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# **The inter-dependence of powering and participation in policy implementation in the educational setting**

*A case study which examines how the powering and participation of policy implementation actors influenced the implementation of a School for Dental Care Professionals*

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Professional Doctorate in Education  
University of Brighton

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# The inter-dependence of powering and participation in policy implementation in the educational setting

## Abstract

Using a case study approach this research explored the research question ‘How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?’ The School, an important case, changed the nature of Dental Care Professional education in the United Kingdom being the first of its kind to be based on a University campus, remote from a traditional dental school and in the primary care dental setting.

Partnership characterises the nature of modern day health and education policy-making in the United Kingdom and the implementation of the School, a complex multi-agency project between a University, a National Health Service education commissioning body, the local dental profession and the Department of Health, was no exception to this. Ten actors tasked with implementing this policy episode took part in the study. A body of knowledge associated with policy implementation, powering and participation (specifically group development theory) underpinned the conceptual framework informing this research.

Data were captured via participant observation and semi-structured, one-to-one interview. Data were analysed using a long table qualitative approach. Vignettes or extended quotes are given as meaningful support in terms of making explicit the conceptual grounds that informed the interpretation of this case.

The findings of this research offer three original contributions to the body of policy implementation literature. The first is that powering and participation are inter-dependent in the puzzling of policy implementation; previously a theoretical assumption alluded to in the literature. The second is that the processes of group development do not necessarily follow the theoretical hypotheses of development previously described within the literature. The third is that complex multi-agency implementation partnerships can successfully implement policy outcomes under certain conditions.

The thesis argues the need for further research which recognises the inter-dependence of powering and participation on implementation.

**Key words:** policy implementation, dental care professional education, powering and participation

# **The inter-dependence of powering and participation in policy implementation in the educational setting**

**Sara Holmes**

A thesis submitted in partial fulfillment of the requirements of the University of Brighton for the degree of Doctor of Education (EdD).

## **Declaration**

I declare that the research contained in this research report, unless otherwise formally indicated within the text, is the original work of the author. The report has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

**Signature:**

A handwritten signature in black ink, appearing to read 'Sara Holmes', written in a cursive style.

**Date:** 8<sup>th</sup> November 2012

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### *List of abbreviations*

BDA	British Dental Association
BET	Best estimate of trustworthiness
CDOE	Chief Dental Officer England
DCDO	Deputy Chief Dental Officer England
DCP	Dental Care Professional
dmft	Decayed, missing and filled deciduous teeth
DoH	Department of Health

<i>e.g.</i>	Exempli gratiā – from Latin meaning ‘for example’
<i>et al.</i>	Et alii – from Latin meaning ‘and others’
EdD	Professional Doctorate in Education
fte	Full time equivalent
GDC	General Dental Council
HMSO	Her Majesty’s Stationary Office
<i>i.e.</i>	Id est – from Latin meaning ‘that is’
<i>Ibid.</i>	Abbreviation used on scholarly writing meaning ‘the same place’. Used to cite a source already and recently cited
KIT	Keeping in touch scheme
NHS	National Health Service
NHS LREC	National Health Service Local Research Ethics Committee
<i>op.cit.</i>	Opus citatum – from Latin meaning ‘the work cited from’
PCD	Professional Complementary to Dentistry
PCT	Primary Care Trust
SHA	Strategic Health Authority
SDCP	School for Dental Care Professionals
UK	United Kingdom
USA	United States of America

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# CHAPTER 1

## The research setting

*“Research is to see what everybody else has seen and to think what nobody else has thought” (Brenda Szent-Gyorgyi, Nobel Prize for Medicine, 1937).*

### 1 The research setting

This thesis examines the work I have undertaken as part of a submission towards the degree of Doctor of Education. My research explores a policy episode which led to the implementation of the first School for Dental Care Professionals (“the SDCP”) to be based on a University campus, remote from a traditional dental school and situated in the primary care dental setting. The chapters of this thesis describe the culmination of my research intention of exploring the research question ‘How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?’ This first chapter introduces you, the reader, to the background and setting of this study and the context of this policy implementation episode.

The term Dental Care Professional (DCP) is used to refer to all, or any, of the separate categories of professionals allied to dentistry which includes dental nurses, dental hygienists, dental therapists, orthodontic therapists, dental technicians and clinical dental technicians<sup>1</sup>. It excludes the term ‘dentist’ which is protected by the Dentists Act (Great Britain, 1984). The implementation of the SDCP, at the heart of this research, is specifically linked to the training and education of the dental hygiene therapist (a registrable

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<sup>1</sup>In 2005, The General Dental Council formerly adopted the term ‘DCP’ to represent all professionals allied to dentistry. Prior to this, the terms ‘Professional Complementary to Dentistry’ (PCD) and ‘Dental Auxiliary’ were popular. In this research, the term ‘DCP’ has been adopted unless it is historically inappropriate to do so.

qualification in both dental hygiene and dental therapy), because it was funded by income secured to increase the number of dental therapists in training each year (discussed further in Chapter 2). Thus, this category of DCP is prominent in the discussions of policy and practice that have influenced this research.

It is suggested that the modern dental therapist originates from the 'dental dresser' who was first introduced in the United Kingdom (UK) after the First World War (Nuffield Foundation, 1993). At the end of the war, there was a shortage of civilian dentists and Education Authorities began an experimental programme to train dental dressers who could clean, fill, and extract the teeth of children (*ibid.*). However, without the support of dentists, the scheme failed and in 1923 the Ministry of Health used its powers under the Dentists Act (Great Britain, 1921) to abolish it. Then, later in 1932, the 1921 Dentists Act (*ibid.*) was amended (Great Britain, 1932), so that the scope of minor dental work that could be undertaken by someone other than a dentist was restricted to scaling and polishing (Gray, 2001). Thus, in 1932, the role of the dental hygienist was formally recognised but the role of the dental therapist was not.

The Nuffield Foundation (1993), in their report on 'Education and training of personnel auxiliary to dentistry', suggest that it took the British Government ("the Government") until 1948, and the introduction of the National Health Service (NHS), to discover the extent of dental and oral disease in the population. In the preceding war years the, then titled, School Dental Services had been neglected and year-on-year the dental disease rates in children had increased (*ibid.*). Additionally, following the introduction of the NHS many dentists, enticed by the prospects of better pay, migrated from the School Dental Services into General Dental Services (*ibid.*). Thus, challenged by the poor state of the population's oral health, the Government was prompted to re-consider the potential skills of the DCP and specifically the role of the dental therapist. In 1957, the Government, having reviewed the New Zealand model for training dental auxiliaries, formally recognised a new category of dental ancillary worker - the dental therapist (Dentists Bill, 1957).

The Dentists Bill (1957) was met with considerable opposition from dentists. To placate dentists, the Government announced that dental therapists would not be trained alongside dentists in existing dental schools (Nuffield Foundation, 1993). Accordingly, in 1960, following Government funding, the first school for dental therapists opened at New Cross Hospital, London. The New Cross dental therapist undertook a 12-month programme of learning that included cleaning, filling and extracting children's teeth. A number of studies showed the clinical effectiveness of the New Cross dental therapist (Seward, 1978; Holt & Murray, 1980), including field based studies by Allred (1977) and Jones, Gibbons and Doughty (1981) which confirmed that they worked to the same high standards as dentists. However, in 1981, only twenty-one years after New Cross had opened, the Government called for its permanent closure.

Ministers argued that the services of the dental therapist were no longer in demand as the population's oral health had improved significantly, largely due to the introduction of fluoride in toothpaste and some water schemes (Nuffield Foundation, 1993). Likewise, dentists, disenchanted with General Dental Service funding, had migrated back to the Salaried Dental Services (formerly known as the School Dental Services), and the dental therapist, who was only permitted to work in this environment, struggled to find employment (*ibid.*). Dr Seal, Director of New Cross at the time, led a campaign to save the School which led to a debate in Parliament. Nevertheless, in 1983, the school was forced to close. However, Parliament made the concession that a small number of dental therapists should continue to be trained each year in existing dental schools. Importantly, this decision saved the dental therapist from professional extinction.

The SPCD at the centre of the current research, thus contextually emerges from a history of DCP educational innovation, influenced by politics and the profession, which has largely been short-term and reactive (*i.e.* driven by patient need and dentist behaviour). The significance of this, in the sense that the SDCP policy implementation episode examined in the current study is also a response to patient need and dentist behaviour/manpower

shortages, is explored in Chapter 2, having first examined the relevance and importance of this research to my own field of practice.

### **1.1 *The relevance and importance of this research to my field of practice***

The SDCP at the centre of this study was developed by a new University (*i.e.* gained University status in 1992). Prior to the SDCP, the University in question had no history in the traditional academic disciplines of medicine or dentistry. In 1998, I was appointed by the University to implement a portfolio of DCP education that it was keen to offer. Accordingly, during my first two years of employment I published, on behalf of the University, a range of professional/academic programmes in dental nursing, oral health education and conscious sedation nursing. In 2001, following the publication of the General Dental Council's (GDC) recommendations on education, training and statutory registration for DCPs (GDC, 1998), my academic interests in education innovation and policy implementation began in earnest. The GDC report (*ibid.*), together with the report of the Nuffield Foundation (1993), identified a lack of understanding about the role, remit, qualifications and training of the DCP workforce. Whilst the proposed introduction of statutory registration for all DCPs was likely to have an influence on the future education and training needs of DCPs (GDC, 1998), the extent of this was largely unknown due to poor workforce record keeping and data (Holmes, 2001).

In 2001, to learn more about the local DCPs and their training needs I undertook, as part of a Masters programme, a large scale workforce survey. My findings confirmed that whilst large numbers of DCPs were employed across the then Strategic Health Authority (SHA) region, the vast majority of these were dental nurses. Only nineteen dental therapists were working in the region. Consistent with the earlier findings of the Nuffield Report (1993), my findings showed that education and training of the DCP workforce ranged from a University degree to informal, often in-house, training for dental nurses (*op.cit.*). In conclusion I emphasised that statutory registration for all DCPs would have an impact on the provision

and uptake of pre-qualification and post-qualification education and training across the region, and recommend further research to explore workforce trends, training needs and access/availability. My current research is thus an extension of this earlier work.

The current study, presented in this thesis, began in 2004, when the GDC's policy of introducing statutory registration for all DCPs was being implemented (GDC, 1998). Additionally, the Dentists Act (Great Britain, 1984) had been amended to allow DCPs a wider scope of duties. This amendment significantly altered the role of dental therapists. For example, they were now permitted to work in General Dental Services, having previously been limited to employment in the Salaried Dental Services. There was also widespread acknowledgment that access to NHS dental services had been impacted by workforce shortages. The Department of Health (DoH) had outlined proposals to address this problem which recognised that the dental therapist could play a greater role in meeting the simple, routine care needs of the majority of patients (DoH, 2004a). Linked to this, the Government confirmed that they would invest more in dental therapy education and increase the numbers in training from 50 to 200 each year (*ibid.*).

In 2004, it was therefore timely for the University at the centre of this research to bid to the DoH for these additional training numbers. The bidding process however excluded non NHS bodies (*i.e.* the University) from bidding and to overcome this, the University established a partnership with a local NHS education commissioning body. Together it bid for a total of 72 dental therapy training places, circa £1.5m revenue funding per annum, and £6.2 million capital funding to build the new SDCP. In September 2004, the partnership was notified that it had been successful. An implementation plan was initiated which began with the recruitment of the key implementation leadership team (a full description of each actors role and responsibilities is offered in Chapter 4, Table VI). The implementation leadership team was headed up by existing staff of the University and NHS and by individuals specifically appointed through competitive interview. Within this research, these individuals are referred to as 'implementation actors' and civil servants from the DoH who were

responsible for developing this policy episode are referred to as 'policy actors'.

Implementation actors were appointed to the following leadership areas:

- Business and finance
- Governance (professional and organisational)
- Project management
- Clinical dentistry and the delivery of care to patients
- Education and curricula
- Commissioning of service (patient care)
- Professional liaison and patient flow
- Administration and reporting

An Implementation Board was established as the means of governing the implementation of the SDCP. The board met on a monthly basis and was chaired by one of the members of the implementation group (see Chapter 4, Table VI).

## **1.2 *The organisation and layout of this thesis***

This thesis, in accordance with the framework of the Professional Doctorate in Education (EdD), is submitted as the following chapters:

**Chapter 1:** This first chapter introduces the background and context of this study. It describes the culmination of my intention of exploring the research question 'How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?'

