership and a programme which was 'all about child development' to one which he saw as getting lone parents into employment (*Guardian* article, 5 January, 2005). The next phase was to roll out a children's centre in every neighbourhood.

The transition from Sure Start to a universally prescribed model of children's centres has not been easy. On the ground, it has involved staff upheaval to a new model of working, reflecting shifting national priorities, and the impact of one seismic event on public policy, as discussed below.

It can be argued that these factors impacted on multi-agency working at local level as new organizations and structures were formed. Local authorities merged children's social care with education, and staff in the new children's centres had both to clarify new tasks and roles internally, and to build relationships with partner agencies to deliver on the new national vision. In such transitions, people might bring their own history and cultural understandings from earlier programmes, adding to the mix.

Local authorities were also subject to major changes, as, over many years they have been making the transition from *direct provider* to '*enabler*' and *service commissioner*. The linked development of Local Strategic Partnerships, with their thematic boards and pooled funding, drove multi-agency working at the highest level, ultimately leading to Local Area Agreements with partnerships signing up and being rewarded for meeting key national indicators.

These are all key strands influencing the development and organizational structure of children's centres, as they emerged from Sure Start programmes. But the intense focus on joined-up working in early years and children's services was accelerated by the Laming Report (Laming, CM 5730, 2003) into the death of Victoria Climbié.

The Children Act 1989 might have laid the ground for inter-agency working, but the dramatic failure of services in Climbié galvanized the government to devise a national statutory framework for services to work together: the aim being to 'strengthen existing service systems so they are capable of ensuring both the *safeguarding* and *promotion* of the welfare of children' (*The effectiveness of delivering targeted family support through children's centres*, Review of literature, Tunstill, Blewett and Meadows, forthcoming).

The recommendations led to *Every Child Matters* (ECM) (CM 5860, 2003), and *Every Child Matters: Next Steps*, 'laid the foundations for the 2004 and 2006 Acts, and for the five ECM outcomes':

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic wellbeing.

The strategies to achieve these better outcomes are rooted in effective multi-agency working at local level, including investment in the workforce and staff development. The government made its ambitions clear in ECM, with the Children Act 2004 setting out a clear duty for local authorities to develop common working practices between professionals and staff in children's services, supported by a strong recommendation to increase the skills of the workforce. This was further detailed in *The Children's Plan: Building Brighter Futures* (DCSF 2007).

To achieve the changes in service delivery and improve outcomes for children, ECM draws on ten years' experience of partnership working – recognizing that realization of these outcomes required radical changes in services, including:

- more specialized help to promote opportunity, prevent problems and act early and effectively if and when problems arise
- dedicated and enterprising leadership at all levels of the system
- the development of a shared sense of responsibility across agencies for safeguarding children and protecting them from harm
- listening to children, young people and their families when assessing and planning service provision, as well as in face to face delivery
- maximizing the range of early intervention services
- involving the statutory and the independent sectors
- working across organizational and professional divides
- recruiting, developing and retaining the children's workforce.

The prescription for children's centres reflects that long trajectory which has led to Local Area Agreements and a duty to cooperate being placed on public services at the highest strategic and political levels. The combined social, economic and political themes are evident in the core offer which children's' centres are expected to deliver, and which may influence the approach to multi-agency working locally to meet the needs of children and families.

Literature on partnership working is extensive, reflecting the continuous political efforts for almost 25 years to shift professional cultures away from their narrow 'silos', towards lateral working relationships.

Language can be confusing here as 'partnership working', 'integrated working', 'multi-agency working', 'team working' are often used interchangeably. But whichever term is used, what is clear is that there are key ingredients which underpin effective partnership working:

- clear leadership
- commitment
- clear focus with common aims
- cultural understandings
- need for consistency
- importance of regular meetings
- spending time on the groundwork of professionals learning to communicate and understand each others' working activities.
(Anning et al 2006)

In addition:

- mutual respect for different knowledge – who knows, rather than professional status and who's who (Stanton 1989)
- power sharing with 'rules of reference not deference' applying (Stanton 1989)
- building trust and confidence
- transparent systems for decision-making

- sharing information systems
- clarity about participants' mandate to commit resources..

The broad context set out in this section is not just an academic exercise. The various themes and tensions at national and local authority level described above are replicated at the most local level, influencing current practice and values – as the findings demonstrate.

