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Leading Place-Based Interventions to Improve Outcomes in Low Socio- economic Settings

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Introduction

In their book *The Spirit Level*, Wilkinson and Pickett (2010) argue that more equal societies are more successful societies. However, despite this analysis and a significant body of supporting evidence combined with high levels of investment in tackling poverty and inequalities, the relationship between poverty, inequalities and poor educational, economic and health outcomes remain as steadfast as ever.

Poverty in Scotland is highest amongst families with children. One in four of Scotland's children are officially recognised as living in poverty

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(Scottish Government, 2018), with the Institute for Fiscal Studies forecasting an increase of more than 50% in the proportion of children living in poverty in the UK by 2020/2021 (Browne & Hood, 2016). There is also widespread recognition among researchers and practitioners that children from low-income households do significantly worse at school than their more affluent peers (Joseph Rowntree Foundation, 2014). These sets of interrelated and compounding issues result in individual services that struggle to adequately tackle the range of issues around inequality and disadvantage that negatively impacts children and young people. By taking an ecosystem perspective (Grossman, Lombard, & Fisher, 2014), working collaboratively with other services, some organisations hope to develop an adaptive shared system of service delivery more suited to tackling such complex issues. The Scottish Government is committed to developing collaborative leadership to realise integrated collaborative working across services to serve community, city and national level requirements (Christie Commission, 2011). However, despite this laudable aspiration, the realities of achieving this in practice remain challenging.

Place-based approaches are one response to the situation set out above. Over the last two decades (and the last decade in particular in the UK), these approaches to educational change have gained in both prominence and popularity. Increasingly, governments across the Western world appear to be recognising the multiple factors within and beyond the school system that impact children and young people and the complex problems that face children in an unequal society call for collaborative solutions (Whitehurst & Croft, 2015). Our approach draws on some ideas, concepts and lessons from other place-based models such as the Harlem Children's Zone (2018), Strive Partnership (2016) and explicit models based on capabilities in Northern Ireland (Greater Shankill Children and Young People Zone, 2018; Hall, 1995) and Wales (Welsh Government, 2017) to develop an approach that will achieve its aims and ambitions in a complex Scottish context.

As with place-based approaches in general, and in particular, those which follow a collective impact approach, the impacts on the 'big' aims are realised in the long term, and therefore, results on some of these

initiatives, particularly in the UK, are only just emerging. However, existing research on more established initiatives continues to assert that the problems of poverty and disadvantage, and the problems associated with poverty and disadvantage, have the potential to be addressed by establishing collaborative, holistic and ambitious initiatives within the places where children and young people grow up. This requires long-term commitment and investment of resources rather than short-term, politically driven funding cycles.

In an attempt to move beyond the challenges outlined above, we have developed Children's Neighbourhoods Scotland (CNS). The CNS model uses the principles of collective impact to add value and synergy to the application of services at the neighbourhood level (Hanleybrown, Kania, & Kramer, 2012; Kania & Kramer, 2011). CNS is a place-based approach (cf. Bynner, 2016) underpinned by capabilities theory (cf. Brunner & Watson, 2015; Sen, 2009) to improve outcomes for children and young people in neighbourhoods with high levels of poverty. CNS uses design-based research to create interactive cycles of developmental and research activity to create a context-specific, evidence-based activity to improve conditions, and outcomes within the neighbourhood.

In this chapter, we offer a practical example of leadership for learning as an extended practice beyond a school setting. We provide an overview of the context and background of CNS and highlight some of the issues associated with initiating, and leading, a collective impact approach. Finally, in conclusion, we reflect on some of the early lessons pertaining to leadership in this complex high-octane setting and offer the public service reticulist as a potential form of leadership for learning within the context of place-based approaches.

