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Managing care and joined up thinking in the curriculum

Abstract

This paper discusses the curriculum development of a level three undergraduate course in managing care. It was produced and is presented by The Open University. The course is aimed at frontline managers in health and social care. The course team made consultation with service users, carers and managers a priority in developing the curriculum. The paper discusses this consultation process and the learning gained from it. A major contribution was to clarify debates about how far the course should have one core curriculum and how far it should offer specialist options for managers in different settings. Service users and carers had strong views on the need for better co-ordination of services and recognition of individual needs rather than divisions into service-led categories. Managers stressed the importance of reflecting the reality of frontline management. This helped the course team to develop a framework that stresses the commonality in the work and the importance of 'practice-led' management. Service users and managers were involved as critical readers of course texts to ensure that the consultation process continued through the course development. A second strand is the need for the course to be accessible to those not yet in management positions, and extracts from an interactive CD-ROM which presents case study material demonstrate the innovative joined up and accessible approach taken to student learning needs.

Authors

Janet Seden

School of Health and Social Welfare,
The Open University,
Milton Keynes,
MK7 6AA

j.p.seden@open.ac.uk

Jill Reynolds

School of Health and Social Welfare,
The Open University,
Milton Keynes,
MK7 6AA

j.c.reynolds@open.ac.uk

Jeanette Henderson

School of Health and Social Welfare,
The Open University,
Milton Keynes,
MK7 6AA

jeanette.henderson@open.ac.uk

Chris Kubiak

CURVE Project Officer
The Open University,
Milton Keynes,
MK7 6AA

c.kubiak@open.ac.uk

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Managing care and joined up thinking in the curriculum

Introduction

This paper focuses on the concept of joined up thinking in the curriculum as a parallel process to the issue of joined up provision in health and social care services. It discusses how a course team at The Open University developed a learning experience aimed at frontline managers using a mix of media and a themed approach that crosses disciplinary boundaries. Government policy directives for joined up social care (Department of Health 1999 a, b, c, 2000 a, b) across a range of services had a profound impact on the course team's thinking. This paper considers how the team sought to identify the development needs that frontline managers have in common as a result of policy mandates.

The role of the frontline manager across social work, social care, health and other related settings is varied. At the same time the roles are changing rapidly as managers seek to find ways of responding to a spate of new policy agendas. For example, as social work mental health teams join with colleagues from health to form new multi- and inter-disciplinary teams, professional alliances and identities are being questioned. In children's services, managers are seeking to respond creatively to improve services for looked after children and those in the community. Such creativity requires changes to structures, networks and ways of practising (Department of Health 2003). The task of education and training is therefore a complex one that needs to mirror practice on the ground while also anticipating and, at times, leading change. When the method used is through distance learning print and multi-media materials there are additional challenges in committing to publication while the full extent and impact of changes is not yet known.

Writing in *Community Care* (2000) Rickford suggests that managers are 'first in line for blame ... but not always first in line for training'. A manager consulted by the course team remarked that managers can have 'responsibility without power'. There is a growing realisation that effective joined up

services require managers to be better at what they do and better equipped to do it. There has been little in the way of management training in the Diploma in Social Work, a small amount in community work education and little in nursing training. At the time of preparation of the course (from 1999 to 2002) the proposals for a degree in social work in the four nations of the UK were still developing and the place of management training within the new curriculum for social workers was uncertain. Many management qualifications seek to apply traditional management models to care settings in ways that miss the complexity of managing in social care. A discourse of customer care, for example, does not fit easily with service users who are being compelled to receive services in child protection or mental health

Many frontline managers have no management training, and it can also be argued that management training that does not fully address the complexity of integrated services cannot equip them adequately for the challenges of delivering social care in current contexts. The aim of the authors of the new course in managing care is to provide a learning experience to address this shortfall in a way that joins up policy mandates, the realities of service users and the dilemmas of frontline managers within the context of the theoretical discourses of managing

