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# research

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## Addressing the needs of the children's integrated workforce: A method for developing collaborative practice through joint learning

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The delivery of welfare, health and educational provision to the majority of children aged 0–18 in England is primarily led by local authorities via their children's integrated service. In 2004 the children's integrated service model was launched and it promised the benefits of an integrated and collaborative system of working, regarding flexibility and responsiveness to national policy, local development and capacity building (Robinson et al, 2008). However, the implementation and emergence of this model has been characterised by competing local and national agendas, practitioner misunderstanding and lack of trust, a lack of strong leadership and also financial restrictions. It can therefore be contended that conceptually children's integrated services are not operating fully with a collaborative and integrated workforce. As a possible solution to the current situation, it is proposed that joint learning, along with a combined continual professional development (CPD) framework, be made available as a valuable starting point for such organisations. Learning and working together has benefits for children and practitioners, and especially, as this article will argue, for playwork practitioners.

**key word** children's workforce • CPD • playwork • joint learning • children's integrated service • playwork training

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### Introduction

This article makes use of a recently completed empirical study where the aim was to develop a continual professional development (CPD) framework for a children's integrated service within a particular local authority in the UK. The research team explored with a number of stakeholders how integrated working was carried out, and also how the learning and development needs of the workforce were met. The research team sought to understand the contradictions and confusions that were inherent within the complex interprofessional setting of a children's integrated service,

1 so as to devise a framework that would support professional practice and expertise. In  
2 sum, the study aimed to provide a solution to a real world problem of CPD provision  
3 for a workforce that consists of a variety of different practitioners across early years,  
4 early intervention, education and social care.

## 6 **Background information**

8 Employment in the field of playwork is fulfilling, but as a non-statutory service there  
9 have been, and continue to be, concerns about local authority funding for this and  
10 other valuable work with children.

11  
12 As it is not a statutory service, play provision is not a direct target for budget  
13 cuts. However, its status as a non-statutory service means that playwork has  
14 been particularly vulnerable to secondary cuts and services are seen as more  
15 “discretionary”. (McKendrick et al, 2014, p 1)

16  
17 The children’s integrated workforce consists of different practitioners attempting  
18 to work together without necessarily understanding each other. This is certainly  
19 the case with playwork, because other practitioners have probably not experienced  
20 it themselves, and perhaps have not heard of it. More recently there have been  
21 some new ‘play’ roles that meet specific outcomes rather than embracing *The*  
22 *playwork principles* (PPSG, 2005). Play does not have measurable outcomes, targets  
23 and objectives. ‘Playwork is a highly skilled profession that enriches and enhances  
24 children’s play. It takes place where adults support children’s play, but it is not driven  
25 by prescribed education or care outcomes’ (Studd, 2010, p 3). Perhaps one of the  
26 closest practitioner roles to playwork is that of the Forest School practitioner, being  
27 child-led and explorative. However, unlike *The playwork principles*, Forest Schools refer  
28 to using ‘a range of learner-centred processes’ (FSA, nd, a). While this experiential  
29 learning has many benefits, it is still focusing on an outcome. There are challenges  
30 to this way of thinking, however. Munro’s review criticised ‘the system of targets  
31 and performance indicators as having introduced perverse incentives and led to too  
32 much focus on achieving targets rather than children’s needs’ (Munro, 2012, p 43).

33 Collaborative working was initiated to support safeguarding. Practitioners in the  
34 children’s integrated workforce understand the benefits of working together in order to  
35 aid effective communication and collaborative practices that assist in the safeguarding  
36 of children. However, as the findings of Laming (2009) and Munro (2012) indicate,  
37 while recognising the importance of working and learning together, in practice, this  
38 has not been happening satisfactorily. There are isolated cases of effective co-location  
39 and multi-agency teams, but these are not the norm. Although developments have  
40 taken place, for instance, interagency child protection training, Local Safeguarding  
41 Children Boards, Multi-Agency Safeguarding Hubs and the Common Assessment  
42 Framework (CAF), these various methods used by the children’s integrated workforce  
43 to support children, young people and their families are not necessarily allowing  
44 practitioners to understand and appreciate one another’s specific expertise. There  
45 are misunderstandings of practitioner roles, and these are further compounded by  
46 different expectations in relation to continuing registration and legislative guidelines  
47 in relation to various professions. For example, educational psychologists ‘are required  
48 to update and develop their knowledge and skills on an ongoing basis’ (The British

1 Psychological Society, 2016). Moreover, the Health & Care Professions Council  
2 (HCPC) refer to their standards of proficiency, stating that these are to be met by  
3 students in order to be registered.

