Taking advantage of dissonance: the development of a CPD model for a children’s integrated service

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Taking advantage of dissonance: the development of a CPD model for a children’s integrated service

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Introduction

Empirical study concerned with the development of a CPD framework for a local authority children’s integrated service

• Started in February 2016

• Represents next phase in a project that originally began as a Knowledge Exchange
Methodology

Case study approach stratagem is being adopted allowing for:

- Empirical investigation of a particular contemporary phenomenon within a real life context using multiple sources of evidence (Robson, 1993)

- A prism effect that enables analysis to be undertaken at numerous levels (Eisenhardt, 1989; Drake et al, 1998; Luck et. Al., and Stake, 1995)
Journey to create a CPD Model

Journey to Create CPD model

Current Needs.
Future Needs.

Gap Analysis.

Data Analysis and Interpretation.

CPD model for Local authority

Learning Needs Assessments.

- Education
  - Core.
  - Aspirational.

- Early Years
  - Core.
  - Aspirational.

- Service users
- Workforce
- Senior Managers

Objectives of CPD

Role Model of CPD

Evaluation
Children’s Integrated Service

Background

The emergence of children’s integrated services began as a result of a deliberate policy decision by New Labour to redesign the welfare state, reduce social exclusion and develop a wealth creating economy (Frost and Parton, 2009)

- Every Child Matters (Chief Secretary to the Treasury, 2004)
- Children Act 2004
  - Emphasis on promoting and extending partnerships
  - Improving accountability amongst a range of services including health, social care, education and criminal justice
Children’s Integrated Service

- Local authorities across England adopted a range of organisational structures and arrangements that reflected their local context
  - Merger between social care and education/education and social care
  - Merger between social care, education and health
  - Commissioning body made up of separate partners

- Integrated Children’s System

- Common Assessment Framework
Definitions of conflict

Robbins et al. (2001; 489)

"A process that begins when one party perceives that another party has negatively affected, or is about to negatively affect, something that the first party cares about."

Martin and Fellenz (2010:300)

"Refers to a situations in which the interests of different parties are not aligned. This frequently emerges when the differences between two or more groups or individuals become apparent."

Taylor (1999: 1)

"Conflict occurs when two or more parties believe that what each wants is incompatible with what the other wants. Conflict arises when differences cannot be satisfactorily dealt with."

Jehn (1994:223)

"Conflict may arise within work groups or between groups and their superiors due to discrepancies regarding core values. Conflict is proposed to have either positive or negative effects depending on the type of conflict (emotional or task) and on the specific outcome considered."
Schools of Thought on Conflict

- Unitarist
- Pluralist
- Radicalist
- Interactionist
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Objectives of CPD

Outcomes

Impact of CPD

Evaluation
Children’s Integrated Service

The development of Children’s Integrated Services have been characterized by 4 broad problems:

- Organisational
- Cultural
- Professional
- Contextual

(Robinson et al., 2008)
“There is a lack of recognition by senior managers of other services….There is also a lack of recognition of other non-qualified staff and there is no clear career developmental pathway”. (Respondent A)

“I think at the moment education is an afterthought and it's all about social care and significantly the 600 Looked After Children” (Respondent G)

“A lack of leadership across the piece because as I say, the leadership discussion is about social work. It's not about the 40,000 other children who are not open to social work that are being supported by the integrated workforce”. (Respondent B)

“Risk aversion because of serious case reviews that have hit us quite hard; a social work orientated leadership team that can’t see beyond its own profession” (Respondent B)
Organisational culture

The ‘Us and them’ culture has permeated all aspects of the organisation, including learning and development

“No access to CPD for any others than social care. There are no courses offered by the Council that would address the needs of my team, we are not allowed to access external courses….certainly a feeling of they’re special, we’re not. The irony is that we are providing training to social workers but can’t get our own training which is not playing well with my team” (Respondent A)
Findings – Quantitative data

- The quantitative data set clearly indicated that for respondents merely adding their role to a structure chart for a children’s integrated service was not enough to convince them that they are part of a wider team delivering joined up services.

- That practitioners want the opportunity to learn from each other, as they saw the benefits to the organisation in terms of reducing duplication and enabling efficiency.

- The data also showed that respondents clearly rejected the idea of traditional classroom based and e-learning. Practitioners identified a range of mechanism that they thought would enable them to take up opportunities in relation to learning and development. These included bite size workshops (64%), appraisals (64%), team study day (62%), supervision (62%) and reflective learning sets (58%).
Findings – Qualitative

Silo working, people fall back on remits and specialisms as barriers to not work together (Respondent B)

I think early years particularly is very separate from anything else. So although we’re part of education and early years we are kind of a separate bubble somewhere doing what we do. And none of education is as important as social care. And I’m sure if you talk to other people who are not in social care you will have heard that as well that social care takes priority. It just feels like you’re constantly battling (Respondent F)
So if you work in a social work context where the very nature of a social role is quite divisive and the first thing the family see is that social worker walking up the path to their house knocking on the door, and any baggage they have about the role of the social worker, which let’s face it is fear of a child being taken away, that informs how they engage. So my experience of family intervention is it succeeds because actually they don’t have that baggage. They are different, they are about a relationship (Respondent B)
Observations

Micro
- Individual
- Interpersonal
- Communication

Types of Conflict
- Task
- Relationship
- Process
- Status
- Professional Values
Development of a CPD model

What to take into account:

- CPD is a contested concept (Friedman and Phillips, 2001)

- Cultural dimensions which are complex, conflictual and includes micro-politics (Eraut, 2004)

- The various professional sub-cultures that are within the organisation, with each having their own definition of what constitutes CPD, differences in career stage, preferred learning style, as well as individual ambition

- Flexibility in order to take into account policies (local and national); changing service delivery models and regulatory frameworks (Friedman and Phillips, 2001)
CPD Framework

- Specialist
- Core
- Essential
Limitations

- what has been shared in this paper does not reflect the use of any scholastic tools, for example Rahim (2002) and Jehn (1999 and 2001) to measure the type, nature and effects of the conflict that we have seen. As a consequence of this the research team is not in a position to suggest any conflict management approaches or techniques that could be used to deal with what has been described.

- the research team has not made use of any academic tools to measure organisational culture, like the Organisational Culture Assessment Instrument (Cameron and Quinn, 2006), which can used to acquire a picture of the fundamental assumptions and values that inform the functioning of an organisation.
References


Eraut, M. (2004) Learning to change and/or changing to learn. Learning in Health and Social Care, 3 (3) pp.111-117


