Leadership in Children's Centres

Role interpretation of children's centres' leaders in England and the Netherlands

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Master thesis

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Abstract

In this study the role interpretation of leaders in Start children's centres in England and child and family centres in the Netherlands are compared. Open interviews were conducted with six leaders in the Netherlands, ranging from process managers to daily coordinators and eight leaders in England, ranging from local authority directors to daily managers. These interviews show that leaders use similar strategies and recognize comparable bottlenecks and success factors. However, English leaders show a greater focus on outcomes for children and parental and community involvement in the centres. These differences may be explained by differences in local contexts, the different stages of implementation between the countries, the outcome focused inspections in England or the English leadership development program. Policy makers in the Netherlands can use these findings to acknowledge the need for support of children's centres' leaders within the further professionalization of the children's centres. The possibility to implement a leadership development program, statutory obligation of parental involvement and outcome focused inspections should be further explored.

Samenvatting

In dit onderzoek zijn de rolopvattingen van leiders in Engelse 'Sure Start children's centres' en de Nederlandse Centra voor Jeugd en Gezin vergeleken. Er zijn open interviews gehouden met zes leiders, variërend van procesmanager tot dagelijkse coördinator in Nederland en acht leiders in Engeland, variërend van gemeentelijk beleidsmakers tot dagelijks managers. Uit deze interviews bleek dat leiders vergelijkbare strategieën gebruiken en dezelfde knelpunten en succesfactoren herkennen. Echter, leiders in Engeland hebben een grotere focus op het verbeteren van uitkomsten voor kinderen en betrokkenheid van ouders en de lokale gemeenschap bij de centra. Mogelijke verklaringen voor deze verschillen liggen in verschillen in nationale context, de verschillende implementatiefases tussen de landen, uitkomst gerichte inspecties in Engeland en het Engelse programma voor leiderschapsontwikkeling. Beleidsmakers in Nederland kunnen deze bevindingen gebruiken om het belang van ondersteuning van leiders te erkennen binnen de verdere professionalisering van de centra voor jeugd en gezin. De mogelijkheden voor implementatie van een leiderschapsontwikkelingsprogramma, een wettelijke verplichting van ouderbetrokkenheid en outcome gerichte inspectie moeten verder onderzocht worden

Leadership in children's centres

The Sure Start children's centres in England and the child and family centres in the Netherlands are coordinated by leaders who are assigned with the task to promote the integration of children's services (Centrum voor Jeugd en Gezin, 2010, House of Commons, 2010). Although the Sure Start children's centres and child and family centres are not fully equal in target group and goals, both centres are based on integrated services for children and their parents. For readability reasons, both centres are mentioned here as children's centres.

In this study the role interpretation of children's centres leaders is compared to find out whether there is a difference between the countries. The core of this study is the role of leaders within the paradox of diversity in goals and values of professionals and agencies versus need for unity to accomplish common goals within children's centres. Five themes on which this paradox applies are distinguished: 1) diverse goals and values of agencies and professionals, 2) the leaders' lack of power, 3) the need for a culture of trust, 4) different leadership styles and 5) leaders' personal values and visions (Connelly, Zhang, & Faerman, 2008; Das & Teng, 1998; Dudau, 2009; Horwath & Morrison, 2007; Huxham & Beech, 2003; Milbourne, Macrea & Maguire, 2003; Thomson & Perry, 2006).

It is relevant to study role interpretations because leadership and leadership development in children's centres is given different priority in England than in the Netherlands. To further understand this difference, the national contexts in which the children's centres act and the concept of collaborative leadership will be discussed.

Contexts of children centres in England and the Netherlands

History

In both England and the Netherlands the tragic death of a young child has accelerated fundamental policy changes towards more integrated services for children and families. In 2000 in England, eight years old Victoria Climbié died as a result of extensive neglect and abuse by family members (Lamming, 2003). Lamming's investigative study about the context in which the child abuse could take place showed that a lack of coordination, integration and accountability in child services were, among other reasons, important causes of the failure of professionals to protect Victoria. The findings on this study gave a boost to an already ongoing process of improving child wellbeing and protection and formed a basis for a long term policy program which came in practice in 2004: the 'Every Child Matters program'

(Department of Education, 2003). Amongst other goals, this program focused on the expansion of the Sure Start Children's Centres.

In The Netherlands, a similar tragic death happened in 2004. The three years old girl Savanna died of suffocation caused by her own mother. Her death lead to an analysis of the care system around Savannah and the inspectorate of youth care (Inspectie van Jeugdzorg, 2005) drew conclusions similar to those of Lamming in 2003: on the inter-organizational level the communication between professionals involved with Savannah and the integration of services that had been provided failed. In 2007, the Dutch government adopted a new four year policy program 'Every Chance for Every Child' (Alle Kansen Voor Alle Kinderen), which, amongst other policy goals, promoted the integration of services through strengthening professional networks.