Biggs (1999, p. 25) emphasises the need for a holistic approach to teaching and learning to bring the learning activities of students and the desired outcomes of teaching into a 'constructive alignment' with each other. In practice this means: identifying what students are to learn and how they are to learn it; working out the learning outcomes at course and unit level; designing contents and learning activities that enable students to achieve the outcomes; having an assessment strategy which is in harmony with the learning objectives and curriculum. The pedagogy for the course derives from The Open University's long experience of designing open distance learning materials for undergraduates (Rowntree 1992, Lockwood 1992). It also draws from the newly emerging expertise in teaching on-line and with interactive CD-ROM (Laurillard 2002, Salmons 2002).

The course is a level three undergraduate course that is designed to enable students to develop the knowledge, skills and analytical tools for frontline management roles in care settings. It will be a final year option for students taking the National Open Learning Programme Degree in Social Work. It is already a final year option for students seeking degrees in Health and Social Care. It provides

underpinning knowledge for the Registered Managers Award at VQ level 4 and can be used alongside a professional qualification for registration in Scotland. It is relevant for PQ submissions by portfolio and carries an Open University certificate in managing care.

The course provides an overview of the organisational, legal and policy contexts within which managers operate, and it makes many practice applications. In particular, students examine the impact of working with partners in order to integrate health and social care provision. Students use a Learning Guide which leads them through a combination of print-based materials and activities, audiocassettes, video and optional on-line conferences. There is also a CD-ROM presenting a case study of a management environment – ‘Wellbridge’, a community-based resource centre offering a range of day care and domiciliary services to older people. This case study provides a context for the concepts in the course for those who may not be in management positions and provides a common basis for discussion and written work.

This paper traces how research and consultation with service users and managers about the impact of policy mandates on their tasks led to the formulation of the learning outcomes. From this the course team developed a curriculum, which engages students in activities which are congruent with the concerns of frontline managers and the users of the services they provide. The assessment strategy includes traditional academic assignments and a practical strand that asks students to draw from their own experience of managing or being managed and critically reflect upon it. The examination at the end of the year has three questions. A compulsory part is a question based on a theme in CD-ROM activities with which the student has been engaging throughout the course.

The curriculum is joined up in two ways. First it brings the concerns of service users, workers, managers, academics, and a range of social care agencies together. Second, it is joined up within the framework of constructive alignment. The learning and teaching elements are such that students engage in a range of learning activities designed to meet the identified learning outcomes, using a range of methods which simulate the real tasks, challenges and dilemmas of frontline managers.

Leading from service user views

The course team saw it as crucial to begin from the concerns of social care service users, to help in identifying the management qualities that practitioners should be able to demonstrate. Underpinning research took place in September 2002 through consultation sessions with groups of service users.

Adult service user consultations

The user consultation strategy for adult services involved (among other less structured meetings) four workshops with people allocated to each group according to an experience of using mental health, disability, learning disability or older people's services. A facilitator with direct experience of relevant services was identified for each workshop and participants were contacted by facilitators through informal networks. Some people already knew each other and others met for the first time at the workshops. Everyone had experience of several services, including health, voluntary sector, community-based and residential settings.

The groups had the following remit:

To consider a set range of questions from their specialist viewpoint as users of services for a specific group of people. Views on their experiences of involvement (or lack of it) in consultation and planning services will be particularly useful.

For adult groups, JH (a member of the course team) met with facilitators to talk through the consultation process with the aim of ensuring that participants as well as the course team would find the experience useful and relevant. Group members were sent the course outline and information about the materials likely to be developed for the course. Each member was paid a fee for taking part as well as travel expenses. Workshop discussions were tape recorded and transcribed. Following the workshops a representative or facilitator from each of the groups was invited to a meeting at The Open University to discuss the content and process of the consultations. A report was produced for each of the groups outlining the themes discussed and containing a selection of quotations illustrating the views from the group, and an overall report summarising the sessions was circulated.

