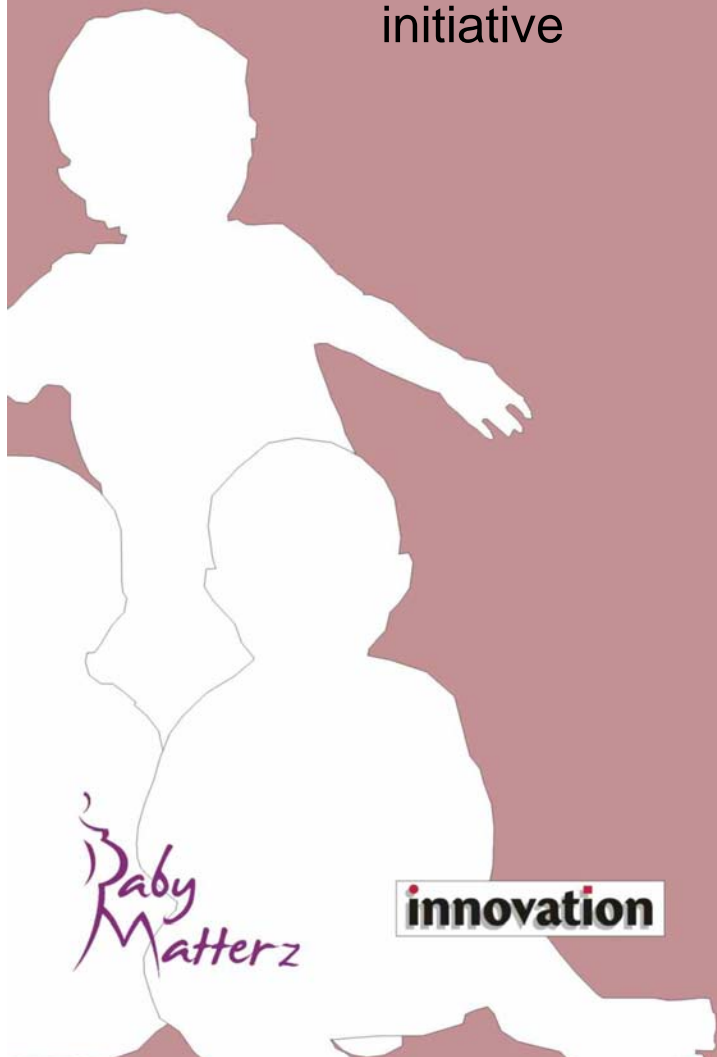




Parents, babies and cross-
agency working within
schools: the case of the
Liverpool Baby Matterz
initiative


Mark O'Brien



*Baby
Matterz*

innovation

centre for lifelong learning



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*Formerly a part of the Department of Education and Skills that has now largely been absorbed into the Department for Children, Schools and Families.

Parents, babies and cross-agency working within schools: the case of the Liverpool Baby Matterz initiative

Introduction

The Baby Matterz initiative, that brings parents and their babies into a small number of Liverpool schools to talk about aspects of the baby's development, growth and care, has involved professionals of various backgrounds and types. The consortium that has supported the initiative during the school year 2007/8 has included: The Learning Partnership and The Innovation Unit as key stakeholders; Liverpool Children's Services as the main agency through which the initiative has been introduced and implemented in schools; the Liverpool Primary Care Trust as the agency providing a vital input from health specialists; A Quiet Place as the consultancy providing support to the parents and teachers involved; and the University of Liverpool providing research support. In an era of increasing collaboration between services, driven by government requirements for more 'joined-up' working, such partnerships are now familiar to service professionals. Of particular interest, both for the purposes of Baby Matterz itself, as well as for its more general relevance as a case-study from which we can learn for similar small scale interventions, are the inter-agency dynamics between education and health professionals. This research report then, is drawn from interviews conducted with professionals from both of these agencies. It also draws upon many more informal discussions and communications with the professionals of the other partner organisations involved.

Themes and issues in inter-professional working

A general trend in service delivery over the last decade, both in the UK and other EU countries, as well as in the US, has been that of professionals belonging to different agencies combining their skills in order to enhance the effectiveness of the support that they provide to service users. This has been especially true in areas of service delivery

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aimed at children, young people and families (e.g. Anderson-Butcher and Ashton 2004). In the UK, partnership working, multi-agency teams and appeals for 'joined-up' practice have created what amounts to an agenda of inter-professionalism. New arrangements for service delivery that bring together different statutory agencies, statutory with non-statutory voluntary and community organisations, and service-based with enterprise-focused and entrepreneurial bodies have become a norm. Within the schools system in the UK, Education Action Zones (EAZs), Excellence in Cities partnerships, Behaviour Education Support Teams (BESTs), Multi-Agency Support Teams (MASTs) and Behaviour Improvement Programmes are all examples of initiatives that have brought together a range of different types of organisation. Children's Trusts, and the children's centres connected with them, are also providing new sites for inter-professional collaboration in these service areas (Bachman 2006).