**Chapter 2:** This chapter is the first of two chapters to explore the literature. It examines the body of knowledge associated with dental policy which led to the Government's intention of opening the SDCP at the centre of this research.

**Chapter 3:** This chapter examines the body of policy implementation, powering and participation knowledge from which the conceptual framework informing this research is derived. It explores the key contemporary and historical debates that inform our understanding of educational policy implementation.

**Chapter 4:** This chapter examines the considerations of research methodology that influenced this research. It discusses the rationale for the use of case study and discusses the key contemporary debates that surround different approaches to case study when examining policy implementation.

**Chapters 5 and 6:** These two chapters present the data. Chapter 5 presents data against the theme of 'powering'. Chapter 6 presents data against the theme of 'participation'.

**Chapter 7:** This chapter discusses the conclusions drawn from the data presented in the previous two chapters. It responds to the research question 'How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?'

**Chapter 8:** This concluding chapter describes the three key contributions to knowledge and knowledge in practice that the discoveries of this study make. The first being that powering and participation are inter-dependent influences on policy implementation. The second is that the processes of group development do not necessarily follow the theoretical hypotheses of development previously described within the literature. The final

contribution to new knowledge that this study makes is that complex multi-agency partnerships can successfully implement policy outcomes under certain conditions.

**Chapter 9:** This final chapter offers my personal reflections having concluded this professional doctorate program of research.

### **1.3 Conclusion**

This first chapter introduces the reader to the background of this study and the context of this policy implementation episode. It explains the relevance and importance of this implementation episode to my own professional field of practice. It examines how the modern dental therapist, the DCP category at the centre of this study, is considered to originate from the early dental dresser. What is more, it describes the political motivations that have both opened and closed schools for dental care professionals and how the SDCP at the centre of this research is linked to this history.



## CHAPTER 2

### The practice context

*“Finding a dentist is like pulling teeth; the profession is decaying; the workforce is turning away from a thankless ‘drill and fill’ culture. While people queue for a place on a patient list, dentists are drafted in from Poland to plug the service’s many cavities” (Lister, 2006).*

#### 2 The practice context

This second chapter introduces the literature associated with dental policy that informed and influenced this policy implementation episode which realised the first DCP school to be based on a University campus, remote from a traditional dental school and situated in the primary (not secondary) care setting. It explores the development of dental policy which increased dental therapy training numbers from 50 to 200 each year, and led to this policy implementation study. It explores the contemporary policy-practice debates which led to this innovative policy initiative, and thus the professional context and setting of this research. It describes how the significant shortages in dental manpower and workforce, and the imminence of a general election led to the radical reform of the Dentist Act (1984) and the development of the DCP’s scope of professional practice.

In a literature review of policy studies (1990-2005), Barrett, Sellman and Thomas (2005) confirm that the multi-agency professional partnership has progressively become a more centralised feature of health and social care policy implementation. Accordingly, Power *et al.* (2004, p.457) observe how the Government’s slogan of *“joined up problems required joined up solutions”* has, in recent times, set the context of policy in both education and health. This policy implementation episode is no exception to this. The bidding criteria for the new School, put in place by the Government, demanded that an education-NHS partnership (*i.e.* a University and NHS commissioners) was established if education providers (*i.e.* non NHS bodies) were to bid. I was involved in the early bidding stage of the

process and with the other implementation actors (see Chapter 4, Table VI) wrote the partnership's bid proposal. In the real sense, this bringing together of these individuals/actors realised my academic interest in policy implementation. Accordingly, my time in practice and engagement in the policy implementation literature led me to realise my research interests in the powering and participation of actors and the influence these have on implementation.

The basis of this research began in earnest in September 2003 when the DoH informed the University-NHS bid team that their bid for the new School was successful and the actors tasked with implementing it were selected/appointed (see Chapter 4, Table VI). NHS dentistry, and by association this policy implementation episode, was high profile due to workforce shortages (DoH, 2004a) and widespread access to NHS dentistry problems (House of Commons, 2001).

### **2.1 *Was NHS dentistry a profession in crisis?***

In the run up to the May 2005 general election, the topic of NHS dentistry had gained the interest of the nation, not least because it had plentiful attention in the media. Headline stories such as 'Dentist Shortage is a Kick in the Teeth for Patients' (Smith, 2004), and 'NHS Dentistry in Crisis' (Gornall, 2004) graced the front pages of the broadsheets and tabloids. Likewise, regular reports about the long queues of people that formed every time a new NHS dental practice opened gave rise to stories of human suffering (Lister, 2006); but did this really mean that dentistry was a profession in crisis?

In 1990, the Family Health Service Authority introduced a new contract for NHS dentistry which brought in a change in the way NHS dentists were paid (Great Britain, 1990). In previous years, dentists had claimed fees for each item of treatment they provided. However, a later National Audit Office report (2004) states:

*“This piece work arrangement had advantages in the early years of the NHS as it encouraged dentists to carry out items of treatment. Under a piece work system dentists have little financial incentive to improve the quality of their services or provide wider oral health promotion advice and education as they are not paid fees for these activities. There may also be a risk of over treatment” (p.7).*

Thus, in this new payment methodology, the Government reported that dentists would receive a payment for each patient they had registered (Great Britain, 1990). They also advised that a payment capitation scheme would be introduced for children, meaning that dentists would no longer claim individual fees for each item of a child’s treatment. Alternatively, they would receive an annual payment for each child registered, by equal monthly installments, within which they would need to provide any care required. The Government advised that this regular payment system would enable dentists to offer preventative services that were not recognised under the former fee per item payment methodology (*ibid.*). However, the profession, through its membership organisation the British Dental Association (BDA), stressed their anxiety that it would lead to a culture of supervised neglect. They argued that dentists working in poorer communities would not be able to fund the high treatment needs of these children (BDA, 1990a). Therefore, whilst the BDA supported the principles of capitation, it urged the Government to address the loss of income that many NHS dentists would now face (BDA, 1990b).

Additionally, this new contract required adult patients to attend their dentist at least once every 15 months in order to maintain their registration. Many patients who attended less frequently, or were unaware of this, were subsequently de-registered. However, in 2001, a Parliamentary Health Committee report entitled ‘Access to NHS Dentistry’ (House of Commons, 2001) indicated that, since the introduction of this contract, the quantity of care provided to adult patients had increased by an unprecedented 8.5% (national mean) over the previous year. This raised concern as to whether dentists were treating more adults under the fee per item contract in order to protect against any loss of income from the child capitation scheme (*ibid.*).

The net result of this increase meant that the Government overspent on dental services by £190 million (*ibid.*). In response to this, it cut the scale of fees paid for adult treatment by 7% (Great Britain, 1997). From working in the practice setting at the time, it was clear to me that dentists responded to this in two ways. Firstly, some limited what treatment they offered on the NHS. For example, treatments that involved laboratory services (*e.g.* crowns, dentures) were restricted on the rationale that the reduced fee no longer covered the cost of providing these treatments. Secondly, a large number of dentists drifted away from the NHS into the private setting. This is captured in BDA (1999) data that shows, in 1993, 75% of dentists received more than 75% of their income from NHS activities. However, by 1999, this had fallen significantly to 53%. Correspondingly, the number of dentists receiving less than 25% of their income from NHS activity had risen from 12% to 18% over the same period (*ibid.*).

In 1996, the BDA reported that the attrition of dentists from the NHS, since its creation in 1948, had reached an all-time high. This was supported by the National Audit Office (2004) who confirmed that many dentists had reduced their commitment to the NHS and that private dentistry had grown several-fold, with over a quarter of adult patients visiting the dentist paying for some private treatment. The findings of this report concluded that NHS dentistry had been chronically underfunded. Whilst NHS spending on healthcare had increased by 75% per head of population spending on dentistry had only increased by 9% over the same period (*ibid.*).

Unsurprisingly, therefore, the number of patients registered with an NHS dentist fell. In 1992, 24.4 million adults were recorded as registered. By the year 2000, this figure had fallen to 19.8 million; the lowest figure ever recorded (House of Commons, 2001). In 2000, the downward trends in registration figures received an official response from the Government in the form of the first UK policy to focus solely on dentistry and the reform of NHS dental services (DoH, 2000).

In this report, entitled 'Modernising Dentistry: Implementing the NHS Plan' (DoH, 2000), the Government stated that they were committed to modernising NHS dentistry. The foreword by the then Secretary of State, Alan Milburn, acknowledged:

*"Many of us see our dentist more than our doctor. Yet in the past it has been too easy for dentistry to be overlooked among all other big health issues competing for attention, so there seemed to be an imbalance between the importance of dentistry to people and its importance to Government" (DoH, 2000, p.1).*

He reported that, since coming to power in 1997, the Government had worked hard to address the challenges imposed by the former Conservative Government. He recognised that whilst NHS dentistry had served the population well for the last 50 years it was ready for modernisation. He assured that by September 2001 everyone would have access to NHS dentistry if and when they needed it (DoH, 2000), and committed £100 million to achieving it. This investment was used to:

- Make NHS Direct the gateway for accessing all local healthcare services.
- Grant greater responsibility to Strategic Health Authorities (SHA) and Primary Care Trusts (PCTs) for dentistry by introducing a process of localised commissioning.
- Improve access by opening 50 dental access centres in areas where access was poor.
- Improve the quality of care by introducing a framework of clinical governance.
- Investigate the current working practices of dentists in order to identify more cost effective ways of meeting service needs.

Dentists with a commitment to the NHS also received a financial incentive through a review of the Doctors and Dentists Remuneration Scale (DoH, 2000), and the opportunity to bid for capital monies to improve and develop service (total allocation circa £4 million). To achieve the above ambitions, the Government devolved funding, no longer under the control of the Secretary of State, to 30 newly structured SHAs (formerly 95 Health Authorities) and PCTs, an act that was made possible by the publication 'Shifting the Balance of Power within the NHS' (DoH, 2001) and the granting of the Social Care (Community Health and Standards) Bill (House of Commons, 2003).

In 2001, shortly after the publication of 'Modernising Dentistry: Implementing the NHS Plan' (DoH, 2000) the House of Commons commissioned an independent Parliamentary Health Committee ("the committee") to report on NHS dentistry. In their findings (House of Commons, 2001), the committee praised the DoH for raising the profile of NHS dentistry. However, it criticised the DoH's ambitions for dentistry (DoH, 2000), claiming that they were short-term, reactive and failed to provide a long-term strategy that would lead to oral health improvements. The committee's report (*op.cit.*) stated:

*"There are concerns about current workforce levels and distribution, about which at present we have little detailed information. We believe these are serious concerns and that Modernising NHS Dentistry lacks the weight to alter fundamentally, what is a deteriorating situation. We suggest that a longer term strategy for dentistry within the NHS is still badly needed" (p. xviii).*

The committee recommended that a detailed workforce review was undertaken (*op.cit.*). Likewise, it stressed that the findings of this review should be used to determine future dental policy. On the 3<sup>rd</sup> May 2001, Lord Hunt, then Health Minister, gave a speech which acknowledged the DoH's acceptance of these recommendations. He stressed that within this review the role and remit of the entire dental workforce would come under scrutiny. From working in the practice setting at the time, it was clear to me that some dentists were

critical of this. They reflected that such a review would not have been needed if there had been sufficient dentists.

It took until 2004, some three years, for the findings of this review to be made public (DoH, 2004a). In the intervening years the Government put in place a number of initiatives which I believe were undertaken to prepare the professional landscape for the findings of the report. For example, the regulations that had historically restricted the dental therapist's scope of practice and employment to the salaried dental service were amended (Great Britain, 1986; Great Britain, 1991, section 60; Great Britain, 1984). These amendments permitted the dental therapist to undertake a greater range of clinical duties, previously restricted to the dentist, and work, for the first time, in general dental services (*i.e.* the high street dental practice). They also granted the GDC extra regulatory powers that would later support the introduction of statutory registration for all DCP categories. They also published a document entitled, 'NHS Dentistry: Options for Change' (DoH, 2002) in which the following ambitions for dentistry were described:

- To develop a new NHS dental service that was responsive to local population needs.
- To offer a preventative and not disease focused service.
- To support the development of the whole dental team to meet the demands of patients in the short and long term.
- To ensure the quality of service by providing regulated evidence-based dentistry.

