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FEBRUARY 2017

Children's Centre Leader



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CHILDREN'S CENTRES POLICY

Family Hubs for the Future

The All Parliamentary Group for Children's Centres sent a clear message to us all last year. That the future of children's centres lies in the reassignment of funding and redevelopment of services to a Family Hub model. This idea is not new, indeed the Centre for Social Justice proposed the model in 2014 citing its advantages as delivering integrative, preventative approaches for the most vulnerable families. It makes sense and those areas that have adopted this model are enthusiastic about how it has protected their services, and seen a marked difference in outcomes for children and families. That's the good news. We bring you an example of such a model in Waltham Forest on p8 and we hope to continue to share more successful models in future issues.

On the other hand, we remain stupefied as a sector in the absence of the promised national consultation from Government. And as predicted, this hiatus has enabled a slow erosion of the presence of children's centres and family hubs in our most challenged local communities. According to Children and Young People Now (C&YPN) magazine (02 February 2017), children's centres are disappearing at a rate of 10 per month. That means, if the pace of decline continues at that rate, in a generation's time we will not have a single children's centre left to support children and families. C&YPN analysed Department for Education (DfE) data which shows there are currently 3,242 children's centres in England. However, 741 of these do not meet the

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Welcome

This issue asks questions of a new strategy for children's centres, shares new video tools for healthcare professionals working in the community on p3, considers reflective practice for early years (p4) and explores systems leadership in children's centres on p10. Our focus on practice takes us to Waltham Forest (p8) where they are delivering new Children and Family Centres. Let us know what you think by emailing: cclr@hempalls.com

James Hempalls,
Editor, Children's
Centre Leader



full criteria to be classified as centres in their own right, bringing the total down to 2,501. Local authority children’s centre spend, it appears has dropped by around £90m in a single year.

So, where is this long-promised consultation from Government? Children’s Centre Leader asked in October 2016 ‘what chances for a new strategy?’ And we are still waiting. DfE dropped the life chances strategy after Brexit, and has confirmed that it will launch

“To achieve social mobility for many families, they need to break the very real traps of social and health inequality, lack of opportunity, and multi-generational unemployment”

a consultation on the future of children’s centres in 2017.

There appears to be a contradiction here. Social mobility is a key buzz word and the Secretary of State for Education is a strong advocate of it. To achieve social mobility for many families, they need to break the very real traps of social and health inequality, lack of opportunity, and multi-generational unemployment. These traps need to be removed, piece-by-piece, and little-by-little with the support (and challenge) of locally available, community-focused,

integrated and joined-up services delivered by trusted professionals and community champions. To achieve such movement requires movement in local services, in local authorities and from national government.

Social mobility is variously defined as the movement of children, individuals, families, or others from one social class or hierarchy to another. It describes movement up and down, and clearly when targeting least-advantaged communities, we are in the business of moving people up, for want of a better phrase. That could be from unemployed to employed, from unqualified to qualified, from poverty into income-generating work, and/or low income into sufficient income. Absolute social mobility is measured by the number of people who achieve a different layer from that of their parents’ generation. Whereas relative social mobility refers to differences in probability or potential of attaining a certain outcome. Movement is difficult and fraught with anxiety, tensions and barriers. But it surely is the shared aim we have in children’s centres work; to break cycles and promote equal chances and challenge discrimination. All of that requires the connected strategies that family hubs promote, combining services for children and their parents that are all about learning, health, and economic wellbeing.

The question remains, how socially mobile are children’s centres? According to these definitions, not very. Numbers and budgets are

reducing and having spent a generation to build up the programme, we are now at risk of experiencing a demise within another. Children’s centres themselves (their teams, management, partners and users) need to feel socially mobile in order for them to deliver and experience services that are energised and informed by the very potent feelings of being able to achieve the impossible.



Essential Parent is a team formerly from the BBC Science Department. We are officially supported by the Royal College of Paediatrics and Child Health (RCPCH). We follow expert advice from: UNICEF UK Baby Friendly, The Royal College of Paediatrics and Child Health, The National Literacy Trust, The St John Ambulance, The Meningitis Research Trust, paediatricians, obstetricians, doctors, midwives, sleep specialists, education specialists, health visitors and many more. Our video material is used by: The RCPH to help train junior paediatricians around the world, over 100 UK maternity hospitals, NCT teachers for their antenatal classes, GPs, Barnardo’s children’s centres, local authority children’s centres, mother and baby units in UK prisons.