Some people had experienced compulsory services, and several people in the mental health group had been 'sectioned' under the Mental Health Act. It was clear that, although services are split along similar lines to those chosen for the consultations, people do not fit into neat service delivery boxes. For example, Lou, a woman in the learning disability group, also had a visual impairment. Judith, from the older people group, had a physical disability and had cared for her elderly mother. Because people have diverse experience of services we have chosen to identify them by name alone alongside quotations in the chapters. For example, to have identified Judith as belonging to a 'physical disability' service user group would deny the range of her experience and contribution. The course team agreed that where views were quoted in course materials only first names would be used. In this way, we hoped to highlight the commonalities of experience and emphasise people rather than service categories.

Young people, children and families consultations

The parent and young people user views are drawn from several consultations co-ordinated by JS (a member of the course team). In one, a Home-Start staff member interviewed six families with children under five years who were receiving services from Home-Start (a voluntary befriending agency, accessed by referral from commissioning agencies). These families had all experienced a crisis in their family life that had led them to ask for help. The agencies they experienced included social services, health, education, housing and the benefits agency. The families' experiences of the statutory agencies is mixed, ranging from the helpful (sensitive responses) to the incompetent (initial telephone calls not returned). They were unanimous in valuing responsive, respectful encounters with professionals and highly valued the peer support of the befriending agency.

In another consultation, consultants from the Family Service Unit interviewed five young women who had attended a group for teenagers who had experienced sexual abuse. The therapeutic group had now ended and been evaluated. It was thought that these young women, who besides attending the group had also experienced a range of other interventions in their lives, would be able to tell the researchers what they thought about the services and professionals they knew about. The researchers prepared questions relating to the areas of:

- benefits received from services
- the positives and negatives of the experience
- the young women's feelings about the services they received and improvements they might like to suggest.

The researchers found they needed to adjust the language of the questionnaire and make space for the respondents' own areas of concern as the research progressed, and that making space for free narrative was a useful way to work. These consultations were undertaken as face-to-face interviews, which were then transcribed. Some common themes emerged. These were the need for: stability and consistency, clear communication, trust, to be listened to, confidentiality (Joshi and Owen, 2000).

In all consultations the respondents had a rich experience of very current meetings with a range of professionals from several agencies. This makes their valuable views and insights both genuinely felt and grounded in direct personal experience.

Those consulted articulated a range of views and a full account is available in the appendices to the course textbooks (Henderson and Atkinson 2003, Seden and Reynolds, 2003). Many of the service users, workers and managers who participated in the consultations and research remained in touch with the course team as readers of materials, testers of activities and/or as members of the equal opportunities group. Others contributed to articles, audio or video material. As such they were central to the way the course content is designed and service user involvement meant that their views are included throughout the course materials

In essence the team found that service users say they want:

- to be treated with respect, and as individuals
- to have a voice in decisions about what range of services should be available and what services they themselves receive in particular circumstances
- recognition that while services may be an important or even an essential part of their lives, services are not all of their lives

- acknowledgement that they are reasonable people who understand about resource and other constraints but who think that is a reason for more attention to be paid to their views, not less
- to see signs that time spent in giving their views has influenced decisions.

The service users said they wanted services that viewed their needs holistically and this perspective underpins an approach to teaching that draws out issues in managing practice across all types of service, whether relating to adults or children health or social care. This coincides with a government drive to organise care sector services in ways that offer a more integrated service provision. This theme of integrated service delivery cuts across old divisions between voluntary, public and private services in complex and challenging ways. Policy directives also emphasise user involvement, for example, *A Quality Strategy for Social Care* (Department of Health 2000b p. 6) points to the qualities people value in social services, and the need for integrated services with multi-skilled teams and imaginative approaches. This all suggests that managers need detailed knowledge of their own setting and to be informed about the role of other services. A full service to meet need is likely to be provided by several agencies working together but needs to be well co-ordinated to succeed.