Both policy programs ('Every Child Matters' and 'Every Chance for Every Child') are based on the acknowledgement that the prevention of cases like Victoria or Savanna start with the promotion of wellbeing of all children through parenting support, early intervention and integration of services provided by professionals from different organizations (Department of Education, 2003; Programmaministerie voor Jeugd en Gezin, 2007). In England this acknowledgement has led to combining local early education and childcare initiatives into new Sure Start Children's centres and expanding these centres across the country. In The Netherlands the child and family centres (in Dutch: Centra voor Jeugd en Gezin) were introduced as a new network for integrating services and a walk-in facility for parents and children.

Organizational structure

In both countries the children's centres aim to be universal, low threshold and community based facilities which integrates different child and family oriented services (Department of Education, 2003; Programmaministerie voor Jeugd en Gezin, 2007). However, there are differences in organization structure, goals and services.

As mentioned earlier, the Sure Start Children centres are historically organized around prior local early education and childcare initiatives (Lewis, Cuthbert & Sarre, 2011). One of these local initiatives was the Sure Start Local Program which was set up in the 20% most deprived wards with the intention to "*break the intergenerational transmission of poverty, school failure and social exclusion by enhancing the life chances for children less than four years of age growing up in disadvantaged neighbourhoods*" (House of Commons, 2010, p15). The principles of this program laid in reaching the most vulnerable children, engaging

parents and the community, integrate separate services and making services easily accessible (Anning & Ball 2008). Although the Sure Start children's centres currently have a more universal approach than the original Sure Start local program, parts of these original goals, such as a particular focus on vulnerable children and families in the greatest needs are still found in the goals of the Sure Start children's centres (Table 1).

In The Netherlands, the child and youth preventative health care facilities form an important basis in the children centres. The target groups range from pregnant women, parents and youth till 23 years of age (NJI, 2012). The children centres are based on the long tradition of providing universal preventive health services and this heritage can still be found in the goals of the children's centres such as promoting general health (Table 1).

Table 1

Overview of children's centres policies as described in national policy documents

	England	The Netherlands
Origins	Mostly day care and early education services targeted at vulnerable children (House of commons 2010).	Mostly preventive health services targeted at all children
Target groups	• Parents with children till 5 years of age	• Parent, youth from -9 months till 23 years old
Goals of children centre	• Improving outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities • Providing access to universal early years services in the local area including high quality and affordable early years education and childcare • Providing targeted evidence based early interventions for families in greatest need, in the context of integrated services • Assessing the needs across the local community • Acting as a hub for the local community, building social capital and cohesion. • Sharing expertise with other early years settings to improve quality. • Respecting and engaging parents • Working in partnership across professional/agency boundaries (Department of Education, 2011)	• Promoting the general health, an optimal child development and a broad development of youth • Preventing problems in health, development, growing up and raising youth • Resolving (starting) problems that can have a negative influence on the health or development of youth or make these problems manageable. (NJI, 2012)

Table 1 (continuing)
Overview of children's centres policies as described in national policy documents

	England	**The Netherlands**
Provided services as stated in national framework [1]	• Community health services • Information and advice to fathers and mothers/carers • Drop-in sessions and other activities for • children and mothers & fathers/carers • The offer of appropriate support and outreach • services to parents/carers and children who • have been identified as in need of them • Support to child minders via a coordinated • network • Adult education • links to Jobcentre Plus services In children's centres in the 30% most deprived wards the following additional services have to be provided • Integrated early learning and childcare for children <5years of age (Department of Education, 2010)	• Preventive health care • Giving information and advice to parents, children and professionals • Signalizing problems • Guiding towards specific/targeted care • Offering mild pedagogical care • Coordination of care • Link with school care teams [2] (NJI, 2012)

[1] These services are the minimum children's centres have to provide. On a local level services are added in both countries.

[2] School care teams consist of youth care worker, social worker, school doctor, school attendance officer and additional professionals depending on circumstances (Landelijk steunpunt ZAT, 2012)

Differences in goals between the children's centres are the broader age range of the target group and greater focus on universal health care in the Netherlands versus the focus on young children and the greater focus on vulnerable groups in England. Also, England shows a greater focus on parental and community involvement which can be explained by the roots in day-care and early childhood education. Children's centres in England are organized around the places that children and parents already visited on a daily basis. In the Netherlands, the children's centres are mostly organized around the preventive health care services that children and parents periodically visit for health check-ups and vaccinations, although local variations exist. In provided services, differences are found in the greater focus on outreaching services, adult education and links to Jobcentres in England versus the greater focus on care coordination and integration with schools in the Netherlands.

Tasks and responsibilities of children centre leaders

The English government has stated that for achieving a high quality of integrated services in children's centres, strong and inspiring leaders are necessary (House of Commons, 2010). Therefore, every children's centre has to have a director whose tasks and skills are described in the 'National standards for leader's in Sure Start children's centres' (Department for Education and Skills, 2007). These standards were developed by the National College of Leadership in Children's services (National College for School Leadership, 2011) and include the required professional knowledge and skills for children's centre leaders. A leadership development program (National Professional Qualification in Integrated Centre Leadership: NPQICL) was developed to improve leadership skills and build a community of children centre leaders to share best practices (National College for School Leadership, 2010).