In many cases such approaches, combining the perspectives and skills of professionals from social work and social care services with those from education have proved beneficial to both. In one study of social work students on work placements in primary and secondary schools researchers found that the result was better communication skills for the students themselves as well as increased capacity for inter-professional collaboration and improved outcomes for children who were troubled in various ways (Hafford-Letchfield and Spatcher 2007). Where inter-professional service models have proved successful this has often been on the basis of extended programmes of training in which some experience of collaborative working with a clear focus already exists (e.g. Larivaara and Taanila 2004). Some studies have also highlighted the ways in which more integrated forms of collaboration have been accompanied by better understandings of the nature of one another's work amongst professionals belonging to different services (Leurs *et al.* 2005; Rider *et al.* 2008). Partnership models of service delivery have also been found to be beneficial in building community cohesion, where they give a voice to families as well as health experts and school professionals (Comellas 2006), and to building parenting capacity in parent-child reading programmes (Seden 2008).

The story has not all been so positive however. There have also been studies that have highlighted the obstacles often encountered by professionals from different services and statutory agencies when they try to work together. Communication frequently emerges as an area of difficulty in partnerships involving both education and health professionals and this has been connected to calls for more strategic design within school-community collaborations (Anderson-Butcher *et al.* 2006).

Similarly, calls for the expansion of the delivery of health policy through schools, has been connected to the need to improve networks and collaborations with other, community based agencies (e.g. Brener 2007). Often the problems that arise are not only to do with general communication however, but rather with the quite different professional conceptualisations of need that operate within agencies. This can be true even when professionals from different services are involved in the same cases and are therefore dealing with the same children (Stone *et al.* 2006). One Australian study, that has specifically focused upon partnerships involving both health and education professionals working with childhood developmental disorders, has highlighted significant misplaced assumptions regarding levels of knowledge amongst education professionals of the disorders in question. O'Keefe and McDowell (2004) surveyed teachers for their levels of understanding of child health issues and compared them to paediatricians' assumptions of what levels of understanding teachers had in the relevant areas. This survey revealed that where doctors had assumed a certain level of knowledge of conditions such as Attention Deficit Disorder and autism amongst teachers, they were wrong to have done so. The authors do however, place the onus on the health professionals, as the partners having the expertise, to be proactive in providing information and support in order to 'bridge the gap' and so improve both the service and support to families as well as the inter-professional partnerships through which these are delivered. This study is complemented by the findings of O'Brien *et al.* (2008) who have noted significant professional tensions for school teachers struggling with a widening remit, as social inclusion and child welfare requirements become increasingly a part of their work.

Even where inter-professional working is deemed to be a success in terms of outcomes for the children and young people for whom interventions have been designed, it is often the case that it takes the form of parallel rather than harmonised working. In such situations the ethos, professional identity and general 'habitus' of the professional remains untouched by their contact with professionals from other services. A *modus operandi* then emerges by which practical collaboration does exist, but without any real blurring of the boundaries that separate different forms of practice. In this familiar scenario obstacles to more collegiate forms of practice remain, so frustrating the potential for a deeper sharing of perspectives, as well as for mutual learning and appreciation of what different professional mind-sets can offer (Spratt *et al.* 2006). Moreover, in a study that has direct relevance to the rationale and design of the Baby Matterz intervention in Liverpool schools, Milbourne (2005) has noted that in small scale, localised inter-agency

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interventions in the primary care setting, difficulties experienced in inter-agency collaboration could actually undermine family support and even reinforce feelings of pessimism and despair. This report also highlighted the ways in which remedies that focus upon the individual often do so at the expense of considering the material and structural constraints that create the difficulties faced by families.

Inter-professional working then, brings with it challenges connected to issues of training, ethos and protocols. However the ways in which professionals belonging to different services actually interact in practice are complex, and are influenced by many factors that are psychological as well as professional. Group size, age, gender, levels of experience, demographic composition and so on all play their role (Clarke *et al.* 2007). Crucially, where there is a willingness to ensure the best outcomes for the service user, and a desire to avoid conflict, there also will successful collaboration be more likely. One study from the US, that professionals working in UK school will relate to, found that the main hindrances to effective collaboration fell into four categories. These were: conceptualisations of time and priority; understandings of money and funding in the schools context; notions of 'community' with respect to participation and goals; and school politics in relation to institutional pressures and inter-personal dynamics (Woehrie 2000). One indication of the complexity of the processes involved for inter-professional practice is that it has generated its own sub-discipline of measures and tracking techniques. One example of this is the Readiness for Inter-Professional Learning Scale (RIPLS) that incorporates team work, collaboration, professional identity and understanding of roles and responsibilities as sub-scales (Lauffs *et al.* 2008). Models of evaluation that specifically address the characteristics of effective collaboration in the school setting are also being developed to meet the needs of professionals in these areas (Gajda 2006; Kury 2006).