The paper also claims that within such arrangements service user expertise will be respected and that empowerment will lead to better outcomes. However, the experiences of service users who were consulted was that they are often met with a lack of respect. They say that they still have to fight for voice and influence in matters relating to their own lives. For managers this gap between the aspirations of government and the daily realities of service user experiences raises a particular challenge. It provides a starting point for thinking about what individuals within agencies and organisations can do to effect change and implement an ongoing management strategy for the wider influence of service user views on the way services are organised and delivered. Agencies are still working towards making partnership a reality in a way that satisfies their service users.

Action resulting from service user consultations

The need for consultation with service users is taken up as a primary cross sector theme at the beginning of the course. Connelly and Seden (2003) argue that the primary purpose of all social and health care services is to maintain or increase people's well-being and quality of life. Frontline

managers, like all workers involved in health and social care, need to work to that objective as they face daily challenges. Students are asked to have this in mind as they read through course texts and engage with other course materials and to continually consider how far the management of services and the practices discussed maintain or increase people's well-being and quality of life. Therefore the course aims at the outset to:

- alert students to the critical importance of service user views in all aspects of social care
- explore issues which arise for managers in seeking user views and experience
- draw attention to ways in which service user views can be drawn on effectively.

Including the voices of frontline managers

The course team wished to provide a curriculum and learning activities that also drew from the expressed concerns of managers. Before doing fieldwork the team undertook a literature review of academic management journals and books and also studied some manager's job specifications. A survey of forty job descriptions and person specifications for frontline management posts was made in late 1999. This enabled the course team to check that some management themes transcend specialisms. Details of forty posts were obtained, selected to represent the diversity of frontline management work in health and social care. The data gathered from these details and the literature search informed the team's preliminary ideas about what employers were expecting from a range of managers in a variety of levels of post and settings. They helped identify questions to ask in the subsequent fieldwork. Managers were expected to:

- operate accountably in the space between more senior managers, other practitioners and service users
- possess varied kinds of health and social care qualifications and experience
- fulfil a wide range of duties and responsibilities within strategic, operational and professional dimensions including across agency boundaries
- have a multiplicity of skills, abilities and knowledge and attributes linked to the client group and the main roles and tasks

- have certain kinds of personal qualities, such as commitment and reliability.

Members of the course team were involved with regional consultations in Leeds, Edinburgh and Belfast. These were with groups of people working in/or using social care services identified by regional academics in the School of Health and Social Welfare. Two other workshops were held with managers and practitioners in northeast England. The first of these consisted of managers and practitioners from a local authority that had moved to integrated health/social care adult teams. The second was made up of groups of senior managers, frontline managers and practitioners from adult and children's services in one local authority. Reports were written from notes taken at all these workshops. Additionally three managers wrote diaries which are reproduced in the course materials (Anon, 2003). One person kept an audio diary, which is available to students as an audiocassette.

Workshops with managers focused around a set of questions about expectations – what senior managers and staff expect of frontline managers and what managers think is expected of them, and realities – what senior managers and staff consider they get from frontline managers. Twenty-three semi-structured interviews were held with individual managers in the midlands and three in the north east of England. The interviewees answered questions about a range of areas of management that the team anticipated covering in the course materials. They were asked if they thought these areas were relevant to them and if so how. They were also asked to identify their own training needs. Interviews were tape recorded and selectively transcribed. A fuller account of this work can be found in Henderson and Seden (2003).

Action resulting from manager consultations

As a result of the workshops and individual interviews the course team had a bank of quotations available from which 'manager's voices' could be selected and positioned throughout the textbooks to engage students with the themes. This is so that the students can learn through their identification with the people they hear, watch, or read about. The learning activities they are asked to do are also often drawn from actual practice settings. The responses from managers selected to 'test' the course materials and learning activities are quoted in comment giving feedback on activities. Again a range of agencies was chosen so that students could not only stand in the shoes of managers from settings

they knew, but also in the shoes of managers in a range of settings of which they had less or no experience.