Leadership and leadership development in children's centres in the Netherlands are differently approached. Due to the decentralization of the policy around children's centres, municipalities have much freedom to design their children's centres according to the local needs (NJI, 2012). This has led to a variety of organization structures across municipalities where designated leaders in children's centres are employed by different organizations such as the municipality, municipal preventive health or social welfare organizations. As a result, roles of children's centre leaders are not explicitly described in national policy documents but do get attention in local policy documents as illustrated through a local example (Table 2). However, it cannot be stated that this example is illustrative for other municipalities. General seminars and lectures cover themes on leadership (Centrum voor Jeugd en Gezin, 2010) but a specific leadership development program does not exist.

Table 2

Leadership and leadership development as described in policy documents

	England	**The Netherlands**
Roles of leaders	Standards on a national level • Establishing and sustaining an environment of challenge and support. • Providing the vision, direction and leadership vital to the creation of integrated and comprehensive services. • Leading the work of the centre to secure its success, its accountability and its continuous improvement.	A local level example (Amsterdam) • Taking decisions through taking action and commits through expressing opinions • Showing behaviour that aims to persuade others about a particular point of view and achieve agreement with certain plans, ideas or products. • Showing direction and guidance to a group, creating and maintaining partnerships to achieve a particular goal.

Table 2 (continuing)

Leadership and leadership development as described in policy documents

	England	The Netherlands
Roles of leaders	• Working with and through others to design and shape flexible, responsive services to meet the changing needs of children and families. • Ensuring that all staff understand children's developmental needs • Ensuring that the centre collects and uses all available data to gain a better understanding of the nature and complexity of the local community served by the Children's Centre. • Using such knowledge and understanding to inform how services are organized and how to offer differentiated services. (Department for Education and Skills, 2007)	• Acknowledging the influence and consequences of one's own decisions or actions on other parts of the organizations. • Being highly active for a longer period when necessary and showing endurance. • Sticking to a certain action plan or concept till the aimed goal is achieved or no longer achievable. • Determining goals and priorities effectively and indicating necessary actions, times and measures • Designing procedures to monitor the progress of processes, tasks or activities of employees and own activities and responsibilities. • Being informed about social and political developments or other contextual factors and finds ways to effectively using this information for the own function or organization. (Habets & Hardeman, 2011)
Leadership development	NPIQCL, 10 month leadership development programme (Department for Education, 2011) Modules: • Building the Learning Community • Developing leadership in a research community • Developing as a reflective leader • Developing integrated centre leadership Measures: • In depth reflection of one's own leadership • Access to a mentor to support, guide and challenge the leader A centre-based assessment visit towards the end of the programme	National and regional meetings for CJG coordinators and managers/policy makers (Centrum voor Jeugd en gezin, 2010) Focus on sharing of knowledge and experiences about • Change management • Effective learning strategies • How to enable professionals in the children's centre • How to make resources available for schooling of staff? • How do you keep track on effects and results? • How do you design management reports? How do you do the PR and marketing?

Differences in role descriptions include the focus on skills of leaders in the Dutch local example versus the focus on outcomes of leaders' actions in England. In England, positive outcomes for children are explicitly linked to the role of the leaders. Also, creating a learning environment and ensuring that staff understands children's needs are explicitly mentioned as a role for the children's centre leader in England. In contrast, the Dutch example shows a greater focus on determining goals, designing procedures and indicating actions, times and measures.

Although the approach to leadership and leadership development differs, the tasks of leaders in both countries include coordinating an interagency collaboration. To understand the role of leaders in children's centres it is important to further define collaboration, interagency working and leadership and designate the factors that influence the roles of collaborative leaders.

Collaboration, interagency working and leadership

Collaboration can be described as the effort of individuals and organizations to work together to accomplish goals that cannot be accomplished alone (Connelly, Zhang & Faerman, 2008; Thomson, Perry & Miller, 2007). Policy makers have used several interchangeable terms for the type of collaboration in children's services such as partnerships, interagency working, multi-agency working, joint working (Department of Education, 2003, Warmington, Daniels, Edwards, Brown, Leadbetter, Martin, & Middleton, 2004) and network collaboration (Programmaministerie voor Jeugd en Gezin, 2007). Also, the term 'integrated services' is used for different issues in children's services. It is used to describe the integration of universal, targeted and specialized services (Parton, 2006, O'Brien, Bachmann, Husbands, Shreeve, Jones, Watson, & Shemilt, 2006), the shared responsibilities for outcomes of the services provided (O'Brien et al, 2006) or the alignment of services provided to one family (Programmaministerie voor Jeugd en Gezin, 2007).

It is outside the scope of this thesis to discuss all the definitions and their different usages. Instead, this thesis will focus on the type of collaboration which Warmington and colleagues (2004) define as interagency working: *Interagency working involves more than one agency, working together in a planned and formal way, rather than simply through informal networking (although the latter may support and develop the former. This can be at strategic or operational level"* (p. 6). This definition covers the collaboration in children's

centres because it acknowledges the existence of formal policy on collaboration, informal networking and the managerial and practice level on which the interagency working applies.

