

## **Taking advantage of dissonance: A CPD framework**

### *Abstract*

**Purpose:** To communicate the findings of an empirical research project based on a real world problem that involved the development of a Continuous Professional Development (CPD) framework for a children's integrated service workforce. In addition, to give attention to the notion that children's integrated services have not necessarily been viewed from the perspective of conflict management and that this has meant ensuing conflicts that characterise such organisations are more often than not ignored.

**Design/Methodology/Approach:** A case study approach involving a mixed methodology consisting of semi-structured interviews for senior managers and service leads; a quantitative survey for frontline practitioners and focus groups for service users, carers and children.

**Findings:** Rather than the service being fully integrated, services were aligned, and this was reflected in the conflict between professional cultures, reinforcing an 'us and them' culture. This culture had seemingly permeated all aspects of the organisation including the senior management team. It was also noted that certain systems and processes, as well as bureaucracy, within the service were seen as hindering integrated working and was in effect a catalyst for conflict.

**Originality/Value:** Through the application of conflict management theory it will be illustrated how conflict could be used to effectively steer children integrated services towards creativity and productivity through an organisational wide framework that not only embraces dissonance, but also promotes a learning environment that takes advantage of such dissonance to incorporate a hybrid of professional practice and expertise.

**Keywords:** integrated services, continual professional development, conflict management theory, collaborative working

**Paper Type:** Research

### **Introduction**

Frost and Parton (2009) argue that 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. Another added impetus for integration came with the enquiry into the death of Victoria Climbié. The enquiry by Lord Laming (2003) highlighted significant failings on the part of key statutory agencies like the Police, health and children's social care to communicate and work together. In response to the findings the New Labour administration at the

time issued the Green Paper, “Every Child Matters” (Chief Secretary to the Treasury, 2003). Specifically, the Green Paper heralded a refashioning of children’s services by clearly indicating that statutory and voluntary sector agencies had a necessary and important legal duty to prevent the emergence of specific risk factors for children. The Green Paper also brought into sharp focus the need for early intervention into childhood thereby reducing the negative effects of social exclusion (Frost and Parton, 2009).

As part of solidifying and reinforcing this reform New Labour introduced The Children Act 2004 where the emphasis of the legislation was on promoting and extending partnerships and joint working, as well as improving accountability between a range of key statutory agencies that included health, social care, education and criminal justice (Frost and Parton, 2009). Importantly, this major reform signalled New Labour’s intention to improve the outcomes for *all* children through the delivery of integrated frontline services that would work to develop responsive mainstream services, improve access to specialist services and empower children and their families through the provision of suitable services, ultimately leading to effective self-care. This approach promised the end of multiple assessments, long waiting times and limited access to specialist services (Miller and McNicholl, 2003 p.8). The advent of children’s services signalled the managing of risk and protection from harm by more than just the social work profession. Parton (2011) describes this significant development as a broader notion of risk focusing on the impairment of a child’s *overall* development thereby drawing a wider range of professionals from both health and education. With this came also the disaggregation of assessment and management of risk to a range of practitioners from within Early Years, Youth Services and education.

Local authorities across England adopted various organisational structures and arrangements that reflected their local context resulting in mergers between statutory agencies or joint commissioning boards that had oversight of pooled budgets (Miller and McNicholl, 2003). Other measures introduced

at the time to promote integrated working was the Integrated Children's System billed as a conceptual framework and practice tool to improve the outcomes of children in need and their families via common assessment, planning and review. Another measure was the Common Assessment Framework a tool that enabled all members of the children's workforce to take responsibility for assessing a child identified as having additional needs, and then acting as the Lead Professional in order to agree and co-ordinate the intervention from various agencies. The introduction of such administrative tools at the time and their subsequent replacements mask the fact that there was not a common knowledge or perspective in relation to working with children and families, hence why the Children's Workforce Development Council (CWDC) was charged with creating a single vision and understanding for all practitioners within the sector. Sadly, was not able to complete its work as it was dismantled in 2009?

