

PROFESSIONAL CULTURE CONFLICTS

CHANGE ISSUES IN PUBLIC SERVICE DELIVERY



Tony Brown and Ben Higham
with John Elliott and Christine O'Hanlon

Professional Culture Conflicts: change issues in public service delivery

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Artwork: Steve Appleton	

Introduction and outline of key findings and recommendations

Public service provision in the UK is being challenged by **changes to structure, process and funding**. This project has sought to develop a clearer understanding of the cultural and operational issues posed by these changes. The process involved interviews with public service professionals, followed by a colloquium involving interviewees and invited guests representing a range of professional perspectives.

The context in which professionals and managers are required to deliver rapid change is characterised by **paradox, inconsistency and incoherence**. These confusions reflect the tension between **the drive for higher quality** services, and the **urgent reduction in the funding** available to support such improvements. The **issues in tension** are itemised within the text of this report.

Professionals appear to be offered **greater freedom and autonomy**, and a move away from a target-driven culture, at the same time as the **monitoring** of simplistic and countable 'outcomes' is **intensified**. **Innovation and change** are encouraged rhetorically, while the **experience and professional confidence** that would be needed to deliver these things are **eroded** by the shedding of experienced staff, and an obsession with governance and protocol.

'Reflective practice' may not be helpful if it leads to a negative critique of the drivers of change, and a surfacing of personal and professional conflicts associated with it. Critical reflection may make it **difficult to maintain motivation** (of self and others) at a time when it needs to be maximised in the interests of achieving more for less.

Ideology and practice are highly conflicted and confused. Honest respect for unreconciled perspectives is uncommon. In fact, ideology often seems a substitute for argument or evidence in the construction of policy. There is correspondingly a **lack of respect for, or understanding of, the policymaking process**. This

dislocation between policymaking and practice is unlikely to encourage the creative and collaborative problem-solving which could lead to service improvement.

A **spectrum of practical and emotional responses** was expressed by our sample of professionals. While there was **cynicism** from some sources about the stated commitment to a more 'liberating' approach which would restore individual professional autonomy, others were more **optimistic**. In terms of emotional responses the spectrum was dramatic – ranging from supreme optimism and confidence, to head-shaking despair. Between the extremes we encountered a sort of amused detachment linked to professional self-confidence; and a rather more agonised determination to preserve traditional values, and to protect the interests of service users and colleagues.

We found that a **more honest dialogue** needs to exist between policymakers and practitioners, so that a **greater sense of shared purpose** can be achieved, and the translation of policy into practice can be implemented more effectively.

For policymakers, there is a need to engage with practitioners and communicate more clearly the purpose and rationale informing policy. Respect, and creative collaboration, may be increased if the **problematic/contested nature of theory and practice** in these areas is acknowledged. The policy discourse should recognise the complexity of the personal, ethical, financial, personal, and organisational issues.

Practitioners need to have the confidence to respond to varying local needs and capabilities. Ideally, policymakers would articulate **What** needs to be achieved, allowing professionals and service delivery managers to direct **How** it will be delivered locally. This is the best way to nurture motivation, innovation and change.

The findings suggest the need for a new approach to **professional development**. Knowledge, skill, and judgement remain indispensable, but we also need to emphasise the **flexibility and resilience** needed to anticipate and cope with

paradox, uncertainty, and conflicting values, and to maintain motivation in this challenging environment.

Finally, there is the potential for **further research** to refine our understanding of the processes of policymaking and implementation, and the relationship between the two. It would also be valuable to create case studies evaluating successful change initiatives, in order to capture and disseminate the characteristics of successful innovation.



Background and project rationale

This Government believes it has a fundamental responsibility to ensure the provision of high-quality, accessible public services, which in core services like policing, schools and the NHS are free at the point of use.....