Professional perspectives on Baby Matterz

The general tenor of the assessments that have been forthcoming from health and education professionals has been positive. Classroom teachers, in particular have described a range of ways in which Baby Matterz sessions have worked well for their pupils. Assessments from health professionals have also been positive, although they have included some notes of caution regarding certain aspects of the programme that will be discussed shortly. The views of education and health professionals will be considered in the rest of this section.

Pupil benefits: the perspectives of classroom teachers¹

One of the most consistent observations, made by all of the teachers spoken to as part of the research behind this report, related to classroom behaviour. Pupils were said to become completely attentive during Baby Matterz sessions and to become 'switched-on' to the classroom situation. This was said to be all the more impressive with respect to the changed behaviour of pupils who were normally quite difficult to manage. Some teachers reported much improved behaviour in the sessions with pupils who were being supported with Individual Education Plans (IEP), as well as pupils in a Year 7 group who had previously been permanently excluded from primary school.

At the more general level, all teachers reported a 'whole-group' effect on behaviour. One reason given for this was that the enthusiasm felt by the teacher for a forthcoming Baby Matterz session was picked up on by the pupils and affected them also. In one example a teacher described a moment of co-learning as she herself had discovered information relating to possible benefits of music for a baby's development. These kind of experiences were said to engender a certain level of bonding between the teacher and the pupils that can otherwise be difficult to achieve.

Improved behaviour was also said to be attributable, at least in part, to a class sense of collective responsibility towards the baby. Teachers had usually briefed the pupils about the importance of the classroom atmosphere being calm so that the baby did not become distressed in an unfamiliar environment. The pupils, keen for the session to go ahead without disruption, tended to become more self-disciplined, and prepared to make one another be quiet lest the session be suspended. In such an atmosphere the dynamics across the class-group were said to change in interesting ways. Pupils who could be quite dominating became quieter. Other pupils who tended not to speak up so much became more confident in asking questions and making verbal contributions. The 'equalising' learning environment that Baby Matterz sessions create is obviously important for considerations of inclusive education in the classroom, as is its potential for drawing in pupils who are otherwise quite disengaged from learning. For those teachers who had to contend with challenging pupil groups, all of this was seen as being a very positive thing in and of itself. In the case of the Baby Matterz Year 7 group, for instance, the teacher reported that this class was the only pupil group in the school that had not needed to be spoken to regarding behaviour by a senior teacher. Furthermore, no pupil in this group had been given a detention for reasons of behaviour.

¹ The insights given here draw upon the accounts provided by Baby Matterz classroom teachers at a research focus group held on the 2 July 2008.

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The parent-and-baby sessions were also described as being very fruitful in terms of the curriculum learning opportunities that they offered. Key here was the fact that the sessions, hugely anticipated and enjoyed by the pupils, provided experiential material that lent itself to a wide variety of pedagogical purposes. It seems that the motivation for learning that Baby Matterz provides, flows easily into: the development of literacy skills as pupils conduct write-ups of the new knowledge and thoughts that have been generated; oracy work as pupils report back to their classmates on various aspects of the sessions; numeracy work using the information about the baby regarding its weight, height *etc.*; IT skills as the pupils produce materials connected to the visits; and many other curriculum areas besides. Baby Matterz themes are then revisited for purposes of expression and comprehension in English, art and project work of various kinds. The point here is that Baby Matterz acts as stimulus to learning that, because it involves a real baby, is exciting to pupils and therefore awakens in them a reason to engage with the learning opportunities provided by the teacher. As the above account suggests, it therefore also brings with it a characteristic of transferability to many other areas of learning as well as being adaptable for different styles of pupil learning.