Whilst the ambition of integrated is commendable what is in actual fact represents a diverse range of models and shared working arrangements. It has been suggested that when thinking about collaborative or integrated services it is useful to consider a continuum of integration from organisations working totally independently and coming together for specific tasks to complete merging of services (Percy-Smith, 2005; Townsley et al 2004). There is a considerable literature exploring the factors that help or hinder collaborative working, although it needs to be noted that the evidence in relation to outcomes of integrated work on the lives of children and families is limited (Marsh, 2006 and Sloper, 2004). Nevertheless, there have been a number of comprehensive reviews of the evidence relating to professional perceptions of collaborative working which consistently identify the three levels of organisational, cultural and interpersonal factors to be relevant (Atkinson et al 2007; Cameron et al 2015; and Sloper 2004). At an organisational level strong leadership with a commitment to drive integrated working is seen as an important to achieve joint working (Mitchell, 2006; Sloper 2006; Goodyear, 2015 and Salveron, 2015). Furthermore, integrated working has been identified as making increased demands on workers and organisations initially and as a result requires

adequate and shared resources to achieve changes in practice (Mcculloch et al., 2004; Sloper, 2006 and Mitchell, 2006). Such changes in practice have to be accompanied by clear lines of accountability for the workforce and deliberate attention being given to addressing issues, of power, hierarchy and status (Mitchell, 2006; Brown and White, 2006; Black, 2013 and Hesjedal et al., 2015). Additionally, integrated working is also seen to need the establishment of shared protocols and pathways in order to facilitate the achievement of joint ways of working (SCIE, 2012 and Lewis, 2015).

At a more individual level there are professional differences in culture and perspectives, for example between social workers, health and education workers and the police that can create barriers to integrated working that need to be specifically addressed either through training or innovative ways of support (Axford 2006; Watkins 2009; and Lewis et al., 2015) In the context of overall ~~continual professional development~~ (CPD) for each of the professional groups seeking to support children and families within a UK, there are different regulatory and qualification frameworks. At this juncture it is important to define what the research team means by CPD:

*“The maintenance and enhancement of knowledge, expertise and competence of professionals throughout their careers according to a plan formulated with regards to the needs of the professional, the employer, the professions and society (Madden and Mitchell, 1993, p.12).*

While all these frameworks in different ways expect a child focus to the skills required of professionals, there are few expectations or statements of the skills and knowledge different professional groups should acquire in order to work in a collaborative or integrated way. For example Teaching Standards only state that teachers *“develop effective professional relationships with colleagues, knowing how and when to draw on advice and specialist support”* (Department of Education, 2016: Section 8). There are also differences in the degree to which individual workers have to demonstrate their development and skill base in order to keep their professional status. Yet an attempt was made by the Children’s

Workforce Development Council (CWDC) to develop a framework that would be the basis of a common understanding regarding what skills and knowledge are required for an integrated workforce. The CWDC was an Executive Non-Departmental Public Body, sponsored by the Department for Children, Schools and Families (DCSF), and part of the sector skills council, Skills for Care and Development. The specific purpose of the CWDC was to improve the lives of children, young people and their families by ensuring that professionals and volunteers that work with these groups had the best possible training, development and support (CWDC, 2011). In and of itself the Common Core of Skills and Knowledge (2010) was an effort by this quango to describe the necessary skills and knowledge that all members of the children's workforce were to have.

As stated previously, integrated services are generally considered as a response to providing joined up services for children, young people and their families however, the available literature on this type of service provision is ambivalent in terms of stating categorically that service users and carers are subject to better outcomes. Robinson et al. (2008 p.21) cite the work of the Dartington Social Research Unit (2004) and also Broadhead and Armistead (2007) which together indicate that despite organisational change and restructuring there has been little improvement in child outcomes, and that this will not happen unless there is a focus on community planning and a concerted effort to improve children's service experience.

#### **Purpose of the study**

The purpose of the study was to develop a CPD framework that would enable the host local authority to effectively and coherently manage the competing priorities of registration and ongoing CPD for their integrated workforce consisting of seventy-four job roles that take in health, social care and education.