Context and Background

The University of Glasgow and the Glasgow Centre for Population Health (GCPH) have drawn on the learning from place-based approaches in the UK (cf. Batty et al., 2018; Dyson, Kerr, Raffo, & Wigelsworth, 2012; Greater Shankill Children and Young People Zone, 2018; Welsh Government, 2017) and beyond (cf. United States Department of

Education, 2018) to establish Children's Neighbourhoods Scotland (CNS). Currently, this programme works with partners and local people in Bridgeton and Dalmarnock in the East End of Glasgow to improve services, resources, opportunities and chances for the children and young people who live there. CNS aims to build on the good work and investment already happening locally and to place a greater focus on making sure efforts across a range of services and support systems are collaborative, coordinated and better delivered for children and families in the communities in which they live. To achieve this aim, CNS, serving as the backbone organisation, chose to follow the model of collective impact within this large neighbourhood project (Kania & Kramer, 2011).

Bridgeton and Dalmarnock, two adjacent neighbourhoods in the East End of Glasgow, historically have some of the highest levels of socio-economic disadvantage in the city; where 50% of children live in poverty, over half of the households with dependent children are single-parent households, there is a higher proportion of community members claiming means-tested unemployment and/or disability benefits, and the life expectancy for both women and men is lower than the city average (Glasgow Indicators Project, 2012).

The last decade has brought significant changes to the neighbourhood's landscape, primarily due to developments related to Glasgow as the host city of the 2014 Commonwealth Games as well as additional local government resources committed to the area in two separate initiatives. The 2014 Commonwealth Games Athletes' Village was reconfigured after the event as a combination of social and private housing serving 700 families and growing the population, particularly in the primary school. The neighbourhood is also the site of local government regeneration activities, which focus on both economic regeneration and children and young people's services, with a community hub based in the primary school. In the coming years, the neighbourhood anticipates more growth, with more housing planned as well as a primary and nursery school. Importantly, the neighbourhood is an area with established local services, third sector organisations and schools. As well as local partners, there are many other statutory partners in the area such as health visiting, social work, community safety and private sector organisations (Clunie & Leman, 2017). Together, these organisations as well as national partners

serve as the network of partners that CNS works with in a collective impact approach to educational and community improvement.

The concept of CNS was developed during 2016–2017, with the first phase of the project (initiation phase) occurring in 2017. An inaugural meeting of local and national stakeholders and potential partners took place in December 2016 and began planning for a long lead in to working with this complex and over-intervened community, who have experienced decades of investment and project overload. This has included a number of ‘false dawns’, unfulfilled promises and a churn of outsiders offering another silver bullet. We were very clear that CNS was not another intervention, but rather, a new way of thinking about how to tackle issues by building on existing assets within the area. The key role of CNS is brokering and facilitating collaboration that could lead to new ways of thinking and working arrangements within the neighbourhood. The following year focused on building relationships with key stakeholders and securing resources to appoint key personnel.

By August 2017, support from the Local Education Authority had been secured to backfill the headteacher position of a local primary school as a local coordinator, funding was secured through an Economic and Social Research Council Impact Acceleration Account for a knowledge exchange and impact fellow (KEIF), and funding from business and philanthropy supported the appointment of two research and evaluation associates (1.5 FTE). The University and GCPH also provided senior academic support and operational leadership on a pro bono basis to pump-prime developments.

The project was formally launched in February 2018 (implementation phase). Initial activity included the preparation of evidence reviews on capabilities and place-based approaches and a detailed analysis of the context of the neighbourhood to identify priorities for action. The five priorities identified were social life, family life, career and education, transitions and mental health. The local team has worked with the community and young people on a number of projects focused in these areas including within the themes of play, developing student researcher teams to explore pressing issues within the neighbourhood and, more recently, investigations into pathways into and out of NEET (which considers

16–19-year-olds that are not in any of education, employment and training).

Soon after the formal launch of CNS, the Scottish Government committed to embedding and extending this approach into a number of new sites containing high concentrations of children living in poverty in other urban, town and rural areas of Scotland. It might be surprising that this investment occurred so quickly; however, given the long lead in time for the project's initiation, perhaps it is understandable, especially as there is proof of concept both within CNS and other sites in similar settings elsewhere.

As we have noted, a key feature of CNS is to bring together professionals and services to break down boundaries and silos to promote collective impact. We now move on to outline our approach to collective impact.