Obvious areas of the curriculum for which Baby Matterz are seen as being of great value are those of personal, social, and health education (PSHE) and the social and emotional aspects of learning (SEAL). The broad themes of discussion that arise naturally from Baby Matterz sessions such as those of vulnerability, reliance on others, caring, family relationships *etc.* lend themselves easily to pupil development in the areas of emotional literacy and social awareness. In the context of these broad themes being discussed by the class, individual pupils have talked about their relationships with their younger siblings, have opened up in terms of talking about problems they are facing and are more able to describe and reflect upon their feelings about others. With respect to home relationships one teacher gave a powerful account of how one pupil had expressed quite negative feelings towards her younger sibling at the beginning of the year. Coming to the end of the school year this same pupil was far more positive about her younger sibling and more able and willing to describe her feelings of affection. Of course to attribute this only to Baby Matterz would be too simplistic, and the teacher concerned was careful not to do this. She did however, feel that the Baby Matterz sessions had, at the very least, helped in this instance. In another case, a pupil whose mother was involved in Baby Matterz as an expectant mother, had been afforded the opportunity to talk about her feelings of excitement about the arrival of her new sibling. In these examples, and others besides, Baby Matterz sessions was said to have provided a 'way

in' for class discussion and to have enabled the teacher to introduce a new repertoire of words and concepts for the pupils.

A powerful account of the difference that Baby Matterz had made for one Year 7 pupil was given by his teacher. This pupil is a young carer and has responsibility at home for his three younger sisters. The pupil is sometimes late to class because of difficulties with the morning home routine. He also sometimes arrives in a state of some disarray in terms of clothing and preparedness for class. On many levels he is rightly seen as vulnerable by his teacher. This pupil, however, is reported to have benefited from the ethos that Baby Matterz has created in his pupil group. The pupils' discussions with the parent and the teacher about the baby, have opened other kinds of discussion about vulnerability, caring for babies and younger members of the family, family responsibility more broadly and so on. In this context it has been far easier for this young carer to talk about his own situation at home. He has gained credibility with his peers who have, in turn, responded by buying him an alarm clock to help him in the morning. In different circumstances it may have been very difficult for other Year 7 boys to be able to relate to his situation, and equally, for him to be able to explain himself to his peers. Such situations can lead to bullying behaviour and poor mental health for the child who is its victim. The general regard, and even respect, that is now shown towards this boy by his peers is, on the account given by his teacher, remarkable. Indeed the testimony of this teacher represents one of the most powerful pieces of evidence of the potential that Baby Matterz has in terms of improving peer-to-peer relationships, contributing to SEAL work, and arguably even bringing a certain therapeutic value to the teacher's work in the classroom.

Further to the points made above regarding the outcomes for boys attitudes to babies and parenting there was a general view, expressed during a number of research interviews and in informal discussions, that this was a particularly important area for Baby Matterz. The opinion here was that where boys saw parenting positively, and not as something that sat uncomfortably with their notions of masculinity, then this could produce responsible parenting attitudes in later life, as well as happy and secure modes of relationship behaviour. This point was bolstered by the account given by one teacher of an all boys pupil-group, of the boys passing around a doll with care and seriousness, as well as expressing the view that girls also needed to know the things that they had learned since 'they would be having the babies'. Whilst these education professionals' view of this longer term potential of Baby Matterz is perhaps best described as a hope, rather than as an aim in any more

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structured sense, it nonetheless says a great deal about the optimism that is being generated by the initiative, certainly amongst those who have first-hand experience of it.

Inter-professional working

The importance of Baby Matterz in helping to meet some current agendas for Children's Services was emphasised by education and health professionals alike. Of particular note in this regard was the Every Child Matters agenda that has informed professional practice since the Children Act (2004). Of the five priority themes outlined in the *Every Child Matters: Next Steps* (2004) document, the themes of 'Be Safe', 'Be Healthy' and 'Enjoy and Achieve' were said to be the most relevant in terms of the contribution that Baby Matterz could make. The Extended Schools agenda through which a range of services are brought together on the same school premises is also an important area that calls for joint working and to which Baby Matterz can be seen as being relevant. As a part of the broad efforts in this area Children's Services in Liverpool have been applying a model of the 'team around the school', making support professionals from health, social and education services available to schools according to need.

From the perspective of health services also, Baby Matterz is an initiative that is relevant to some major service priorities. Recent years have seen great emphasis placed upon reducing health inequalities through community health interventions, including those working within Sure Start programmes. One aspect to these approaches is the aim of improving the reach of health agencies to families who do not normally engage with services. A current restructuring of the health service in Liverpool aims, through a re-design of the Primary Care Trust, to better place experienced staff to achieve this improved community reach-out. Whilst this will result in a generic service for all children and young people in the 0-19 years age range, most resources will be aimed at the neediest children. A team within the Liverpool Primary Care Trust has recently been given funding from the Department for Children, Schools and Families (DfCSF) for work to improve the reach of the service to those considered as being 'on the edge' in terms of service engagement². The aim is to enable people in this category to better access statutory services through attendance at children's centres and then through better engagement with their children's schools. The changed boundaries for education and for health services will not in fact completely overlap, and therefore will not be entirely contiguous. Whereas health services will continue to work across

² This work is informed by evaluation research into the Intensive Nurse Partnership in the US. This research revealed that the kinds of skills needed for this out-reach work were those that, out of the range of professionals involved, only nursing staff really possessed in the right combination.

six neighbourhoods, schools will be organised into five neighbourhoods. The converging efforts of both agencies however, will be supported by team-based approaches and through a closer involvement by health professionals in schools.