4  
5       Once on our Register you must meet those standards of proficiency which  
6       relate to the areas in which you work. We also expect you to keep to our  
7       standards of conduct, performance and ethics and standards for continuing  
8       professional development. (HCPC, 2015, p 5)

9  
10 Therefore some professions require practitioners to commit to CPD as part of their  
11 registration, and employers in local authorities may not comprehend the bearing of  
12 CPD on their workforce regarding their continued professional registration. Moreover,  
13 lack of CPD is exacerbated by austerity impacting on funding as local authorities are  
14 making cuts in both statutory and non-statutory children's services (NSPCC, 2011).

## 15 16 **Research design**

17  
18 In order to examine the case for practitioners learning effectively together the research  
19 made use of a multi-methods approach that included a literature review, focus groups,  
20 questionnaires, semi-structured interviews and a social media strategy.

## 21 22 *Literature review*

23  
24 The literature review needed to inform the team to ensure their Learning Needs  
25 Analysis, questionnaires and semi-structured interviews were relevant and current  
26 for use with the children's workforce. Additionally, it informed the focus groups  
27 with children, young people and parents and the CPD model for management  
28 and practitioners. Collaborative or integrated services consist of a diverse range of  
29 models and shared working arrangements. Percy-Smith (2005) and Townsley et al  
30 (2014) suggest that it is useful to consider a continuum of integration, defined as a  
31 range from organisations working totally independently and only coming together  
32 for specific tasks, to a complete merging of services. The Labour government sought  
33 to accomplish 'joined-up services', chiefly in response to failures to protect children  
34 (Laming, 2003; DCSF, 2010). Many of the initiatives underpinning present examples  
35 of integrated working maintain comparable ideologies of joint working.

36       There is a plethora of literature examining the factors that help or hinder  
37 collaborative working, yet there is limited evidence relating to the outcomes of  
38 integrated work on the lives of children and families (Sloper, 2004; Marsh, 2006).  
39 Nevertheless there have been a number of comprehensive reviews of the evidence  
40 relating to professional perceptions of collaborative working, consistently identifying  
41 the three levels of organisational, cultural and interpersonal factors as relevant (Sloper,  
42 2004; Atkinson et al, 2007; Cameron and Green, 2015). At an organisational level,  
43 strong leadership with a commitment to steer integrated working is seen as imperative  
44 in achieving joint working (Mitchell, 2006; Goodyear et al, 2015; Salveron et al,  
45 2015). Collaborative working is identified as initially making increased demands on  
46 practitioners and organisations, so it necessitates sufficient and shared resources to  
47 achieve changes in practice (McCulloch et al, 2004; Mitchell, 2006). Clear lines of  
48

1 accountability are recognised as crucial for addressing issues of power, hierarchy and  
2 status (Mitchell, 2006; Black, 2013; Hesjedal et al, 2015).

3 The literature review examined the skills and qualifications, professional frameworks  
4 and standards and expectations for practice for practitioners within the local authority  
5 where the research took place. Additionally, it investigated government guidelines  
6 for working with children and their families, social policy indications about future  
7 directions, which policies had been discarded and which remained current, as well  
8 as scrutinising the archives of the Children's Workforce Development Council  
9 (CWDC). Furthermore, it researched organisational collaboration, processes,  
10 structures and resources that impact on integrated working. It identified key limitations  
11 as insufficient dedicated time for joint reflection, as an opportunity to understand  
12 the perspective of others when working together. The research investigated joint  
13 learning, ascertaining that although interagency child protection training is valuable,  
14 there are limited other occasions where practitioners can learn together. Professional  
15 identities can, often unwittingly, create barriers that widen instead of reduce 'distance'  
16 between practitioners. The research team postulated that integrated working relies  
17 on organisations committing to the ethos, and providing a system to support the  
18 practicalities, such as interagency training and effective communication.

### 20 *Focus groups*

21  
22 The Human Research Ethics Committee of The Open University granted ethical  
23 approval. The research team gathered the views and experiences of children, young  
24 people, parents and carers who were in receipt of, or had previously accessed, services  
25 provided by the children's workforce in the local authority where the study took  
26 place. Three focus groups, with an average of 10 participants in each group, were  
27 conducted. Two focus groups were held for parents and carers, and a third was held  
28 for children and young people. The purpose of the focus groups was to gain direct  
29 feedback, and to ask for comments and ideas on what participants believed were  
30 the important knowledge and skills practitioners need to have, to deliver integrated  
31 services to children, young people and families.

32 The focus groups worked on the principle that it was important to empower  
33 children and young people so as to ensure they felt enabled to express their views  
34 (Carey and Asbury, 2016). In order to ensure that the children and young people  
35 did not feel uncomfortable or overwhelmed, the questions and questioning style was  
36 carefully considered, to avoid any unintentional power dynamics. This was achieved  
37 by building trust and relationships through a fun icebreaker game, providing choice  
38 (Gibson, 2012), sharing the focus group's agenda and being guided by participants  
39 as to what they were prepared to discuss. This had the desired effect of relaxing the  
40 participants, enabling them to share with each other and become comfortable in  
41 the presence of the research team members. Responses were collated and a thematic  
42 analysis conducted, which involved 'systematically identifying, organising, and offering  
43 insight into, patterns of meaning (themes) across a dataset'. Thematic analysis 'allows  
44 the researcher to see and make sense of collective or shared meanings and experiences'  
45 (Braun et al, 2014, p 2).