We believe that a new approach to delivering public services is urgently needed. The principles that inform our approach, and the policies we will enact to give it force, signal a decisive end to the old-fashioned, top-down, take-what-you-are-given model of public services. We are opening public services because we believe that giving people more control over the public services they receive, and opening up the delivery of those services to new providers, will lead to better public services for all. Whatever the circumstances, this Government would be modernising public services in this way. But in this economic climate, when times are tight and budgets are being cut to stabilise the economy and reduce our debts, opening public services is more important than ever – if we want to deliver better services for less money, improve public service productivity and stimulate innovation to drive the wider growth of the UK economy.¹

‘A new approach to delivering public services’ involves the rapid implementation of challenging changes to structure, process and funding. These convulsions may be threatening the coherence of provision, and the protection and well-being of citizens throughout our community. Already they appear to be causing stresses in the relationships between commissioning bodies (typically local authorities) and service providers; and to threaten partnership and co-production practices which have grown up in recent years, to engage users in service design and evaluation. All parties are asked to adapt to ‘a huge culture change.’ But culture change is notoriously difficult to achieve.

It may be that we inhabit a society in which the conditions driving professional actions change faster than actors can adapt to them in their professional behaviours. So short-term obsession with **process change** becomes the favoured approach, and slower, more sustained forms of growth are suspect (see Sennett 2006²).

¹ *Open Public Services - White Paper*, The Stationery Office, London July 2011, p. 6

² Sennett R., *The Culture of the New Capitalism*, Yale University Press, New Haven and London, 2006

The implications of such an 'open,' 'market-driven' approach, as expressed in the Government White Paper, are significant. Citizens are cast in the role of individual units of consumption who shape provision to match their desires. What constitutes 'the good' ceases to be defined by professional experts, and instead is privately defined by the individual consumer.

This project aims to develop **a clearer understanding of cultural and operational issues affecting the implementation of radical changes to the provision of public services.** The method is to establish a dialogue between the project/UEA and influential practitioners in social care, education and health. Recent work by this report's authors on the transformation of adult social care (Brown & Higham, 2010³) indicates **a significant gap between the rhetorical commitment to 'radical change to culture and practice,' and the reality of change on the ground.** The purpose of this project is to better understand the issues that contribute to this gap, so that practical suggestions can be made about possible ways of resolving them to enhance professional performance. At a time of squeezed resources it is particularly important to have **a realistic understanding of how improvements can be achieved; and what barriers (cultural; habitual; professional; practical; financial; ethical) seem to be inhibiting success.**

Process

We have undertaken a small-scale qualitative enquiry to enable us to improve our understanding of the change issues faced by practitioners, and to suggest ways in which they might be resolved as a result of this understanding. Eleven senior professionals currently occupying mediating roles at the interface between public service policy and practice have been interviewed. This activity was followed by a colloquium, involving some of the interviewees and other invited contributors, at

³ Brown T. & Higham B. *The Transformation of Adult Social Care*, Social Enterprise East of England Research & Information paper, 2010
http://issuu.com/seeedocs/the_transformation_adult_social_care/1

which a formative draft of this report was considered, and recommendations for strategies to improve practice were identified. This final report reflects on the issues identified through the research, and suggests practical ways to address change processes, and impact on the quality of service delivery in the community.

An account of the professional context: issues in tension

In seeking to gain a clearer understanding of the issues affecting service delivery in health, social care and education, we do not attempt to paint a comprehensive picture of these complex and varied services. But we hope professionals and policymakers will be able to recognise the impressionistic image that is created by the **issues in tension** that have emerged in our conversations with practitioners.

Contextual tensions

Ideology and practicality
Cost and value
Trust and accountability
Process and outcomes
Freedom and rules
Integration and disintegration
Monitoring and evaluation
The long term and the short term

Personal tensions

Idealism and pragmatism
Leadership and control
Optimism and dismay
Autonomous judgement and protocols
Acquiescence and critical scrutiny
Career and vocation
Experience and initiative
Flexibility and specialism

Contextual and personal tensions

Honesty and denial
Values and value
Risk aversion and the impulse to innovate
Public service ethos and the magic of the market
Continuity and change

Some of these tensions are amplified in the paragraphs that follow.

Ideology and practicality

The ideological position that public service organisations have to adopt consists of two key beliefs: service delivery can be improved; and this can be achieved at the same time as costs can be significantly reduced. The practical unknown is whether these beliefs are realistic.