Leading a Collective Impact Approach

The collective impact approach for both place-based and national networks of cross-sectoral educational improvement initiatives has gained in prominence since its introduction by Kania and Kramer in 2011. The approach is defined as 'the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem' (2011, p. 3). This approach is primarily associated with initiatives in the US and has been utilised in health, community development and educational change projects (DuBrow, Hug, Serafini, & Litzler, 2018). What ties collective impact initiatives together is their aim to solve complex and multifaceted problems; the same type of problems that face the neighbourhoods of Bridgeton and Dalmarnock and the type of problems that CNS aims to solve. While existing examples of successful, smaller scale collaborative projects are common in neighbourhood initiatives to tackle poverty and increase educational attainment, including in CNS sites, a collective impact initiative differs by its focus on a structured process to create a shared agenda; coordinate action, communication, and measurement; and broker and facilitate relationships by a backbone organisation at its centre (Hanleybrown et al., 2012; Henig, Riehl, Houston, Rebell, & Wolff, 2016). This is a developing methodol-

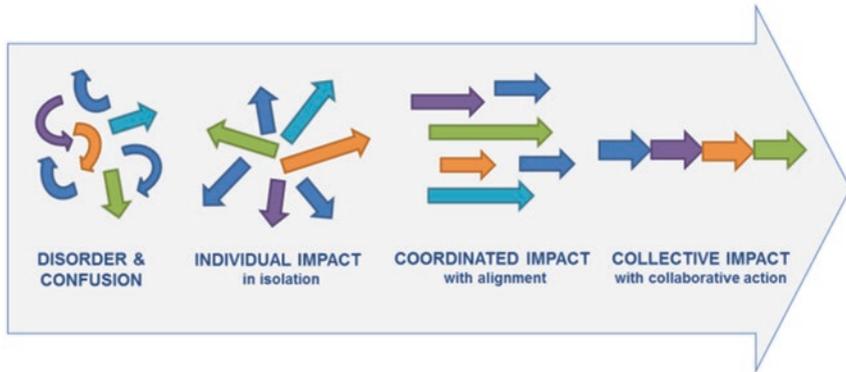


Fig. 15.1 Harnessing models of collaboration for collective impact. (Henig et al., 2015)

ogy in the field of educational improvement: in 2015, Henig and colleagues first outlined the collective impact approach for education, and in 2016 published a review of collective impact approaches across the US. In all of the projects they reviewed, the goal of collective impact is to move from disorder, isolated impact and coordinated impact to collective impact among partners in each initiative (Fig. 15.1).

Kania and Kramer (2011) detailed the five conditions of collective impact that differentiate these projects from other types of collaborations, and work in the first phases of the CNS project has been active in each of these five conditions: backbone support, common agenda, mutually reinforcing activities, continuous communication, and shared measurement. As full implementation (and now expansion) of CNS is an ongoing process, some aspects of these conditions are more advanced than others. However, using these conditions as a guide we can begin to understand the value of a systematic way of working in a complex, multifaceted change project such as CNS.

Creation of a Backbone Organisation

A defining feature of the collective impact approach is the backbone organisation, a separate organisational entity with a dedicated staff who

can 'plan, manage, and support the initiative' through ongoing leadership and facilitation, data collection, evaluation, and logistical support to make sure the initiative runs smoothly (Hanleybrown et al., 2012; Kania & Kramer, 2011). Recent work on the role of backbone organisations has emphasised their role as more than simply administrators and the 'glue' that holds the partners together. Instead, backbone organisations should serve as 'incubators for change' by facilitating, coaching and serving as the nexus of respectful accountability among all partners (DuBrow et al., 2018). They are the central impartial body to support the neighbourhood approach and the collaborations that are to be established to achieve this and serve to guide and support partners to fulfil the other four conditions of collective impact (Clunie & Leman, 2017). Notably, during initiation, the backbone organisation carried no funding on its own; rather, the team worked in collaboration with partners within existing funding streams and contributed to joint funding bids. To date, the CNS backbone role has been fulfilled by a Planning Group led by a collaboration between university partners and local government, and works alongside a Research and Evaluation Group and an Advisory Group.