Leadership in interagency collaborations can be defined through the model of coordinated delivery (Atkinson, Wilkin, Stott, Doherty & Kinder, 2002). This model describes the aim to draw together a number of agencies and to provide more coordinated services that respond to the client's needs. In this model, a coordinator is appointed for *"pulling together previously disparate services"* (Atkinson et al, 2002, p. 18). The coordinator serves as a linkage between the professionals from different agencies who have limited contact with each other. In both England and The Netherlands, bringing together professionals from different children's services is seen as a key role for children's services leaders (Department for education and skills, 2007; Programmaministerie voor Jeugd en gezin, 2010).

Collaborative leadership, paradox between diversity and unity

This type of coordinated delivery in an interagency collaboration can come with several difficulties (Connelly et al., 2008; Dudau, 2009; Huxham 1996; Thomson & Perry, 2006) which are described as the paradox between diversity versus unity (Connelly et al 2008). Diversity relates to the autonomy of professionals and agencies (Thomson & Perry, 2006; Huxham 1996) whereas unity relates to the need for shared forces and interdependence in collaborations (Connelly et al., 2008; Thomson, Perry & Miller, 2007). Researchers from different fields of practice show a different focus when describing the influence of this paradox.

Diverse goals and values

From an organizational focus, the diverse history and goals of different agencies within interagency collaboration is mentioned as paradoxical (Dudau, 2009; Thomson & Perry, 2006). Children's centres form a collaboration between services that have long before been established. The professions in these services such as doctors, nurses, educators and social workers know a long professional tradition (Dudau, 2009). Different values underpin the distinguished professions and diversity in professional codes can be in conflict with the interdependency of agencies.

An example of this conflict is the Hippocrates oath which may constrain doctors to share medical information on children and families where the collaboration would be optimized through sharing this information. Professionals can feel tension between their own professional and agency goals and the need for working interdisciplinary to achieve

collaborative goals (Thomson & Perry, 2006). In cases where common goals contradict individual agency goals or hold the risk of making (parts of) the tasks of the individual agency redundant, identities are at stake. A lack of commitment to the collaborative goals can be the result.

The role of collaborative leaders is to align the goals of the individual agencies with the collaborative goals. In doing so, leaders have to recognize the importance of interagency working as well as the autonomy of organizations and professionals.

Lack of power

From this same organizational focus, the lack of power of collaborative leaders versus their coordinating tasks is seen as another paradox. Leaders of collaborations do not typically have the power to influence the goals of the individual agencies or direct professionals (Connelly et al., 2008). They can therefore only 'encourage' professionals to work towards the shared goals. The lack of power creates a need for motivating strategies. An example of this strategy provided by Dudau (2009) in her study about the roles of leaders in safe guarding children's boards (an interagency cooperation between police, social care, education schools and health authorities), Dudau describes the main role of leaders as: "*Creating collaborative capabilities can be achieved through constant anchoring of the professionals in the partner agencies to the partnership goal.*"*(p. 402)*. This definition stresses the need for leaders to mobilize professionals around the communal collaboration goals through strong personal communication and motivation skills.

Culture of trust

From an interactive, groups dynamic approach, the need for a culture of trust but the difficulty to accomplish this is mentioned as paradoxical. Problems with trust amongst separated agencies are a persistent theme in collaborations and were also distilled as an important factor in the earlier mentioned death of Victoria Climbié (Lamming, 2003). Trust in this context is defined as beliefs and expectations that members of an interagency collaboration will perform a desirable action (Das & Teng, 1998; Horwath & Morrison, 2007). Enhancing the mutual trust amongst agencies and professionals of different agencies takes time and effort but partners are rarely given sufficient time to build this desired trust (Milbourne, Macrea and Maguire, 2003).

Leadership styles

A focus on leadership styles is another example of an interactive approach to the paradox. Connelly and colleagues (2008) describe the role of collaborative leaders as a tension between

'directive' versus 'participative' leadership. Leaders are both expected 'to show the direction' by having a vision and at the same time create and adjust the vision together with the professionals in the collaboration.

Additionally, Huxham and Beech (2003) define this paradox as the distinction between a heroic and a romantic leadership style. The heroic leadership style can be viewed as a more top down approach in which the leader is the holder of expert knowledge. This type corresponds more to a directive leadership style. The romantic leadership style, which corresponds more to the participative style values involvement and co-creation and is described as: *"the assumption that it is necessary to involve people, and that the direction and content of change will emerge from the involvement process" (*Beech & Crane, 1999, p. 79).

Finally, Huxham and Beech (2003) argue that collaborative leaders need to be both heroic and romantic depending on the context in order to make change happen and involving partners in doing so. Collaborative leaders need to be sensitive to their environment and adjust their role to the situation in order to follow instead of lead when necessary.

Personal visions and values

On a more individual level, the personal visions and values are acknowledged to influence leaders' role interpretation and can contain paradoxes. Personal values influence leaders' perceptions on what goals are important to achieve (Sarros & Santora, 2001). Coleman (2011) gives an example how leaders' values can involve tensions. From his study about effective collaborative leadership in schools, Coleman describes how leaders' values can involve tensions: "*Such a tension involves the leader's ability to demonstrate the openness and honesty necessary to develop trusting relationships with followers, while still manipulating the prevailing political agendas at a range of levels to secure their will"* (p. 302). This paradox illustrates the personal dilemmas that leaders can experience.