New free babycare video tool for healthcare professionals in the community



Essential Parent launched The Essential Baby Care Guide DVDs for new parents back in 2012. It quickly became popular with health care professionals, children's centres and public health libraries across the UK. With subtitles in Urdu, Arabic and simple English the boxset contained baby care 'how to' videos presented by the experts in their field e.g., the breastfeeding course was presented by breastfeeding educator at UNICEF UK Babyfriendly and the baby health DVD was presented by a consultant paediatrician from the Royal College of Paediatrics and Child Health. We quickly followed up with an app which we offered free to all health visitors and GPs in the UK.

Technology has moved on so quickly since 2012 that in January 2016 Essential Parent were able to put the videos online and they have made it all free to watch. This means new parents can watch easily on their smartphones.

The role of health visitors, children's centres and community nursery nurses is becoming ever greater and we think this new tool will help HCP professionals in delivering expert, evidence-based video information to parents with a click of a button.

The tool is a simple app, linked to our website, that allows HCP to send free videos that they have chosen to both parents or colleagues.

Simply select the courses or videos you think will help an individual (or group that e.g., attends a children's centre) then press send and they receive the video advice directly to their phone.

Our baby care videos cover:

- » Breastfeeding (advised by UNICEF UK Baby Friendly)
- » Bottle feeding (advised by UNICEF UK Baby Friendly)
- » Introducing solids (presented by paediatric dietitian)
- » Baby health (advised by

RCPCH)

- » Everyday care (advised by RCPCH)
- » First Aid (presented by St John Ambulance)
- » Accident Prevention (presented by Child Accident Prevention Trust)

<https://essentialparent.com/lessons/baby/>

We now also have videos covering pregnancy and fertility too (the latter is presented by Professor Robert Winston). In addition, we have written articles from toddler to teenager stages for parents.

If you would like to find out more please visit us at:

<https://essentialparent.com/pages/information-for-health-professionals/>

We welcome your feedback and suggestions of how we can make it better for you so please get in touch at hello@essentialparent.com

Reflective Practices for Early Years

In the current climate of uncertainty and change, it is hardly surprising if children's centres leaders are so engrossed in crisis management, that reflective practice is not given high priority. However, it is precisely in times like these that reflection is important, and looking back in order to move forward is a vital part of the leadership role. Ghaye suggests that reflective practice can potentially help practitioners make sense of the uncertainty in their workplaces and offer them 'courage to work competently and ethically at the edge of order and chaos' (Ghaye, 2000, p.7).

The notions of reflection and reflective practice in the educational arena are not new, and have influenced thinking not only in education but in healthcare and other disciplines. However, the growth of policy interest in early childhood and the expansion of services, have resulted in a renewed emphasis on reflection as part of the drive for change and ongoing improvement in early childhood services. Reflection and reflective practice have become culturally embedded in professional dialogue. Indeed, Bolton (2010, p.11), suggests reflective practice is no longer an option for those involved in early childhood policy and practice, but should be considered

as 'a political and a social responsibility'. However, what does reflective practice mean to you in your role? Why is it an important process? What are the links between leadership, reflective practice and professional identity?

WHAT IS REFLECTIVE PRACTICE?

Reflective practice is not easy to conceptualise, as reflection can take many different forms. In a literal sense, 'reflective' describes the physical capability of a surface to reflect sound or light or and create a reflection. The term 'reflective', can also apply to a mental process, or an individual's capability to engage in deep thought and create a reflection of a social situation. The process is fluid rather than static, as perceptions of situations or practices may change and develop during the process of reflection (Jones, 2014).

Dewey (1933) offered an early systematic approach to reflection, suggesting that it stems from identifying a problem and in attempting to resolve the issue, change or development takes place. This can then be evaluated and continued or discontinued. Dewey highlighted five consecutive and distinct steps in this thinking process:

- » A felt difficulty
- » Its location and definition

- » Suggestion of a possible solution
- » Development by reasoning
- » Further experiment and observation leading to acceptance or rejection of the development.

In arguing for fluidity of thought, Dewey (1933) implied that those working with children cannot simply rely on things just because they have been done in the past. He suggested that there is unlikely to be one right way to do something and that practitioners need to use their 'reflective intelligence' to find out what works and what does not, through adopting a problem-solving approach on a continuous basis. Schon later developed the notion of 'professional artistry' (1987, p.22). More specifically, he pointed out that professionals face unique circumstances and make decisions based on previous experiences, therefore reflection is a process embedded both during as well as following on from practice. This important conceptual framework for thinking about reflection can be summarised as,

- » **Reflection in action:** thinking, feeling and behaving automatically or on your feet; being spontaneous and creative during an actual event or practice.
- » **Reflection on action:** retrospective thinking: thinking immediately or

later after the event, how you could have done things differently or would do things differently in the future.