#### **Methods**

Use was made of a case study approach as it allows a research stratagem to be adopted that allows for the investigation of a phenomenon in its real world context using multiple types of evidence (Robson, 1993). This stratagem also affords for a prism effect that illuminates different aspects of the phenomenon (Vallis et al., 2000). The notion of a prism effect stems from the fact that analysis can be undertaken on numerous levels and allows for the portrayal of the phenomena at an inter-related level (Drake, et al., 1998; Eisenhardt, 1989; Luck et al., 2006 and Stake, 1995). This particular study focused only on the education sector of the children's integrated service workforce, as a similar but much smaller study had been undertaken in 2015 with social work practitioners and social care staff that work alongside them and therefore it was not deemed necessary to include them in the study that had taken place this year because a CPD framework had already been developed for this particular sector of the workforce.

A mixed methods approach was adopted inclusive of semi-structured interviews with service managers and members of the senior management team, a survey for frontline practitioners and also a series of focus groups involving parents, carers and children who had made use of early help and support, educational support and welfare education services offered by the local authority. Both the survey and focus group data were based on the Common Core of Skills and Knowledge (2010) as it provided a single framework for integrated working that could be adapted for the purposes of the frontline practitioner survey and also a ranking tool for the services users, carers and children's focus groups. For the purposes of this paper the focus will be on the data and its associated findings from the semi-structured interviews of Service Managers and senior managers, as well as the frontline practitioner survey.

#### **Ethical approval**

Ethical approval for the research project was provided by The Open University Human Research Ethics Committee which is predicated on the principles set out in the Universities UK Concordat to Support Research Integrity (Universities UK, 2012).

### **Procedure**

As part of the mixed methods approach of this research ten semi-structured interviews were held with a range of service managers, who were primarily responsible for educational services (including education welfare), early help, early years, special educational needs and the information services. Semi-structured interviews were also undertaken with members of the senior management team in the education sector of the children's integrated workforce. The aim of the interviews was to gain information about the respondents' understanding of an integrated workforce, issues they identified in achieving this and the provision of CPD for the workforce. Therefore, the interviews began by gaining each respondent's views on how they saw their role in developing an integrated children's workforce and whether there were any general issues facing his/her team that might be relevant in developing such a workforce. They were then asked for their definition of an integrated workforce, barriers to achieving this, how workers in their team learnt about integrated teams and how much their teams understood or appreciated the knowledge and skills of other colleagues. A further set of open questions covered the provision of CPD which included any barriers to workplace learning and the knowledge and skills other professionals required to work with that particular service. The service leads and members of the senior management team were also asked to think of a hypothetical situation in which they could develop a CPD model in an organisational environment where no barriers existed to hinder the provision of better service outcomes to children, young people and their families.

For the frontline practitioners survey the research team developed a series of questions using the Common Core of Skills and Knowledge. These were further supplemented by a series of questions regarding individual learning development plans in terms of adequate access to training and

development, as well as what the main barriers were. The survey also included questions on new practice developments for example, *The What I Think Tool* that was developed by the Educational Psychology Departments of North and South Lanarkshire and is based on resilience research (the tool should be used as a framework to support an understanding of children and young people's perspectives), as well as a series of questions regarding the value base of frontline practitioners. The final part of the survey was concerned with activities that constituted CPD. Respondents had an opportunity to provide free text comments, this was specifically related to problems associated with the existing training offer of the organisation and how barriers in relation to CPD could be removed. The quantitative frontline practitioner survey was uploaded on a web-based survey tool and the link was sent to all frontline practitioners in the children's integrated workforce, a total of 140 individuals.

#### *Analysis*

The ten semi-structured interviews held were digitally recorded and fully transcribed. The data was then thematically analysed using open coding, enabling recurrent themes to be identified (Braun and Clarke, 2006). Nvivo was then used to systematically review the units of text and also the thematic titles. The total number of themes identified was thirty. It was noted that the major themes amongst the respondents were professional identity, too little time, ways of working, budget cuts, integrated working, future CPD provision, bureaucracy, management style, external factors and risk. The analysis of the frontline practitioner survey was undertaken using the statistical software package, SPSS.