To achieve these ambitions, the Government committed to a review of the dentist contract introduced in 1990, and specifically the capitation system for funding the care of children. This, they anticipated, would encourage dentists to remain in or return to the NHS (*ibid.*). Likewise, to recognise the contribution that DCPs could make to NHS service provision, since

the recently expanded scope of permitted duties, David Lammy, the then Health Minister, announced that dental therapy training numbers would increase from 50 to 200 each year.

The workforce review report was finally published in July 2004 (DoH, 2004a). It confirmed a workforce shortfall of some 1,850 dentists (full time equivalent – fte). It predicted that, if no remedial action was taken, this figure would rise by between 16% and 25% by the year 2011. The result of this would be a shortfall of between 3,600 and 5,050 fte dentists year-on-year. The work of Dr John Galloway was used as a basis to predict the contribution that the dental therapist could make in relation to this shortfall. Using his predictions, which were predicated upon USA practices, the report (*ibid.*) concluded that a dental therapist working in a single-handed practice (*i.e.* one dentist) could increase practice output by 46%. This was based upon the assumption that the dental therapist would take on the simple care needs, and thus release the dentist to take on the more complex care needs, of the patient. In 2002, only 180 fte dental therapists were registered in the UK (GDC, 2002) and in anticipation of the publication of these findings, the DoH had increased dental therapy training from 50 to 200 had, as previously described.

Concurrently, the DoH published a report (DoH, 2004b) by the Chief Dental Officer England (“the CDOE”). This report set out the Government’s targets for improvement in the current parliamentary session, and outlined their commitment to further improvements after the next general election. The CDOE stressed that an additional investment of £250 million (equivalent to 19.3% increase over 2 years) in dentistry had been made which would:

- Fund an extra 1,000 NHS dentists by October 2005.
- Introduce a new NHS dentist contract and working arrangements.
- Increase training places for dentists by 25% (170 places) from 2005.
- Introduce a ‘keeping in touch’ (KIT) scheme to support dentists returning to the profession following a career break.



- Allow the dental team to work more efficiently by increasing the number of dental therapist training places each year (from 50 to 200).

This was the Government's last pre-election report on dentistry and the CDOE used it as a platform to stress that four out of five of these ambitions had already been achieved. The CDOE stated that a national KIT scheme had already been put in place. The target of 170 new undergraduate dental places had been surpassed, as 189 places had been commissioned and students were already on programmes. He also reported that the dental therapy workforce had been increased and students were currently being recruited for the first school for dental care professionals, following an investment of £5 million (*ibid.*) – *i.e.* the SDCP at the centre of this research. However, he failed to mention the former New Cross School, closed by the Government in 1981, or the fact that the SDCP students would not flow into the workforce for a number of years until having completed their training. Nor was there any recognition that two dental schools had also recently been forced into closure by the Government.

Finally, against the ambition of recruiting 1,000 extra dentists, the CDOE stated that the above target had been surpassed and 1,450 new dentists were in NHS posts. However, because this had largely been achieved through overseas recruitment, it gave the media a renewed interest in dentistry and articles such as 'Foreign Dentists to Fill the Gap' (Anonymous, 2004) and 'NHS Brings in Polish Dentists' (Barton, 2005) made the headlines. The only outstanding ambition that would be carried into the next parliamentary session was the review of the NHS dentist contract. I suggest that this demonstrated that the existing Government wanted to secure the support of the profession in the forthcoming election knowing that dentists were unhappy with the existing contract and were keen for change.

In the run up to the May 2005 general election dentistry thus had unprecedented public and political attention. The most extensive UK dental workforce study confirmed a shortfall of

1,850 fte dentists, a figure that was reported to be steadily rising (DoH, 2004a) and the lack of detail about the proposed, post-election, new dental contract had created anxiety within the profession (Hawkes, 2004). In response, and for the first time in history, a commitment to NHS dentistry appeared in the manifestos of all major political parties. So, was NHS dentistry in crisis? It appeared so.

## **2.2 *Increasing the number of dental therapists in training***

To increase the number of dental therapists in training, and subsequently the workforce, existing schools of dental hygiene and dental therapy were invited by the DoH to bid for the available additional numbers. However, existing schools were restricted in capacity and space and bids, therefore, were capped against these restrictions. Thus, total bids from existing schools fell short of the 150 target (CDOE, personal communication). The Government was thus forced to look beyond the immediacy of existing hospital based providers.

In justifying why a new school for DCPs should be situated on the University campus, the University-NHS bid team claimed that the central city location of the University in question provided opportunity for accessible service delivery for patients with high dental needs. They stressed that the University campus was situated across two of the wards with the poorest socio-economic conditions in the city, and that the last adult dental survey showed that the registration rate of adult patients from these wards was the fifth lowest in the country (Dental Practice Board, 2002). What is more, the last dental survey of five-year-old children in the city showed that the decayed, missing and filled teeth rate of these children (dmft = 1.99) was almost twice the national average (British Association for the Study of Community Dentistry, 2003/2004; Government Statistics Agency, 2003). Furthermore, of the ten PCTs across the region, five had previously failed to meet the national oral health strategy targets for five-year-old children (DoH, 2003). The University-NHS bid team also stressed that the local population was going to grow significantly in response to the

Government's regeneration plans which indicated that an additional 80,000 homes would be built in the area by the year 2021, an ambition that would place unprecedented demands on an area that already had over-stretched dental services (Dental Practice Board, 2002).

The University-NHS partnership bid for 72 dental therapy commissions and £3.2 million capital to build the new school; matched funding with £3.2m also being invested by the University-NHS partnership. On the 26<sup>th</sup> September 2003, the bid team was informed by the DoH that their bid had been successful and the basis of the current research began.

### **2.3 Conclusion**

This second chapter explores the history and context of dental policy reform which supported the Government's intention to increase the number of dental therapists in training each year from 50 to 200; an ambition which was predicated on dental workforce shortages, some 1,850 fte dentists, and the resultant problems of poor dental access. It explores the political and professional motivations which led to the development of the SDCP at the centre of this research.

## CHAPTER 3

### The conceptual framework

*“[Policy implementation] is the gap between a current situation and a more desirable future one” (Hoppe, 2011, p.23).*

#### 3 The conceptual framework

This chapter examines how the conceptual framework underpinning this research was derived from the body of contemporary policy-practice implementation literature; it brings together the issues and the body of knowledge associated with policy implementation, powering and participation. The conceptual framework described frames how my research question (How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?) was theoretically informed by the literature. In this chapter, I describe how this research addresses a gap in our understanding of policy implementation in the reality of the educational setting.

The branches of implementation research that inform my research sit broadly within the concepts of social science (Pring, 2000). The Economic and Social Research Council (2008) define social science research as being the study of society and the manner in which people behave and impact on the world around us. Within the body of social science literature there appear to be three different interpretations of how we interpret, and thus study, the field of social science (Denzin & Lincoln, 2000). Each of these interpretations is informed by how we consider social reality and social behaviour (*ibid.*).

From the first perspective, the researcher is largely concerned with discovering universal laws, which predict and determine human behaviour, on the basis that social reality is an objective phenomenon (Parahoo, 2006). This perspective is strongly influenced by natural

science traditions (*ibid.*). It is commonly described as being the traditional (Cohen, Manion & Morrison, 2007, p.5), positivist (*ibid.*) or structuralist (Palmer, 1993, p.2) perspective. Policy, from the positivist perspective, is defined in the explicit specification of the text (MacKenzie, 2002). Moreover, policy implementation is determined by the hierarchical lines of authority and responsibility that policy actors put in place, and the passive policy recipient roles that implementation actors act out (Trowler, 2003).

In contrast, from the second perspective the social world is considered to be a subjective phenomenon defined by the unique experiences and interpretations of individual actors (Silverman, 2001). Unlike the traditional perspective, it argues that actors create and re-create unique interpretations of the social world through their subjective experiences of life and living (Robson, 2002). In accordance with this, this perspective is often referred to as being anti-positivist (*ibid.*) or post-structuralist (Ball, 1994). From this perspective, policy implementation is the process of individual and collective consciousness (Hoppe, 2011). The concepts of post-structuralist policy are commonly cited in educational policy research (Elliott, 2009; Humes & Bryce, 2003), and are classically attributed to Stephen Ball's seminal classroom based research on policy trajectory (2008, 1994).

Ball (1994), in his research, rebuts the structuralist concepts of policy, suggesting that they fail to acknowledge the influence and power of practitioners over the implementation process. Ball (*ibid.*) argues that policy is a negotiated process and not the pre-determined end product that structuralists such as Gibson (1984) describe. In his work, Ball traces the formulation, struggle and response of policy through its various recipients. Based upon Foucault's (1980) work on power sociology, Ball (1994) suggests that policy is created in an economy of power. He argues that, whilst policy actors have knowledge of the development of policy, and often control policy funding, implementation actors have professional expertise and standing in the setting where implementation takes place. Accordingly, Ball (*ibid.*) summarises that the meaning of policy is constructed in an ethos of dominance, resistance, chaos and freedom in which power and influence shift between actors. Moreover, he argues that the meaning of policy can be scrutinised through the

analysis of discourse and the consideration of who speaks when, where and with what authority.

As Elliot's (2009) work indicates the post-structuralist concept of policy does not disregard the influence of structure and the State. In examining the historical traditions of post-structuralism, he reflects that it emerged in the late 1960s, following a period of political unrest throughout many western capitals (*e.g.* protests against the Vietnam War, French workers' strike). Post-structuralism, he argues, is thus a movement which recognises the existence of social conflict and difference (*ibid.*). The post-structural interpretation of policy implementation thus suggests that it is a subjective social, as opposed to objective structural, phenomenon (O'Tolle, 2004). Whilst the bureaucratic structures imposed by the State limit policy interpretation, implementation is influenced by the practice setting and the actors tasked with making it happen (Yanow, 1996). In this sense, practice is still the recipient of policy but it is not passive or devoid of influence. In research terms, post-structural policy studies often examine the relationship between actors and the economy of social-power created and how it influences implementation (Elliott, 2009; Bowe, Ball & Gold, 1992).

From the third, often described as pluralist, perspective policy implementation is described as a social construct which is derived from the premise of co-existence (McLennan, 2002). Pluralist policy traditions suggest, from a social democratic framework, that there is no right or wrong solution to a policy problem, nor is there any ultimately powerful decision maker. Implementation decisions are constructed collectively by examining the different perspectives and priorities that exist (Bowler & Hanneman, 2006). In this sense, "*policy implementation decisions are reached in an ethos of mutual respect, tolerance, compromise and concession*" (Kallinikos, 2006, p. 119). Jones (2006) describes the pluralist approach to policy implementation as being based upon the principles of partnership and cooperation. Accordingly, this third perspective is often featured within health and education research where the power and influence of policy implementation actors are considered equal (Armistead, Pettigrew & Aves, 2007). Similarly, Swann and Pratt (2003), in their educational

research, describe this third position as one in which professional actors test out the subjective policy constructs they have interpreted and created.

The pluralist literature does not disregard the notions of power-play but frames it, within a social democratic framework, as the cornerstones of diversity and difference (McLennan, *op.cit.*). Moreover, Gray (2000) asserts that diversity and difference are the positive constructs of policy implementation and not the negative constructs that structural/post-structural literature argues (Ball, 1994). The most significant difference between post-structural and pluralist interpretations of policy appears to be the nature of the implementation group and their status as either policy 'insiders' or 'outsiders'.

From the first post-structural interpretation, two things are emphasised. First, it is a small group of actors who are charged with policy implementation. Second, they all have status (*e.g.* professional/civic recognition and status) and are selected for inclusion by the stakeholder organisations (*e.g.* Department of Health, University, Commissioning Body); as is the case with the group of actors associated with the current research and the implementation of the SDCP. Maloney, Jordan and McLaughlin (1994) describe this form of multi-agency professional implementation grouping as being reliable and authoritative sources of policy and practice information, knowledge and skills. From the post-structural policy implementation perspective, all of the actors are classified as being insiders and each is considered to have influence. Accordingly, outsiders are classified as individuals beyond the core implementation group who have an interest in the policy goal but lack insider status/influence. These individuals, with no opportunity to gain higher status, remain as outsiders. Accordingly, the post-structural interpretation of implementation is criticised for being elitist and derived by those with privileged status and power (Jones, 2006).