Thus students can experience the perspectives and concerns of others across settings, encouraging multi-agency knowledge and the ability to see the issues that operate in other sectors. It is important because research shows that there are still barriers to multi-agency and interdisciplinary working (Charlesworth, 2003). While studying the course, students will come across the roles, tasks and responsibilities of a range of frontline managers and experience their strategies and methods for partnership working. Assessed work will ask them to reflect on these and also make applications to their own workplaces and/or to scenarios presented in the course.

However, the most important outcome of both sets of consultation was the development of a key course concept. The research activity had highlighted the complexity of the frontline manager's role and the high, some might say impossible, expectations from employers.

Towards practice-led management

From this research and consultation, the course team finalised a list of 24 topics that would form a generic curriculum. There would be two major organising principles, the contexts for frontline management and the applications to practice. 'Contexts' was chosen because a major concern of frontline managers was how to understand and respond to the fast pace of policy changes impacting on their agencies. 'Practice' was chosen because managers were grappling with the issues of implementing what senior managers and users were asking for. The teaching is contained in two textbooks *Managing Care in Context* (Henderson and Atkinson, (eds. 2003) and *Managing Care in Practice* (Seden and Reynolds, (eds. 2003). Additional reading is contained in *The Managing Care Reader* (Reynolds *et al.* (eds. 2002). A Learning Guide sent to students along with all the other materials provides a pathway for students through the course materials giving them week by week guidance as to which book chapters, readings, audio, video or CD-ROM materials to use for that week's topic and learning activities.

This way of working simulates management activity, which is about organising and synthesising

information into an outcome. Frontline managers described themselves as, 'translators' 'bridges' or 'conduits' between different parties in their own agencies, for example workers and senior managers. They had a similar role in working in partnership with other agencies and service users. However, as our research highlighted, there are problems for managers in fulfilling their roles.

Managers identified many dilemmas and challenges that impacted on their day to day management tasks. These ranged from the operational – being available for consultation with staff – to the strategic – developing plans for service development in their localities – to the professional – working in a manner consistent with social work ethics and values. They included the uneasy transition from practitioner to manager, running to keep up with the pace of change, the tension between professional identity and organisation, managing budgets, information, environments, staffing, partnerships and many other activities.

They also commented that having practice experience validated them in their management roles with other workers. This finding is consistent with other research on frontline management (Kitchener et al. 2002, Whitaker et al 2002). The move to managing staff with different professional backgrounds in multi-disciplinary teams presented a worrying change. Managers could not share everyone else's professional background. The dilemmas this posed for supervising the work and building the team were frequently articulated and the strategies used to meet the challenge shared.

Managers consulted by the course team found that increasingly they needed to direct team members' attention away from their own professional backgrounds towards a single system of care management and planning. They themselves at times felt torn between their own practice and professional background and organisational and policy requirements and expectations. In Syrett's (1997) study participants felt that managers did not see the real issues for practitioners and service users. Our research showed that managers see the operational issues all too clearly but may feel unable to respond because of strategic demands on their time or a need for training. Lack of effective action may be an important defence enabling hard-pressed managers to survive in a hostile environment. An issue for the course team was to recognise the reality of demands and constraints on managers in health and social care, while encouraging good practice.

As the course production team assimilated the messages they were hearing from service users and managers with their own perspectives, discussions and reading, they began to conceptualise the idea of the *practice-led manager*. By this the team meant a practitioner who, having moved into management, is able to combine the new responsibilities of managing the work of others with an ability to take a full account of service user and staff views and concerns. Thus the course team sought to join the curriculum with the lived realities of frontline managers and their service users. Managers described themselves as ‘bridges’ joining together a range of elements and the team therefore decided that the student needed to be positioned to encounter the complexity of frontline management and enabled to get to grips with the issues as they studied.