#### **Results**

With regards to the semi-structured interviews involving service leads and senior managers there was a continual theme that the organisation was not fully integrated but rather consisted of two separate services that were aligned:

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

*B)*



*“You can get the I’m better than you kind of, my profession is more important than yours and so social workers become as if I am the bee’s knees and health visitors become ... and you have this culture clash”. (Respondent H).*

A significant finding from the semi-structured interviews was the dominance of one agency over another which resulted in feelings of dissatisfaction with the organisation, an issue commented upon by a number of respondents:

*“All the talk in the Council is about statutory social work so they’re always the priority. Every discussion is about them, their needs, their support”. (Respondent B)*

*“And none of education is as important as social care. And I am 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 are constantly battling”. (Respondent F)*

This dissatisfaction was linked by many respondents to a senior management leadership team that was predominately social work orientated:

*“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. It’s all about social work caseloads. We don’t talk about early years settings, we don’t talk about school-based work, we don’t talk about family work (Respondent B)*

*“We only now have social work leads and they do not understand the needs of education, and so there’s a blind spot; even though we have a manager who is trying very hard to get education back up on the platform, agenda. When you’re one voice out of five, because there are five Principal Officers, you’re voice won’t be easily heard”. (Respondent A).*

A similar comment strongly implied by a senior manager, as part of explaining the organisational dynamic in relation to learning and development:

*"I think the workplace learning is heavily biased towards social care. You know, it's on my to-do list to look at what are the needs of my workforce. They haven't had training in years and it felt like a bit of first come, first served and the pot was empty" (Respondent E).*

Other key findings from semi-structured interviews included a lack of commitment to integrated working and a tendency to see other professions in a negative light. In particular, what was noticed was a number of urban myths about particular professions, particularly social work, and these had seemingly replaced an accurate understanding of the role and responsibilities:

*"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)

It was also noted that certain systems and processes within the children's integrated service were often a catalyst for conflict:

*"Joint reviews, the paperwork is different, the requirements are different, so we are not saving any time. And that makes it really difficult to properly and fully integrate".*

A further finding from the semi-structured interview was a lack of CPD:

*"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).*

In terms of the quantitative data from the frontline practitioner survey there was a response rate of 53% (no=74) of individuals that completed the exercise. However, only 63% (no=47) of those completed questionnaires were by recognised professions within the Children's Integrated Service. The breakdown of respondents by profession was as follows:

[Insert table here]

The remaining questionnaires were completed by individuals with a variety of roles that included strategic and administrative roles (Development Officer, Families Matters, Project Managers, School Improvement Adviser and Support Officer), as well as managers and trainers. Whilst the time taken by these individuals to complete the survey was appreciated it was not felt that their roles were specifically concerned with providing frontline services at a practitioner level. A noticeable trend was that, 19% (no=14) of respondents did not complete the questionnaire in its entirety. When reviewing the free text section of the survey it was apparent that a number of practitioners did not feel the questions posed had any relevance to their role, consequently it proved difficult to identify clear statistical trends at a workforce level. From the data available it was possible to glean that frontline practitioners wanted the opportunity to learn from each other, as they saw the benefits to the organisation in terms of reducing duplication and enabling efficiency. This finding supports the argument that co-location and realignment of workers under the name of integrated working does not necessarily bring about joined-up practices and ultimately positive outcomes for children, young people and their families. The quantitative data also highlighted that respondents clearly rejected the notion of traditional classroom based and e-learning, and instead opted for a range of mechanisms that they thought would enable them to take up opportunities in relation to learning and development to both support integrated working and further develop their professional skills base. These

mechanisms included bite size workshops 64% (no=47), appraisals 64% (no=47), team study day 62% (no=45), supervision 62% (no=45) and reflective learning sets 58% (no=42). The questions from the survey that were concerned with frontline practitioner knowledge, skills and values to work in an integrated fashion were only answered by 43% respondents (no=32). The responses obtained were negative revealing that whilst an organisational structure chart may indicate integrated working the reality for this particular children's integrated service was different, in that there were no specific or effective mechanisms to support integrated working or allow frontline practitioners to understand each other's roles and their professional contribution to protect, support and safeguard children.