From the latter pluralist description, a larger group of individuals makes up the implementation group based upon selection and self-nomination. Those engaged as insiders have an inherent interest in the policy ambition/remit, as opposed to having

professional or civic recognition and status as in the early post-structural perspective. From this perspective, an outsider, anyone who develops an interest in the policy ambition or goal, can become an insider by engagement (Halford & Leonardo, 2001). Accordingly, these groups are commonly referred to as policy interest groups, and are cited as being a bottom up, as opposed to top (State) down, policy influence (Gewirtz & Ozga, 1990). The pluralist perspective of policy is criticised, unsurprisingly, for being an ideological perspective rarely achieved against the complexities of the practice setting (Green & Thorogood, 1998). Critics, Halpin and Troyna (1994) suggest that pluralistic descriptions of policy have gone too far in rejecting the notions of structure which they believe exist and inform and influence the policy reality.

Whilst the consensual basis of pluralistic policy has strong ideological appeal I was uncertain about the nature of power-play that might occur between policy and practice actors as to date my experiences of education/health care policy implementation was at local, as opposed to national, level (*i.e.* State actors have not been engaged). Accordingly, my understanding of the powering between policy and implementation actors was theoretically derived from the literature. The following, taken from the body of policy implementation knowledge, which is described further within this chapter, examines why my perspective on implementation is consistent with the post-structural policy interpretation:

- I favour that policy is the existential manifestation of multiple interpretations and realities (Bowe & Gold, 1992). I do not believe that policy is an absolute construct as described in the body of positivist literature (Gibson, 1984).
- I perceive that policy is a social construct which is informed and influenced by context, structure (*e.g.* bidding criteria, funding methodology) and those tasked with its creation and implementation.
- I believe that all actors (*i.e.* policy and implementation actors) have the ability to inform and influence implementation (Elliott, 2009).



Accordingly, I do not perceive implementation actors to be the passive recipients of policy.

- I believe that power and influence shifts between individuals and organisations at different times during policy implementation (Ball, 1994). Accordingly, I believe, from my experience in practice and exploration of the literature, that actors use different forms of influence to shift the balance of power in their favour (Hoppe, 2011).

### **3.1 Policy implementation**

Implementation can be described as a complex social phenomena acted out within a framework of governance (O'Toole, 2004). Put more simply, Hoppe (2011) describes it as a problem for which people are the processors. The literature describes that politics cannot be seriously tackled without collective action, and therein lays the implementation problem (Matland, 1995). Whilst policy ambitions define the intended outcome, interpreting or translating this outcome into the complex and messy reality of practice is down to those tasked with its implementation, *i.e.* a cast of people, with different knowledge, competencies and powers (Ball, 1994).

DeLeon and DeLeon (2002) suggest that the first generation of implementation studies, which drew from positivist traditions, usually consisted of case study analyses which considered the troubles that lay between the definition of a policy and its implementation. Barrett (2004), accordingly, describes first generation implementation research as focusing on the 'what' of policy outcomes. In many instances policy implementation is seen as two or more organisations acting in opposition to one another (O'Toole, 2004), because, as McLaughlin (1987, p.172) describes, first generation researchers realise that implementation actors do not always act as policy actors anticipate. DeLeon and DeLeon (2002) reflect that first generation implementation research offers little in terms of generic

implementation theory and this criticism paves the way for what is described as second generation research.

Barrett (2004) believes that second generation policy implementation research is consciously more theoretical. This, he suggests, is because second generation studies tend to focus upon the variables which impact, positively or negatively, upon policy outcomes (Schofield, 2001). It is accordingly labelled as being top down in orientation (Goggin *et al*, 1990). Sabatier's (1986) work on the congruence of policy outcomes versus policy intentions and the prediction of policy success is widely recognised as being seminal second generation implementation research.

O'Toole (2004) suggests that the main criticisms of second generation research include: too many case studies, not enough validation and replication, failure to develop testable and explanatory theory, ignoring the situated and complex nature of the implementation setting and failing to recognise the autonomy and influence of implementation actors. Matland (1995) further suggests that second generation implementation research suffers from the analytic tendency of well-meaning but misplaced precision. Schofield (2001) however suggests that second generation research is instrumental in directing our research attentions towards the changing policy-practice implementation landscape and the realisation of third generation implementation research.

The decentralisation and diminished powers of government have been well documented (Ball, 1994). In both education and health government has ceded power to local and regional governance bodies (Yanow, 1996). Yet, in spite of their weakened monopoly, Hoppe (2011, p.2) asserts that policy actors remain "*unique players...vested with power*" through various governance frameworks and arrangements (*e.g.* laws, funding control). Third generation implementation research is accordingly characterised as being the dialect of the policy-action relationship *i.e.* who speaks when, where and with what authority (Ball, 1994; Palumbo & Calista, 1990). There is general consensus that policy implementation is

fraught with conflicting interests, divergent problem framing and competing problem solutions (Jones & Bird, 2000; Ball, 1994). Hoppe (2011), for example, describes the ugly face of politics which centres on contradictory wills and visions and the race for power and influence. Accordingly, this suggests that a tension exists in the puzzling of policy implementation with regards to the group of actors tasked with implementation and the powering episode that results (*i.e.* the contest of contradictory wills). McLaughlin (1987) suggests that this tension primarily exists because implementation actors act not only from institutional incentives but from personal and professional motivation.

Hoppe (1999) asserts that bringing policy and implementation actors together in the implementation relationship creates a tension between reason and will. Reason tries to find discursive closure to the problem on the basis of the strength of the best argument/solution. Thus, implementation actors are often granted a strong voice over the puzzling of the implementation issue/problem due to their operational understanding, *i.e.* how or why something would best be translated into practice in a certain way. However, in contrast, Hoppe (2011, p.9) says “*political will strives for non-discursive closure, either through amicable or forcible instigation*”. How the different cast of actors with differential knowledge, competencies and powers come together is, he argues, critical to our understanding of implementation.

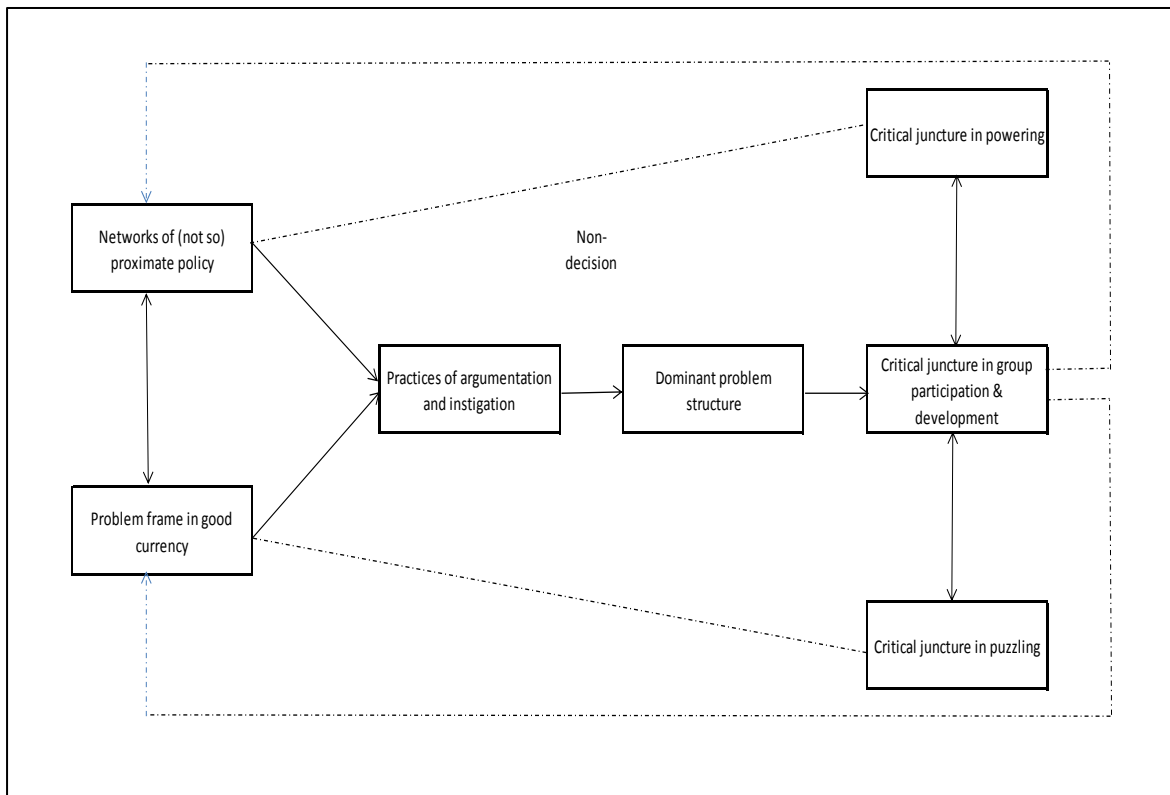
The debates on governance focus upon the differential sets of authorities, which are different from case to case and seek to make people’s behaviour governable. Rose (1990) and Jones and Bird (2000) suggest that the notions of governance have, over recent times, been revitalised because they capture the complex nature of implementation, tangled hierarchies, parallel power networks and other forms of complex inter-dependence. Lowndes and Skelcher (1998) suggest that governance influences three forms of social co-ordination. The first form they label as ‘organisational hierarchy’. This they suggest manifests itself, and is observable, in the setting up and operation of the implementation group that collectively steers this community. It relates to the structures, norms and rules that different organisations put in place to govern the behaviours of the implementation

actors. These structures are most commonly observed in the form of an Implementation Board which governs the collective and individual roles and responsibilities of the different institutions and actors (Armistead, Pettigrew & Aves, 2007).

The second form of governance they refer to is market control and resource allocation (*e.g.* staffing, funding). This form of social co-ordination, they suggest, manifests itself in the different forms of powering that institutions and actors use to inform the implementation process in accordance with their organisational, professional and/or personal interests. The third form of social co-ordination they describe relates to the personal and professional networks that actors draw upon when they want to carry forward their intentions, but need the support and influence of others to do so. Whilst it could be argued that governance, from this, somewhat negative, perspective, is about organisational, professional and personal interests and control O'Toole (2000) stresses that it is actually about efforts to align or bring about corrected action across multiple, competing institutional modes of social coordination for public purpose and good. Hoppe (2002), supporting this perspective, summarises that governance is the quest for institutional, political, professional and personal participation and alignment. In achieving this, he argues that the implementation problem or puzzle needs to be studied through the interdependent lenses of powering and participation (*i.e.* group development).

Hoppe (2011) describes how the puzzling of policy implementation is the collective consideration of the participation of implementation actors (*e.g.* their actions and discourse) and the episodes of powering that influence implementation. He suggests that exploring the powering of policy implementation and its relationship to participation allows the researcher to explore the social dynamics between actors in terms of who is included or excluded in having a voice and whose knowledge, connections, influence or resources create influence/powering. Hoppe (2011) is accordingly critical of the literature for failing to recognise the inter-dependence between powering and participation and he offers the following model as a means of portraying this inter-dependence.

**Figure I: The influence of powering and group development on the puzzling of policy implementation**



Adapted from Hoppe's (2011) work on the Governance of Problems: Puzzling, Powering and Participation.

Problems during implementation associated with the creation of intra-organisational partnerships and relationships are well documented (Barrett, 2004). Within my research, I assume that the organisations concerned are populated with individuals who have their own personal and professional values. However, I also believe that collective and co-operative actions are required for implementation to be successful. Accordingly, Hoppe's (2011, 2002, 1999) seminal work on the need for a less solution-orientated and more problem-orientated approach to the consideration of policy implementation, *i.e.* how the puzzling of policy implementation is played out, forms the basis of the conceptual framework informing my work.

### **3.2 Powering: The theoretical consideration of social power**

Walt (1994) states that power is at the heart of every policy process. Moreover, Yanow's (1996) empirical work from education and health care settings illustrates that power matters to implementation and policy outcomes. Erasmus and Gilson (2008), reflecting on twenty years of implementation work, re-assert some of the key theoretical insights into power and implementation. The first, top down theory, they describe asserts that implementers simply act out the conditions of policy as defined through the political process (*i.e.* positivist concepts). After which, comes a range of, so called, bottom up theories, which are broadly categorised into three sub-theories. The first, labelled by Hill and Hupe (2002) as the enforcement perspective, describes implementation actors as bureaucratic subordinates managed by forms of organisational coercion. The difference between this and the former positivist top-down perspective is the recognition that localised forms of organisational power exist. The second, often referred to as the performance management perspective, describes actors as agents who are contracted by principles and managed by material power. Lastly, from the final co-production perspective actors are seen to have relative autonomy and work within a co-constructed framework of rules and accountability. In this sense, actors have power because their expert skills and judgments are trusted. The roles and responsibilities of the actors tasked with implementing the SDCP at the centre of the current research (see Chapter 4, Table VI), describe how this multi-agency implementation group fits with the latter co-production perspective based upon the actors' professional status and expertise.