Health and education professionals agreed in their assessments of the potential social benefits of Baby Matterz. For the increasingly significant social inclusion and community cohesion remits for schools there was a view that the 'light-touch' aspect of the programme was important. This 'light-touch' referred to the ways in which messages could be given to parents about parental behaviour in areas such as reading to young children, health and safety in the home and so on. Where such messages were received through discussions with pupils in the class and in the context of the parent making such a positive contribution by bringing their baby into the school, there was a view that this would go a long way to overcoming problems of apparent condescension or judgement. Another advantage of Baby Matterz was seen to be that of creating for parents a space in which to reflect upon their relationship with their baby. Just as for the comments that were forthcoming from classroom teachers on the theme of changing behaviour, it was the mutually cooperative nature of Baby Matterz that gave it this emotional and, in some senses even therapeutic potential.

Unsurprisingly, given the differing remits and professional protocols involved, as well as the different degrees of latitude for interpretation of national requirements (with school teachers allowed to interpret that National Curriculum to an extent, and health professionals working within a less flexible regime), some differences of perspective on certain aspects of Baby Matterz were apparent between education and health professionals. On the whole, these differences have been well aired and are understood across the consortium. Here we will consider some of them in a summarised form.

One difference of perspective lay in the area of the levels and kinds of structure that are needed for Baby Matterz. Two considerations appeared to inform this. The first was that of engagement with parents. With respect to this consideration there was a view, most often expressed by the education and support professionals directly involved in running the Baby Matterz sessions, though also appreciated by health professionals, that things needed to revolve very much around the parent and baby. Too rigid a programme, on this view, would carry with it the danger of leaving the parent feeling somewhat disconnected from the content of the Baby Matterz sessions and therefore, as a result, withdrawing their involvement.

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Similar points were made regarding the need for flexibility with respect to pupils' interests. Health professionals, whilst understanding and agreeing with the need to ensure parent and pupil engagement, were also concerned with the rigour of the programme and the question of how to ensure a structured input for their own expertise. One suggestion that related to this concern was that a broad programme of topics (baby's weight, play, growth *etc.*) might be planned out for the year so that input from health could also be planned ahead of each session. Where such a programme could be coordinated across the Baby Matterz schools, so that the same topics were being covered at more or less the same time, this would further enable health professionals to ensure a high quality input.

A second concern raised by health professionals lay in the area of the sources of information for the health content for Baby Matterz sessions. The 2007/8 programme was already underway when health professionals began to be involved. At this point the materials that were to be provided for Baby Matterz teachers were not ready and this was a concern both to the teachers themselves and to the health professionals. One recommendation from the health professionals who had been asked to provide some input was that all health-related content should be informed by the *Birth to Five* book produced by the Department of Health (DoH 2007) in order to ensure that reliable and government approved information was being given to pupils and to parents, as well as ensuring compliance with current government guidelines. This was a concern over which notes of tension were said - by both health and education professionals - to have been apparent with respect to particular health-related topics. This issue had resulted in a notion of 'safe' topics being suggested by health professionals (where such concerns did not exist) and topics where far more regard for such consideration was needed. Diet and feeding was an area for which differences of perspective had been most apparent.

It is important to emphasise here that, in the same way that health professionals were appreciative of the concerns of education professionals with parental engagement, equally education professionals in research interviews were cognisant of the issues being raised by health professionals, indeed were largely sympathetic to them. However, the differences of perspective, and of emphasis on the requirements for the programme's success, were connected to the different functional positions that each set of professionals had with respect to its implementation. Education professionals were directly involved with parents for the purpose of running each Baby Matterz session, and so were naturally

concerned with how parents might receive health 'messages'. Health professionals, acting in a more advisory capacity, with respect to the programme (though in some cases also knowing parents in their capacity as family health visitors), were necessarily concerned with the reliability, safety and overall quality of the public health content of the classroom sessions.