Pressure to change is, at least in part, ideologically driven. Ideology is used in the sense of a body of beliefs that amount to, or reflect a personal, emotional and political disposition. For example, among government policymakers there seems to be a largely unquestioned assumption (i.e. a belief) that 'bureaucrats' are unwilling and unable to initiate or embrace change. The Big Society is an example of an ideological disposition that seems resistant to implementation in practice. So, the small, specialist, local, flexible, community-based organisations which are supposed to benefit from the BS, and make it real, are finding themselves ineligible/unable to bid for crumbs from the reduced public service cake.

Integration and disintegration

Integration is a common, positive-sounding response to budget cuts. There are many initiatives to bring together eg health and social care – and by extension education, within Children's Services. The proponents of this process point to greater coherence in planning and service delivery, as well as the cost saving associated with a reduced headcount.

However one respondent described the effect of '*integrating*' – i.e. merging three teams, and reducing the capacity from 30 to 15 people – while requiring the same volume and quality of work, as a '*bloodbath*.' Another admitted to the difficult impact on the lives of colleagues.

Yet another reported on a seemingly successful integration project that was aborted when one of the partners to it lost the contract to deliver their services. This caused confusion to staff, and personal pain to the remaining managers who had led the original initiative. It also highlighted the problems of developing a better way of working, and perhaps a more creative approach, in a circumstance where the context is so unstable that the continuing involvement – or even existence - of participating agencies cannot be assumed. In this case, a competitive tendering process, conducted by a soon-to-be-defunct commissioning body, unravelled the development of a local and idiosyncratic strategy for service delivery.

Idealism and pragmatism

A teacher, nurse, or social worker may well have entered their profession motivated by idealism - the reward of benefiting society. So may a manager or administrator in these contexts. At a time of cost-driven upheaval, decisions may have to be taken – about individual careers, and/or organisational structure – which are not obviously in the best interests of practitioners, or their clients, or colleagues. Remaining committed to the project or institution can require a degree of pragmatism bordering on cynicism.

There is a general acceptance that there is always potential for improvement, where this is associated with a clear sense of purpose, and a supportive environment: good leadership and motivation (though these conditions are, of course, not always met).

Autonomous judgement and protocols

Professional status – e.g. of teachers – has been eroded over time. Social workers are stigmatised as a profession by association with a small number of highly visible failures. Even GPs must delegate much of their work to nurse practitioners, or refer important decisions ‘upwards’ to specialists. Trust in others, and confidence in oneself, are at risk.

Governance, protocols, transparency, and monitoring are not only time-consuming – for managers/bureaucrats as well as for professionals – they often reflect ill-judged, or distorted priorities. A hospital Consultant's induction seems to place inappropriate emphasis on health & safety, equality & diversity, IT systems (especially), and fire procedures. The '*protocol-driven ethos*', linked to '*massive over-investigation*' can be seen as '*an excuse for not using clinical acumen.*'

Risk aversion and the impulse to innovate

Professional contexts are highly regulated, and career development can be closely related to compliance. If anything this climate has been intensified by the increased surveillance and monitoring of professional performance. Cultures strongly characterised by compliance are inherently unlikely to be good at risk or change. Also, who is going to champion risk in the contexts we are dealing with here? Politicians, managers and practitioners cannot be seen to promote risk in these inherently dangerous settings.

So the scope for innovation – trying new and different ways of doing things – is constrained. And yet '*massive system-wide change*' seems to be the imperative for practitioners charged with delivering quality services for much less money. It has been suggested to us that more experienced professionals are more confident about their decision-making, and might be a source of creative approaches (albeit in some fields these are the people who are being moved out). It seems certain that the tolerance of risk and the encouragement of innovation need to be carefully and skilfully managed, so that colleagues recognise the freedom to engage in '*calculated risk-taking*' within what some see as a more liberated operating environment.