The Planning Group and its members as the backbone organisation spent 2017 building a local presence in the neighbourhood, with a local coordinator serving as a key factor in the organisation. This member was a well-established community leader who worked within an existing hub of activity; in this case as a leader in the primary school with a reputation for having strong relationships with the community and third sector partners. Like the Harlem Children's Zone (2018), the team recognised that a key site for intervention and collaboration among many partners was at the school, and indeed existing local government initiatives were already connected there. With this site recognised as a hub of activity, community-based interventions could sit alongside school-based interventions in the implementation phase. During the planning and early implementation phase of CNS, the backbone organisation gathered data and evidence, built the network of partners, linked the work to existing policy areas and engaged with community members to understand the capabilities and needs of the variety of stakeholders involved in this project. After the establishment of the backbone organisation and its roles in the project, action in the other four collective impact areas could commence.

The latter half of 2018 saw a number of changes in staffing. The KEIF moved on to a promoted post in a third sector organisation, and the local coordinator returned to lead the school and the establishment of a new school in the area. On the one hand, this was challenging, particularly in relation to a temporary loss of capacity on the ground by individuals who had invested significant resources in building relationships and also putting additional stress on pro bono support at a time when the system was having its expectations raised about CNS. On the other hand, it provided an important opportunity to bring an experienced third sector practitioner with a strong reputation within the community and one, for the first time, who came from the community. These interim arrangements also enabled CNS to increase the time commitment of one of the research and evaluation team to take on some of the KEIF roles.

The learning from these early phases of development of the backbone organisation has led us to conclude that while it is helpful to have a KEIF for the initiation of a backbone organisation, for the longer term a local coordinator, with leadership experience across a range of services and sectors and the community and, where possible, who is from within the community, is a preferable model. As CNS moves into the next phase of development with 3-year funding in place for a backbone organisation, this is the model that will be adopted and the job descriptions have been collapsed accordingly.

CNS is also in a position where the pro bono support cannot be sustained. The appointment of a National Director, dedicated administrator, communications officer and lead research and evaluation officer in early 2019 ensures the backbone organisation has both the capability and leadership capacity to develop the programme over the next 3 years.

Setting the Common Agenda

The first phases of the CNS project were characterised by mapping the current neighbourhood landscape of services and working with local community partners and children and their parents to set a common agenda built on the holistic approach to improvement. The priority action areas and outcomes—long-term, intermediate and short-term—

were developed from engagement activities into a Theory of Change for the project. Although the collective impact approach does not generally use Theory of Change models (as their focus is on models that involve greater co-production) (Hanleybrown et al., 2012), the CNS planning team felt it was valuable to have this framework to guide discussions of the overall approach, given the lack of familiarity of other partners working in a collaboration of this type. The Planning Group worked with existing evidence about the neighbourhood to map the current neighbourhood context and activities to create the key contextual evidence for the Theory of Change. This included gathering statistical and demographic data, local private investment initiatives, third sector reports and evidence from the other public sector initiatives into a Context Report for all partners (Clunie & Leman, 2017). A major aspect of this work was to then meet with local partners individually to understand their assets, capabilities and experiences—network- and capacity-building actions that are fundamental to the creation of a common agenda. Further follow-up questions were sent to all identified partners, and only then was a draft Theory of Change created (see Fig. 15.2). Questions of this type may be valuable to consider when working with a variety of partners in other improvement projects in complex systems.

Creating a common agenda: questionnaire sent to partners in the planning phase of CNS

1. What are the most important needs of children and young people in Bridgeton and Dalmarnock?
2. What are the current challenges/ barriers to your work having a bigger impact in the neighbourhood? (Please think specifically about the aspects of your work that affect children, young people and families.)
3. Can you describe any examples you've noted or experienced of successful partnership working?
4. What in your experience have been the barriers and facilitators to successful partnership working?
5. How can we get successful partnerships established in Bridgeton and Dalmarnock?
6. What action does this require?