The differences of perspective were not however attributable only to structural factors in terms of the roles of each set of professionals or to contingent aspects of the 2007/8 programme. They were also connected to the different emphases that each group of professional placed upon the overarching purpose of Baby Matterz. For classroom teachers the potential that Baby Matterz has for pupil learning naturally has been important as a key motivation for their involvement. As we have seen, teachers reported that pupils greatly enjoyed the Baby Matterz sessions and that the pedagogical benefits flowed into many areas of the school curriculum. Teachers did also point to the value of the programme in terms of its usefulness for the meeting of new requirements under the Every Child Matters agenda. Nonetheless the main emphasis teachers gave in their accounts was that of the pupil learning opportunities that Baby Matterz brought with it. For health professionals however, the main emphases were on both the kinds of information regarding the health and well-being of the baby that was being given to pupils, and the potential of Baby Matterz to improve the reach of their services into communities. Of great interest for health professionals also was the question of what parents themselves were taking away from each session in terms of their own understanding of health and health-related aspects of their babies' care, welfare and development. Whereas the key focus for classroom teachers then, was that of pupil learning, a key focus for health professionals was that of parental behaviour, whether of today's parents (particularly the 'hard-to-reach') or of parents of the future. This summary of professionals' understandings of Baby Matterz is schematic to a degree. In fact both sets of professionals did express appreciation of the professional priorities of the other. Essentially, however, it holds true for the main tendencies in the accounts offered.

Current priorities and hopes for the future

The professionals interviewed from both the education and health sectors were clear that they saw Baby Matterz as a valuable initiative that deserved agency support into the future. There were some differences of emphasis however, as to what this might mean in terms of the focus of the

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programme, as well as the kinds of structures that may be required.

During the school year 2007/8 designated Baby Matterz teachers were in place for each school in which the programme was to run, and for each pupil group involved. Support for the participating parents was provided by an external agency, A Quiet Place. Staff from this agency have played an important role in liaising with the teacher, managing the relationship between the parent and the school, and always being present to help during Baby Matterz sessions. This external support is unlikely to be present for subsequent years in the same way. This means that the teachers involved will probably need to carry far more of the responsibility for liaising with the parent and running the programme within their school.

This situation raises the question of how Baby Matterz will be modelled in the coming period. One model that is provided by the The Learning Partnership and the Innovation Unit, is that of the 'accredited teacher'. In this model, designated teachers would be provided, at a cost, with training and intellectual resources to equip them to effectively run the programme. There was a view that came from the senior education professionals involved however, that this basic model would need to work within a robust framework, in order to ensure secure and safe practice. The current working model of the 'team around the school' referred to earlier was said to be important here. In terms of larger structures the Locality Team, which comprises the Liverpool Primary Care Trust, Liverpool Children's Services, the Youth Offending Team and education support professionals, chaired by Neighbourhood Learning Directors, was also described as crucial.

Interesting perspectives were offered on possibilities for future models of Baby Matterz by health professionals also. The role of the family health visitor, a professional who will often know the family involved in Baby Matterz well, having a unique insight into the home life of the baby concerned, and having the kinds of skills required in order to convey service-related messages to parents in an empathetic manner, was described as having a significant, and as yet largely unrealised, contribution to make. Whether working alongside of the teacher with the parent, or perhaps being on-hand for any specialist advice for health or medical matters that might arise in classroom discussion, the family health visitor could help to greatly raise the quality and accuracy of the health content of Baby Matterz sessions. Within such an arrangement these health professionals could provide valuable advice relating to topics such as parental lifestyle, television time for young children, diet, bedtimes, play, the differences in verbal development between boys and girls, and

for a range of other developmental issues. This sort of involvement would become important where the larger rationale of engaging with 'hard-to-reach' parents assumes a greater significance in future years. The involvement of the school nurse may also prove to be important, particularly as the ongoing realignment of health services for the 0-19 age range becomes embedded.

Along with the strong emphasis on the potential role of the family health visitor mentioned above, there was also a view from health professionals that school premises, whilst offering a secure and structured environment that works well as a vehicle for Baby Matterz, should not be seen as being the only type of location in which the programme could be based. Children's centres were also seen as being possible venues for Baby Matterz. These centres, often located at the heart of communities, being relatively free of the formality of schools, and usually connected with Sure Start and family support projects, could again be crucial where improving the reach of services is fore-grounded as being the primary aim of the initiative. Were Baby Matterz to indeed develop in this direction, it would be compatible with the model of 'community parents' in which parents who are familiar with Baby Matterz are recruited to help engage with perhaps younger or more vulnerable parents.

Ethics and risk

Professionals from both Liverpool Children's Services and from the Liverpool Primary Care Trust raised issues of actual and potential ethical concern. Sometimes these were also connected to wider assessments of the risks entailed by the Baby Matterz initiative. These concerns are interesting for what they tell us about the underlying complexity of Baby Matterz, notwithstanding the generally agreed success of the 2007/8 programme. Broadly they fall into four areas.