### **Discussion**

It can be argued that the findings from the study pointed towards an organisation that was experiencing conflict on multiple levels from senior management to frontline practitioner, as well as between services. Conflict is not a new phenomenon; it is part of our everyday life. From work to home life conflict is with us. As a notion it is more commonly associated with more negative than positive connotations, therefore it is not surprising that research shows that most people try to avoid conflict if they can (De Dreu, 1997). Conflict tends to be manifested at different levels and has assorted dimensions and forms depending on the context. This is likely to explain why in this subject area there is not a common and agreed definition for conflict (Kolb and Putnam, 1992). It is a complex social phenomenon and is recognised in the academic fields of politics, psychology, management and international relations.. Although conflict has been greatly researched in psychology and management it can be argued that it is still in its infancy in the academic field of health and social care (see Elston and Holloway, 2001; Reese and Sontag, 2001; Jones, 2006 and Graboury et al., 2011). Moreover, it has not been extensively used to consider the organisational dynamics that exist within a children's integrated service.

In order to help us understand the basic tenets of conflicts a number of influential definitions have been selected:

*“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” (Jehn, 1995 p.223)*

*“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” (Martin and Fellenz, 2010 p.300).*

Based on the definitions above one can argue that there are some common themes that can be identified, these include:

- Conflict is situational i.e. fluid in nature but a dynamic process where two or more parties are involved.
- The parties involved in a conflict tend to have different or incompatible interests or outcomes.
- Conflict is based on both real and perceived differences that occur within an organisational context, more often than not emotions are involved; and if this is the case they are neither an antecedent or consequence of the conflict.

Whilst the definitions of conflict may seem to be very simple at face value what they do not show is the complicated interactions between various parties and the context in which this interaction takes place in. Therefore, to comprehend conflict and its multiple manifestations it is vital to understand the various perspectives the phenomenon can be viewed from. Scholars view conflict from various schools of thought which explains how this phenomenon might lead to a range of different consequences that encompasses both positive and negative outcomes. [Moreover, it may well go some way to exploring the nature and type of conflict that appeared during the course of this study](#)

and was reflected in the findings. In terms of conflict The various schools of thought can be divided into four separate categories.

The unitarist school of thought maintains that conflict is negative and therefore should be avoided at all costs. The underlying philosophy associated with this school of thought is that organisations are harmonious entities and those that are dysfunctional can be corrected by focusing on the causes of conflict. Unitarists advocate that by eliminating conflict from organisations group performance will increase. This view has been disputed by several influential research findings for example De Dreu (1997); Jehn and Bendersky (2003) and Li and Arber (2006)). Nevertheless, Robbins et al., (2001) highlight that many managers have this philosophical mindset and tend to hold to such a view of conflict in its entirety.

The next school of thought is pluralist, this is where it is believed that organisations consist of a group of people who are individuals in their own right, they have individual as well as common interests; hence, conflict is unavoidable. This particular school of thought opens up a new way of viewing conflict in that there is a belief it is always present and that satisfactory outcome can only be achieved through negotiation and compromise. However, the key shortcoming is that no explanation is provided in relation to the power dynamics that exist within organisations; there is a lack of recognition in relation to the structure and culture of organisations in that they do not ensure equality for all. The reality is that often one group dominates another even when appropriate structures and procedures are in place (Kolb and Putnam, 1992). These two schools of thought are helpful in that they enable us to begin thinking of conflict and its impact on an organisation like a children's service. Indeed, the shortcoming of the pluralist school of thought highlights the need to take account of the power dynamics that might be inherent, something that the current literature in relation to children's services has not given a great deal of attention to.

The next school of thought is the radicalist where conflict is viewed as an integral aspect of working life (in that sense similar to the pluralist school of thought) but there is the added dimension that the relationship between employer and employees will always be characterised by conflict. According to this perspective employees are being exploited by their employers and their representatives, i.e. managers; meaning that conflict is ongoing whilst the employer and employee relationship continues. However, managers who are also employees within the organisation may be subject to multiple experiences of conflict in the workplace, experiencing it with senior managers and those who they manage (McCann et al., 2008). This perspective allows for the exploration of conflict not only on personal and intragroup levels, but also on an inter-organisational level. Thereby giving licence to the notion that children's services could possibly be considered as a dynamic receptacle of conflict that impacts both horizontally and vertically within the organisation. A notion that has yet to be entertained by research studies concerned with children's services and collaborative working.