During the process of reflection, perceptions of the situation or practice may change and develop but also stimulate professionals to further engage in further reflection, 'the opening up of a problem space,' (Engestrom 1993, cited in Craft and Paige-Smith 2008 p.90). Children centre leaders need to be aware that reflecting on practice is not a one-off, single event but a way of being or behaving which might more appropriately be described as reflective practices.

KEY CHARACTERISTICS

Pollard and Tann (1993), referring to primary school teachers, identified six key characteristics of reflective practice. These have been adapted below, to apply to children centre leaders:

1. Reflective practice implies an active concern with aims and consequences, as well as technical efficiency as leaders.
2. Reflective practice can be applied in a cyclical or spiral process, in which professionals monitor, evaluate and revise their own practice.
3. Reflective practice requires competence in methods of enquiry, to support the development of professional competence.
4. Reflective practice requires attitudes of open-mindedness, responsibility and wholeheartedness.

5. Reflective practice is based on professional judgements, informed by self-reflection and insights from multi-disciplinary perspectives.

6. Reflective practice, professional and personal development are enhanced through collaboration and dialogue with parents, children and other professionals.

(adapted from Pollard and Tann, 1993, pp.9 -10)

These characteristics support the idea that reflective practices should not be viewed in a purely technical sense, but should be considered part of an informed process of open-ended questioning and learning, intended to gain critical insights into the meanings of experiences.

CRITICAL REFLECTION

Appleby (2010) suggests that reflective practice is linked to empathy, or seeing practice through the eyes of others, questioning things that are taken for granted, but also about how other professionals feel about and understand situations. She describes reflective practice in terms of an 'ability to think critically about reflective practice' whilst at the same time, being motivated and having the confidence to construct a personal interpretation of what it means for us as individuals in our particular context'. She goes on to highlight the existence of 'personal, social and political assumptions' surrounding what it means to be a reflective practitioner and

discusses how as individuals, we are able to make informed decisions about our practice' (Appleby 2010, pp.8 - 9). However, professionals do not work in isolation from the broader social, cultural and historical context. Critical reflection is dialogic and requires social connections with other practitioners, parents, children and communities, to share ideas and possibilities (Jones, 2014).

To promote change, it is essential for children's centre leaders to adopt a questioning approach to policy and practice, including a critical reflective dimension. Ghaye (2011) suggests that this type of reflection should be deliberate and is crucial for future improvement to take place, 'Improvement cannot take place unless we learn from experience. Failure to do this is resigning ourselves to being prisoners to our past. Reflection-on-practice is an intentional action; the intention is to improve the quality of experiences through rigorous reflection of the learning that has accrued as a consequence of engaging in reflective practices of one kind or another (Ghaye, 2011, p.297).

THEORY, KNOWLEDGE AND CRITICAL REFLECTION

Anna Craft and Alice Paige-Smith (2011 pp.3-4) pointed out that early years professionals are increasingly expected to be involved with the body of knowledge about their practice and

(continued on p6)

that this 'involves a level of theoretical understanding about children's learning and participation in early years settings, and being able to reflect on how the literature, policy, and theory relate to practice'. Parnell confirms that reflection is a way of weaving theory and practice and points out that the ability to 'question and grapple with what exists before our very eyes is sharpened with reflection' (2012, p.119). However, this is dependent on practitioners having extended their own knowledge through being aware of the latest research and participating in dialogue with their colleagues. From this perspective, reflecting on practice not only involves relating practice to theory but actually developing new theory.

THE DEMOCRATIC AND REFLECTIVE PROFESSIONAL

Moss (2011), drawing on Rinaldi's (2006) 'pedagogy of listening' suggests that the concept of reflective practice can be understood as 'a rigorous process of meaning-making, a continuous process of constructing theories about the world, testing them through dialogue and listening, then reconstructing those theories,' (Moss 2011 p. xiv). Hence the idea of reflective practice makes significant demands on the practitioner. Far from simply reflecting in or on their own practice for improvement in the immediate sense,

reflective practitioners require a complex array of critical skills, professional knowledge and attributes.