Collectively, these different theoretical positions emphasise that the practices of power are complex. They suggest that implementers exercise power in pursuit of their own personal or professional interests, in reaction to environmental change (*e.g.* changes to the partnership), in response to external stimuli (*e.g.* performance targets), to better meet local needs and in response to policy or implementation actor's efforts to control. What is more, they describe the importance of looking for sources of power beyond the positivist informed perspectives of authority power.

Among the most widely used conceptualization of social power is the seminal typology of social power developed by French and Raven (2001, 1959, 1958). Numerous studies have used this conceptualization over the past few decades. It has, for example, been adopted in the study of many areas of dyadic social interaction including school psychology services between doctor and pupil (Erchul & Raven, 1997), the student-teacher relationship (Caza & Cortina, 2007), the doctor-patient relationship (Brown & Raven, 1994) and the seller-buyer relationship (Busch & Wilson, 1976). Likewise, it has been extensively used to examine the authority of leaders and the relative influence of recruitment and selection procedures (French & Snyder, 1959; Read, 1974). Podsakoff (1985), reflecting this, summarises that he is unable to identify a book in the field of social science that does not, in some way, make reference to French and Raven's (2001, 1959, 1958) work.

The application of French and Raven's work (*op.cit.*) is often used to examine relationships where social asymmetry between two actors is recognised (*e.g.* the doctor-patient relationship). These studies collectively suggest that actors in asymmetrical power relationships draw more frequently on forms of reward, coercive and legitimate power than other forms of power (Caza & Cortina, 2007; Brown & Raven, 1994; Erchul & Raven, 1997; Busch & Wilson, 1976). The smaller number of studies that examine different co-equal relationships (*e.g.* husband and wife, student-student relationship) suggest that referent, informational and expert forms of power are most prevalent in these relationships (Kahn *et al.* 1964; Raven, Centers & Rodrigues, 1975; Jamieson & Thomas, 1974; Gold & Raven, 1992). Cromwell and Olson (1975) suggest that the co-equal partnership is characterised by being either syncretic or autonomic. In the syncretic relationship, every actor has an equal say in practically every domain, whereas, in the autonomic relationship decision areas are equally divided. Here, one actor has full responsibility for the decisions within his or her assigned domain, but they have little say in the decisions taken across other domains. This latter description, I perceive, describes the nature of the actor's relationship in my research.

French and Raven (2001, 1959, 1958) describe social power as a basis of influence that one individual has over another. That is to say, that person 'A' - the influencer, can use forms of

power to influence person 'B' - the receiver. They develop, as summarised in Table I, an understanding of social power which recognises the existence of six types or bases of social power (Raven, 1965).

**Table I: The six bases of social power taken from the work of French and Raven (2001, 1959, 1958) and Raven (1965)**

<b>Basis of power</b>	<b>Description</b>
Reward power	Person B perceives that person A is able and ready to reward them if they complied
Coercive power	Person B accepts that person A might somehow punish them if they do not comply
Legitimate power	Person B believes that person A has a legitimate right to influence them (commonly based upon the principles of hierarchy)
Referent power	Person A has the potential to influence person B because of B's sympathetic identification with A (e.g. we are both practitioners) or their desire to be identified alongside A
Expert power	Expert power stems from person B's perception that person A has expert knowledge in an area - B is accepting of As knowledge
Informational power	Similar to expert power, however, person B is not accepting of person As knowledge but person B reaches the same decision as A based upon the information presented by A

The sixth basis of informational power, added by Raven in 1965 (*op.cit.*), marks a significant departure from their earlier understanding of social power (French & Raven, 2001, 1959, 1958). Their initial five bases of power are based upon the belief that on-going interaction is necessary if you are going to bring about a change in a person's attitude, behaviour or beliefs. However, with informational power Raven (*op.cit.*) confirms that it is possible to influence another through a single interaction. Importantly, this later inclusion shows that origin as well as context is important in our understanding of social power (Erchul & Raven, 1997). Thus, Turner (2005) suggests that French and Raven's (*op.cit.*) typology of social



power widely influences the literature in terms of recognising that some kinds of influence are more social and goal orientated in nature whilst others are more informational or cognitive in character.

In 1992, Raven further revised his earlier typology of social power to recognise the differences between personal and impersonal forms of power, as summarised in the following table:

**Table II: Raven's (1992) classification of personal and impersonal forms of power**

<b>Basis of power</b>	<b>Differentiation</b>
Reward power	Impersonal reward Personal reward
Coercive power	Impersonal coercion Personal coercion
Legitimate power	Formal legitimacy (position power) Legitimacy of reciprocity Legitimacy of equity Legitimacy of responsibility
Referent power	Positive referent Negative referent
Expert power	Positive expert Negative expert
Informational power	Direct information Indirect information

French and Raven (2001, 1959, 1958), in their original concept of social power, perceive that coercive and reward forms of power are tangible rewards and real physical threats (Raven, 1992). However, in delineating personal and impersonal forms of influence, Raven (*op.cit.*)

recognises that personal approval from people we respect and like, and the threat of their rejection or disapproval, are also powerful influences. Accordingly, Raven (*op.cit.*) asserts:

*“Considering personal, as well as impersonal, forms of reward and coercion helps us to understand certain forms of influence which have previously been inappropriately categorised as referent power, which also depends upon the target evaluating the influencing agent positively” (p.219-220).*

Erchul and Raven (1997) summarise that this distinction exists because approval from someone whom we like can be rewarding, just as a tangible reward can be.

French and Raven (2001, 1959, 1959) perceive that legitimate power is based upon a structural relationship between the influencer and the receiver. They suggest that implicitly or explicitly, the influencer says “I have the right to ask you to do this and you have an obligation to comply”. Originally, their work focused upon legitimate power within ranking relationships. However, in further delineating legitimate power into four sub-categories, Raven (1992, 1993) suggests that other, more subtle, forms of social power are also recognised. The first sub-category of formal legitimacy, otherwise referred to as position power, captures French and Raven’s (*op.cit.*) original concept of rank and authority. The second sub-category legitimacy reciprocity recognises reciprocal obligations – I did this for you so you should feel obliged to do this for me. The third, legitimate power of equity recognises a different form of reciprocal obligation – I have worked hard and suffered, so I have a right to ask you to do something to make up for it. Finally, the fourth category of legitimate power of responsibility recognises instances where the influencer reminds the receiver of their social obligations to help others who are unable to help themselves or are dependent upon others. Raven (1993) suggests that this sub-category is often referred to as the power of the powerless because it is often adopted by the seemingly powerless in terms of influencing those in positions of power and influence.

In French and Raven's (1959, 1985) original typology of power, expert and referent forms of power are only considered in the positive form, which is, we do what an expert tells us to do because we assume the expert knows what is correct, even if we do not understand the reasons. Likewise, we do something because we feel some identity with them (*i.e.* we admire them, we consider them good role models). However, Raven (*ibid.*) recognises that the receiver often acts in opposite ways to what the influencer hopes or intends. He largely assumes that this is because they perceive that the influencer has only their own interests at heart. Based upon the research of Hovland, Janis and Kelley (1953), he describes this as the boomerang effect, and thus, negative forms of expert and referent power are included in Raven's (*ibid.*) differentiation.

In 1965, Raven added the sixth basis of informational power to their earlier typology of five bases of social power (French & Raven, 1959, 1958). This addition recognises that direct forms of influence exist, *i.e.* the influencing agent presents information to the target to bring about change. However, in this inclusion, Raven (1992, 1993) also recognises the existence of indirect forms of informational influence. Erchul and Raven (1997) assert, "*There is quite a difference between an influencing agent directly telling a target what he or she wants and why, versus doing so through hints and suggestions*" (p.151). Raven (1993) thus suggests that direct and indirect forms of informational influence rely on the delivery of a clear message/information, and the receiver's judgment that the information is relevant or helpful to the situation.

Raven (1992, 1993), in extending his earlier typology of social power, identifies two important dimensions that inform the basis of influence adopted, and the compliance of the receiver. The first, relates to social dependence. It recognises that informational power, unlike other forms of influence, is not dependent on on-going social interaction. The second, and associated consideration, relates to the importance of surveillance. Raven (*ibid.*), taken from the early work of Leon Festinger (1953) who studied the conformity of individuals in the group setting, suggests that surveillance is necessary for certain forms of social power to be effective, as summarised in Table III.

**Table III: The social dependence of change and the importance of surveillance (Raven, 1992)**

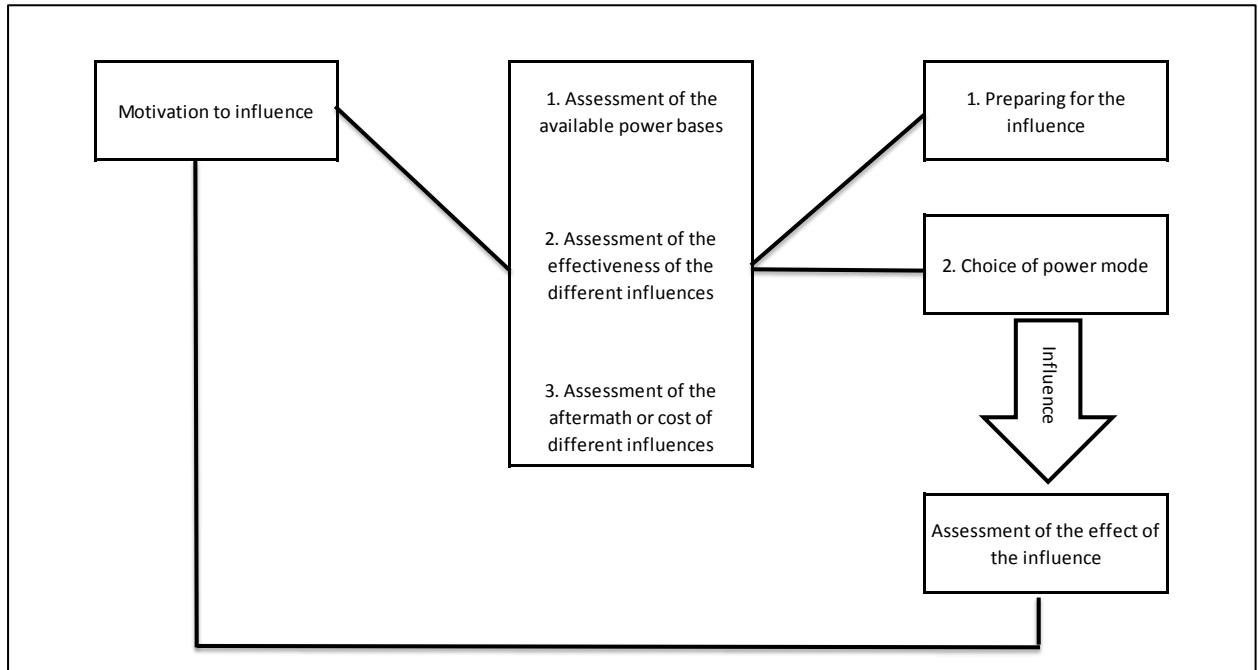
<b>Basis of Power</b>	<b>Social dependence of change</b>	<b>Importance of surveillance</b>
Reward	Socially dependent	Important
Coercion	Socially dependent	Important
Legitimate	Socially dependent	Unimportant
Referent	Socially dependent	Unimportant
Expert	Socially dependent	Unimportant
Informational	Socially dependent	Unimportant

Raven (1992), suggests that forms of reward and coercion power are dependent on surveillance because, unlike other forms of power, they are dependent upon confirming the receiver has complied - Do the job this way or you will be demoted (coercion), If you complete everything on time you will get a bonus (reward). French and Raven's (1959, 1958) bases of social power rests upon the perspective of the influencing agent, as does the host of field-based research that follows (Busch & Wilson, 1976; Gold & Raven, 1992; Caza & Cortina, 2007). In analysing this work, Raven (1993) suggests:

*“We have become increasingly aware that the effectiveness of an influence attempt, and the aftermath of influence, in a function not only of the basis of power but the mode, or manner, in which it is exerted” (Raven, 1993, p.237).*

Accordingly, Raven (*ibid.*) suggests that the influencer has various choices open to him/her in implementing social power, which he suggests can be illustrated in the following power-interaction model (Figure II).