Public service ethos and the magic of the market

A number of respondents referred explicitly to a '*public service ethos.*' These respondents felt that this ethos was being undermined: '*if you look at the messages*

that are being sent out about the public services, well, who would do it? Who's going to do it in future?' One acknowledged 'worries about public services – something I'm wedded to.' This respondent added: 'to me personally it feels like they are messages of hostility towards public services... [this] cultural message is not a particularly constructive way of going about it;' and explicitly speculated about 'how much value society wants to put on there being a degree of equity, and concern for people that are the most vulnerable.'

On the other hand, respondents resisted the suggestion that their work was threatened by private sector *'predators.'* Rather, competition was more likely to be between public institutions (eg hospitals), and individual projects or services. The concern was that the market was contracting, not that it was attracting new competitors. (This may reflect the local conditions experienced by our respondents.)

Continuity and change

'Actually, my day to day practice hasn't really changed at all.'

'We change all the time – to say it's difficult or resisted is bollocks!'

Respondents are intriguingly inconsistent. From some perspectives professional practice does not seem to change much. Viewed from elsewhere this can be seen as a time of convulsive change. Individuals can hold both views at once, seemingly without any sense of contradiction.

Several respondents referred to a deliberate process of *'destabilisation;'* some were hopeful this could lead to a period of greater stability. More typical was the sense that this was just part of a process of ongoing churn, and/or cyclical turnover: *'the policies at the moment seem to be destabilising what has been, rather than replacing it with anything clear.'* *'A lot of secure reference points are unsettled,'* which is *'personally difficult for people.'*

Financial pressures are now '*so substantial things cannot go on as before... [it] pushes you into new ways of thinking,*' even though '*there is no money for new ideas.*'

It does appear that continuity is a victim of political and structural impatience. This is both at the level of policy ('*newly invented*' political priorities); and at the level of practice: '*continuity is appalling in GP-land*' for patients hoping to see '*their*' GP regularly (a situation mildly exacerbated for patients whose GPs choose to spend a day a week in a new commissioning role).

The value of continuity links to the issues of loyalty and craftsmanship outlined by Sennett in *The Culture of the New Capitalism* (2005)⁴. Institutions that prioritise or promote 'radical change' will automatically exclude or downplay the value(s) of continuity and loyalty. Professional craftsmanship may seem to be a brake on progress and innovation. The tension between continuity and change seems to lie near the heart of the problems associated with trying to implement service improvement in a confused and volatile climate.



⁴ Sennett R., *The Culture of the New Capitalism*, Yale University Press, New Haven and London, 2006, pp 64 -66.

Reflections on the interview data

These tensions, which emerge consistently from the data, are not presented as either-or options, or in terms of comparative value or desirability. But they illustrate the context in which public service professionals are required to work. Essentially they are required to find a practical way of reconciling parallel realities. A core professional attribute becomes the ability to maintain a belief in the quality and value of what you do, while the context in which you do it is assailed by unevidenced ideology, restless policy-making, structural instability, and the urgent need to reduce cost.

There is a resonance with this approach in Jenkins (2007), who describes previous experiences of public sector professionals trying to engage with the paradigm of business efficiency as a mechanism for improving the delivery of public benefits:

These new [private sector] disciplines produced another paradox of Thatcherism. Both private and public sectors offered services concerned with quality and value for money. But surveys throughout the 1980s and 1990s showed that civil servants were still primarily motivated not by money but by a sense of public service. They acknowledged an 'ethos' in working for government distinct from that in the private sector. Privatization they could understand. But as we shall see under Gordon Brown, its partial application left them confused. Was their accountability to the public as represented by politicians, national and local, or to a Treasury bottom line? How could the users of a service be termed customers if it was free at the point of delivery? In any public service, who was now the leader and under what banner were they marching? Thatcher presented herself as the answer. But she brought to public service ceaseless upheaval, blood-letting and top-down reorganisation. This was informed not by public inquiry or consensus but by consultancy out of ideology.⁵

An image that occurs to us is of the long-running American TV show, *M*A*S*H*. In this series, set in a military medical unit during the Korean War, matters of life and death are treated with humour and a sort of grim optimism, by professionals who

⁵ Jenkins S, *Thatcher & Sons*, Penguin, London, 2007, p.108

are constantly aware that they are practising in a 'theater' that is unsuitable in all sorts of ways (political, managerial, clinical, etc). Throughout the series the ironic, comic effect is achieved through the characters' conscious and skilful balancing of the seriousness, and the absurdity which coexist in M*A*S*H. There is a determination to fulfil professional responsibilities to the best of one's ability while being fully aware that the context often militates against this.

