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Leading Family Centres Through Covid-19

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About The Author



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I am a professor of social and health inequality at the University of Cumbria, motivated by social justice. I believe everyone should experience wellbeing - by that I mean feeling good and functioning well - a standard

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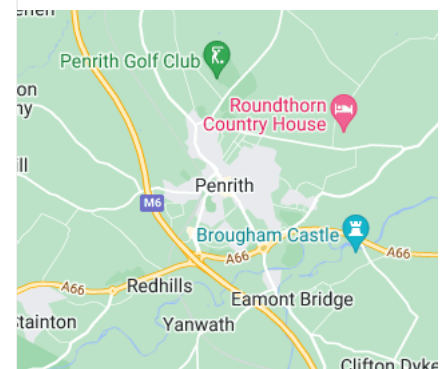
Project Summary

The outbreak of Covid-19 globally led to a national lockdown in England from March to July 2020 and November to December 2020. Key workers in front line health care, food production or delivery services were allowed to continue working, but all other workers, including family centre leaders, had to go home and work from home where possible. Family centres (once known as children's centres and prior to that SureStart centres) provide wrap around multi-professional support for families with pre-school children. The centres provide a huge range of support from baby health checks to fathers and sons clubs, to play sessions, baby massage, debt management, job seeking skills, and so on. In this respect the centres meet the wider needs of families, support families as a unit, and offer holistic support to some of the most disadvantaged families. Lockdown meant the family services were disrupted and had to be reconfigured from face to face to online, with centre staffs working remotely whilst also managing one's own family circumstances. Leaders were stretched to maintain services for the most vulnerable, support staff and themselves. This research investigated what was achieved and how leaders managed to achieve it in such challenging circumstances. The findings show eight characteristics identified by the family centre leaders that were fundamental to their success. This leads to recommendations for these leadership practices to be developed more widely and beyond the legacy of Covid-19 as humane approaches to supporting staff to achieve great work.

Project Context

I have supported leadership development for family centre leaders in one county of England for over six years. The county is varied with pockets of deprivation hidden between leafy wealth. The county has continued to support family centres as highly

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esteemed services where they have been closed or reduced under financial pressure in most other local authorities. There are nine districts within the local authority that is the focus of the present research with 43 senior and middle leaders distributed across their family centres. The leaders have a range of professional backgrounds but have predominantly been promoted in leadership positions from front line roles as family workers, play workers, teaching assistants and social care roles. I have provided face to face leadership development workshops on four occasions to different 'waves' and levels of leaders. Re-organisation or new recruitment was often a prompt for the local authority to invest in leadership development. This year the pandemic hit, and I offered to support the leaders to manage the crisis through some group discussions and activities together online. A total of 43 leaders signed up to the sessions to meet, share issues and ideas, collaboratively problem-solve, and support one another through the crisis. The data presented in this article is the result of these sessions.

Research Goal, Method, and Outcome

Research Goal, Prior Onsite Action Research, and Rationale

The goal of the research was to understand how family centre leaders were leading their services in such unprecedented times as the Covid-19 pandemic. Previous research with family centre leaders (at the time called children's centres) had shown their leadership style to be values based and relational, featuring high levels of communication, dialogue, inclusivity and collaboration (Stuart, 2018). The family centre leaders chose to engage in practitioner action research (Anderson and Herr, 2009) in order to understand how they had led during the first lockdown in order to inform their leadership practices during the second lockdown. Action research is "a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory world view" (Reason and Bradbury, 2001, p.1).

Here the leaders were participating in an inquiry to improve their leadership of services for families. The leaders engaged in first person action research, enquiring into their own practices individually, and second person action research in that this informed their collective approach to family centre leadership across the local authority (Reason and Torbert, 2001). The leaders aimed to support the wellbeing of their staff, enabling them to deliver vital services to families in need in an online format. In this respect the action research was directly and indirectly focused on positive social change (Glassman, Erdem, and Bartholomew, 2013).

Research Question and Method

The research question was: 'how do we lead our staff and services during times of crisis?' The leaders met with me in an online space to consider 'leadership' – what leadership was and how they might have enacted it. We came to a shared definition of leadership as any act that supported people to deliver services. This definition included a range of actions such as thinking, planning, communicating, relating and at times, doing things, reminiscent of Kemmis's modelling of an architecture of practice (Mahon, Kemmis, Francisco, and Lloyd, 2017).