**Figure II: A power-interaction model of interpersonal influence adapted from Raven's (1992, p.229) work on power actions from the perspective of the influencing agent**



Original in colour

Raven (1992) suggests that social power is first dependent upon the individual's motivation to influence, which he considers could be goal or non-goal orientated. Non-goal orientations he describes as being the less obvious motives in operation, such as personal gain and satisfaction. If there is sufficient motivation to influence, the individual then assesses the bases of power available, in relation to context and setting. In this assessment, they consider the potential effectiveness of adopting different bases of power (*e.g.* expert, referent) and the potential cost attributed to each (*e.g.* loss of respect). Having determined the basis or bases of power the influencer then prepares to influence. At this point, Raven (*ibid.*) suggests that the influencer undertakes one or more of the following forms of preparatory work:

- Preparing the setting - *e.g.* placing on a name badge, white coat and stethoscope (expert scene setting), arranging a lectern and chairs (legitimate scene setting).
- Enhancing or emphasising the power bases - *e.g.* preparing a report (informational or expert scene setting), emphasising one's dependence on the receiver (legitimate power and responsibility), drawing on third party support.
- Minimising the receiver to increase the power differential - *e.g.* decreasing their self-esteem and/or confidence, drawing on third party support.

In this scene setting, Raven (*op.cit.*) recognises that it is possible for the influencing agent to bring about a change by invoking the support of a third party. In describing this, he uses the example of a mother invoking the potentially coercive power of the father – “Daddy is going to hear about this when he gets home”. Having prepared the scene the influencer considers the power mode (*i.e.* the manner or tone in which the influence will be asserted), and the influence is then put into action.

After carrying out the influence, the influencer considers its effect (*i.e.* has it been successful, has the receiver changed his or her behaviours). At this stage, Raven (1993) suggests that the influencer decides if the intended effect has been achieved. If it has, the influencer considers whether on-going surveillance is necessary (*e.g.* they may consider that the receiver may revert to their former practices if their presence is not maintained). He suggests that the influencer may try again, but stresses that their motivation may have changed. To illustrate this he describes how the influencer may have hostility towards the receiver and that this informs their choice of influence strategy the second time round.

French and Raven's (2001) typology of social power is based upon the different resources (e.g. skills, expertise, funding, information) that are controlled, possessed or mediated by the influencing agent. Their understanding of social power is based upon the premise that the control of resources allows an individual to influence (French & Raven, 2001, 1959, 1959). However, later work by Turner (2005) suggests that a reverse relationship might also exist in the group setting, where the collective social influence of actors allows them to control resources in ways that are not available to the individual actor. Thus, Turner (*ibid.*) argues that actors in the group setting are empowered by the notions of group identity and unity and that this enables a group to act as a unified, coordinated and organised body. Linked to this, he suggests that the co-operative endeavours and actions of the group grant actors collective influence beyond that of the individual in isolation. His work, a literature-based study, explores the observations and experiences of others and it recognises that a gap in our understanding of social power in the context of group and inter-group setting exists. He states:

*"Established power may appear to depend upon resources, but once social conflict and instability enter the picture resources can quickly evaporate or change sides and groups create, attract and develop resources as a function of the influence they exert" (Turner, 2005, p.14).*

This is also acknowledged by Raven (Coch & Raven, 1948) who recognises that group discussion and group decision-making are utilised to collectively bring about change. However, because Turner's (*op.cit.*) work focuses upon the individual he only recognises the influence of the group as an outside or third party influence (*i.e.* beyond the immediate control of the influencing agent). Drawn largely from these concepts of social power, the literature, as discussed here, describes how the role and status of an actor in the policy setting informs the bases of power they adopt to influence it.

Thus, there is wide acknowledgement within the literature that there is no one systematic theory regarding the concepts of power (Haugaard, 2003; Lister, 2000; Ball, 1994). Over

many years researchers have engaged in examining the creation of power, its trends and its influence and effects in different settings (Hoppe, 1999; Erasmus & Gilson, 2008; Raven 1993; French & Raven, 1958). From the policy implementation perspective, power has been described and studied as a social construct (Lister, 2000), largely based upon the rationale that groups of people define the reality of policy in the practice setting through the processes of social interaction *i.e.* group development and powering (Hoppe, 2011).

In my research, French and Raven's (2001, 1993, 1992, 1959, 1958) typology of social power is favoured due to its wide application within education and healthcare research (Bonebright, 2010). Moreover, the origins of their research are frequently cited in studies which seek to explore the 'perceptions' of power amongst actors, as is one of the intentions of my research (see Chapter 4). At the interpersonal level, as previously described, I perceive that both policy and implementation actors have the ability to influence policy implementation. The basis of policy actor's power being their control of policy text and the structures they enforce to limit its interpretation and implementation (*e.g.* funding). The basis of implementation actor's power being their enactment of professionalism, *i.e.* their ability to inform and influence policy interpretation and implementation based upon their professional knowledge and status (Hilferty, 2008). Accordingly, French and Raven's (1959, 1958) original typology of power is adopted in my research because the six bases of power they describe support the consideration of both structural and professional power-play. Hoppe (2011) theoretically asserts that inter-dependence exists between powering and participation in the puzzling of policy implementation (*i.e.* its interpretation and understanding). What is more, he and Cassidy (2007) argue that the nature of this inter-dependence has not been subjected to research scrutiny; a criticism to which my research responds.



### **3.3 The multi-agency policy implementation group**

Conceptually, within the policy implementation literature, implementation partnerships are classically characterised as being a small group of between six to ten actors (Bennis & Shepard, 1956); a theoretical consideration which is consistent with the size of the SDCP implementation group at the centre of the current research (see Chapter 4, Table VI). Within my research, I adopted Luft's (1984) definition of the small group as being meaningful conceptual support:

*“A group is a living system, self-regulating, through shared perception and interaction, sensing and feedback, and through interchange with the environment. Each group has unique wholeness qualities that become patterned by way of members thinking feeling and communicating into structured subsystems. The group finds some way to maintain balance while moving through progressive changes, creating its own guidelines and rules, and seeking its own goals through recurring cycles of interdependent behaviour” (p.2).*

Many terms are used to describe the implementation partnership including: multi-agency working (Lingard & Garrick, 1997), collaborative working (Milbourne, Macrae & Maguire, 2003; Griffiths, 2000; Wood & Gray, 1991), inter-agency working (Webb & Vulliamy, 2001), inter-professional working (Barrett, Sellman, & Thomas, 2005; Øvretveit, Mathias & Thompson, 1997), public-private partnerships (Huxham & Vangen, 2000; Power *et al.*, 2004) and partnership working (McNay & Ozga, 1985). In my research I have adopted the term multi-agency working because it is consistently used in education and health implementation research.

Within the body of implementation literature there appear to be two rationales supporting the popularity of the implementation partnership. The first is based upon the general acceptance that partnership offers potential reward beyond the immediacy of the individual actor or organisation, and this is often referred to as the collaborative advantage (Huxham

& Vangen, 2000). Within the literature collaborative advantage is classically cited as achieving: the benefits of greater skill mix (Lingard & Garrick, 1997), fewer gaps in expertise (Milbourne, Macrae & Maguire, 2003), improved access to resources (Power *et al.*, 2004) and the benefits of sharing costs and risks between organisations (Kaplowitz, 1978). The second rationale for the popularity of the policy partnership is described as the 'status benefit' that comes from working with other carefully selected organisations (*e.g.* being able to trade on the reputation of another). Thus, in the multi-agency professional setting Jones and Bird (2000) assert that partnerships have common aims, shared risks and the eternal hope of mutual benefit.

Power *et al.* (2004) suggest that multi-agency policy collaborations mark the end of the traditional binaries between policy and practice, which, in part, have contributed to a reordering of the politics of education and health. They suggest that the re-conceptualisation of policy authority is linked to constructing an image of being a 'can-do' Government, and that this over-rides the previous, more cautious, approaches to policy implementation. However, Babiak and Thibault (2009) warn that, historically, the majority of cross-sector or multi-agency partnerships have been shown to fail in delivering their intended goals. Sharing this view, Buzaglo and Wheelan (1999) estimate, in their research, that 80-90% of all policy partnerships are unsuccessful in terms of output. It is, therefore, unsurprising that the literature suggests that the dyadic partnership, between two partners, is commonly more successful than other, more complex, forms of partnership (*ibid.*). García-Canal, Valdéz-Llanzea and Ariñ (2003) suggest that this is because the latter, more complex forms of partnership have significantly more interests to harmonise and thus have increased risk of failure (*ibid.*).

The multi-agent partnership is thus conceptually recognised as being a specific form of partnership which opposes the common basis of competition evidenced in most other business/partnership environments (Speckman *et al.* 1998). Yanow (1996) recommends therefore, that the multi-agent partnership risks failure if it does not address the inter-organisational and administrative boundaries that exist having brought different

organisations together. Additionally, a variety of studies have found that this form of partnership faces a number of challenges, including:

- Aggressive timescales typically attributed to funding regimes (Huxham & Vangen, 2000; Wood & Gray, 1991).
- The influence of unclear or different goals and intentions (Milbourne, Macrae & Maguire, 2003).
- The influence of unstable/insecure funding arrangements (Poxton, 1999).
- The impact of poor resources and/or the lack of budget flexibility (Wilson & Charlton, 1997).
- The influence of powering (Hoppe, 1999, 2011; French & Raven 2001; Ball, 1994).
- The influence of political spin (Power *et al.*, 2004).
- Skill mix and the impact of losing actors from the partnership (Milbourne, Macrae & Maguire, *op.cit.*).
- The complexities of thinking and working differently with various partners, albeit within the same partnership (Praise & Casher, 2003; Speckman *et al.*, 1998).

Hoppe (2011) suggests that the multi-agency professional implementation partnership is recognisable by distinctive characteristics not found in other forms of partnership. These characteristics largely stem, he suggests, from the complexities and tensions of balancing the professional ideologies of individual policy and implementation actors against the different requirements of partners. Thus, the multi-agency professional implementation partnership has been defined as being the most complex group structure (Chin *et al.* 1999).

The need for a shared sense of group belonging and a reliance on the motivation and commitment of actors is thus described within the literature (Gilchrist, 2006).

### **3.4 The group development process**

There is an extensive body of knowledge associated with how groups develop, which is largely drawn from the early work of Bruce Tuckman (1977, 1965). Miller (2003) describes Tuckman's model of group development as being the most predominantly referred to and widely recognised model within the literature. Bonebright (2010), in her historical review of Tuckman's model some forty years on, suggests that it still offers an appropriate image or metaphor that researchers in the field can adopt to make sense of the group phenomenon before them. Supporting this, Cassidy (2007) states that its longevity reflects Tuckman's ability to categorise, synthesise and understand groups, and get it right.

Tuckman (1965) states, in his paper entitled 'Developmental Sequence in Small Groups' (*ibid.*), that the small group goes through four stages of development that he labels: forming, storming, norming and performing. Tuckman (*ibid.*) assumes that there are two aspects to group development, namely structure and task. Structure, he suggests, relates to the recognisable stages that groups pass through in order to develop the characteristics of group behaviour. Whereas task he describes relates to the issues of group problem solving. Tuckman's (*ibid.*) research relies upon the observations of others. From analysing 50 articles that considered the behaviour of groups, he reckons that the characteristics of forming, storming, norming and performing (described later) are distinguishable. What is more, he states the hypothesis that that these four stages constitute the process of group development.

Tuckman (*ibid.*) describes forming as being the first stage in the group development process in which individuals, united by a common cause, come together. During this stage, he suggests that individual members set about establishing the parameters of the group's task.

Likewise, issues of structure are addressed as individuals discuss and define what they consider acceptable group behaviour. Tuckman summarises this stage as setting the ground rules. Having successfully agreed these rules, he suggests that members, in their infancy as a group, move into the second stage of storming.

During the second stage of group development, Tuckman (*ibid.*) proposes that the newly formed group debates the issues of leadership, members' roles and responsibilities (structure), and the group's priorities, intentions and actions (task). He summarises it as being a time of conflict because individuals seek to inform and influence the structure and agenda of the group. If, out of this conflict, members are able to find creative solutions to the issues raised, Tuckman (*ibid.*) suggests that the group passes into the third developmental stage of norming. During this stage, he suggests that the characteristics of group behaviour replace those of individualism because *en masse* members collectively settle into achieving the group's goals (*i.e.* demonstrated normative group behaviours). After this, the group enters into the final stage of development known as performing.