Moss warned against a narrow definition of reflective practitioners. He suggested that early childhood settings may be seen primarily as places for 'technical practice: places where society can apply powerful human technologies to children to produce pre-determined outcomes' and that institutions should instead be seen as a place of 'democratic political practice' (2007, p.5). Developing an identity as a reflective practitioner involves aspiring to be more than a 'worker as technician' (Moss 2008). This implies that children's centre leaders should aspire to become what Moss describes as 'democratic and reflective' professionals, capable of thinking critically and 'co-constructing meaning, identity, and values' (2008 p.125). The identity of a reflective professional is related to a desire to make meanings of their experiences. In this sense, reflective practices are emotional rather than technical in nature. Leitch and Day (2006) highlight the need for more attention to be given to the importance of the role of emotion in understanding and developing the capacities for reflection which facilitates personal, professional and ultimately system change.

This article has identified some of the key features of reflective practice and

highlighted the centrality of reflective practice in the role of children's centre leaders. Reflective practice has been presented not as a traditional linear or context-neutral activity, but linked to aspects of professionalism, improvement and change, ultimately influenced by external contexts. It has suggested that reflective practices are interactive, ethical, value-driven, open-ended processes where policy and practice are being explored and critically and actively re-interpreted from multiple perspectives. Reflection is an evolving process oscillating between theory and practice, involving emotions and collaborative interactions between a range of professionals each operating in their own unique contexts. Whilst there will inevitably be barriers, including structural complexities, time and financial constraints, collaborative, dialogic, reflective practices have the potential to support children's centre leaders not only in managing, but in understanding and facing the challenges that lie ahead.

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Think Family 2020

In Waltham Forest, we continue to recognise the important role children's centres play in providing young people across our borough the best start in life and giving their parents the support they need.

This is why we've embarked on a major transformation project to offer more services than ever before at what we now call Children and Family Centres – despite funding for children's centres no longer being provided by central government.

Not only are we retaining all of our centres at a time when other local authority areas are experiencing closures – we're making them even better while also keeping services free or low-cost.

These new-look Children and Family Centres are part of our "Think Family 2020" vision, which is all about helping our residents to help themselves and each other by building resilience, independence and strengthening relationships with families and the wider community.

We know both from experience and from listening to our own communities that this level of commitment to Children and Family Centres is what our residents want. A recent survey of parents gave us an insight into how they use our centres and what elements they valued most.

As a result, the centres are now providing local families with children aged 0-18, and up to 25 for families with a disabled

child, access to enhanced early education and Early Help services, which includes support with parenting, child health and welfare, family life, employability, community links and building life skills. And, from September this year, they started to offer an increased range of health services.

In our new model, every Children and Family Centre is linked with one of four neighbourhoods – Chingford, Walthamstow, Leyton and Leytonstone – with the aim that no family is further than a 20-minute walk from their nearest centre.

We have commissioned local community group and parent-led charity The Lloyd Park Centre to lead the delivery of our new Children and Family Centre offer, building in sustainability from the outset.

Early education play sessions have been enhanced so parents can make clear links between activities their children have taken part in and their progress towards 'school readiness'. There are specifically designed sessions for children and their parents who have special educational needs and disabilities (SEND), such as Toddler Opportunities (TOPs). We are also consulting with parents of children who have SEND to find out what services they would like to see.

Children and Family Centres will have a new emphasis on health and wellbeing, and our





residents can expect to see a broader range of activities starting up over the next year, including infant feeding cafes, baby massage, healthy eating and fussy eating workshops and support for parents on topics like sleep.

The local health visiting service will continue to be provided by North East London NHS Foundation Trust (NELFT), and will work increasingly closely as part of this model. More child health clinics than before will be available in Children and Family Centres, making them easier to access for parents.

To improve child development and wellbeing for children aged 0-5, there will also be new specialist healthy child services available, which will begin to roll out from September and be provided by HENRY, a national charity.

These will have a particular focus on infant feeding from birth, encouraging and helping mums to breastfeed where possible, but also supporting bottle feeding if that is the preference or where breast feeding doesn't work out. On top of that, there will be help for healthy eating, oral health and speech and language development, so parents can access expert advice and support in their local Children and Family Centre.

As well as direct provision to parents, this HENRY service will also support and train general Children and Family Centre staff around health and wellbeing; ensuring that there is the capacity and knowledge within the service to deliver the increased emphasis on health.