Methodology

In order to understand the challenges faced by one children's centre and its reach area, the PLR project has already set a national context through a literature search of:

- government legislation, documents and guidance
- research reports and social policy books
- articles in journals and newspapers.

In order to analyse and understand the multi-agency systems and their impact on families accessing services in one children's centre, it has also deployed:

(a) A local literature search:

- local policies and procedures across different agencies
- local guidance
- local inter-agency agreements
- local plans.

(b) A series of one to one interviews with a small sample of staff involved in multi-agency working:

- senior NHS manager
- Workforce Development Manager
- children's centre managers.

(c) A set of one to one interviews with a small sample of staff involved in multi-agency working in the specific children's centre

- children's centre manager leading on multi-agency working
- family support worker
- health visitor
- centre based therapist.

It is important to note that the project is about systems, and does not focus on individual children or families. Nevertheless, approval and endorsement for the project was sought from the senior officer in the authority and guarantees of anonymity set out.

Findings

This section draws examples and summarizes anonymised material from interviews conducted with six people about multi-agency teamwork.

The inferences and insights drawn from this very small sample must be tentative and limited. Nevertheless, some useful observations are highlighted which suggest some preliminary conclusions and potential themes for future research. Perhaps more importantly from the position of the practitioners themselves, drawing out some of their key comments, observations and criticisms could be useful in their own understanding of the process and ability to improve it.

All multi-agency working is inevitably a ‘Rashomon’ – a set of parallel contributions and observations to a collective process. At its best this brings participants to collective judgement and agreements about a course of action. As the centre-based therapist observed ‘multi-agency teams are excellent because of experience and knowledge...it’s about making difference work’.

The challenges include establishing that common ground and building united judgement in order to achieve this synthesis and convergence of thinking and ideas. In the one centre I looked at, is this happening, and if not what is preventing it?

The local overview

In this inner-city borough there have been significant efforts to promote and develop multi-agency working. The borough worked proactively with the PCT to build the partnership and a senior joint post was created specifically to develop the ‘health response to ECM in partnership with the LA’. As the senior NHS manager also observed, ‘the aim was to bring the health perspective, to promote partnership working on the ground and to operationally manage this’. To make this happen, the post also included responsibility for workforce development across the Children’s Partnership.

As a result there has been major investment in a multi-agency training programme predicated on building ‘strong leadership at all levels of the children’s workforce’, with the aim of bringing together staff from different backgrounds and specialisms, to ‘ensure that we all work towards a culture of openness in our communication, decision-making, the language we use and how we develop common systems and practices’. The aspiration is unequivocally child-centred, promoting strategic aims including inclusive working ‘based on understanding common language, processes and practice’ and local service co-ordination to meet children’s needs’ (local guidance document).

The senior manager’s view of multi-agency working was that it had to work as a ‘non-hierarchical process’, with the team understanding and owning who was best placed to support a family. The longer-term goal for multi-agency working included an aspiration to realign universal services and social care to conform with wider area partnerships, and to create ‘learning clusters’. ‘There is a need to distil this way of working – mainstreaming it...expecting people to network’. To do this on the ground, ‘While working with families around their needs – professional skills need to be high quality with people at the top of their game. We need to “nurture professional skills” – part of

the matrix with protocols and boundaries where parameters of the role are clear. The framework supports people less skilled and less experienced.'

Embedding this at local level, and to tackle concerns about multi-agency working – the 'culture has to come from the top'.

In practical terms this translated into funding and resources to implement the national framework in the locality, including provision for family support staff, link workers to connect with hard to reach communities and funding for additional health services – blending universal and targeted provision within the children's centre reach.

At children's centre level

The strategic programme described above lays the foundation for local joint working. Multi-agency meetings, formalized through service level agreements, have been operating for three years. Held every two weeks, and working to an agreed borough-wide format and model, the core multi-agency team comprises:

- health visitors
- ancillary health workers
- children's centre senior manager
- children's centre family support worker
- children's centre link social worker
- clinical psychologist.

A speech and language therapist might attend as and when needed. To encourage participation, the chair is rotated between the children's centre senior manager and a health visitor. One perspective on the membership was that 'multi-agency meetings were a "misnomer" since the membership was really just health and the children's centre' (Children's centre senior manager).