Management theory and elements of the generic management curriculum are presented but always informed by professional values, knowledge and practice wisdom. Managers are encouraged to prioritise the best outcomes for service users as articulated by those service users and to combine the values and ethics of care with the implementation of law and policy. Thus it is argued that practice-led managers will engage with the dilemmas and problems of care settings, knowing that some mistakes are inevitable and that the learning from these will be the stepping stones to better practice.

Such management has to be open, honest, active, aware and reflective, not solely reactive or passive (Reynolds 2003). The complexity of managing care means the daily necessities of acting, reacting, providing services, supervising staff and making decisions all make work an environment for learning and development. Students are therefore encouraged to take a reflective approach to such activity, where the learning is embedded in doing and vice-versa. To summarise, the team have suggested that a practice-led manager:

- grounds management activities in the complexities and realities of practice
- balances management theory, professional knowledge and practice wisdom
- prioritises best outcomes for service users
- combines the values and ethics of social care with the implementation of law and policy
- engages with the dilemmas and problems of care settings

- leads actively not simply reactively.

Practice-led management and the CD-ROM

Finally, this section of the paper considers the role of CD-ROM in the course. The CD-ROM is a new curriculum development for the School of Health and Social Welfare, which has proved to have particular advantages in enabling the open and distance learning experience and in fitting with the pedagogy of the developing curriculum. In particular, it offers an opportunity to present different perspectives and themes which students are invited to 'join up' in their management thinking. It has a particular strength in that students are able to position themselves in the role of manager, and draw from the learning materials in their own way and at their own pace.

The CD-ROM carries an interactive case study that shows a manager, Julie, engaging with a new post. Students are asked to view the contents of the CD-ROM from Julie's perspective and to complete six activities, which present a manager with dilemmas and challenges on six topics. These are managing the transition of becoming a manager, managing individuals, managing the team, managing budgets, managing performance and managing professional development.

Early in the development of the course it was decided that use of a computer was to be compulsory for students enrolled in Managing Care. There were two reasons for this. One was the university-wide promotion of the use of e-learning materials as the growth of new technologies began to impact on the university's teaching and learning strategies. Another was recognition by the course team that agencies were increasingly engaged in using new technologies for data processing and record keeping (Bates 2003, Department of Health 2001). Through interviews with practitioners it became clear that they needed help in thinking about the use of computers and databases in the workplace (Ousley, Rowlands and Seden 2003). The competence of managers in using information technology was not keeping pace with the drive from government or the requirements of their jobs, and the course needed to encourage and facilitate skill in this area.

The pedagogy of the K303 case study

The case study presents students with a practitioner who has recently moved into a new role as a

manager and is making a transition to a new position. In terms of teaching and learning, this type of case study serves two purposes. First, by presenting a manager learning how to do the job, the students observe someone they may be more likely to identify with. Second, even though the manager is new to the job she performs reasonably well. By watching this manager at work, the student serves a kind of virtual apprenticeship.

The case study essentially presents the student with a narrative in six episodes. In each scenario there is an opening video/audio/text document to establish the context and is essential to helping the student understand the resources that follow. After watching the opening sequence, the student is presented with a set of tasks that require them to work with a collection of resources. A workbook defines the tasks the students must perform in the case study and encourages them to take various perspectives:

- that of the manager herself.
- that of someone shadowing the manager.
- that of an academic student relating the issues encountered by the manager to the academic concepts dealt with in the course.

The resources are presented in a variety of media – video, audio or text. The format of the resources varies too. They may be presentations of events such as meetings, radio shows reporting that the service is not meeting its targets, telephone calls or answer phone messages. The resources may also be particular documents such as email correspondence, memos, letters of complaint, financial reports, press releases and files. The student may also hear the voices of others offering alternative perspectives on the manager's work. For example, the manager's mentor helps her reflect on her practice, colleagues discuss the manager in her absence or a senior manager (on a management course herself) provides management tips in response to her issues.