While many of the reforms set out here are already under way, others will require detailed design, and the solutions will often be specific to each service. It will be vital to consult and engage with those who use public services, as well as those who are or could be delivering public services, about the best ways to achieve the Government's ambitions. The Government will have to prioritise and pace its reforms to ensure that it balances the public's need for change with the capacity of public service providers to deliver those changes.⁶

Almost no one we have spoken to expects any of the changes currently in hand, and dimly signalled in the *Open Public Services* White Paper, to lead to lasting structures and processes. It is as if professionals are inured to doing the best they can in the unsuitable, and unstable circumstances they find themselves in. There is also a concern about the nature and quality of public engagement in service review. For instance the highly criticised NHS Choices hospital and GP review scheme⁷, raises questions about whether criticism can be responded to reasonably: whether any dialogue can realistically contribute to strategic, long term service development; and whether the activity is a poorly implemented government strategy to engage a public consumer base, effectively a gesture towards local customer power.

⁶ *Open Public Services - White Paper*, The Stationery Office, London July 2011, p. 6

⁷ *GPs' fury over 'poison pen' online tirades*, *The Observer*, 4/12/11

<http://www.guardian.co.uk/society/2011/dec/03/gps-poison-pen-online>

Coping Strategies

We found a number of **coping strategies** applied by interviewees in our sample:

Supreme self-confidence – where individual practice is informed by knowledge, experience, personality, and habit to produce a clear sense of quality and priority which remains relatively constant while policy and structures change around it.

Supreme optimism – a Panglossian certainty that all can be made to work where there is clarity of purpose and single-minded application. Focus is applied to what needs to be done in the context of changing parameters and priorities; and is not undermined by outward concern for the casualties of the process – whether they are colleagues or clients.

Keep your head down and hope for the best – this is the generic pragmatist strategy. It does not encourage a critical or reflective approach to professional practice. This may represent a sound method for retaining sanity and objectivity in a fluid and problematic context, but it provides no guarantee that individuals will avoid frustration or hurt.

The balance of critical intelligence and professional purpose – this position recognises the political, professional and personal dilemmas, and registers the pain these cause. But the professional is able to rationalise that her/his responsibility is to protect the quality of service, and minimise the damage which political realities imply. This commitment to maintaining the best possible service in the circumstances may support innovative and resourceful approaches to service design and delivery.

These coping strategies are a response to the previously identified tensions – where both ends of a continuum of meaning can seem equally pressing and persuasive –

and recognise an uncomfortable context for action, particularly for more reflective and critical professionals. So, the challenge for practitioners may lie in reconciling and managing these tensions so that performance can be optimised. Even more so for those that believe they can contribute, as suggested by the Government's vision, to the delivery of 'open public services'.

The Colloquium

The colloquium discussed a range of issues. There was a general recognition of a practical need for change alongside a pragmatic acceptance of a degree of anxiety and frustration at a lack of coherence, sensitivity and sensibility in the policy-making driving the change agenda.

The strongest consensus was on the following issues:

- a) The need to take into account the declining resource (in all service areas);
- b) The need to involve all those who are affected in the solutions;
- c) The need for policymakers to understand how corrosive and distorting targets are (both to the sensible delivery of service and use of resource, and to the confidence, capacity and autonomy of the trained professional);
- d) The need to recognise the structural separation of policymakers from the professionals responsible for implementation, and to question the wisdom of such a divisive approach;
- e) The need to understand the reality of the impact of policies, both in the current operating context and in relation to the broader social and economic circumstance, on the workforce and the clients and patients they serve.

These perspectives recognised a professional responsibility and a commitment to public service and its improvement often in tension with the received approach to change. The need for, and value of, worthwhile change is identified here but so, also,

is the identification that those who are well trained and informed to manage such change are not trusted to engage in and inform the change planning process.