Finally, there is the interactionist school of thought which actively encourages conflict within organisations and groups. This perspective allows for a minimal level of conflict in teams and organisations so as to produce a catalytic effect leading to creativity, growth and change (De Deru and Van de Vliert, 1997). Within this school of thought there are two types of conflict: functional which supports an organisation or a team to achieve its goals and the other is dysfunctional which has the opposite effect of creating barriers and reducing the ability of the team or organisation to achieve its goals.

The literature in relation to conflict highlights that there is a potential to enable positive or negative performance on the part of teams and organisations (Deutsch, 1983). Therefore, one can think of conflict as being multidimensional; and as the work of Ayoko et al., (2008) and Tekleab et al., (2009) signposts, it is also complex in the sense it is a phenomenon characterised by types that include relationship and task conflict, as well as emotional conflict that has an influence on the attitudes and

behaviours of individuals. For the purposes of this research paper, the stance that has been taken is that of the interactionist school of thought, which allows room to encompass both the positive and negative aspects of conflict whilst retaining the necessary creativity in order to take advantage of any opportunities that might arise within an organisation.

Admittedly, definitions and perspectives of conflict do not necessarily clarify what the cause of conflict are and how it impacts on practitioners within an integrated children's service. However, what is evident from the findings of this study is that there were at least three types of conflict taking place within the organisation: task, relationship and process conflict. It was also noted that there also seemed to be conflict at the leadership level that was influencing the nature and type of disputes that were happening at frontline practitioner level.

With regards to task conflict this represents a difference of views, opinions and ideas of the content of a task (Jehn, 1995). Although the task conflict causes dissatisfaction it also has the potential to increase teams' productivity and performance (Simons and Peterson, 2000). In the case of this particular children's integrated service the data available indicates that the professionals tend to work in a siloed fashion and this is further compounded by the systems and process that tends to create further division hence limiting the possibility of integrated working. Consequently, it can be speculated that there is a level of dissatisfaction that makes it difficult to create a better level of productivity and performance.

*"Education have their set of paperwork and social care have their set of paperwork, and education use one information system and social care uses another. You know it's all those sort of administrative functions that get in the way of being able to do the creative time saving, resource saving, because unless we get all of that changed how are we empowering people to actually work collaboratively"*  
(Respondent C).



In terms of relationship conflict this is often reflected in interpersonal incompatibilities between team members that can create conflict in the form of animosity, tension, annoyance and a lack of trust (Jehn, 1995). Simons and Peterson (2000 p.103) in their paper on intragroup trust highlight that the negative effects of conflict can include the group expending time and energy on each other rather than focusing on the group problem. Moreover, conflict of this nature can incite wrongful interpretations of behaviour which are based on existing antagonistic feelings consequently leading to further hostility and the escalation of conflict. Throughout this study there were numerous instances where respondents described tensions that were impacting on their ability to employ creative solutions in a working environment that was characterised by limited time, resources, and major policy reform. This lack of creativity was particularly acute in relation the development of plans for disabled children where it was a necessity to work in an integrated fashion:

*“administrative functions that really get in the way of being able to do the creative time saving, resource saving type, because actually unless we get all of that changed how are we empowering them to actually work collaboratively”. (Respondent C)*

The findings from the empirical study pointed towards process conflict which is concerned with disagreements regarding task accomplishment, that is, who and how task would be carried out or delegated (Jehn and Mannix, 2001). This was particularly prevalent in a certain division where the Service lead commented that when the service was reconfigured as part of an organisational restructure, the following took place:

*“So it was a poorly defined service so the task wasn’t clear. So a lot of energy has gone into figuring out what the task is and then breaking the service apart, in order to rebuild it. So yes, although it’s not a new service, it’s a new approach that we’re operating in a few months and that does mean starting from day one figuring out what the task is”. (Respondent B)*

Given the nature of the work that has to be carried out within an integrated children's service, which has been described as complex and contradictory (Frost and Robinson, 2007 p. 186) The result from the empirical research also highlight that within the organisation there were differing value bases, these too can be a source of conflict:

*"Where we stand back and think a lot rather than react to situations and that can frustrate people, because they see that as arrogance, when actually we're thinking through things. We're reflective practitioners". (Respondent A)*

The work of Baxter and Brumfitt (2008) and Jones (2006) denotes the fact that health and social care professionals have their own value base which dictates how they carry out and also accomplish tasks (Carpenter, 2002). As stated earlier, Frost and Robinson (2007 p.191) found that professionals made use of different explanatory frameworks in order to decide upon the task and the nature of the intervention; for example social work practitioners made use of the developmental risk and protection model, health service practitioners the medical model and educationalist an attainment model. Therefore when it came to agreeing appropriate interventions and outcomes this proved to be extremely difficult.