46 As part of developing the materials for the focus groups, the research team took  
47 extracts from 'The common core of skills and knowledge' (CWDC, 2010). This  
48 framework was concerned with ensuring that all members of the children's workforce

1 had similar skills and knowledge in order to better facilitate integrated working. It  
2 represented extensive work that had been undertaken by the CWDC, an employer-led  
3 organisation that began in 2005 to support the implementation of the Every Child  
4 Matters agenda (DfE, 2003). The CWDC was an executive non-departmental public  
5 body, sponsored by the Department for Children, Schools and Families (DCSF), and  
6 part of the Skills for Care and Development Sector Skills Council.

7 The research team used the framework in an exercise that involved participants  
8 ranking the overarching sections of 'The common core of skills and knowledge',  
9 according to the importance they believed these areas of skill and knowledge to have  
10 for practitioners. The exercise was developed using a simplistic Likert scale with 1 =  
11 most important, 2 = not sure and 3 = not really important (de Vaus, 2013). The raw  
12 nature of the ranking was deliberate, in that its purpose was to give an indicator of  
13 the opinion held by individual participants, and to immediately identify differences.  
14 The visual representation of each participant's view was recorded on a flip chart and  
15 then used to explore in greater depth their rationale for the rankings given. Once  
16 this exercise was completed, the next phase was to ask for examples when parents  
17 and carers believed practitioners, for example, educational psychologists, family  
18 engagement workers and education welfare officers, had demonstrated the qualities  
19 outlined in the CWDC framework, and what they thought about the help and  
20 support they and their families received. These activities helped the research team  
21 to collate personal views and suggestions on how to build and improve the skills and  
22 knowledge of practitioners within the children's workforce. Although the focus group  
23 findings were limited due to their number, they remain valuable as a snapshot of the  
24 feelings and experience of some of those receiving support from a local authority  
25 children's workforce.

### 26 27 *Questionnaires*

28  
29 'The common core of skills and knowledge' was also used to design the practitioners'  
30 questionnaire, specifically identifying the skills and knowledge of the workforce. It was  
31 made available to the entire children's workforce (excluding social work practitioners  
32 and those working alongside them, because they completed this in the first phase of  
33 the research). Respondents were asked a series of questions regarding their individual  
34 learning development plans, in terms of adequate access to training and development,  
35 as well as what the main barriers were. The questionnaire included asking about new  
36 practice developments as well as a series of questions regarding practitioner values.  
37 Its final section was concerned with what participants understood, and their 'wish  
38 list' for learning.

39 In terms of the quantitative data from the frontline practitioner survey there was  
40 a response rate of 53% ( $n = 74$ ) of individuals completing the exercise. However,  
41 only 63% ( $n = 47$ ) of those completed questionnaires were by recognised professions  
42 within the children's integrated service. The breakdown of respondents by profession  
43 was as follows:  
44  
45  
46  
47  
48

Profession	Number of participants (%)
Family engagement worker	10 (21.8%)
Educational psychologist	7 (14.89%)
Educational welfare officer	2 (4.26%)
Children and family centre worker	2 (4.26%)
Senior support worker Foundation Years and Play	2 (4.26%)
Senior worker Community and Parent Training	4 (8.51%)
Specialist educational psychologist	3 (6.38%)
Lead officer Vulnerable Pupils	1 (2.13%)
Special educational needs	1 (2.13%)
Early Years support teacher	1 (2.13%)
Nursery manager	1 (2.13%)
Early Years childcare development worker	2 (4.26%)
Information officer	3 (6.38%)
Legal coordinator	1 (2.13%)
Engagement officer	2 (4.26%)

The remaining questionnaires were completed by individuals, including those with strategic and administrative roles (development officer, Families Matter, project managers, school improvement adviser and support officer), as well as managers and trainers. While the time taken by these individuals to complete the survey was appreciated, it was not felt that their roles were specifically concerned with providing front-line services at a practitioner level. A noticeable trend was that 19% ( $n = 14$ ) 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, and so it proved difficult to identify clear statistical trends.

From the data available it was possible to glean that front-line 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 idea of traditional classroom learning and e-learning, stating a preference for methods that enable learning and development opportunities that support integrated working and enhance professional skills. These methods included bite-size workshops (64%,  $n = 47$ ), appraisals (64%,  $n = 47$ ), team study days (62%,  $n = 45$ ), supervision (62%,  $n = 45$ ) and reflective learning (58%,  $n = 42$ ). Only 43% ( $n = 32$ ) answered questions from the survey concerned with front-line practitioner knowledge, skills and values to work in an integrated fashion were only answered by 43% respondents ( $n=32$ ). The responses revealed that while 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 mechanisms to support integrated working or to allow front-line practitioners to understand each others roles.