There was a frankness in the recognition that senior professionals need to better 'understand the politics of how policies are made'. It was also recognised that 'professional status can be linked to risk aversion' that might not contribute to useful and dynamic solutions in some cases; in particular, in situations where workplace professional development has been over-focused on risk aversion, and professional autonomy and responsibility have been undervalued and undermined.

The responses outlined above helped to refine and validate our original findings. We then asked our participants to envisage strategies for optimising practice in this context; including

- the conditions likely to lead to successful service management and delivery;
- the implications for organisational leadership and decision-making;
- any lessons for the professional development of qualified practitioners and managers.

We also discussed whether analysis, and reflection are helpful. If decisive action is required to continue to meet a variety of complex needs, agonising over conflicting meanings and emphases may be more paralysing than energising. However, all were persuaded by Hampden-Turner's [1990] account of 'intelligent action' in which he argues:

'formal rationality cannot deal with the conflicts between different values.... It is this weighing of contending sets of values and choosing the right combination which remains the mystery at the heart of good leadership [our emphasis]. So let me describe an alternative reasoning process... This is a *binary* logic because values are really differences or contrasts. We can, therefore, inquire as to how effectively a leader is managing the two values on a continuum. We can... locate graphically where the leader stands on the 'map coordinates' or values axes, of [for

example] product versus process, learning versus profit, and intrinsic versus extrinsic rewards. ' ⁸

Summary and recommendations

The context in which professionals and managers are required to deliver rapid change is characterised by paradox, inconsistency and incoherence. Professionals appear to be offered greater freedom and autonomy, and a move away from a target-driven culture, at the same time as the monitoring of simplistic and countable 'outcomes' is intensified.

Innovation and change are encouraged rhetorically, while the experience and professional confidence that would be needed to deliver these things are eroded by shedding experienced staff, and an obsession with governance and protocol. 'Reflective practice' – a well-established model for practical improvement – may not be helpful if it leads to a negative critique of the drivers of change, and a surfacing of personal and professional conflicts associated with that change.

Critical reflection may make it difficult to maintain motivation (of self and colleagues), at a time when this needs to be maximised in the interests of achieving more for less.

Ideology and practice are highly conflicted and confused. Evidence of considered policy-making is elusive or contradictory. Honest respect for unreconciled perspectives is uncommon. In fact, ideology often seems a substitute for argument in the construction of policy.

⁸ Hampden-Turner C., *Charting the Corporate Mind*, The Free Press, New York, 1990, pp. ix-xi.

There is correspondingly a lack of respect for, or understanding of, the policymaking process. This dislocation between policymaking and practice is unlikely to encourage creative and collaborative problem-solving.

Against this background, it is possible to suggest ways in which the formation of policy could be made more credible, and the translation of policy into practice could be achieved more effectively.

For policymakers, there is a need to engage with practitioners and communicate more clearly and honestly the intended purpose of policy. Respect, and creative implementation, may be increased if the problematic/contested nature of theory and practice in these areas is acknowledged. The policy discourse in these demanding areas needs to rise above the level of uninformed, emotional prejudice, which fails to take account of the immense complexity of the practical, financial, personal, organisational and ethical issues.

For professional practitioners, there needs to be an opportunity to mediate policy implementation to ensure responsiveness to varying local needs and capabilities. This chimes with what policymakers say they intend; but professionals remain sceptical that government is seriously committed to turning its back on centralised, or top-down approaches – i.e. ongoing conflict between professionals and policymakers over Health and Social Care legislation.

Ideally, policymakers would articulate What we want to achieve, allowing professionals and **service delivery managers** to work out, and direct How it will be delivered locally. This may lead to fragmented, or plural systems of service delivery but it may be the best way to nurture motivation, innovation and change. Observers of successful organisational behaviour confirm that shared ownership of a rich and engaging purpose most often leads to the creation of effective processes, and the productive motivation of colleagues. Practitioners we spoke to had a strong

underlying commitment to the public good, but this tended to be undermined, rather than reinforced by the demands of policymakers.