These two-weekly meetings are the forum where colleagues come together to discuss families within the centre's reach who might need additional support, and to review progress of families already referred. Their focus is on families who would fall between tiers 2 and 3 on the thresholds of need *where some targeted support within the universal framework* is considered appropriate.

New referrals are brought to the meeting almost solely by health visitors, and occasionally by the clinical psychologist. Before this, the health visitor obtains parents' consent and ensures the family signs the joint NHS/children's centre registration form. Initial information on families therefore appears to be provided solely by health, as the families may not be known to the children's centre. This information is shared at the meeting and provides the basis for discussion about follow up and intervention. The forms are given to the children's centre every two weeks for recording on their IT system and can only be accessed by the children's centre senior manager.

The formal process, as described by interviewees, involves a case presentation followed by a discussion. There was mostly common agreement about the usual conclusion – for the children's centre family support worker (FSW) to work with the

family. Information provided by health was on a 'need to know' basis. The FSW then contacted the family and, *subject to their agreement*, arranged to visit.

If a family agrees, the FSW will make an assessment and offer a range of support – this could be signposting to other services, introducing the family to one of the children's centre groups a parenting programme. If the family is not interested, the FSW attempts to offer alternatives, with much effort being put into contacting and engaging families, and significant time spent phoning or writing.

The FSW reports progress to the subsequent multi-agency meeting and original referrer. If the family has not wished to accept support, there may be a joint visit, the FSW may be asked to try again, or the health visitor may go back to the family.

It appeared not to be usual practice for other alternative strategies to be explored in the multi-agency forum if the family rejected offers of family support, although there are many diverse services and agencies within the locality.

Where there are serious concerns about complex needs, the FSW can seek advice and support from the link social worker, and if necessary initiate more formal processes – either a CAF (where the family has consented), through to social care and child protection. The FSW has professional supervision from the link social worker, and is managed on a day-to-day basis by the children's centre senior manager.

Multi-agency reviews are held every six weeks, while in the children's centre there is a weekly outreach meeting.

The children's centre did not attend health visitor case allocation meetings, so the joint process to identify support and plan for families appears to rely solely on the multi-agency meeting.

Emerging themes and questions

Given the caveat that this was a very small-scale project, findings should be seen as tentative. Some themes have begun to emerge about multi-agency working at the local level and its effectiveness in supporting children and families in accessing children's centre provision. These raise larger questions which may have implications for wider research.

Time for reflective practice

One interviewee commented that early on in the children's centre development, there were 'little pockets' for networking such as monthly lunches, but over time these had ceased. In her view these early meetings had been more about sharing, coming together as a *team* 'to discuss families who needed input from the children's centre'. This has changed, as the meetings had evolved and had a regular format.

Another interviewee echoed this – although multi-agency meetings happened regularly there were no recent meetings where the group reflected on their own process. There was no time set aside for the multi-agency team to come together as reflective practitioners, evaluating, for example, what they were doing, why they were doing it, how they worked, what were the outcomes and what could change. Yet such reflection is central to the development of the team, so that it shares an identity, has an articulated common purpose and collective understanding, developing what Wenger describes as a ‘community of practice’ (Anning et al. 2006: 11).

Making partnership working work

The ingredients which underpin effective partnership working are described above, and certainly include time and effort. Factors such as staff turnover, everyday organizational demands, and the formal processes militate against finding the necessary space and time, and the question arises as to ‘how effectively can a multi-agency group make the transition from cooperation to a multi-agency, integrated team?’

There is a suggested hierarchy of terms to demonstrate a continuum of partnership working (Frost 2005: 13):

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

The issue of building common ground and understandings is central – ‘the epistemological configuration of the multi-professional services on paper may seem to promise joined-up working, but it is the way the teams are organized and managed (from both within and without the team) that dictates how effectively they are able to work together in practice as multi-professional teams’ (Anning et al. 2006).

[Bhdg]Impact of occupational status

How relevant is occupational status on what happens in a multi-agency team? Can decisions or judgements be questioned by those with less formal authority? These questions and themes get to the heart of multi-agency working. Research indicates that ‘for many professionals their knowledge and beliefs have remained implicit in their daily activities and decision-making at work’ (Anning et al. 2006: 97). Moving from ‘how high’ to ‘who knows’ is one of the ‘wicked issues’ in multi-agency working. The shift needs those at the very top ‘to facilitate relationships’ internally and externally, and to model this practically. This has implications for the practice of both qualified and unqualified staff.