### *Semi-structured interviews*

Ten senior managers, employed in the local authority where the study took place, participated in semi-structured interviews. Questions were asked about their role in developing the children's integrated workforce; the barriers in achieving this; what prevented effective collaboration; and if they believed staff valued and comprehended colleagues' knowledge and skills. The interviews closed with an interesting question about imagining what integrated working and CPD would look like in their organisation, if there were no barriers or issues to get in the way. It was noted by the research team that this question often left respondents confused. It was as if the challenges and difficulties they faced on a daily basis dominated their thinking to such an extent that there was no room to think beyond them. This can be linked to the organisational problems identified by Robinson et al (2008) that include resource availability, budgetary allocations and conflicting agendas. Additionally, the views and opinions shared by respondents also reflected the contextual problems of ongoing reorganisations, short-term policy developments and financial insecurity (Allnock et al, 2006; Robinson et al, 2008). However, despite these challenges, senior managers and service leads had a common vision for CPD that had the following characteristics: the sharing of good practice through shadowing, team building and Action Learning Sets.

### *Social media strategy*

The social media strategy located and connected with practitioners, managers, researchers, academics and those employed within workforce development. Its purpose was to generate interest while learning from others in similar roles. The research team shared their findings in the form of blog articles (Harrington-Vail, 2016), which were published on WordPress, and these were then shared on LinkedIn and Twitter. According to Aemeur et al (2005), blogs provide the opportunity for interdisciplinary knowledge exchange, which proved to be the case in this instance. An Academia account was created and shared on the three social media platforms, to demonstrate the research project's credibility and reputation. The team held a Discussion Week and conducted a live Question & Answer session on WordPress and Twitter. These social media accounts established a keen interest – the blog was viewed by 1,167 individuals from 51 countries across Europe, North America, South America, Africa, Asia and Australia. Thus it was both a tool to communicate research findings and to hear from others with an interest in the children's integrated workforce working and learning together.

### **Collaborative working practices**

The research team perceived, in the local authority where the study took place, that the most significant challenge for joint learning in local authority services for children, young people and families was financial. It seems that learning and development has become less significant for local authorities as they struggle to save money and need to prioritise reducing expenses. Thus practitioner learning can become tokenistic and developmental opportunities considered to be the responsibility of individuals, rather than encouraged and organised by the employer. In such an environment,



1 practitioners can either conform to expectation or initiate their own method for  
2 developing knowledge and skills to improve the delivery of services. Although  
3 organisations tend to work across perceived or actual ‘boundaries’, this ‘does not  
4 mean that they have aborted the tendency to work with those most “like” them,  
5 perpetuating the accompanying “silo effect”’ (Bevc et al, 2015, p 2). However, there  
6 are benefits to practitioners forming small teams within larger ones, for mutual  
7 support and understanding, if they remain inclusive and open to others. Through  
8 interdisciplinary learning, practitioners can start to build relationships, develop  
9 understanding of each other’s roles, and begin to iron out some of the complexities  
10 surrounding conflict such as professional identities and values. However, there still  
11 remain issues around power and salary because these are difficult to overcome (Stone  
12 and Foley, 2014). According to practitioner survey respondents, their organisational  
13 culture was reinforced by a senior management team mainly dominated by social  
14 work practitioners (Simpson et al, 2016). The dominance of one practitioner group  
15 in the local authority managers can lead to an ‘us and them’ culture, exacerbating  
16 any existing divisions. This theme was commented on by a number of research  
17 respondents, extracts of which are outlined below:

18  
19 ““There is a lack of recognition by senior managers of other services....  
20 There is also a lack of recognition of other non-qualified staff and there is  
21 no clear career developmental pathway.” (Respondent A)

22  
23 ““Leadership discussion is about social work. It’s not about the 40,000 other  
24 children who are not open to social work that are being supported by the  
25 integrated workforce. It’s all about social work caseloads.” (Respondent B)

26  
27 Combined CPD can offer a valuable opening to collaborative working, although  
28 joint learning and CPD presents a challenge because practitioners are not alike,  
29 due to different philosophies and values. The research identified that interagency  
30 safeguarding training was something practitioners welcomed, along with bite-size  
31 learning opportunities. It was also noted that vehicles for multi-practitioner working  
32 such as the Common Assessment Framework (CAF) have started to formulate  
33 some effective working relationships. The CAF was instigated in the UK between  
34 2006–08 and it ‘was envisaged as a multi-agency tool to provide a standardized formal  
35 approach to the assessment of need, facilitating earlier interventions and promotion of  
36 children’s well-being’ (Collins and McCray, 2012). In Laming’s update on safeguarding  
37 recommendations, while not actually setting it as a recommendation, he stated that  
38 ‘all agencies need further help in using the CAF effectively and consistently’ (2009).  
39 However, a more recent report exploring its impact ‘considered CAF to have  
40 progressed inter-agency working’ (Holmes et al, 2012, p 42). One can speculate  
41 that it might be due to more regular interaction between practitioners, who are  
42 informally learning about each other’s specialisms and expertise as they undertake  
43 holistic child-centred assessments.