There will be a range of volunteering and employment opportunities; neighbourhood based volunteers will be recruited and trained in partnership with the health services provider to help deliver and embed the centres' health activity programmes, especially around infant feeding. Also, apprentices in childcare/child development will be employed in accordance with the national apprenticeship scheme.

Crucial to the success of our model has been our ability to transform children's centres into community assets for a wide range of partners, the pooling of budgets and strong leadership.

For more information, visit www.walthamforest.gov.uk/CYPD or contact Carol Frederick at Carol.Frederick@walthamforest.gov.uk

VUCA Contexts in Children's Centres Demands Systems Leadership

Heads of children's centres have a highly demanding role. Whilst the core purpose of children's centres is expressed simply as: child development and school readiness, parenting aspirations and parenting skills, and child and family health and life chances (Sure Start, 2014), it belies a vast array of activities to undertake and stakeholders to manage. Indeed, it has been said that: "It is important to recognise that children's centre staff, and particularly leaders, are doing a difficult and complicated job which often requires a great deal of professional skill" (Policy Exchange, 2013). In addition to this, children's centres serve some of the most disadvantaged children and families in the country and are key to early help initiatives working with social care professionals at many levels to keep children safe.

The last decade has added additional difficulties to this context. On one hand, there is increased pressure to meet the needs of 'Troubled Families' (DCLG, 2012) placed at the centre of policy initiatives, entrenched levels of poverty through welfare reforms have led to increased demand from families, and repeated spending reviews and austerity measures have

challenged the existence of children's centres (Hempsalls, 2016). Many have closed or amalgamated into groups in order to survive. An acronym exists to describe this fraught context – it can be said to be VUCA.

The acronym VUCA stands for four aspects of the 'modern' day operating context, volatility, unpredictability, complexity and ambiguity. Contentiously the term originated from the military, made famous by General Casey leading the multinational force in Iraq. One might well wonder what this has to do with children's centres; perhaps some leaders do feel as if they are working in metaphorical war zones, never knowing what they will have to deal with next. Three years work and research with leaders of children's centres has convinced me that this is the very contextual challenge they face.

The chart on p11 defines each of the four aspects of VUCA contexts and provides lived examples of these from the lives of children's centre leaders.

These demonstrate that children's centre leaders are working within a VUCA context. The dynamic complexity of these contextual

factors (Fillingham and Weir, 2014:6; Senge, Hamilton and Kania, 2015; Zimmerman et al., 1998; Mitleton-Kelly, 2003) demands high levels of leadership, but what kind of leadership?

Systems leadership involves leading the whole children's centre system rather than individual parts (Shaked and Schechter, 2013). This will demand; "leadership across organisational and geopolitical boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, often without direct managerial control" (Ghate et al., 2014). The purpose of such system leadership is "to effect change for positive social benefit across multiple interacting and intersecting systems" (Ghate et al., 2014:13). This is exactly the work of children's centres. As systems leadership was designed to tackle complex systems it should therefore be well suited to the VUCA context.

Ghate et al., (2014) developed a model of system leadership for children's service staff working in VUCA contexts. This comprised the following leadership skills:

(continued on p12)

Context	Nature of Impact	Children's Centre Leader Examples
Volatile - Liable to change rapidly and unpredictably, especially for the worse	Rate of change Pace of change Number of changes The dynamic nature of each change	Sudden contract changes Changes in commissioning Changes in partners Government or local authority strategic direction changes Rate and pace of policy changes. Continual staffing issues – retention, sickness, maternity leave Challenges in managing old or shared premises Every changing social norms
Uncertain - Something not known or definite	Don't know what to expect next Plans ambushed by surprises Unclear about the present / future Unknown outcomes	Outcomes of practice uncertain with ever more complex families Outcomes of funding arrangements unknown – small scale and large scale Length of policy initiatives uncertain Tenure of staff always uncertain Daily work unpredictable
Complex - Consisting of many different and connected parts	No single simple answer Factors are interconnected Difficult to see the whole picture - overwhelm Unforeseen negative outcomes	21 areas of service to deliver Multi-agency staff teams Multi-agency partners Different working protocols Families with complex needs Impossible to predict unintended outcomes
Ambiguous - Open to more than one interpretation; not having one obvious meaning.	Events can be interpreted in many ways No shared understanding of a situation Misunderstanding Unknown 'unknowns'	Families various communication needs Staff communication needs, dynamics and gossip Local authority communication and rumours Projects may have unclear outcomes or implementation No one understands what a children's centre does!