For the unqualified worker, joining a professional team, wanting to express their view can be daunting, ‘...particularly when their status is not high, for example when they are

a “junior” member of the team, or where they are line managed by a “high status” manager in their team from a different discipline’ (Anning et al. 2006).

One interviewee saw this as not being respected for their knowledge or judgement. Another had a different perspective about occupational status – ‘If we are not systematic and professional enough in responding they won’t refer’. These comments suggest that the local multi-agency meeting may operate with an implicit hierarchy – with the children’s centre reliant on the knowledge and internal systems of their health colleagues.

The National Evaluation of Sure Start identified the important role of senior managers in changing this culture. ‘Perhaps unsurprisingly, the role of centre managers was crucial to the maintenance of centre partnerships with other agencies and motivated programme managers could incentivise and encourage front line staff and maximize the development of collaborative working styles’ (Tunstill, Blewett and Meadoes, forthcoming, *The effectiveness of delivering targeted family support through children’s centres*, Review of literature).

Problem-solving and creative thinking

One interviewee commented that ‘you are doing your best for that child...but it can be quite lonely. That’s why multi-agency working is really supportive, you can share your thoughts and ideas, and use skills together.’ Another asked, ‘does the team have the *depth to think about diversity*’. A third described the multi-agency meeting as ‘quite narrow, we need to be broader’.

Creating space and ‘permission’ for pooling and testing ideas is one of the central tenets of multi-agency working. Does the structure of the multi-agency team currently encourage such lateral thinking – sharing information about activities, changes in programmes and services, and longer-term planning for example, which might encourage access for families?

Meetings

From conversations with senior staff across children’s centres in the area it appeared that some had developed a pattern of regular staff and case meetings to review their work with families. These supported and strengthened the multi-agency meetings which ran to the same format as described above. Making time for these internal meetings was a challenge which all thought was worth the effort as it gave FSWs space to share their ideas and worries, and seek alternative strategies from a wider group.

Networks and informal links

Families have many needs, and meeting them might require a range of different services and strategies. Networking and sustaining informal links contributes to this as a proactive approach to problem-solving. The participants interviewed for this project gave little indication about informal networking and linking with each other, or across services which might engender different outcomes, approaches to family support and access to children's centre services. 'There is rarely time built into the contracts of newly appointed multi-agency team members for sharing of and reflection on their beliefs, values and associated working practices' (Anning 2005). Making time has implications for practice if resources and skills for supporting families are to be maximized.

Implications for practice

Although a very small-scale project, there are some implications for integrated working which emerge.

The need for making time

- To reflect on practice, and build both common ground and common judgement.
- For internal meetings about family support cases to share perspectives and strategies in the wider children's centre team.
- To network, learn, share news and developments and plan together.

The importance at centre level of leading from the top

- Having a 'safe' team environment where ground rules foster challenge, debate and creative thinking.
- Promoting wider inter-agency working at centre reach level to complement and enhance the multi-agency team to provide targeted support.

How can we widen the family support gateway?

- Structured multi-agency meetings provide a mechanism for targeted support to specific families. To some extent the meeting acts as *the* gateway, with the perverse outcome that other routes and strategies, especially robust outreach, may be neglected. While echoing other work (Tunstall and Allnock 2007; Anning et al. 2006) this suggests that community development and outreach should be included as essential means of delivering targeted support.

Having clarity

- Many interviewees agreed with a senior manager that 'family support is a nebulous term'; another commented that 'working with families is extremely challenging'. These insights suggest that if, as with this inner city authority, family

support workers are recruited from many disciplines, then boundaries, systems and continued review of practice need to be in place to support them.

- Given the many demands on children's centres and partners to deliver the core offer, is there consensus about whether this model is more aligned to a welfare approach, or one which is empowering and enabling?

Conclusion

The process has illustrated interviewees' collective commitment to children and families and their combined efforts to deliver through integrated working. Their insights and comments give a flavour of the complexity of multi-agency working and the pressure on them to respond to many, often conflicting agendas. One interviewee summed it up: 'developing a common system is a very hard slog. One of the things about early years, you can't change systems over night – this is a ten-year programme.' I hope this work will be useful for the centre, partners, and make a small contribution to research in this field.

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