The first set of concerns were for scenarios in which a parent withdrew abruptly from the programme. Many things could cause this to happen. Failing health in the baby, a change of life or personal circumstances for the parent, a general disengagement from the programme where, for whatever reason, the parent had stopped enjoying the experience of being involved, changes in child care arrangements *etc.*, might all result in the parent ceasing to participate. Such an occurrence would need explaining to pupils and would be likely to cause disappointment and even some consternation for them. Some comments from health professionals suggested that where an ante-natal mother-to-be was the Baby Matterz

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'parent', this could be especially problematic. Many things can of course, go wrong with a pregnancy. Even after the birth there can be problems with post-natal depression, or other aspects of personal or psychological well-being. Such eventualities could throw up highly undesirable difficulties and challenges for both the parent and the classroom teacher.

Secondly concerns for the welfare of the parent were expressed, particularly by health professionals. Participating in Baby Matterz as a parent is exposing to some degree. The profile of the parent within the school and even outside the school in the wider community, will very probably rise. Given the fact that most of the 2007/8 cohort of Baby Matterz parents were already known to the school through an older child attending, there was a well-placed professional worry that, if the programme did not run smoothly, this could cause significant problems for the individual parent. Put bluntly, it could mean that intimate family matters might become public knowledge within and even beyond the school. A variant of this situation was that in which a staff member of the school was a parent participant in the programme. In this, latter case, the implications for the individual, were anything to go wrong, might be serious in terms of the kinds of personal exposure involved.

A third area of risk, and of possible ethical concern, grew out of the considerations of the core purpose of Baby Matterz that have already been touched upon. Where the chief aim of bringing a baby into the classroom is that of providing a stimulating and enjoyable learning experience for pupils, then the likelihood is that parents and babies who experience social difficulties of various kinds, will not be best suited to this purpose. There is likely to be some level of selection, whether explicit or implicit, of parents who can be regarded as 'problem-free', and who are able to introduce a happy and positive note to the Baby Matterz sessions. Where the core purpose of Baby Matterz is that of engaging hard-to-reach parents, whose lives are problematic in various ways, then this will inevitably bring with it challenges both of managing the relationship with the parent and of the kinds of cultural and social messages conveyed to the pupils. A further consideration here relates to that of what 'the parent' and 'the baby' represent for the pupils. The issue here is that of *resemblance*, and of whether pupils see in the parent-and-baby, people who are 'like them', or as people who are socially quite different from them and their own families. Such social and cultural dynamics are important to take into account for considerations of how information and messages are received by pupils and, more ethically, how pupils may internalise (or reject) messages in terms of how they compare and perceive their own home circumstances.

Fourthly and finally, there are the risks of over-professionalisation of Baby Matterz. All of the risks and ethical concerns sketched out above suggest that a higher level of professional engagement with the Baby Matterz initiative is necessary, as it becomes embedded within the school service in Liverpool, and as it involves an increasing number of parents and babies. Notwithstanding this, and raising a somewhat paradoxical issue, is that, at the heart of Baby Matterz must always be a parent and baby who are enjoying their involvement. Professionals need to constantly remind themselves that Baby Matterz parents are volunteers who are doing an extraordinary thing by bringing their babies into schools. Typically these parents are not professionals and are largely unfamiliar with the thinking, language and protocols with and within which service professionals operate. Were the 'atmosphere' surrounding Baby Matterz, and so its 'feel' for the parent, to become overly professionalised and 'agenda-heavy', this could create an alienating situation for them. In these circumstances a parent might well withdraw with quite a negative assessment of their experience. This is one instance of an increasingly familiar problem to policy makers, where they seek to incorporate the energies and enthusiasms associated with volunteering from within a community, within a statutory service of some kind.

Conclusion

The pilot 2007/8 Baby Matterz programme in Liverpool has provided an important bank of experience, insight and professional learning upon which those responsible for its further development can draw. The professional assessments that have been summarised here can be broken down into two categories. These are: those over which there is broad consensus; and those over which there are some differences of perspective resulting from functional role with respect to the programme, conceptualisations of its purpose, or from the different agendas to which professionals must relate.

As we have seen, areas of broad consensus do indeed exist. There is agreement on the high value and future potential of Baby Matterz for education and health services. There is recognition of the very positive experience that Baby Matterz has afforded parents and pupils alike and also of its power as a means of achieving improved engagement: of parents with services; and of pupils with learning. There is also a common sense of purpose amongst the professionals involved in terms of a shared commitment to developing the initiative.

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As we have also seen there are also some differences of perspective that fall along lines of professional specialism. For teachers, Baby Matterz offers a rich curriculum-linked learning opportunity. For health professionals, it offers a means by which messages relating to the health of babies can be transmitted to parents and children, as well as a means of improving the community reach of health services. As has also been explained previously, a caveat is needed for this distinction in that education professionals do in fact see the potential that Baby Matterz brings for the purposes of meeting the more social side of their remit. This is especially true at the more senior and strategic level of Children's Services. Nonetheless, a difference of emphasis between the two groups of service professionals was apparent.