44 While it is a positive move that children and young people can choose which  
45 practitioner from the CAF team they would like to be their lead professional, for  
46 planning and facilitating meetings, this can be a potential drawback. For example,  
47 if a school child chose their teaching assistant, in some cases the practitioner may  
48 feel pressured due to perceptions of professional hierarchy in the group, adversely

1 impacting their confidence. In such circumstances, ‘The common core of skills  
2 and knowledge’, with its six key areas, could be used as a foundation for training  
3 and development, to increase the practice confidence of the entire workforce. The  
4 CWDC specifically focused on working together with other practitioners, yet  
5 despite its numerous advantages, it was archived in 2011. This is unfortunate due to  
6 its relevance and significance for practitioners, children, young people and families,  
7 as this demonstrates:

8  
9 Millions of people with different backgrounds and specialist skills work with  
10 children in this country. The common core gives all of us a common set  
11 of basic skills and knowledge. This will help us all to work together better,  
12 speak a common language and support children and young people more  
13 effectively....

14 Multi-agency and integrated working: This key area describes the skills  
15 we need to work together effectively with people from different professional  
16 backgrounds. It highlights the importance of valuing individual expertise  
17 and of understanding the tools and processes that support multiagency and  
18 integrated working. (CWDC, 2010, pp 1-2)

19  
20 Without this common set of skills and knowledge through social policy, it relies  
21 on local authorities and potentially its different departments to draw up their own  
22 systems, which have been revealed as insufficient. Interagency training is only the  
23 start of joint learning in the children’s integrated workforce, and there’s a long way  
24 to go before collaborative CPD can be realised.

## 25 26 **Examining the children’s integrated workforce**

27  
28 In scrutinising the children’s integrated workforce, it is necessary to analyse all research  
29 on this subject. ‘The most important studies regarding the outcomes of interagency  
30 working are undoubtedly those undertaken by LARC (the Local Authority Research  
31 Consortium) in English local authorities ... which was in relation to early intervention  
32 and interagency working’ (Frost, 2014a, p 150). There were four LARC studies, and  
33 the final one concluded that outcomes for children and young people are significantly  
34 improved through practitioners developing effectiveness in working together. In  
35 the study by TIPS (Towards Inter-professional Partnerships), five themes emerged:  
36 communication; assertive leadership; a supportive culture; individual qualities; and  
37 organisational issues (Frost, 2014a).

38 Turning to this final theme of organisational issues, this was clearly highlighted in the  
39 research with this local authority. For example, practitioner questionnaires identified  
40 lack of management support (16%) and few opportunities for promotion (34%). ‘For  
41 interagency work to be effective there is a need for leadership and coordination at the  
42 highest level’ (Frost, 2014a, p 168). However, austerity often means, as the practitioner  
43 questionnaires acknowledge, that there is a lack of funding (84%), inadequate staffing  
44 levels and high turnover of staff (26%). Local authority reorganisations and restructures  
45 have previously tended towards cutting non-mandatory services, reducing middle  
46 management layers and decreasing staff resources such as training. These are reflected  
47 in the responses to the practitioner questionnaires, with 21% stating that there was  
48 a lack of flexible learning provision, and 31% claiming that their available training

1 was irrelevant. However, this might be a short-term ‘fix’ for annual budgets, where  
2 finances depend on government leadership, the Cabinet and policies. ‘Interagency  
3 working is often seen as a solution to complex social problems but is itself complex  
4 and demanding’ (Frost, 2014a, p 174). This can be exemplified by practitioners  
5 working together in the same role but on different pay scales, with team members  
6 not sharing the same moral values, or practitioners using jargon that others don’t  
7 understand. While there are difficulties in establishing and maintaining an integrated  
8 workforce, its strengths are the highly developed information technology for improved  
9 communication and sharing of records. It is well documented that social problems  
10 such as crime benefit from practitioner integration and workforce efficiency, and  
11 that ‘avoiding waste and duplication’ is at the heart of the ‘efficient use of resources’  
12 (Frost, 2014a, p 178).

13 The children’s integrated workforce could be compared to communities of  
14 practice (Wenger, 1998), with its mutual engagement, joint enterprise and shared  
15 repertoire. Practitioners can mutually engage by sharing team meetings, as indicated  
16 in the literature review, to develop understanding, build relationships and potentially  
17 diffuse the issues of professional identity. Joint enterprises could be the creation of  
18 a ‘mission statement’, for instance, collective objectives and partnership agreements  
19 for working and learning together. These would ideally include key goals, such as  
20 determining the purpose of supervision, a concern identified in the practitioner  
21 questionnaires. Having a shared repertoire is important, such as a common language,  
22 without jargon, as well as collective tools for communication and documentation.  
23 Envisaging the children’s integrated workforce as a community of practice can  
24 aid the reduction of silos and the ‘tunnel vision’ ways of working highlighted in  
25 the CPD model. ‘It is important to respect and deploy distinctive specialisms, as  
26 well as general understanding, if professionals are to gain job satisfaction and retain  
27 opportunities for career advancement beyond the life of the multi-professional team  
28 in which they currently work’ (Anning et al, 2010, p 86) – thus demonstrating the  
29 importance of CPD.