These findings on the five distinguished themes formed the basis for the open interviews held with leaders in England and the Netherlands.

Method

Selection of respondents

In both countries leaders with a coordinating role on different management levels in children's centres, varying from municipal policy making level to daily management were approached. Due to local variations and task descriptions, different job titles such as process

manager (1x), manager (3x) and front office coordinator (2x) were used in the Netherlands and head of centre (3x), director of children's services (2x) and Sure Start leads (3x) were used in England. English respondents were recruited through the children centre leaders network and a municipal children directorate representative. Respondents in the Netherlands were recruited through the Netherlands Youth Institute. A total of 14 children centre leaders were interviewed, six in the Netherlands and eight in England. The interviews took between 35 to 60 minutes and resulted in a saturation of information.

Interview protocol

The interview consisted of a reflection on two specific cases from the respondents' own experience. Examples of specific cases covered one case in which the children's centre added to the wellbeing of a child and another case in which the offered services were not optimally provided. The respondents were informed that the interview would focus on their interpretations of the cases, their role and values and what they thought were success factors and bottlenecks. The use of specific examples was chosen in order to relate their answers to specific situations and avoid hypothetical descriptions. This was done to enhance plausibility of the answers.

Analyses

All interviews were fully transcribed. The interviews were analyzed in the qualitative analyses program NVIVO through two different methods: 1) labelling based on the themes presented in current literature (paradox of unity versus diversity, diverse values and goals, culture of trust, power and personal visions and values). Relevant information that did not fit in these labels was placed in a rest group and 2) a word count in order to bring implicitly mentioned values and visions to the surface. For this word count, the original transcriptions were adjusted; in the English interviews the term 'Children's Centre' was coded as CC in order to control for a bias of the word 'child' and the interview questions were removed from the text in order to control for a bias in words used by the interviewer.

Results

Diverse goals and values

Respondents in both countries recognized the paradox between diversity and unity in professional goals and values. In England, a bigger loyalty towards the own organization and

a lack of integration was seen as the starting point when the first children's centres were introduced but were currently seen as less up front. Respondents said that it took time to achieve a sense of belongingness to the children's centres but professionals now see themselves as sure start workers instead of, for example, social workers. One respondent mentioned that she noticed this sense of belongingness especially when external critics on the children centres are expressed:

> And I would say now that any sort of external threat, people are really quick to challenge back. And the professionals, they might've been the most sceptical I would say, they may criticize internally but I think if critics would come from externally they would say no [...] we are really like a bee hive really, and any threat to the hive from the outside […]

Although respondents see this growing sense of belongingness, they also mentioned that it takes constant reinforcement to keep professionals included, as one respondent puts it:

> One of the things I have personally learned is that you can't take your foot of the pedal, I think if you lose motivation for it you probably have to go, if you are not always on your guard, the powers of the individual agency silo's are still very very strong. And they could rip it apart quite easily

Two leaders in the Netherlands mentioned they have to deal with a greater loyalty to the mother organization than to the children's centre on a daily basis, as is illustrated by the following comment:

> What strikes me is that...ehm...people very much tend to feel more belonged to their own team than to the children's centre. (Maar wat mij opvalt is dat...ehm...mensen heel erg geneigd zijn zich meer tot het eigen team voelen behoren dan tot het CJG.)

Two other respondents in the Netherlands recognized a difference between professionals who are physically present in the children's centre building, the so called 'front office employees', and professionals who are based at the mother organization, the so called 'back office employees'. When asked whether there is commitment to the children's centre goals one respondent answered:

> I believe there is among front office employees, but among other employees from the organization a battle has to be undertaken, for some the children's centre still passes over their heads. (Ik denk onder de front office medewerkers zeker, maar onder andere medewerkers uit de organisatie moet er echt nog een hele slag geslagen worden, voor een heel aantal is het CJG toch nog een beetje ver van hun bed)

Regular contact among professionals from different services, shared positive experiences and shared training modules were in both countries distinguished as factors that help to increase a sense of unity. English respondents said that an older age of professionals is a bottleneck.

According to the respondents, these older professionals tend to stick to their own professional boundaries and have a hard time to adjust to integrated working whereas younger professionals have less professional attachments and are more positive towards interdisciplinary working. Different professional codes on privacy were mentioned in the Netherlands as a barrier for collaboration and although most respondents in the Netherlands observed a growing loyalty towards common goals they also fear a shift back towards more separate organizational interests due to upcoming policy changes.

Use of power

In both countries, more than half of the respondents who are accountable for the daily management recognized the difficulty of lacking the power to direct professionals in the children's centre. An English respondent referred to the role of a leader in a 'traditional organization' in comparison to the children's centre as follows:

> In most traditional organizations what it takes to bring about change is some sort of controlling command because at the end of the day people that you directly line manage,[…] you can say to them: if you don't do that… and they would say 'who says?' you can just say 'I say that'. Because I have no remit to go into health visiting and say go do that, they would say 'who says' and I would say 'I say' and they would say who the heck are you (laughing).