During the fifth stage, Tuckman (*ibid.*) suggests that the group realises its ambitions and intentions. Tuckman (1977) later added a sixth stage which he labelled adjourning. This final stage, he suggests, symbolises the termination of the group. Tuckman (1977, 1965.) states that groups develop in a rising trend of development characteristics (*i.e.* form-storm-norm-perform). Tuckman's descriptions of group development are summarised in Table IV.

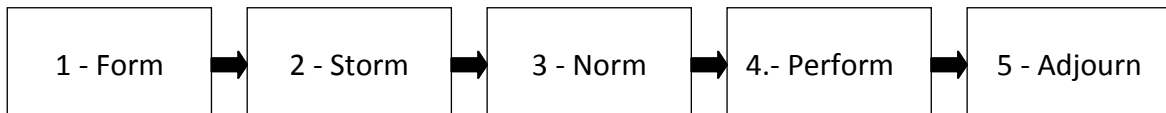
**Table IV: The characteristics of group development (Tuckman, 1977, 1965)**

Category	Characteristics
Forming (code 1)	Actors are orientated to the task ( <i>e.g.</i> defining policy implementaiton). They identify what information is needed to complete the task and how this will be attained. They test out the behaviours that are acceptable to the group and define the 'ground rules'.
Storming (code 2)	Actors seek to influnce the task using various means of power. There is some resistance to the infleunce. There is discrepancy between an actor(s) personal orientation and that demanded by the infleunced task. It is a time of intragroup conflict. The lack of unity is an outstanding feature.
Norming (code 3)	Actor's exchange different opinions and ideas. Actors are open to the different ideas circulating and the idiosyncrasies of other group members. Agreement and harmony are of maximum importance.
Performing (code 4)	Emergence of solutions: Actor make constructive attempts at completion of the task. The group is a problem-solving instrument that delivers against the agreed task.

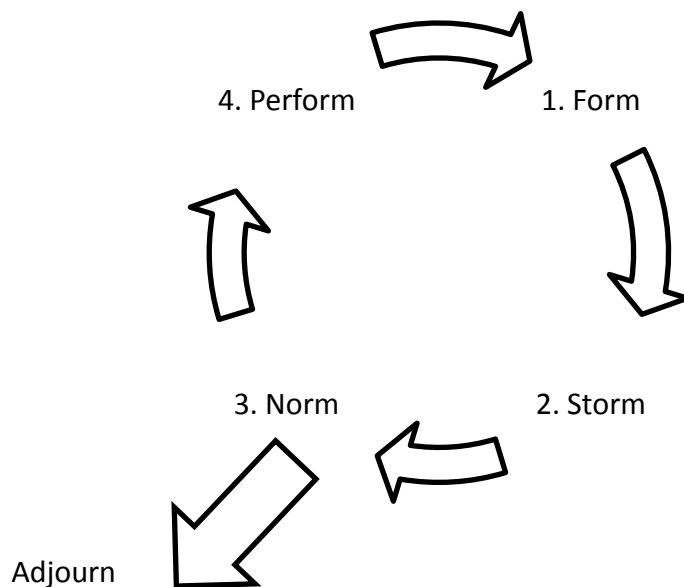
Most theoretical models of group development assume that groups pass through a number of development stages or phases (Wheelan, 2009, 1994, 1993; Cassidy, 2007; Rickards & Moger, 2000; McMorris, Gottlieb & Sneden, 2005; Runkel *et al.* 1971). Tuckman (1965) originally portrays his hypothesis as a linear model of development. However, Runkel *et al* (*op.cit.*) in their empirical research on Tuckman's (*op.cit.*) model suggest that the stages of development are cyclical. The following diagrams, Figure III, pictorially demonstrate Tuckman's (*op.cit.*) original model of group development and Runkel's (*op.cit.*) reframing of it.

**Figure III: Group development characteristics as linear and cyclical models**

Linear model of group development adapted from Tuckman's (1977, 1965) seminal research on group development.



Cyclical model of group development adapted from Runkel *et al* (1971) empirical research on Tuckman's (1965) hypothesis of group development.



Tuckman and Jensen (1977) returned to the literature twelve years after Tuckman (1965) published his original hypothesis to question if it was still valid, *i.e.* groups developed in a rising trend of development characteristics. They identified 57 articles associated with group development that had been published in the intervening years (1965 – 1976). Out of these 57 articles, they selected 22 to examine against Tuckman's (*ibid.*) original hypothesis.

Of these 22 articles, a study undertaken by Runkel *et al.* (1971) is particularly notable as it sets out to empirically test Tuckman's (*op.cit.*) hypothesis.

Runkel *et al.* (*op.cit.*) sought to determine if Tuckman's (*op.cit.*) hypothesis fitted observations of small groups in the classroom setting. Using the support of research assistants, they studied three groups of students, constructed for the purposes of the research, who were required to undertake a study related task. At each group meeting, the research assistants documented if they perceived that a group demonstrated the characteristics of forming (code 1), storming (code 2), norming (code 3) or performing (code 4) that Tuckman (*op.cit.*) originally described, as summarised in Table IV.

The research assistants rotated around each group, and their observations were recorded weekly over a two-month period. Runkel *et al.* (*op.cit.*) suggest that their findings show that groups do demonstrate an upward trend in the stages of group development (*i.e.* codes 1-4), and that this supports Tuckman's (*op.cit.*) hypothesis. However, they also argue that this empirical research further develops Tuckman's (*op.cit.*) hypothesis because the data shows that whilst groups do develop through the four stages of development over time some groups are shown to revert to forming (code 1) when they encounter a change to the structure/composition of the group/task. Thus, Runkel *et al.* (*op.cit.*) suggest that whilst Tuckman's hypothesis of group development is further substantiated within their work, their findings suggest that a group might pass through the stages of storming, norming and performing any given number of times. They thus recommend the need for further empirical research that addresses this consideration beyond the confines of the experimental research setting.

Tuckman and Jensen (1977) in their later review of the group development literature identify several limitations to Tuckman's (1965) original hypothesis of group development. For example, they recognise that a fifth stage of adjourning exists. The inclusion of this additional stage they largely attribute to the work of Spitz and Sadock (1973) and Braaten



(1974). In their research, Spitz and Sadock (*op.cit.*) and Braaten (*op.cit.*) suggest that a group, having achieved its goals, comes to a natural ending after which its members disbanded. Tuckman and Jensen (*op.cit.*), recognising that Tuckman (1965) had overlooked this work when initially formulating his hypothesis, state:

*“The 1965 model was a conceptual statement determined by the literature, it is reasonable, therefore, to modify the model to reflect recent literature, The model now stands: forming, storming, norming, performing and adjourning” (Tuckman & Jensen, 1977, p.426).*

They also recognise that the original literature review in 1965 did not include a representative sample of settings where small group development processes are likely to occur. Certain settings, particularly the therapy-group setting, are significantly overrepresented. Whilst this limitation has, to a limited extent, been addressed in further research (Cassidy 2007; Runkel *et al.*, 1971), it remains that Tuckman’s (1965) original model has not been significantly generalized beyond the original context of the group therapy setting (Bonebright, 2010).

In 2007, Cassidy conducted a study to show the extent to which Tuckman’s (1965) model adequately describes group development outside of the therapy setting in education. Her findings support that group development characteristics can be fitted into Tuckman’s (1965) original model. However, she recommends that more can be learnt about the development cycle if there is a shift of focus which allows actor’s concerns about the nature of powering to be further explored. Without this she stresses that Tuckman’s model has little applicability in the educational setting in which different autonomous/professional groupings need to engage in successful collaborative policy and educational activity. Thus, Cassidy’s (*op.cit.*) assertions appear congruent with Hoppe’s (2011) claims that participation (*i.e.* group development) and powering are inextricably linked in terms of understanding the puzzling of policy implementation. Sundstrom, DeMeuse and Futrell (1990) echo Cassidy’s

(*op.cit.*) concerns and urge that the long-standing assumption that one model fits all contexts should be called into question.

On a personal level, when I was studying as a novice practitioner, frequent references within the health-sciences literature were made about the development of groups and the notions of forming, storming, norming and performing, which I have since come to theoretically appreciate, stem from Bruce Tuckman's (*op.cit.*) early work. I therefore feel it is important, in this my doctoral thesis, to examine Tuckman's (*op.cit.*) original hypothesis and trace its theoretical evolution, as opposed to basing my understanding on more recent interpretations and re-iterations of what essentially appears, with little reference, to stem from this work (Tuckman 1977, 1965).

### **3.5 How the body of policy implementation literature considered informs this research**

Hoppe's (2011) assertion that powering and participation (*i.e.* group development) influence policy implementation frames the thinking which informs the conceptual framework of this research. Accordingly, this study acknowledges that policy implementation, as a form of policy action, cannot be achieved without collective action. Moreover, the implementation perspective informing this study, described as third generation research within the considered literature (Palumbo & Calista, 1990), recognises implementation actors as autonomous beings, whose implementation actions are influenced by organisational, personal and professional ideologies and practices. Because of this, Hoppe's (2011) belief that the framing of the implementation problem and its solution are inter-related, *i.e.* the influence of participation/group development and powering, are inter-related has theoretical resonance.

What is more, the policy-action relationship in terms of powering, *i.e.* who speaks when, where and with what authority (Ball, 1994), and the influence this has on participation are

considered to be appropriate theoretical lenses to examine the nature of this implementation episode. It could be suggested that French and Raven's (2001, 1959, 1958) typology of social power and Tuckman's (1965) theory of group development are outdated concepts by which to consider implementation, however, the literature, as discussed in this chapter, shows their continued wide popularity, relevance and adoption in health and education implementation research (Bonebright, 2010; Podsakoff, 1985).

In the powering studies that examine co-equal relationships and professional groupings, referent, informational and expert forms of power are most prevalent (Gold & Raven, 1992; Centers & Rodrigues, 1975; Jamieson & Thomas, 1974; Kahn *et al.* 1964). The literature also suggests that policy actors typically draw upon authoritative forms of power (Hoppe, 2011). Moreover, in recent years, with the devolution of the state, the rules of authority have altered and lost their taken-for-granted character (Ball, 1994). It is evident in the literature that actors might disagree about whether certain power relations contribute to a better or worse implementation environment or outcome because they have different conceptions of what is desirable (Yanow, 1996). Judgments about the nature of power therefore need to be rooted in the context in which the exercises of power occur (Erasmus & Gilson, 2008). However, the policy implementation setting, relationship and power-play between policy and implementation actors tasked with DCP educational policy implementation do not appear to have been subjected to scrutiny. Accordingly, this suggests that a gap exists in our understanding of policy implementation in this setting; a consideration that this research responds to.

Tuckman's (1965) hypothesis of group development and its on-going scrutiny support the assertion that groups follow a pattern of development. Authors, including Bonebright (2010) and Cassidy (2007), suggest that it still offers an appropriate means for researchers in the field to make sense of the group phenomenon before them. However, Cassidy (2007) in her study of Tuckman's (*op.cit.*) hypothesis in the education setting indicates that we need to learn more about the specific stage of storming with regards to the concerns of actors who initiate and influence power-play. Her criticism is congruent with Hoppe's (2011)

assertion, cited earlier, that participation and powering are inextricably linked to the puzzling of the policy implementation problem. The current study thus responds to Cassidy's (*op.cit.*) criticism and explores Hoppe's (*op.cit.*) assertion.

### **3.6 Conclusion**

The body of knowledge discussed within this chapter brings together the literature associated with powering and participation in the form of group development which forms the basis of the conceptual framework that informs this policy implementation research. As a practitioner, used to implementing policy at local organisational, as opposed to national level (*i.e.* with the engagement and influence of the State and its actors), my initial research considerations focused upon the nature of the multi-agency relationship between actors (*e.g.* the development of the group, cohesion, motivation and morale). However, my journey through the literature described here, and my time immersed in the research setting during the bidding stage of this policy project, developed my thinking, specifically with regards to Hoppe (2011) and Ball's (1994) assertions about the links between group development and powering and the influence that these considerations have on implementation. The literature examined here and in Chapter 2 thus informs my research enquiry as to how the participation and powering of the actors associated with this policy implementation episode influenced the implementation of the SDCP.