30 Integrating the children’s workforce is a multifaceted challenge with issues of power,  
31 status and organisational structures (Frost, 2014b). Projects like Team Around the  
32 Family and CAF are interagency methods of working together that ‘start from the  
33 needs of the child and for professional roles to be responsive to their needs’ (Siraj-  
34 Blatchford et al, 2007 cited in Frost, 2014b p 252). However, such teams can be  
35 target-led which, as discussed, concerns Studd (2010) and Munro (2012), linking  
36 with Power (1997), who claims that we live in ‘an audit society’ that ‘invests too  
37 heavily in shallow rituals of verification at the expense of other forms of organisational  
38 intelligence’ (cited in Frost, 2014b p 238).

39 Furthermore, Midskard (2012, p 264) adds that ‘children would profit more from  
40 a freer and more time-demanding interplay between various professionals’ distinctive  
41 services.’ Some practice teams focus on results and targets, which may not necessarily  
42 benefit individual children, yet it is a requirement. Specifically, social work and  
43 teaching practitioners are under pressure to evidence their interactions with children  
44 through meticulous record keeping as an audit for the targets and outcomes set by  
45 government. This is therefore an issue of UK social policy, contrasting with the  
46 different practices of continental Europe and Scandinavia, demonstrating an alternative  
47 cultural aspiration and social construction. Numerous government leaderships, since  
48 2014, while accepting and endorsing the children’s integrated workforce, have made

1 limited tangible progress. Additionally, there are organisational challenges due to  
2 societal changes, for instance, 'new migrant communities' and 'changing consumer/  
3 service user expectations' (Frost, 2014b). Overcoming austerity in our evolving society  
4 is the political priority, and while working and learning together can potentially  
5 reduce costs in the long term, to achieve this will be complex – organisationally,  
6 personally for practitioners, and, at least initially, financially.

7  
8 Consequently 'the dilemma for policy makers ... [is] how to combine or  
9 collaborate between, or integrate, different disciplines, professional bodies,  
10 organisations and agencies to achieve the best possible outcomes for children  
11 within a shrinking welfare state' (Stone and Foley, 2014, p 65-66).

12  
13 Research findings support the argument that co-location and realignment of  
14 practitioners under the name of integrated working does not necessarily bring about  
15 joined-up practices and ultimately positive outcomes for children, young people and  
16 their families.

## 17 18 **Research findings**

19  
20 This research project analysed literature, focus groups, questionnaires and semi-  
21 structured interviews, which indicated the importance of working together, and  
22 established that this has not been occurring, at least not in any sufficient depth and  
23 breadth. Research results were collated and analysed using thematic analysis and  
24 coded using NVivo to develop the CPD model. The overall findings from the data  
25 revealed that this particular organisation was not integrated, but rather made up of  
26 separate services that were aligned. Moreover, professional silos were impacting on  
27 integrated working, which was demonstrated in the administrative and bureaucratic  
28 processes used within the organisation. It was found that these processes reinforced silo  
29 working. Additionally, the data revealed that the effects of austerity had increased the  
30 level of silo working as practitioners endeavoured to preserve resources. The peril of  
31 silo working is that it has become the norm. 'As we become buried in our corner of  
32 the organization or immersed in our specialism, we are more likely to develop tunnel  
33 vision' (Rozenhuler and Rowland, 2015, p 136). In developing the CPD model,  
34 the research team acknowledged the literature on children's integrated workforces  
35 revealing organisational, cultural, professional and contextual problems (Allnock et  
36 al, 2006). The team were aware of the rhetoric of joined up services, understanding  
37 that the reality is very different (Robinson et al, 2008). While appreciating the  
38 boundaries and limitations within the organisation that the research team worked  
39 in, the findings produced features for a CPD model, which are:

- 40  
41 • the need for CPD to become part of the appraisal and supervision framework;  
42 • an approach that captures the professional regulatory bodies' requirements;  
43 • a level of flexibility to enable prioritisation and re-prioritisation of individual  
44 service needs, in conjunction with organisational demands;  
45 • feeding into organisational policy priorities;  
46 • promoting ownership at all levels of management;
- 47  
48

- resilience to survive organisational change;
- supporting a ‘grow your own’ and talent-spotting culture within career development.