Another English respondent said that this lack of power shapes her role into a facilitator and enabler and she did not experience this lack of power as problematic. Respondents mentioned that professionals tend to accept more when you have certain professional experience, although according to one respondent it is not necessary to have experience in every field of practice. She illustrates this as follows:

> I see myself as the conductor [of an orchestra], because the conductor has not played all the instruments in the orchestra, he is not a violin and a trumpet player but he knows the music, he knows enough about the instruments presumably to know what is tricky and where he has to give a bit of help, so I don't think it is necessary to have direct experience.

Similar observations are posed by Dutch respondents who said that they see their lack of power as a challenge, not directly as a problem. Two respondents enjoyed their 'neutral' position and said that it is a lot about personal skills and how to engage partners. However, one respondent did mention the lack of power as problematic as she said that she misses the tools to show vigour. Three respondents saw their power enlarged by their financial influence, as a result of their employment by the municipality:

> And that is the fun part that I work for public authority and a lot of organizations are subsidized by the public authority so I can put some pressure like, listen, come on, it is our money that subsidizes this, you better make sure that you fix it. (En dat is wel het leuke van dat ik bij de overheid werk en heel veel organisaties door de overheid gesubsidieerd worden en ik dus ook wat druk kan zetten van hé luister, kom op het is ons geld waar dit mee gefinancierd wordt, je zorgt maar dat je het in orde maakt)

However, the respondents said they do not need to use this power explicitly; instead organizations are already aware of this power and according to the respondents therefore more willing to cooperate.

Culture of trust

The respondents interpreted the concept of trust differently and distinguished different actors for whom this culture of trust was important. In England, the culture of trust was interpreted as gaining the trust of the community, as one respondent put it:

> Well it is hard work and it is about being honest with you community. [..] And it adds something to the community really, and that doesn't happen overnight really, it takes time to do, people need to trust you and respect you. And you have to earn that trust and respect for people to come aboard really. It is about articulating that we all win, and that gives confidence.

In the Netherlands, the culture of trust was interpreted as necessary for good cooperation between services in order to serve parents, as illustrated by one respondent who talked about her goals to optimize cooperation:

> […] and all of the sudden you have to be a team, you have to get to know each other trust each other and know each others' field of practice. I thought that was the most important goal because when you can cooperate well in a team the client profits from it […] ([…] dan moet je ineens een team zijn, dan moet je elkaar leren kennen, elkaar vertrouwen, elkaar werkveld goed kennen. Dat vond ik het allerbelangrijkste doel, want als je goed kan samenwerken in een team dan heeft de klant daar profijt van [...])

Although the respondents showed a difference in interpreting the concept, respondents in both England and the Netherlands said that sharing positive experiences is a measure to create a culture of trust.

Leadership styles

When asked what strategies respondents use to achieve their goals, respondents in both countries mentioned in equal amounts: communicating a clear vision, networking and negotiating to create new partnerships, innovating to set up new activities, coordinating the daily activities and motivating staff. Of these strategies, communicating with staff was in both

countries mentioned most often followed by networking with (future) partners and coordinating daily activities.

Personal visions and values

Respondents both explicitly as implicitly communicated their personal beliefs and values about leadership, the children's centres goals and the roles of the stakeholders. When asked what the respondents valued as good leadership in children's centres, most English respondents mentioned that knowing your community was important, as illustrated by one respondent:

> I think the basis of good leadership is knowing your area, knowing the area you're covering, knowing the families and knowing what issues there are and what they want from the children centre and then that translate into what we provide and how we all provide it.

In addition, respondents said it is important to be welcoming to every family, to be a model to your staff, to reflect often, to have a clear vision and to communicate your values:

> I think a lot of it has got to do about your values and attitudes that you genuinely have to believe that every profession, every practitioner has something to contribute; you genuinely have to value what they bring

Respondents in the Netherlands stated that good leadership includes supporting your staff, creating a positive atmosphere, doing administrative tasks, identifying with and carrying out the children's centre goals, acting quickly and being resilient and pro active. These last assets are illustrated by one respondent who said:

> You have to have broad shoulders and sometimes you have to think, oh well. [You need] courage and self confidence and I think you have to have experience in quite a few things. (Je moet een brede rug hebben en je moet af en toe denken, nou [...]. Lef en vertrouwen in jezelf [hebben] en dan denk ik dat je al behoorlijk wat dingen gedaan moet hebben)

In addition to these explicit vision on good leadership, respondents implicitly mentioned visions and values about leadership and the children's centres throughout the whole interview. In order to bring implicit values and beliefs to the surface, a word count was executed. This count shows that respondents in England and the Netherlands talk in different quantities about the different stakeholders in the children's centre (Table 3). A further analysis of the context in which the stakeholders are mentioned is given below.

Table 3

Relative and absolute amount of statements about stakeholders

England		The Netherlands	
Child (children)	0,97% (134)	Parent (ouders, moeder, vader)	0,82% (104)
Parent (parents, mother, mom, father, dad)	0,50% (69)	Professional and organization (organisatie)	0,40% (51)
Professional and organization	0,38% (53)	Child (kind, kinderen)	0.31% (40)

Focus on children´s needs

Respondents in England mentioned children relatively more than three times as much as respondents in the Netherlands. In England, almost a third (36x) of the comments on children cover 'putting the child in the centre'. Respondents said they see 'putting the child in the centre' as the core of their vision and use it to get all the partners on the same track when there are discussions about responsibilities for tasks, as one respondents put it:

> And you need those discussions but put the child at the centre and the family at the centre and decide on what is helpful or not. And people really, in the end like working that way, like collaborating.