The student looks for and accesses this information using an office plan. She or he moves around the environment watching events unfold observing characters, reading texts and so on. There is no fixed order in which to view the information in the scenario. The course team hoped to simulate the 'bombardment' of activities and information that managers need to deal with in their jobs. They also wanted to demonstrate that the information a manager works with is often 'messy and hard to obtain'.

In the hunt for information to complete the tasks, all information is relevant – there are no decoys, although some information may not appear relevant until a later task.

Conceptually, the course team was able to use this media in line with the model of ‘practice-led management’ they had developed for the course, that is, the specific demands of the context influence the techniques of effective management. Thus the team could simulate the ability of the manager to work creatively with the competing demands, constraints and challenges of the context such as those from service users, staff, senior management, public or policy makers. Other agency perceptions of what should be done could also be shown as Julie tackles working in partnership with a commissioning authority and her service users.

Overall the CD-ROM presents students with shared experience to put in context the concepts dealt with by the course. Students use the case study to apply course teaching and engage with activities in a more holistic and lively fashion. To address the concern that students would perform tasks in the case study without reference to the course text, the CD-ROM also presents them with the ‘management tools’ – distillations of core ideas in the course books. These tools are presented in a way that is relevant to the task and are designed for reading on-screen where possible. Thus students engage with the course texts and case study in an iterative fashion rather than a one-way read-concepts-and-apply fashion.

In addition to the CD-ROM students have access to a series of on-line conferences which last for the life of the course. There is a student ‘café’ designed for chat, mechanisms for feedback and also a ‘themed conference’ moderated by two tutors where at fixed points during the life of the course tutors appointed as conference moderators lead a discussion on specific course themes relevant to the assessed work. There are 6 of these each lasting two weeks. The conference offers a further opportunity to learn from others across boundaries and to explore the issues and dilemmas of managing care.

Discussion

The first cohort of students have now studied the course and so in reflecting on some of the issues

presented by the course curriculum and its design, some idea of students' and tutors reception of the course can also be given. According to university statistics just over 400 students enrolled for the first presentation. They came from across England, Scotland and Wales and Northern Ireland. Seven students were not from the UK. The majority of students were between 30 and 49 (327). Most (344) were female and of those who declared an ethnic origin, 353 were white, 31 black and 11 Asian, 27 said they had a disability, 367 said they were using the course towards a degree (Institute of Educational Technology, 2003). They were taught and assessed by 20 tutors and the course team. An analysis of those students who used the conference showed a range of professional backgrounds with the majority being nurses/nurse managers, people employed in social care, as social workers/in social work, or social care/work managers.

The notion of the inherent tensions in frontline manager roles that are articulated in the course have been recognised by students and tutors. Students participating in conferences, like the managers interviewed while preparing for the course, identified the push-pull experience of frontline managers who are both close to service users and staff and yet responsible to senior management for decisions. They could identify with course discussions/materials which aim to acknowledge the messiness of the work, the value dilemmas, the uncertainty about what good practice is in relation to managing care, the challenges of service user involvement and choice. They were able to explore and debate all these areas.

While we cannot make the reality easier for our students we can give them some validation in what they are doing. The course shows how the managers we have talked to in preparing the course materials confront some of the challenges and respond to what service users say they want and value from a service. We can bring some of the changing and competing requirements out into the open for examination instead of leaving them concealed in the frustration of critical senior managers who aren't getting what they want and stressed frontline managers who struggle to do it all. In this sense, the course has had to lead the way – learning from practice and feeding this back to students.

The course has also found itself at the cutting edge of 'joined up practice'. The course team was keen that students would interact across agency boundaries in tutor groups and in on-line discussion. For some students using this has been a challenge and they are reluctant to leave the safety of discrete

roles but for others this has been very welcome. Students say they like the debate about crossing boundaries and managing teams from different backgrounds. They can acknowledge and identify with the issues. For example, not being a qualified nurse creates many tensions for social workers managing nurses as part of the team. A thread of conference discussion emerged discussing the issues and the shifts of perspective that are necessary when you manage someone when you have no experience of the work role of the other.