## Implications for playwork practice

Research on the threats to playwork identify ‘isolation; lack of identity’ (King, 2015, p 8), and these need to be overcome through collaboration and helping other practitioners to understand the values and principles of playwork. As identified above, the CAF holistic assessments demonstrate some practitioner collaboration, providing an opportunity for informal learning, corresponding with research findings. Practitioners and managers both agreed with the usefulness of shadowing and team building. Such informal learning practices offer the prospect of attaining developmental understanding through observation, discussion and reflection. ‘Reflective practice has emerged as a key approach to learning at the heart of much practitioner training and professional development’ (Rixon, 2014, p 215). Practitioners cannot accurately quantify the value of collaborative relationship building, fostering trust and generating increased awareness, thus employers may be wary of its effectiveness without evidential data. However, as Studd (2010) and Munro (2012) claim, outcomes and targets can be superfluous when engaging with children as practitioners, and therefore the same argument could set an effective precedent for practitioners’ informal learning. The informality of learning through, for instance, shadowing, without outcomes and targets, could relax communications to help develop working relationships. Such a lack of firm outcomes could be especially beneficial to playwork practitioners, in line with the eight *Playwork principles* (PPSG, 2005). For instance, their proficiency in enabling children could transfer well into supporting other practitioners to develop mutually convivial relationships.

As outlined above, playwork practitioners might be considered to work fairly closely alongside Forest School practitioners, due to their similar outlook regarding some aspects such as the concept of ‘risky play’ (for example, the use of tools, climbing, experiences of fire and open water). Although this comparison does not include a sharing of practitioner aims and principles, it effectively compares cultural aspects. Childhood activities appear to have regressed from the tree-climbing generations to inhabiting sterile indoor playgrounds. Play, it seems, has, in effect, been commandeered by UK social policy and used as a base for educational attainment and some therapeutic health practices. While these are undoubtedly beneficial for children, they are not playwork. The philosophies of playwork and Forest Schools hold similar principles to the continental European and Scandinavian practices of their ‘pedagogical model’ (Springate and Foley, 2008, p 132). Different cultural aspirations to risk management might be considered as a form of social construction, or perhaps as one of Foucault’s characteristics of governmentality, whereby social policy classifies and directs its population (Lemke, 2001). Whichever way it is perceived, perceptions identify that childhood has changed across recent generations within the UK, notably children’s access to outdoor play, and children may find it difficult to negotiate and manage their own risks if they become dependent on adult ‘support’:

Cautious children have their natural tendencies reinforced and become unable to experiment, rather than being helped to overcome their inhibitions;

1 while confident children may become reckless and unable sensibly to handle  
2 the hazards of daily life, because their environment has become so sanitised  
3 that they have no experience of dealing with risk. (Gladwin and Collins,  
4 2008, p 158)

5  
6 Despite this anxiety about children, Forest Schools are flourishing, and many  
7 education practitioners are reaping the benefits of an increased understanding of  
8 the need for children to have 'risky play' experiences. Most children spend a lot  
9 of their time in school, and there are many educational practitioners, some with  
10 distinct specialisms, and so it is important that more schools become involved with  
11 Forest Schools. Practitioners with different philosophical principles can collaborate  
12 effectively with others, as Maynard (2007) discovered in her study on collaborations  
13 between schools and Forest Schools. 'Adopting a Foucauldian lens enabled me to  
14 read the encounter between the teachers and the Forest School workers not as a  
15 personal conflict but as a battle between two dominant discourses: two educational  
16 traditions with different values, beliefs and goals.'

17 Since Maynard's study, there has been an increased number of partnerships,  
18 commencing in 1993, and with further developments since then (FSA, nd,  
19 b). Nevertheless, the ethos of Forest Schools and playwork remain distinct.  
20 Homogenisation or dilution of these is not being suggested because it is important  
21 to respect practitioner values and working styles. The benefit for playwork with this  
22 development of Forest Schools is that it could be considered as paving the way in  
23 cultivating practitioner's' understanding of play, plus the Forest School practitioners  
24 might be depended on for support. It could be argued that the 'breaking of boundaries'  
25 in traditional thinking around working with children has already been undertaken  
26 by Forest School practitioners, so they will likely welcome playwork practitioners  
27 in group discussions within an interdisciplinary training event or at collaborative  
28 meetings. Thus learning and working together has benefits for playwork practitioners,  
29 although all practitioners need to be wary of any team within a team developing  
30 into a silo. This recent interest in play might be advantageous for playwork as a  
31 knock-on effect.

32 Conversely, some holiday clubs operating on school premises, claiming to provide  
33 play during out-of-school hours, are conforming to educational practices such as the  
34 provision of learning activities. Such practices may be dominated by practitioners'  
35 experience rather than embracing a playwork perspective.