Respondents linked their role as a leader directly to improving the needs of the children. One respondent said that following the NPQICL leadership development program has helped him in doing so:

> [...] there is an intrinsic link between the child development aspects and the role of the leader of a Children's Centre [...] it is about fundamentally keep the focus of your studies, of your efforts towards the needs of the child, to place the child in the centre and then to assure that everything that we do around it [...] should be fenced around the child.

In The Netherlands, 'putting children at the centre' was noted in a quarter of the sentences in which children were mentioned (10x). The other comments on children mostly covered specific examples of children as clients of the children's centre. Similar to the respondents in England the vision of putting the child in the centre is used to get all the partners in the children's centre on the same track. Respondents said they see it as their role to make sure that consultations between partners focus on the needs of the children. One respondent said she notices that, even though every partner agrees on putting the child at the centre, interests of individual agencies sometimes overtake the interest of the child. Another respondent said

that a lack of uniformity in different areas in a municipality sometimes blocks the interest of the child.

Parental involvement and community embedment

Another difference in quantity was found in the amount of cases where parents were mentioned. Respondents in the Netherlands mentioned parents more often than the English respondents. In the Netherlands, respondents thought it was important to make parents aware of the children's centre, to align the services to the needs of the parents, to guarantee a low threshold facility, to include parents in consultation about their child and to empower parents in their parenting role. Parental involvement is mentioned in cases where parents are actively involved in consultation with professionals about specific issues relating to their child. The respondents mentioned they want to improve parental involvement in the organization of the children's centre but most respondents feel this still has to be started up, as one respondent puts it:

> We plan to set up a client panel or parent panel this year, for parents and youth […] because we now just know too little. We do have a registration about,'are you satisfied?' and it says on the website that, if parents have a complaint they can address a staff member or me, that is how we have filled it in so far" (we zijn van plan om dit jaar een klantenpanel of ouderpanel, zowel voor ouders als jongeren, […] omdat we dat gewoon nog te weinig weten. We hebben wel altijd een registratie van 'bent u tevreden' hè, […] en we hebben wel op de website staan van hebben ouders een klacht dan kunnen zij bij een medewerker terecht of bij mij terecht op die manier hebben we dat nu een beetje ingevuld.)

In England, a quarter of the comments about parents mentioned parents as stakeholder in the children's centre partnership. Respondents see it as their task to actively recruit, involve and consult parents. Respondent talked about parental involvement in activities, parental representation on advisory boards and the focus on parental employment through the job centres.

Professional and organization

Respondents in the Netherlands mentioned professionals and organizations more often than they mentioned children. Most comments on professionals and organizations in the Netherlands focussed on the role of the respondent to link these two together. Also, professionals and organizations were mentioned in the context of problems around loyalty of professionals towards their mother organization, the individual interest of separate organizations, gaining the trust as a leader from the different organizations. In England professionals were mainly mentioned when respondents talked about the former struggles in

creating the children's centres. They illustrated how professionals had to be challenged and motivated to work towards integrated working.

Discussion and conclusion

In this thesis the role interpretation of children's centres' leaders in England and the Netherlands is compared to find out whether these interpretations differed. In both countries, leaders are assigned with tasks of coordinating the integration of services within children's centres although the contexts in which the children's centres operate differs across the countries. Open interviews with leaders showed that leaders in both countries use similar strategies to coordinate this integration, such as communicating, networking, negotiating, innovating and coordinating. Leaders also recognized similar bottlenecks and success factors such as the challenges that come with a lack of power and the need for sharing positive experiences and schooling programs. This suggests that the strategies and experiences of the collaborative leaders are not so much influenced by the different national contexts in which they operate. This assumption is supported by Horwath and Morrison's (2007) study on critical issues and key ingredients in children's services. The authors describe effective leaders in any interagency collaboration and therefore also in children's centres as follows: *"[leaders] possess high quality interpersonal and networking skills, which enable them to negotiate the interfaces, ambiguities, tensions and turf issues, which exist between and within"(p62).*

However, the interviews with the different leaders also brought two main differences in personal values and visions to the surface: first, the greater focus of English leaders on outcomes for the children and second, the greater focus on parental and community involvement. These findings align with the more explicit focus on children's outcomes, parental and community involvement in the English policy documents. Possible explanations for these differences can be found in different aspects.

Focus on outcomes: Outcome focused inspections in England

First, the way children's centres are inspected can be an explanation. Currently, children's centres in England are inspected by a national inspectorate on outcomes on several levels (Office for Standards in Education, Children's Services and Skills, 2012, Horwath & Morrison 2007, O'Brien et al, 2009). These outcomes are measured on indicators such as *"the extent to which children, including those from target groups, are physically, mentally and*

emotionally healthy and families have healthy lifestyles" Also, specific outcomes of leadership are measured through "t*he extent to which resources are used and managed efficiently and effectively to meet the needs of families, including those in target groups"*. In the Netherlands the focus of quality measurements is still more on measuring output (van Yperen, & van der Steenhoven, 2011) such as percentages of parents and children that visit the children's centre and user satisfaction rates. According to van Yperen and van der Steenhoven this focus on output is inevitable because of the implementation phase in which most children's centres still are. However, van Yperen and van der Steenhoven acknowledge that in the end the outcomes are most important.