Fig. 15.2 Creating a common agenda: questionnaire sent to partners in the planning phase of CNS

The Theory of Change is a living document that serves as an open approach that can adapt as the project progresses and our learning about key processes deepens. Local stakeholders in CNS were also invited to comment on the draft Theory of Change in an all-day workshop, and this type of facilitation and engagement activity is a foundational activity of a backbone organisation. The iterative process of consultation with community partners is what allows a shared set of aims and objectives to form, and in turn develops into identifying activities by which partners will provide the greatest impact.

The development of the analysis of context and Theory of Change have been important processes in developing a shared understanding with local and national stakeholders on the advisory group and other partners and interest groups. The process and associated documents have acted as stimuli to surface difficult issues, expose misconceptions and challenge norms and assumptions of behaviours and practice.

Mutually Reinforcing Activities

A collective impact model aims to harness the existing resources of neighbourhood or project area to achieve the aims of the common agenda. This is led by a backbone organisation acting to understand the capabilities of partners (and individuals) in the area it works, and ‘coordinat[ing] their differentiated activities through a mutually reinforcing plan of action’ (Kania & Kramer, 2011, p. 7). In the initiation phase of CNS, extensive work was undertaken to identify and engage existing partners who are already working within the priority areas for children and young people identified by partners and community members: in ‘transitions’ (e.g., nursery to primary school, primary to secondary school and school to career), career and education, mental health, family life and social life.

Engaging with partners focused on these community-identified priority areas can determine what existing resources can be leveraged for collective impact and through these conversations may also be able to identify more actors in the community that are working in the area but may not be currently connected to the CNS programme.

The CNS team is working to bring a range of front-line practitioners together on a range of issues. A more recent development has involved the generation of vignettes of ‘families in crisis’ to document how services have missed opportunities and failed to support individuals and their families in extreme need. The vignettes highlight the critical incidents, systems failure and fault lines that have prevented positive action. These artefacts provide an important resource for professional learning purposes to explore how these situations might be avoided in the future.

In addition to some of the developments outlined earlier in the chapter, CNS is developing working groups of partners in each of the priority areas, which will then create subnetworks for coordinated action. With the establishment of the new backbone organisation it is anticipated that the pace of this work will be accelerated through multi-agency and interdisciplinary partnerships and professional learning activities that draw on a number of resources, including the reviews of evidence, analysis of context, place-based tools, case studies and other resources to build stronger inter-professional relationships within the neighbourhood and with the community itself.

Continuous Communication

Relationship building among the wide variety of partners and actors is a fundamental aspect of any collaborative enterprise, and in a collective impact project it is crucial to success. It allows for all those involved in the project to build trust, assure mutual objectives and create common motivation (Hanleybrown et al., 2012; Kania & Kramer, 2013). This relationship building occurs among partners, between partners and community members, and between all of these groups and the backbone organisation.

The CNS team has therefore invested considerable effort in cultivating channels of communication and then formalising feedback mechanisms among partners by holding neighbourhood-wide events. These lines of communication must also be cultivated with the children and young people who stand to benefit from the CNS interventions. The co-production activities of the capabilities-focused approaches in Northern Ireland and Wales were reflected in the engagement of children and

young people in the first and second CNS phases, particularly in the activities with children and young people to develop the five priority areas of action.

CNS has sought to ensure that both vertical and horizontal lines of communication have been developed. Continuous communication has an important role to play in stimulating the cultural change required to achieve collective impact. This is particularly important in relation to building flatter networked collaborative leadership that cuts across organisational and professional boundaries and breaks down silos. Working in this way means that professionals have to detach their leadership from position and authority, instead focusing on solving the issues in hand and identifying where the knowledge, expertise and problem-solving power is located within the neighbourhood irrespective of the position held by the practitioner.