(continued from p11)

System leaders can:

- » Create shared vision and values
- » Focus on product not process
- » Be experimental and innovative
- » Be collective and participatory
- » Share power
- » Work through relationships
- » Influence and nudge
- » Distribute leadership
- » Manage conflict and contestation.

This model has held resonance for groups of children's centre leaders over the last two years (Stuart and Wilcox, 2017). In some respects system leadership marks a significant change in leadership behaviours. Traditional forms of leadership reliant on reductionistic linear thinking, causality and predictability cannot deal with VUCA contexts and need to be replaced with adaptability, flexibility and connectivity (Taylor, 2014). System leadership cannot rely on a single heroic leader at the 'top' effecting change (Fillingham and Weir, 2014:16; Garmon, 2004). This is often a challenge for leaders of children's centres who like to look after their staff as much as the families that attend, and end up working all hours to protect staff from additional tasks.

Working across organisations requires leaders to "empower a wider cadre of staff to act and think more strategically,

both to sustain leadership capacity and to enable staff at every level to contribute to leading learning" (Higham, Hopkins, and Matthews, 2009:66). This invokes a distributed leadership where everyone is a leader, replacing a hierarchical leadership role with more equitable acts of leadership that everyone undertakes (Little, 2013:43).

Familiarity exists in the presence of relationships in both the attributes and skills of leaders. Leadership work in the early years has been evidenced to be highly relational (Aubrey, 2011) but has perhaps become a tacit part of practice that needs to be rendered explicit, valued, and leveraged further.

Returning to the VUCA context, children's centre leaders in Hertfordshire developed a list of leadership strategies to tackle the challenges posed (outlined in chart opposite).

The skills of system leaders (ibid) appear within each section strategies children's centre leaders think they need in a VUCA world.

- » Creating and communicating shared vision and values is essential to allow individuals to work autonomously and flexibly.
- » Focus on product not process is critical to preserve resources for the inevitable changes ahead.
- » Being experimental and innovative is critical to the evolution and adaptation of children's centres to whatever is next.

- » Collective and participatory work is critical when families and workstreams are complex.
- » Shared power is necessary as no one can do it all.
- » Working through relationships is essential as so much of this leadership work is through communication.
- » Influencing and nudging is tenable where control and command are no longer possible in networked rather than hierarchical structures.
- » Distributed leadership is necessary where everyone has a part to play in a greater whole.
- » Managing conflict and contestation is vital where uncertainty and ambiguity are rules of the game.

The practice insights of children's centre leaders would seem to suggest that the VUCA context exists for them, and that system leadership is an appropriate response. The challenge remains to fully embed system leadership as a cultural norm, and to evidence the impact it has for staff, stakeholders, and the families that they serve.

Context	Strategies
<p>Volatile - Liable to change rapidly and unpredictably, especially for the worse</p>	<p>Clarity of core purpose / vision / mission</p> <p>Distribute knowledge, expertise and tasks – a few but not all staff know / do one thing</p> <p>Develop trust and accountability equally</p> <p>Be effective at communication and feedback</p> <p>Develop good knowledge management strategies</p> <p>Proactive development and ongoing innovation: new packages, new offers, new finance deals.</p>
<p>Uncertain - Something not known or definite</p>	<p>Develop critical thinking skills</p> <p>Invest in relationships</p> <p>Network to know how, what, who and when</p> <p>Share knowledge, expectations, and uncertainty</p> <p>Be consistent in messages to staff, stakeholders and partners</p> <p>Practice risk management</p> <p>Manage time and resources with a focus on core purpose</p> <p>Monitor service and develop case studies</p>
<p>Complex - Consisting of many different and connected parts</p>	<p>Invest resources and time in teams and partnership working</p> <p>Build in reflection and planning time</p> <p>Build in flexibility to enable creativity</p> <p>Use networks not hierarchies</p> <p>Recognise and embrace what went well and learn from mistakes</p> <p>Be able to adapt styles of management and communication.</p>
<p>Ambiguous - Open to more than one interpretation; not having one obvious meaning.</p>	<p>Challenge stakeholder to ascertain objectives and agendas</p> <p>Focus on families and children</p> <p>Check for understanding and mis-communication</p> <p>Consult with staff, stakeholders and partners</p> <p>Get data-savvy</p> <p>Learn to love uncertainty.</p>

(References on p14)

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