There was also an interesting thread of discussion about whether health and social care were working better together. Some local authority workers felt that there were positive outcomes from the policy directives. Others felt that although they wanted to work in a more 'joined up way' structural barriers such as debates about who should pay for some-ones care were still blocking the ability to provide the 'seamless service' policy makers describe. There was a high level of motivation from participants to make a holistic service real for service users. Social work based individuals argued that service users benefit from an acceptance by service providers that they should bring together health and social care responses at both individual practitioner and organisational levels. Nurses argued that health promoting practice took place in social care environments and so integrated ways of working were needed. The tutors identified this cross-agency discussion around common themes as one of the best features of the face-to-face tutorials that were held regionally.

Leading in the area of learning using information technology (IT) has been problematic at times. There has been a need to overcome anxieties and feelings of lack of skill and without the robust support of the University's IT Help Desk where students can be talked through technical difficulties on the telephone it would have been impossible. However most students have made good use of the CDROM, the web based resources and the conferences. One enthusiast declared the web site and conference facilities to be 'much better than sitting in a classroom'. Some however commented that they had 'nervous moments' getting the Wellbridge CD-ROM to work but that the 'the nice people' at the IT help desk finally helped them get it running. The CDROM has accessibility features built in, but some struggled to get sound and vision, others found their computers need additional facilities. However, once students were using the CD-ROM the narrative of the new manager Julie trying out her new management skills was something students could identify with. Many sympathised with her

for trying too hard and wanting to be liked, which linked with the course's teaching that one of the key aspects of moving into management is handling the change of identity from being 'one of us' to being 'one of them'.

The themes of the course have been debated and analysed and subjected to criticism by tutors and students alike. For example, the concept of the 'morally active' manager (Dawson and Butler, 2003) generated debate between social workers and nurses which ran for some days. Some found that it made them feel overburdened by responsibility to be 'moral'. Others responded that the 'morally active' manager is some one who does not necessarily need a set of policies and guidelines to make them act in a way that seeks the best care for people. It was finally suggested that a 'morally active' manager can take a balanced approach to competing demands and constraints drawing from an internalised code of practice. This notion was an example of a concept that crossed boundaries and produced similar responses and debates from a range of students in relation to different professional codes of practice.

Social workers will always be a small segment of the total health and social care field and they will consider it of importance that social work skills knowledge and values should be disseminated among other professions and social care more generally. At one time it seemed that being 'practice-led' meant much more to social workers than it did to nurses. However, judging from student assignments and their conferencing discussion on this first presentation this appears to be changing. There are overlapping areas of interest and concern, and the course is part of that process. As one regional tutor commented when asked to identify the high point of her teaching:

A high point was bringing together students from such diverse backgrounds and getting them to actually work together [and] seeing students use the new technologies. I think there is huge benefit to using First Class [the conference software] when my group was spread from Hereford to the tip of Cornwall. [...] There was considerable sharing of experience and I think greater understanding of the wider health and social care world. I also had comments about how they would look at their manager's roles in a different light now

(K. Miller K303 Associate Lecturer)

Conclusion

In this paper we have argued for a research-led approach to creating a constructively aligned third level course for frontline managers in care settings. The core theme of practice-led managing derives directly from service user and frontline manager descriptions of the management task. The course materials explore the relationship between this and management theory – thus linking the theory of management to the distinct concerns of users and managers of care. In covering a range of care settings the course also seeks to discuss the issues of managing across narrow sector boundaries. This is in order to explore what is relevant to managing care in a joined up way. It is also to help them respond to the policy contexts of the early 21st century, where health and social care and other practitioners are all expected to work together to do their best for people (and their carers) who use services.

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