Shared Measurement

This final condition of a collective impact initiative is less developed at present for CNS, but it is no less important. The profiles generated by GCPH (see below) are helpful and cover an area in the East End of Glasgow but do not cover the exact geographical CNS. It is an ongoing task for the neighbourhood team to collate more precise data specifically for CNS. The data contained in this profile combined with the detailed analysis of context are fundamental to the CNS approach. This diverse range of information is used to provide a holistic picture of the neighbourhood we are working with and to inform our decision-making. The programme leadership is constantly revisiting and refining this analysis to identify changes in the context and to draw out the learning and lessons offered by the analysis (Table 15.1).

There are also issues regarding data sharing agreements across areas, services and organisations that the team continues to navigate. Indeed, 'agreement on a common agenda is illusory without agreement on the ways success will be measured and reported' (Kania & Kramer, 2011, p. 6). Fulfilling this condition requires that a group of shared metrics for improvement are agreed upon by all partners, and more importantly

Table 15.1 Neighbourhood profile for Parkhead and Dalmarnock

Domain	Indicator	Count	Rate	Difference from Glasgow	Period
Demography	Population aged 0 to 4	820	9%	+53%	2015
	Population aged 5 to 11	762	8%	+24%	2015
	Population aged 12 to 17	574	6%	+13%	2015
	Population aged 18 to 24	791	9%	-27%	2015
	Birth rate (per 1,000 pop'n)	108	15.5	+27%	2013
	Under 25s from a minority ethnic group	223	9%	-46%	2011
Infant Health	Infants who sleep in the supine position	126	85%	-9%	2015
	Babies exposed to passive smoking	N/A	26%	+72%	2014/15
	Babies with birth weight below 2500g	9	3%	+3%	2013 - 2015
Culture and Environment	Children who walk to primary school	N/A	65%	+22%	2008 - 2015
	Under 16s living within 400m of green space	907	61%	-23%	2014
	P1 children who are obese or severely obese	N/A	8%	+26%	2012/13 - 2014/15
	Hospitalisations for dental treatment (per 1,000 pop'n under 16)	26	17.5	+32%	2014
Crime and Safety	Referrals to Scottish Children's Reporter Administration ⁶	63	4%	+136%	2015/16
	Offenders (per 1,000 pop'n aged 8 to 18)	41	38.5	+29%	2015/16
	Victims of crime (per 1,000 pop'n aged 8 to 18)	42	39.4	+87%	2015/16
	Emergency hospitalisations due to assault (per 1,000 pop'n under 25)	N/A	2.6	+97%	2010/11 - 2014/15
	Emergency hospitalisations for unintentional injuries (per 1,000 pop'n under 15)	N/A	11.4	+13%	2010/11 - 2014/15
Socio-Economic	Children in poverty	770	46%	+58%	2013
	Lone parent households	563	61%	+52%	2011
	Overcrowded households with children	319	22%	+24%	2011
Learning and Education	Children with communication delay at 27 to 30 months	45	22%	-6%	2014
	S4 pupils achieving 5 or more qualifications at SCQF Level 5	9	18%	-48%	2012 - 2013
	Secondary school attendance	N/A	88%	-4%	2013/14
	School leavers with a positive destination	52	85%	-5%	2013
	16 to 19 year olds not in employment, education or training	217	65%	+134%	2012
Health and Wellbeing	Pre-school children with likely development difficulties	N/A	12%	+66%	2012 - 2014
	Referrals to Children and Adolescent Mental Health Services	69	4%	+12%	2015/16
	Male healthy life expectancy (years)	N/A	47.3	-16%	2011
	Female healthy life expectancy (years)	N/A	49.7	-15%	2011
	Under 25s whose day-to-day activities are limited by disability	200	8%	+38%	2011

Glasgow Indicators Project (2012)

the process for reporting those metrics to the backbone organisation needs to be put into place as the project evolves. Developing this system of shared measurement occurs in tandem with establishing the common agenda (or Theory of Change in the case of CNS), and the processes for reporting are dependent upon the capabilities and partners involved in carrying out the agenda. For CNS this is a primary area of action in the first year after the official launch of the project, as the project team works with partners to establish, manage and adapt as necessary a system of measurement and accountability across all of the key indicators in the Theory of Change. As noted by Kania and Kramer (2013), the wide variety of partners working in the neighbourhood combined with the complexity of the problem will likely result in emer-

gent solutions arising during the project, which may call for what is being measured to change; however, the commitment to shared measurement remains consistent.