After the definition was operationalized in a half hour discussion, the leaders split into their nine district groups for an hour to inquire into their architectures of leadership practices. We then reconvened in a plenary online space and each group fed back the results of their inquiry over the course of the next hour.

The online meetings were all recorded, transcribed and uploaded into Atlas.ti. Here they were thematically analysed with codes assigned to sections of text and then clustered into categories (which became characteristics). Categories were created no matter how many times they were mentioned and as such, the findings are inclusive rather than just indicative of the most popular answers.

Findings

The findings are reported here as a form of collective action research. The key characteristics of leadership which the leaders identified as important are reported below with illustrative quotes.

Self-care

Self-care seemed to be accepted as an important feature of successful leadership, but difficult to attain. Leaders who were most able to exercise self-care were those that saw it as of benefit to others, rather than as a selfish act: *“You need to manage your workload, look after yourself and role model self-care to your staff otherwise they won’t believe they can look after themselves”*. Self-care was also considered important in Covid-leadership literature from schools (Harris and Jones, 2020), but in contrast, academic Covid-leadership literature suggested putting the needs of others ahead of the leaders own (Fernandez and Shaw, 2020) in an act of servant leadership. The family centre leaders reflected that in times of crisis, for example on an airplane, you are advised to look after yourself so that you can look after others, and this principle guided their action.

Positive Mental Attitude and Keeping It Real

A positive mental attitude was a key attribute of many of these leaders, as one put it: *“Don’t get over positive, be grounded and keep it real, none of us are immune, we’re all learning to live with covid and change has affected us all”*. This ‘reality check’ was also cited as a component of successful covid-leadership in clinical literature (Kaul, Shah and El-Serag, 2020). Coupled with positivity and ‘keeping it real’, was the family centre leaders’ ability to acknowledge that they could not control everything. This was not the same as hopelessness; rather, it was a grounded acknowledgement of their sphere of influence (Covey, 1989) enabling them to focus where they could effect change: *“you only do what you can do rather than everything, you can only control so much, and you can’t make every decision, accept that reality”*.

Solution-focused Stance

Taking a firm solution-focused stance was also a key attribute in the family centre leaders’ tool kits. They acknowledged issues in order to ‘keep it real’, but then shifted into a problem-solving mode where different options were explored until a solution emerged: *“You have to think that there will be another way, it’s just a case of finding it – persevere!”* With the uncertainty presented by Covid-19 the leaders could not always know that their actions or decisions were the right ones and taking risks or ‘winging it’, was another characteristic of successful leadership for them; *“Sometimes you just need to try something out, do something, make a decision when you don’t know if it’s right or not and that’s okay”*.

Timely Decision Making and Style

The timing of decision making also seemed important to the leaders’ success: *“These are not necessarily quick decisions. It’s making them at the right time with the information you have available, not too slow or too quick that matters”*. Timely decision-making was cited as extremely important in clinical Covid-leadership literature (Kaul et al., 2020). Grint (2020) developed the thinking around decision making further. He argues that the UK government, for example, tried to *lead* the response to the pandemic when a *command* style was required. He therefore exhorts leaders to use management for tame issues, leadership for wicked issues and command for critical issues. Whilst the family centre leaders did not express these types of problem and associated styles as eloquently as Grint, evidence of these styles was present in their discussions of leadership: *“We find we have to keep flexing what we do to suit the person and the situation”*.

Investing in Team

Investing in the team was a central relational activity for the family centre leaders. They acknowledged that online working allowed some connection but was also limited in how 'close' it enabled people to feel. Working from home meant that staff members were losing daily interactions with colleagues and service users, and many disliked the isolation of their kitchens or dining room tables. In these circumstances more regular interactions with team members were vitally important: *"The team has to come first, it takes time but is so important to keeping everyone up to speed and more importantly, feeling supported"*. A number of leaders had created social as well as business meetings, added icebreakers and fun activities to break up meetings and provided additional group or one-to-one supervision for staff too. These types of team interventions were also supported by health care literature on Covid-leadership (Barton, Christianson, and Myers, 2020).