36  
37 During the 1960s and 1970s play became an important part of learning  
38 in schools as influential reports, such as the Plowden Report, emphasised  
39 play as the principle means of learning in childhood (Central Advisory  
40 Council for Education, 1967). However, this philosophy of the value of play  
41 was later to be outflanked by some very powerful lobbies with some very  
42 adult agendas – health and safety, after-school care and curriculum-based  
43 education. (Springate and Foley, 2008, p 117)

44  
45 This demonstrates that education has changed over time, being previously play-  
46 oriented, but then social policies constructed a different focus, which has recently  
47 been reversed again to emphasise the importance of play. The revised Early Years  
48 Foundation Stage, which commenced in September 2012, reduced its early learning



1 goals down from 69 to 17, and its press release announced the importance of children  
2 being ‘able to make friends and play’ by the then Children’s Minister Sarah Teather  
3 (DfE, 2012). Furthermore, the UK government’s *Mental health and behaviour in*  
4 *schools* report (DfE, 2016a) includes play therapy as an appendix for support and  
5 information. Mental health is on the current Cabinet’s agenda as another recent  
6 document demonstrates, *Mental health and wellbeing of looked-after children: Response*  
7 (DfE, 2016b). Although playwork practitioners understand that play helps with healthy  
8 development and wellbeing, the UK government has not recognised play as the  
9 preventative healthcare acknowledged in some other European countries with their  
10 social pedagogues. These different cultural approaches assign their financial priorities  
11 with divergent social policies and taxation. This variance echoes the dissimilar  
12 concept of practitioners in the children’s workforce, for example, the culture, ethos  
13 and values that form their training. These are potentially as opposing as the views on  
14 the medical model versus the social model, both embedded in practitioner learning  
15 and practice. Whether practitioners adopt, for example, the medical or social model  
16 depends on the training they receive from their regulatory body. However, this is not  
17 insurmountable, as many successful CAF collaborations have proven.

18 ‘Schools are institutions governed by law, which, by default, suggests a structured  
19 environment’ and ‘the practice of playwork can be seen as a binary opposite to  
20 schooling’ (Kane and Petrie, 2014, pp 3–4). Suitable venues at a reasonable cost are  
21 hard to find, and schools are in the heart of the community and can often be available  
22 for use. Joint learning and CPD would enable practitioners to have an understanding  
23 of different approaches, ethos, culture, philosophy and to recognise practitioners’  
24 knowledge and skills. This benefits children and young people too, because similar  
25 to their observations of positive interaction between their practitioners and families,  
26 they observe different practitioners working well together, showing respect and using  
27 effective communication. Additionally, it means that settings follow their distinct style  
28 of practice, rather than adapting to the venue or to the perceptions of others.

## 30 Conclusion

31  
32 If governments are unable to set strategic policies for the workforce to learn and  
33 work together, then it is unsurprising that local authorities struggle with this too.  
34 Practitioners could therefore action this themselves by attending other practitioners’  
35 team meetings, scheduling shadowing sessions and reading practitioner blogs, while  
36 recognising time and workload restraints. Whereas combined CPD is unlikely to be  
37 achieved for many practitioners in the near future, it is proposed that joint learning  
38 can help to unravel issues such as professional identity. Informal learning can be  
39 achieved by working together on, for example, CAF, to create relationships and build  
40 communication as a valuable starting point.

41 Although there are differences between playwork and Forest Schools, there are  
42 numerous similarities, boding well for integrating playwork into the children’s  
43 workforce, because many practitioners are now familiar with Forest Schools and the  
44 role of play in early education. This suggests a less complicated integration due to  
45 partial comprehension of some comparable values. Other practitioners will gain from  
46 a deeper understanding of *The playwork principles* (PPSG, 2005), such as enabling and  
47 facilitating children. Practitioners in early intervention and social care are already  
48 practising reflective practice and advocacy. Through joint learning, practitioners



could discover some similar approaches, values and principles, thus overcoming the identified threats to playwork, and potentially triggering some further research and discussion on the future of playwork within the children's integrated workforce.

## Notes

<sup>1</sup> Amanda Harrington-Vail is the corresponding author. She is a university lecturer at The Open University specialising in working with children within health and social care including playwork, and is also a university consultant in social media. Amanda researched and operated the social media platforms, generating interest in the research project.

<sup>2</sup> Jennifer Simpson is an Open University locality lead and staff tutor, specialising in children's social work including fostering and building resilience. Jennifer was the principal investigator in the research team.

<sup>3</sup> Sharif Haider is an Open University lecturer specialising in social work and mental health. Sharif analysed and interpreted data from the questionnaires, semi-structured interviews and Learning Needs Analysis for the research.

<sup>4</sup> Janet Bardsley is a member of The Open University Social Work Department and was part of the team conducting the literature review in the research.

<sup>5</sup> Gill Brown is an Open University lecturer in social work and was part of the team conducting the literature review in the research.

<sup>6</sup> Kenneth Bayley is an Open University lecturer in social work. He coordinated the focus groups for the research.

<sup>7</sup> Ann Dale-Emberton is an Open University lecturer in social work and was part of the team conducting the literature review in the research.

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