In the final section of this chapter we move on to reflect on the leadership lessons that have emerged during the initiation and implementation of CNS over the past 2 years.

Some Initial Reflections on CNS Leadership: Learning, Challenges and Potential

The initiation and implementation of CNS highlight a number of leadership challenges that must be overcome to successfully operate in a challenging, highly fluid and volatile context that involves working across a set of complex organisational, professional and political domains. The leadership challenges include the following:

- *Pace and momentum*: The first leadership challenge relates to ensuring that CNS maintains an appropriate pace so that the momentum is not lost, whilst also ensuring authentic buy-in from professional and community stakeholders so that they are empowered to co-produce the solutions needed to progress the project. This is particularly challenging when significant time has been invested in building the interpersonal relationships necessary to empower stakeholders which can be easily lost when CNS staff leave. In order to mitigate this challenge, CNS ensured a structured handover with an overlap and induction period. Relationships are documented and archived to ensure institutional memory is maintained.
- *Managing expectations and maintaining focus*: A second key leadership challenge involves managing multiple expectations from the community and other key stakeholders, services including those imposed by the local and national government. In managing these often-conflicting expectations, it is important for the leadership to maintain focus on the key activities related to delivering impact rather than being diverted to serve others' agendas that fall out with the aims and objectives of CNS. In order to achieve this, the CNS team has drawn on a range of

expertise from within the team to ensure that the CNS leadership plays to their strengths and where possible can draw on social capital from pre-existing relationships.

- *Balancing research and development activity*: One strength of CNS is the extent to which evidence and research guide developmental activity: the extent to which CNS is a 'Learning Programme'. This can also create a leadership challenge about where to focus resources and energy at any given time. Leaders need to be clear about the quality and robustness of the research and evaluation evidence generated in order to make research-informed decisions whilst at the same time maintaining developmental action. This is linked to the first leadership challenge of maintaining pace and momentum. To ensure an appropriate balance between research and development is maintained, that they inform one another, and that 'research' and 'development' silos are avoided, the membership of the planning and research and evaluation groups are mixed and the senior leaders of the project have an oversight of all research and development activities.
- *Building and sustaining authentic relationships*: This leadership challenge is particularly important when operating in challenging, highly fluid and volatile contexts. Leaders require high-level influencing, facilitation, brokerage and negotiating skills. CNS leaders cannot rely on their professional position, power and authority which are likely to have little credibility when working in an unusual, different or multi-disciplinary professional setting to their own. In order to build these relationships, CNS leaders have deliberately operated at different levels within hierarchical structures to build authentic networks and communities of practice across a range of organisational, professional and political domains.
- *Managing competition and fostering collaboration*: Fluid and volatile contexts often have a competitive edge. This may be between different services or third sector organisations that are providing services in return for resources. This can be further complicated by local histories and the alliances that have developed over time. This presents a complex leadership challenge when attempting to build a collaborative culture underpinned by a common agenda with mutually reinforcing

activities and shared measurement systems. CNS leaders have sought to achieve this through constant communication and professionalism and by being transparent in their actions and decisions at all times.

- *Politics and vested interests*: The previous five leadership challenges all form part of the requirement to manage politics and vested interests at all levels. This requires leaders to understand the micropolitics of local communities and to understand, and be able to influence, politicians and leaders in local government and other organisations that serve the communities. CNS leaders also need to understand, and be able to respond to and influence, national policymakers and politicians. The team has achieved this by ensuring there is a mixed skillset across the leadership profile and through careful selection of a National Director with a diverse range of experience and expertise, rarely found in any one individual.

These leadership challenges and the emerging messages about the nature of leadership practices required to mitigate them offer a potential way forward that resonates with the types of leadership necessary to support educational and wider public service reform agenda in Scotland (cf. Christie Commission, 2011).