A further catalyst for conflict within an organisation like a children's integrated service can be a lack of understanding in relation to other practitioners' roles. A study by Brown et al., (2011) involved interviewing social workers, nurses, physicians, pharmacists and office managers to explore their sources of conflict. The study highlighted that the scope of practice by various practitioners could be a cause of conflict, particularly when team members misunderstood another practitioner's role and had doubts about his/her capability to carry out certain tasks:

*"As Educational Psychologists we're probably within local authorities the most qualified people, and with that brings a level of arrogance and high expectations, so when we sometimes see lesser qualified people, who may not be as good as writing reports because they haven't had the formal training to*

*write reports that we have had, we might be a bit disparaging. Not me, I'm not, but I know some of my team are". (Respondent A)*

In recent years successive government administrations have legislated (Children Act, 2004; Children and Families Act 2014 requiring a joint statement of Health Social Care and Education to be in place where there is a concern about a child's educational needs) and published a number of policies where it is essential practitioners of different disciplines work together. Examples include Working Together to Safeguard Children and Education Health Care Plan. Yet practitioners have been impacted by budgetary cuts which is likely to mean that resources are scarce not only in terms of service provision but also for learning and development:

*"Constant cuts, a lack of recognition that there are other professionals who have HCPC requirements or other professional requirement. I have some teachers in my team who need to have certain performance management processes...and that is not recognised with the organisation". (Respondent A)*

In such circumstances where resources are finite, it can be argued that there is a greater propensity towards competing professional cultures and ill feeling as ingredients of conflict.

The literature in relation to children's integrated services acknowledges the importance of senior managers and the necessity for strong leadership that brings with it clarity of purpose, roles and responsibilities, as well as trust between partners (Robinson et al., 2008 and Sullivan et al, 2002). In the case of this particular local authority it was questionable as to whether or not there were feeling of mutual trust between service leads and members of the senior management team, particularly given the dominance of senior managers from a social work background. Respondents pointed out that within a two year period there had been a number of directors and that the leadership team continued to be in a state of flux:

*“There’s a certain culture, which has developed out of numerous things, there’s been a significant change of the senior management. I sit here at eight months into the job and I’m the second longest serving member of the senior leadership team”. (Respondent 1)*

Robinson et al., 2008 (p.48) also make the point of stating that senior managers need to understand the dynamics of power and how it is manifested throughout the organisational structure of a children’s integrated service, paying particular attention to inter-organisational and cross-sectoral settings and how these influence policies and procedures. One could go as far as to argue that the changes in personnel of the senior management team has led to a situation where there is a lack of attention being given to the existence of various sub-cultures within the organisation. Moreover, that there is minimal appreciation of the fact that frontline practitioners are cultural carriers taking with them their own deep-seated values and beliefs that are maintained through the ongoing process of human interaction of their teams and specific services (Martins and Terblanche, 2003 p.65). However, it is not only a lack of strong leadership that can lead to conflict, there is also the notion of individual resistance by practitioners to organisational change. As stated previously, this particular children’s service had been subject to a number of organisational reviews and ‘transformations’. Bovey and Hede’s (2001) study on resistance to organisational change highlights that the response by employees is often one of resentment, mistrust and a sense of anxiety, leading to energy being misdirected away from the implement of change and towards ‘maladaptive defence mechanisms’ that include denial, projection, acting out and disassociation (p.536). In particular, Bovey and Hede (2001) argue that there is a need for managers to pay heed to the human dimension and the impact of change. One could contend that with the combined variables of organisational change, poor leadership and the possibly maladaptive behaviours of practitioners, the provision of services to children and their families may not be as effective or efficient as it could be, possibly explaining why research findings in relation to the outputs for children’s services continues to be ambivalent (Marsh, 2006 and Sloper, 2004).