The implications of this study for **professional development** could lead to a radical approach to equipping managers and professionals for effective practice in the current context. Knowledge, skill, judgement, and experience remain indispensable qualities but we need to add to these the ability to anticipate and cope with paradox, uncertainty, and conflicting values. The challenge is to design and deliver developmental opportunities for established professionals and service leaders to learn the political, social and communication wisdom necessary to engage and empower colleagues, and to nurture the confidence that can lead to innovation.

Finally, there is the potential to instigate **further research** to refine our understanding of the relationship between policymaking and implementation, especially in contexts where consensus is difficult to achieve. It would be valuable in particular to create and disseminate case studies recording successful change initiatives – ie where authentic quality has been maintained or enhanced, and where costs have been saved - in order to capture the characteristics of successful innovation. One aspect of the changing environment that a couple of our respondents referred to is the move to outsource service provision to private, and third sector organisations. It would be useful to understand the motivation of managers who believe service delivery can be improved, and innovation achieved within alternative organisational structures; and to monitor how these structural changes are working out in practice.

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Appendix 1 – Sources

Belinda Bell (Chief Executive, Social Enterprise delivering social engagement activity for over-50s)

Dr. Paul Berry (General Practitioner)

Lisa Christensen (Director, Children's Services)

Lisa Climie-Somers (Senior Manager, Social Services)

Liam Hughes (Hospital Consultant)

Dr. Renee Kathuria (General Practitioner)

Dr. Katherine Kite (Senior Hospital Nurse)

John Richards (Director, Children's Services)

Chip Somers (Chief Executive, Addiction Charity)

Stephen Sutherland (Organisational Change Manager, Unitary Authority)

Catherine Underwood (Senior Manager, Social Services)

Appendix 2 - Colloquium

6-8 pm, 21st October, 2011 in the Thomas Paine Centre, UEA, Norwich

Participants

Lisa Climie-Somers (Senior Manager, Social Services)

James Cornford (Lecturer, Business Studies)

Liam Hughes (Hospital Consultant)

Dr. Katherine Kite (Senior Hospital Nurse)

Michele Rigby (CEO, Social Enterprise East of England (SEEE) Ltd.)

Professor Keith Roberts (Chair CUEEast Steering Group)

Professor Neil Ward (Dean of Social Sciences)

Julie Worrall (Project Director, CUEEast)

Appendix 3 - The research team

From 1985 to 2009 **Ben Higham** was Director of Community Music East Ltd., a community education organisation providing real opportunities for personal development and growth for many people who might be disadvantaged. He is now a consultant specialising in strategic planning and organisational development in the voluntary, social enterprise and SME sectors. Ben's business experience spans the commercial and not-for profit sectors and informs his expertise in the management areas of strategy, operations, finances and personnel. He is chair of the board of Social Enterprise East of England Ltd. (SEEE); he has been a board member since 2006. Recently he has co-authored reports on The Transformation of Adult Social Care, and the Business Dilemmas Facing Social Enterprises (SEEE, 2010) with...

Tony Brown. Tony has held senior management and academic posts at UEA. He has designed and led innovative Masters programmes in management, as well as undertaking innovation and change management projects for clients including Norfolk Constabulary, Virgin and the Learning & Skills Council. He recently completed a research project reviewing the conditions associated with exceptional individual and organisational performance (*Two Languages of Productivity*, EEDA, 2008). Tony has researched and reported on business development issues and the economic climate for Social Enterprises.

John Elliott is an Emeritus Professor of Education at UEA and is acknowledged as a leading theoretician and practitioner of Action Research in the fields of curriculum and policy development and evaluation. His work is internationally influential, and was a powerful factor in establishing the Centre for Applied Research in Education (CARE) as one of the leading research centres of its type in the world. John has also continued to work closely with the education community Norfolk, and to advise policy makers nationally and internationally on educational change strategies.

Dr Christine O'Hanlon is an Honorary Reader in the School of Education, University of East Anglia. She has been influential internationally through her research in the fields of special and inclusive education, and has taken a special interest in developing action research approaches to teacher and school development. In addition, she has undertaken a number of influential policy studies in Europe, and authored policy proposals in both Europe and Africa.