Comparing the perspectives offered from within health and education services leads to two levels of reflection on how the Baby Matterz model may be developed into the future. Firstly, there are implications for the practical model in terms of the working routines of the professionals directly involved. Secondly, and more strategically, there is the question of the larger framework within which Baby Matterz operates.

Whilst the 2007/8 Baby Matterz programme can be described as having been largely successful based particularly on the testimony of parents and classroom teachers, some refinements can nonetheless be considered. For the 2008/9 programme a larger number of schools will participate. One advantage for the programme for the next school year will be that health professionals can be involved at the start of the year for strategic planning and practical implementation. Having completed its first year's programme-cycle, Baby Matterz now has certain profile amongst professionals working in some Liverpool schools and amongst children's health professionals. The awareness of the programme that this has generated will be helpful in terms of engaging school head-teachers, classroom teachers, family health visitors and the school nurse service. The availability of the associated downloadable materials from the start of the programme will also be an improvement. On this latter point some comments from senior Children's Services professionals did however, suggest that these materials may require further adaptation to achieve appropriate content-levels, formats and style for classroom use. It may also prove useful to incorporate a differentiated focus according to school phase. In primary schools Baby Matterz could, for example, become embedded into the science curriculum and/or into the SEAL programme. In secondary schools Baby Matterz could become part of vocational courses related to child care, citizenship or parenthood.

At the strategic level there is a central issue that needs to be addressed. The differences of perspective that were apparent between education and health professionals pointed to different priorities within each service. For teaching professionals the emphasis was upon learning, both for the curriculum and for the social element within the wider remits of Children's Services. For health professionals the emphasis was upon health messages and service engagement. How these different emphases are managed will be a crucial determinant of the future shape of Baby Matterz. One possibility is that it will develop along two separate lines with an 'education' Baby Matterz adapted for the classroom and a 'health' Baby Matterz adapted for children's centres and other community settings, and possibly involving other agencies such as social services and Sure Start. This differentiated developmental model however, would run counter to the general trends within these services, which is that of professional convergence. A second possibility would be that of a more harmonised form of implementation, supported by a higher level of inter-agency working and integrated practice. This would involve more routine monitoring of the programme at the senior and executive levels of the agencies involved, perhaps through the auspices of the Locality Team. It would also involve more routine communication between the service professionals conducting the practical implementation of the programme. Joint training opportunities would also provide the space within which professionals from different services could deepen their understandings of one another's priorities, remits and structural boundaries, and begin to develop a repertoire of shared conceptualisations, terminology and protocols that are specific to Baby Matterz.

That Baby Matterz is seen positively by both education and health professionals has been amply evidenced in the interviews and research sessions organised for the research behind this report. The differences of perspective that have been highlighted in the foregoing discussion do not suggest a difference of commitment. Indeed a strong theme running through all of these research discussions was that Baby Matterz is an excellent initiative that deserves the ongoing support of local agencies. These differences then exist within an agreement regarding its benefits, both actual and potential, for the parents, babies and pupils who have been, and will be involved. The professional testimonies informing this assessment have suggested that resolving these differences should be seen in terms of programme refinement, rather than of redesign. The professionals who have contributed to this research can see what Baby Matterz as a model of practice can do. They are convinced of what it has to offer in their respective areas of practice. They are also convinced of the need to combine their professional skills in order to realise its

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potential. It is this joint commitment, at both strategic and practitioner levels, which will in the end determine the longer term success of this extraordinary innovation in the thinking and practice of services working to improve the lives of the children and families who need them.

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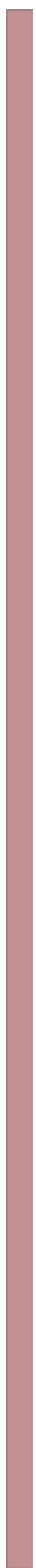
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The Baby Matterz* initiative in Liverpool brings parents and their babies into school to talk to pupils from Year 3 to Year 7, about the babies' development, care and welfare. The initiative has been implemented and supported by professionals of different specialist areas. Classroom teachers have been instrumental in hosting and running the Baby Matterz sessions. Children's health professionals have also played a crucial role in providing guidance for the health content of the programme. A broad consensus now exists regarding the enhancing effects that such inter-agency approaches bring, particularly in the area of children's services. There is also recognition of the challenges involved in combining the skill-sets of professionals working with quite different remits, professional traditions and protocols. This paper explores the achievements, future potential and current challenges involved in the inter-professional working that has enabled Baby Matterz to run over the 2007/8 school year. It also looks ahead to consider how Baby Matterz professionals may develop this inter-agency model at the strategic and practitioner levels of service delivery.

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