Hogan and Murphy (2002) state that measuring quality through focusing on outcome instead of output ensures more focus on the service users, in this case the parents and children. These findings suggest that introducing inspections on outcomes can increase the leaders' focus on children's outcomes in the Netherlands.

Focus on outcomes: Differences in implementation phases

The differences in implementation phases can be the second reason for a greater focus on output in England. Sure Start Children's Centres were introduced in 2004 and were build on former existing facilities and networks (House of Commons, 2010). Leaders in England mentioned time as an important factor to create a sense of unity of different professionals and agencies and they now recognise a greater loyalty to the children's centre goals than to the individual agency goals. This suggests that leaders have to currently put less effort on 'getting everyone on board' and can focus more on the outcomes. In contrast, the implementation phase of children's centres in the Netherlands was only finalized in 2011 (Ministerie van Volksgezondheid, Welzijn en Sport, 2012) and leaders still recognise a lack of commitment to the children's centre, although they also see a growing loyalty over time. This might explain the greater focus on professionals and organization by leaders in the Netherlands since they first focus on creating strong networks and getting all stakeholders on the same track. However, these assumptions are not yet studied and to find out what influence the phase of implementation has on the focus of leaders in children's centres, a longitudinal study is necessary.

Focus on outcomes: Leadership development program in England

Third, the leadership development program is in England mentioned as a measure to keep the focus of one's tasks on the outcomes for the children. The current seminars on leadership in children's centres in the Netherlands less prioritize the outcomes for children than the

leadership program in England (Department of Education, 2011; Centrum voor Jeugd en Gezin, 2010). It is possible that this difference in leadership development programs contribute to the difference in leaders' focus but this has to be further explored through an impact study of the leadership development programs.

Parental involvement and community embedment: Differences in children's centres' origins

The second main difference found in this study was the greater focus of community embedment and parental involvement in England. This greater focus might be explained by the differences in origins of the children's centres between countries. The origins of the English children's centre are rooted in local child care and early education facilities which have always focussed on parental involvement and community embedment (House of Commons, 2010). In contrast, most children's centres in the Netherlands are organized around the preventive health facilities which deal with a long history of service based provision (NJI, 2012). These facilities traditionally do not have a history of parental involvement and community embedment. These different roots result in different focus in policies which can also influence the leaders' role interpretation.

Parental Involvement: Statutory guidance in England

Another explanation can be the legal obligation that English children's centres have in including parents on all levels of governance. The children's centre statutory guidance (Department for Education, 2010) states that every children's centre is obliged to have parental involvement in the planning, delivery and governance of children's centre services. Also strong parental representation has to be facilitated by having approximately two to three parents on advisory boards. In the Netherlands, the interviews show that leaders do feel the urge to include parents but have not found ways to do so. These findings suggest that improving parental involvement and community embedment can be realized through organizing the children's centre around facilities that already have this tradition and introducing statutory obligations about parental involvement.

Leadership in strengthening the pedagogical civil society

Besides looking for causes, it is also interesting to explore the possible effects of these differences. Community embedment of children's centres and a greater focus on parental involvement suggest a greater focus on the pedagogical civil society by leaders in England. The pedagogical civil society is described as "citizens' joint activities in raising children"

(Nederlands Jeugdinstituut, 2011; De Winter, 2011). In the Netherlands, the potential of the children's centres in strengthening the pedagogical civil society is acknowledged by both researchers and policy makers, for example in the 'Allemaal Opvoeders' project (Nederlands Jeugdinstituut, 2011). This project aims to promote shared responsibility for child raising amongst citizens and gives a central role to the children's centre in achieving this. However, in this program, investing in leadership and leadership development for children's centres' leaders is not acknowledged as measures to create a shared vision on parental involvement and community embedment. Assuming that leaders have an important task in creating and sharing a vision of the goals of the children's centres, prioritizing leadership development should be considered as a possible measure to strengthen the pedagogical civil society.

Limitations of the present study

This study has found differences in role interpretation between leaders in England and the Netherland. However, the results have to be interpreted taking into account the following limitations. First, the limited amount of respondents in combination with the local variations of children's centres makes it hard to generalize these findings for both countries. In order to enhance the external validity, random selection of children's centres should be taken into account in follow up studies. Secondly, this study has not given insight whether the respondents act upon what they say. It is interesting to further explore whether the greater focus on outcomes, parental involvement and community embedment in England actually leads to different behaviour in leaders and professionals. To test this, leaders and professionals should be observed during their daily activities.

Conclusions and future prospects

In their tasks to further professionalize the children's centres, policy makers in the Netherlands should use these findings to take into account the need for supporting children's centres' leaders. The possibility to implement a leadership development program, statutory obligation of parental involvement and outcome focused inspections should be further explored.

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