Clear Expectations and Boundaries

Another part of supporting staff was ensuring they had clear expectations and boundaries. This, the family centre leaders felt, would enable staff to understand when they were doing 'enough' in this new world with eroded work-life boundaries: *"Explanations and expectations have been really important – we took time to make people understand these at every step of the way, it created safety and reassurance for us all"*. This attribute was also cited as a fundamental to successful school leadership during Covid-19 (Harris and Jones, 2020).

Distributed Leadership

Distributing leadership was essential. Not only were leaders out of control of many aspects of the pandemic, but they were also unable to lead every aspect of the service delivery. They had to delegate or distribute leadership, a characteristic advocated in Covid-leadership in schools (Harris and Jones, 2020), higher education (Fernandez and Shaw, 2020), clinical settings (Kaul et al., 2020), health care services (Barton et al., 2020) and organisational development (D'Auria and De Smet, 2020). Examples include: asking team leaders to set up rotas, delegating service innovation and report writing.

Partnership

Linked to the distribution of leadership was the importance of partnerships: *"We could not have achieved all of this without partners and community groups. We have really pulled together and they have been fundamental"*. This revitalised partnership working was another characteristic of their leadership style. This was also seen as a fundamental part of school Covid-leadership (Harris and Jones, 2020).

In summary, the family centre leaders identified eight characteristics of successful Covid-leadership. These were self-care, a positive mental attitude (including keeping it real and knowing your influence), a solution focussed approach, risk taking and timely decision making, investing in team, clarity of expectations, distributed leadership and increased partnership working. These characteristics were supported by an interprofessional field of Covid-leadership literature.

Leadership Characteristics Not Discussed by Family Centre Leaders

Three leadership characteristics were highlighted in wider interprofessional Covid-leadership literatures that were not discussed by the family centre leaders: Responsive/adaptive leadership, reinforcing core values, and ability to pause.

Responsive/Adaptive Leadership. The first of these was responsive or adaptive leadership (Harris and Jones, 2020; D'Auria and Smet, 2020). It could be argued that the characteristics of leadership identified by the leaders demonstrated they were

adaptable and had developed their leadership from the relational foundations found in 2018 (Stuart, 2018). Responsiveness was, however, very apparent in the ways in which they adapted services to the new context. In this respect family centre leaders were responsive in style and in actions, although this is offered as an observation rather than an evidence-based statement.

Reinforcing Core Values. The second leadership attribute mentioned in the clinical Covid-leadership literature was the importance of reinforcing core values to motivate in times of challenge (Kaul et al., 2020). It may be that this was an implicit part of the leaders' practice which they did not articulate, or it may be an additional characteristic for the family centre leaders to add into their repertoire.

Ability to Pause. The third characteristics was the ability to pause, advocated by organisational development consultants McKinsey (D'Auria and De Smet, 2020). They stated that dynamic change leaders need to make frequent pauses in crisis management in order to remain calm and to keep perspective. Feedback from the family centre leaders was that this action research inquiry had achieved exactly this attribute – ability to pause – enabling them to reflect on successful practices.

Conclusions and Recommendations

Clarity of and insight into practice is the great potential of action research as a process and activity to support on-going learning and social change. As a result of this experience the family centre leaders were scheduling short peer led action learning sessions to maintain such reflective spaces. They also drew up set of shared leadership characteristics with which to continue leading their family centres across the local authority. The leaders stated how valuable the research had been, enabling them time to share skills and to develop a collective leadership. They continue to deliver services in vastly different ways in the continued challenge of a second lockdown, and I look forward to catching up with them later in the year to hear how their action research assisted them in their leadership practices. Personally, it has felt important to advocate for an often neglected and much under-represented group of leaders undertaking some of the most challenging work in society. The qualifications for children's centre leaders were abandoned as centres closed, and the fringe interest evident in these leaders' practices has dwindled to nothing since the last publications in 2014. As such, holding an action research process for these leaders has been an act of social justice for me, and I have felt compelled to communicate their findings, their voices to the wider world. I hope they are of use to others and motivate others to research the practices of other often ignored sectors.

Several recommendations flow from this small-scale research project. Firstly, it hopefully shows the value of engaging leaders in critically reflective action research to inquire into their own leadership practices, even, or especially, at times of crisis. Secondly, the research illustrates the importance of on-going reflection and action, theory and practice in order to grow architectures of practice, whether leadership oriented or otherwise. Finally, the research suggests eight ways in which leaders of complex services might go about their leadership at a time of crisis in order to achieve positive outcomes.

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