In summary, the uniqueness of children's services cannot be underestimated and this becomes even more evident when compared to other public sector organisations like health services and the police. As an organisation, the uniqueness of children's services lies in the fact that the professional training, value base, as well as the knowledge and skills of the various professions that constitute the workforce have not explicitly connected consequently, there is not one singular vision in relation to a child's overall development that is held by the workforce. Whereas the opposite is seemingly true for an organisation like the police. Neill and Singh (2007 p.2) in what they describe as a police occupational culture point that as a profession they have "socially constructed ways of viewing the world, their place in it and the appropriate action to take in their jobs". Thus far, the research associated with children's services would seem to indicate the very opposite.

#### **Implications for policy and practice**

The extent to which a children's integrated service can be the harbinger of a range of multi-faceted conflicts that include the jarring of professional cultures, task conflict, inter-personal incompatibilities and competing value bases cannot be underestimated. Therefore, when devising a CPD framework it can be argued that there is a need to address some of the types of conflict at the micro-frontline practitioner level of the organisation, as it is this level where there is opportunity through a variety of mechanisms, for example formal and non-formal learning, ring-fenced time, attendance at conferences, team away days and shadowing opportunities to achieve a greater understanding of professional roles, improve working relationships and engage in the division of tasks in a fashion that will promote collaborative working. The above is likely to be achieved through taking account of the cultural dimensions that are complex, conflictual and inclusive of micro-politics (Eraut, 2004). In addition to the above, there is also a case for consciously incorporating the influences of professional sub-cultures in terms of behaviours, skills and knowledge. In other words, acknowledging that there are professional silos within the organisation and that these are influenced by a range of factors that

include professional value base and associated training and organisational hierarchy, as well as the senior management sub-culture. Consequently, the development of a CPD framework will need to include flexibility in order to absorb changes in policy, programmes, service delivery and regulatory frameworks. A further characteristic of a CPD framework for an integrated service will be the need to promote and develop change through being coupled with an evaluative loop that harnesses data in order to answer wider organisational questions, for example, like those posed by Miller and McNicholl (2003 p.74) which are concerned with what is required in order to shift and blur professional boundaries. Other questions could include the extent to which various professional roles are understood, valued and accepted within an integrated service.

#### **Limitations of the study and opportunities for further research**

Given the limited size of the study that is 10 interviews and the completion of 74 questions (53% response rate) it is recognised that this research can only be a signpost for further lines of enquiry, rather than an authoritative conclusion. It is also willingly acknowledged by the research team that the nature and type of conflict we came across was not necessarily what we were looking for or expected as the primary aim of the empirical study has been to develop a CPD Framework. Therefore what has been shared in this paper does not reflect the use of any scholastic tools, for example Jehn et al., (1999), Rahim (2002) and Jehn and Mannix (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. Furthermore, 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 be used to acquire a picture of the fundamental assumptions and values that inform the functioning of an organisation. What has become evident during the course of this empirical study is the need to further explore the functioning of children's integrated services using conflict management theories, tools and techniques so as to understand how best to manage conflict to an

optimum where an environment of creativity and productiveness is created. The literature in relation to children's services acknowledges organisational budgetary and resource pressures as a result of reduced funding (Robinson et al., 2008) and that these at some level have impacted on service provision and ultimately outcomes. Given the challenges associated with continuing austerity measures how might children's services make best use of a limited and hard pressed budget? The findings from this small scale study would seem to suggest that there needs to be a greater recognition of the skills and knowledge held by various practitioners, and a more concerted effort made to map these against organisational priorities and demand for services. Such an approach may highlight where there might be gaps and how these can be filled using the existing knowledge and skill resource available.

#### **Implications for policy and practice**

- There is a need to actively recognise the range and level of conflicts that exist within children's integrated services and how they might not only be impinging on the effectiveness of collaborative working, but also learning together.
- A CPD framework could be effectively be used to begin to address manifestations of conflict at frontline practitioner level through focusing on a better understanding of roles and responsibilities, as well as through the development of common skills and knowledge.

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