These reforms are attempting to improve the performance of public services and outcomes for citizens by shifting from a dominant hierarchical culture with its associated bureaucratic, managed organisations underpinned by leadership based on position and power to a much flatter, non-hierarchical culture. This culture has the potential to support high levels of social cohesion underpinned by collaborative leadership, partnership and co-production between service providers (and the communities they serve).

As already noted, this is particularly important for CNS where, for example, the team might be facilitating a meeting or planning a development with a number of leaders from a range of public, third and private sector organisations, which may also involve senior university academics and senior practitioners in the field. It is CNS's experience, and there is increasing evidence from our own empirical research on public service leadership, in Scotland (Chapman, 2018) and the wider

literature (cf. Sullivan & Skelcher, 2002), that in these complex settings, traditional patterns of leadership fall way short of building the trust or relationships necessary to deliver the intended outcomes. Rather, a more nuanced collaborative form of leadership has the potential to build a sense of community and shared endeavour across a range of boundaries.

The leaders who seem capable of providing successful leadership in these complex settings are those who exhibit the characteristics of ‘public service reticulists’ (Chapman, Watson, & van Amersfoort, 2017), that is, they are sophisticated learners and are adaptive and effective in a range of complex settings. These public service reticulists are the following:

- *Skilled communicators*: Public service reticulists use adaptive language to empathise with others through negotiation and see challenging and complex situations from a range of perspectives. They can demonstrate empathy with other perspectives whilst influencing individual and group positions.
- *Excellent networkers*: Public service reticulists use their expertise and social and emotional intelligences to gain access to a diverse range of settings, both locally and nationally. They seek out and connect with those who have similar interests to build coalitions and alliances that can lever the outcomes that they desire in different parts or levels within the system.
- *Strategic in orientation*: Public service reticulists see the ‘big picture’ and understand the contributions that partners can make. These leaders have the ability to get the appropriate expertise and experience around the table and can make the case for collaboration, so individuals can see the value added in working together strategically to generate long-term productive relationships.
- *Contextually astute*: Public service reticulists understand the relationship between organisational conditions, individuals’ behaviours and outcomes. These leaders understand the power of context and are astute in developing solutions that optimise the capability and capacity residing in specific settings.
- *Problem solvers*: Public service reticulists think laterally and creatively to seek solutions. These leaders are not linear thinkers. They make con-

nections that most of us fail to see. This means that they tend to be innovative, challenge orthodoxies and push the boundaries of practice.

- *Self-managing*: Public service reticulists are adept at risk-taking within a framework that understands organisational capacity. These leaders dare to challenge the status quo and take risks without being reckless. When something is not working, or looks problematic, they fail fast and adapt their approach to achieve success.

The early experiences from CNS suggest leadership challenges associated with developing successful place-based interventions are complex and often not straightforward. However, there are three messages from this chapter that we should reflect on. First, traditional forms of leadership that find solace in their own professional identity and working within rather than across professional boundaries are outmoded and undermine holistic place-based approaches such as CNS. Second, we need leaders who are comfortable working at different levels within the system, rather than being pigeonholed in a hierarchy, and can work across a range of different boundaries. Therefore, CNS will need to build a team of public service reticulists who are confident boundary spanners over the next phase of development and finally, that this situation presents a significant professional learning challenge for the system. As of yet, there is no systematic professional development in place to support growing this type of leadership. Perhaps this is an opportunity for CNS to begin to grow a new cadre of public service reticulists from the ground up?

Commentary

In summary, and to draw us back to the main themes of this volume, we argue that the insights presented in this chapter provide us with an example of leadership for learning that goes beyond notions of leadership for learning in schools. We suggest that the emergence of public service reticulists is an indication that we need a rethinking of leadership, one that goes beyond current conceptions of the principles which suggest that leadership for learning is a predominantly school-based concept. We require a more holistic approach that involves focusing on leaders' own

learning and the learning of others by creating the conditions for learning across professional and geographical boundaries, promoting communication and dialogue in complex settings, sharing their leadership and developing systems of joint accountability and responsibility to improve outcomes for children living in the most disadvantaged communities. If we are to achieve this then we may optimise the potential of leadership for learning.

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