The conceptual framework informing this research is derived, as described in this chapter, from three key bodies of knowledge: policy implementation (see 3.1), powering/the theoretical consideration of social power (see 3.2) and participation/group development (see 3.3). More specifically Hoppe's (2011, 2009) policy puzzling and implementation research, Tuckman's (1977, 1965) group development theory and French and Raven's (2001, 1965, 1959) typology of power, offered a series of theoretical assertions about the nature of implementation groups. Accordingly, these theoretical assertions, summarised below, enabled me to examine if the implementation episode (phenomena) at the centre of the

current research fitted with or opposed these assertions (see Chapter 4) when tested in the real world education implementation setting:

- Policy is a complex negotiated social phenomenon (Elliott, 2009; O'Toole, 2004).
- Policy ambitions define the intended outcome but interpreting or translating this outcome is down to those tasked with its implementation (Yanow, 1996)
- Policy implementation is fraught with conflicting interests, divergent problems and competing problem solutions (Hoppe, 2011, 2002, 1999; Jones & Bird). Accordingly, actors seek to shift the balance of power in their favour by drawing upon different power resources in order to influence implementation (French and Raven, 2001, 1965, 1959; Ball, 1994).
- Implementation groups develop in a rising trend of development - forming, storming, norming and performing (Tuckman, 1977, 1965, Runkel *et al*, 1971).
- The 'puzzling' of policy implementation (*i.e.* the framing of the implementation problem and its solution) is the inter-related social functions of powering and participation (Hoppe, 2011).

The literature discussed in this chapter describes the conceptual framework underpinning my research question - 'How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?' The conceptual framework described here and the research method adopted to examine this research question are brought together and examined in the following chapter (Chapter 4).

## CHAPTER 4

### Considerations of research methodology

*“Case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution programme or system in the real-life context” (Simons, 2009, p.21).*

#### 4 The consideration of research methodology

The intention of this study is to generate knowledge and understanding that can influence and inform the future implementation of further DCP schools situated in the primary care setting. My research question, ‘How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?’ recognises the complex social phenomenon of the research setting. Accordingly, the research methods adopted needed to recognise the lived experience of the knowledgeable agents (actors) who implemented this policy episode, using different forms of discretionary power to challenge or defend the implementation process in the complex reality of practice in according with their own values and interests (Simons, 2009). For that reason, I adopted a case study approach as the appropriate means of studying the distinctiveness and uniqueness of this policy episode through the lived experiences of the actors tasked with its implementation.

##### 4.1 *Implementation case study research*

In terms of policy implementation, Harold Lasswell (1956) is widely attributed as having entered the term implementation research into the public lexicon back in the 1950s (Wright, 1998). However, Goggin *et al.* (1990) and DeLeon and DeLeon (2002) claim that implementation research was relatively dormant between 1950 and 1970 because it was

either considered to be too easy, *i.e.* implementation actors merely acted out policy instructions, or too difficult, *i.e.* implementation actors acted on their own authority with little link to policy. From the mid-seventies researchers report being interested in policy implementation, and specifically case study research, perceiving it to be the missing link between implementation theory and practice (Barrett, 2004). At this time, the literature describes a major shift in educational research away from the former experimental and objectives focused undertakings (Simons, 2004). Researchers, practitioners and to some extent politicians wanted to understand the contextual setting and complex decisions that educators, as the implementers of educational policy, make (Sanderson, 2003). Accordingly, the rational or scientific approaches previously favoured are criticised for failing to capture the fluidity, complexity and changing nature of educational policy implementation (Keeves, 1988).

Simons (2004) asserts that a different kind of understanding is required which is situated in context, documents the uniqueness of the policy implementation episode or case and engages those being observed. Moreover, she argues the policy implementation researcher needs to have an instrumental interest in the policy case by being connected, intrigued, perplexed or troubled by it. Lipsky (1980) similarly urges researchers to stop seeking to understand policy through the legislatures of high-ranking government appointees and begin to understand it through the actions and inter-actions of the people who implement policy in the complex and messy reality of practice.

Merriam (1998) suggests that the qualitative case study is a particularly appropriate methodology for exploring problems of professional and educational practice where practitioners make judgments and naturally explore instances in action. Denzin and Lincoln (2000) suggest that the qualitative case study draws from three schools of thought, namely, phenomenological sociology, interpretivism and hermeneutics. The following table, Table V, taken from their work, and that of Schwandt (1997) and Wittrock (1986), summarises these three different theoretical perspective or lenses. Whilst Marshall and Rossman (1995) argue this type of categorisation portrays artificial boundaries between what is essentially a

shared approach to examining the social world, I would respond that it reflects the nuances that have historically informed the qualitative research paradigm.

**Table V: The research focus and characteristics of phenomenological sociology, interpretivism and hermeneutics**

	Research focus	Characteristics
Phenomenological sociology.	How we interpret our own actions and those of others. The researcher must suspend their <i>“taken-for-granted attitude towards the social world and take on the role of disinterested observer”</i> (Schwandt, 1997, p.114).	Meaning is described through the structures and experiences of life.
Interpretivism.	Reconstructed clarification and understanding of the phenomena. The researcher must seek to re-construct with the actor their interpretation of the social world.	Meaning is clarified and understood through re-construction and analysis.
Hermeneutics.	Negotiated meaning through the social actions of discourse. The researcher seeks to understand how actors negotiate and construct meaning of the social world through dialogue.	Meaning is negotiated through linguistic events.  Meaning is negotiated and constructed, not re-constructed, through analysis.

Adapted from the work of Denzin and Lincoln (2000), Schwandt (1997) and Wittrock (1986).

The methods selected within this case study were influenced by the interpretivist research approach in terms of my intention to re-construct with actors their interpretations of the group development characteristics and powering episodes which they perceived influenced



the implementation of this policy episode (Hoppe, 2011). Interpretivism acknowledges that the social world is ever-changing and that it is constructed and re-constructed by the actors who engage in its creation and interpretation in each social setting (Denzin & Lincoln, 2000). The German 'verstehen', meaning understanding, has been commonly used to define this approach to research, because in order to gain insight and understanding of the actor's perspective, the researcher seeks to re-construct with the actor their interpretation of the social world (Schwandt, 1997).

Different definitions of case study dominate the literature, and emphasise the different methodological and epistemological preferences between theory-led and theory generated case study perspectives (Merriam, 1998). The theory-led case study is defined in terms of exploring a case through a particular theoretical perspective (Gomm, Hammersley & Foster, 2000). Simons (2009, p.22) importantly stresses that this is "*not the same thing as testing a specific theory or taking a specific theoretical lens to a case*". From this perspective, Bassey and Pratt (2003) argue that no case study can exactly replicate another, but the accumulated evidence of similar case studies does strengthen theoretical concepts. Conversely, the theory-generated case refers to generating theory from the data itself that leads to an eventual theory of the case.

Other case study definitions and examples examine the particular and often singular, as is the case with this research. This form of case study is classically described as being research-based, descriptive, using the voice of actors and is reflexive to changes in the environment and how the researcher understands the case over time (Merriam, 1988). It explores different perspectives and understandings of the same phenomena and relies heavily on different data sources and inductive reasoning (Simons, 2009). It acknowledges that situated generalisations can be drawn to determine the applicability of the case studies findings to new situations (Simons, 2004). Gillham (2004) asserts that this form of case study is widely accepted and legitimated in many professional fields that have educational intent and/or policy implementation outcomes.

The next case study definition, aimed at analytic generalisation, is largely influenced by Yin's (2008) work. Yin (*ibid.*), reportedly "*the leading exponent in the social sciences of case study*" (Basse, 1999, p.3), describes case study as the adoption of multiple sources of evidence and the prior development of theoretical propositions that guide the collection of data. In Yin's (*ibid.*) definition, case study is defined by the research strategy and not the particularisation of the case, as in the first definition.

Stake (1995) offers a further case study definition which aims to allow the case to reveal its own story. His case study approach is influenced by ethnographic, naturalistic and biographical research methods. It emphasises the sequentiality of events, the uniqueness of incidence, the story of actors and the rich narrative and personalised descriptions of events. Stake (*ibid.*) suggests that whilst case study is a poor basis for propositional generalisation, *i.e.* generalisations offered by the researcher, it is an excellent basis for particular generalisation, *i.e.* generalisations reached by the reader based on contextual similarity, which he termed naturalistic generalisation.

Whilst it is evident that the various definitions and descriptions of case study exist, they are not mutually exclusive. For example, considerations, including the nature of generalisation, whilst labelled differently, are not diametrically opposed. The key shared characteristics of case study research, across the body of knowledge, is the development of collective understanding and the retained connectedness of data from the context from which it is derived.

#### **4.2 Defining the case in question**

Whilst the conceptual origins informing my approach to this case study were consistent with the qualitative, interpretivist methods described in Table V, Stake (1995) reminds us that case study *per se* is not synonymous with the qualitative paradigm. He, and Simons (1980),

argue that the distinctiveness of case study research is the importance it places on the singular phenomena and the researcher's commitment to studying it (the case) in the real life context. Accordingly, Simons (2009) asserts that the specific boundaries of the case, *i.e.* physical location, people, history, policies, define this research approach beyond the mere consideration of methods. Using Simon's (*ibid.*) description of what constitutes the boundaries of a case, the boundaries pertinent to this case study have been described in the following ways/chapters:

- The physical location of the SDCP is described in Chapter 1 (see 1.1).
- The context and history of the SDCP is described in Chapter 1 (see 1.0) and Chapter 2 (see 2.1-2.2)
- The actors tasked with implementing this policy episode/case are introduced in Chapter 4 (see 4.3, Table VIII)
- The policies informing and influencing the current policy episode and the Government's ambition of opening a SDCP is described in Chapter 2 (see 2.1-2.2)

I chose to conduct case study research because it offered a vivid and full description of this policy implementation episode that might contribute to our current understanding of how actors implement educational policy decisions in the complex, real-life practice setting, and the influence that power and group development had on the puzzling of this policy implementation episode (Hoppe, 2011). Whilst an element of the policy implementation literature assumes policy meanings are shared between developers, implementers and across settings (Sabatier, 1986) there is also evidence that policy carries vague or conflicting meaning which results in local interpretation, negotiation and power-play (Ball, 1994). The case study approach I have adopted, which captures the dialogue, negotiation and power-play of actors, has the potential to rebut the assumptions that policy meanings are shared

and contests that a hierarchical relationship exists between policy and practice (Yanow, 1996).

Case study was selected, on this occasion, because it allowed me to explore in-depth the complex social phenomena of policy as framed by the literature (see Chapters 2 and 3). Accordingly, this case study research did not just describe events, people and places it allowed the interpretations of the people most knowledgeable about the phenomena to be explored (Stake, 2000). Moreover, it captured the variable interests, views and inter-relationships which existed in the real life context (Simons, 2010). DeLeon and DeLeon (2002) suggest that case study brings the researcher closer to the experiences of implementation actors than is possible with most other research methods. Moreover, they stress that it captures lived experiences in a way that legitimates actor's voices as a source of credible knowledge.

In this research, the case in question was selected for its intrinsic interest to me (the researcher) and the other implementation actors. What is more, it was considered to offer a valid academic contribution to our current knowledge and understanding of educational policy implementation (see Chapter 8). My research interests lay in the in-depth study of a single policy implementation episode/case, using qualitative methods within an interpretivist paradigm. Whilst other methods were examined, *e.g.* case profiles, bibliographies, document analysis, they were rejected as they did not fully meet the research intentions and/or support the conceptual framework informing this study (see Chapter 3).

#### **4.3 *The selection and recruitment of participants***

In this case study, I have adopted selective and purposive sampling. With purposive sampling the researcher uses their knowledge of potential participants to recruit them (Christians, 2000). The purpose of this type of sampling, consistent with the case study

approach adopted, is to obtain as many perspectives of the phenomena as possible (Denzin & Lincoln, 2000). All of the actors ( $n=10$ ) responsible for implementing this policy episode took part in this research. The following table, Table VI, introduces the roles and responsibilities of each participant/actor.

**Table VI: An introduction to the participants/actors who took part in this case study**

Actor's pseudonym	Area of leadership	Partnership role and responsibilities
Darren	Business and finance	Darren was a senior University appointment already working in the field of business and finance. He had worked with NHS commissioning partners on previous education/healthcare projects. Darren was responsible for developing the full business case. He was a member of the Implementation Board and had been involved in the bid. He was appointed to the implementation group by the University.
Albert	Governance	Albert was a professor of medicine. He worked part-time for the University and the DoH. He had previously worked with the NHS commissioning partner on various joint education/healthcare projects. Albert's responsibilities were associated with clinical and academic governance and the different contractual responsibilities of the partners associated with this. With Darren, he was responsible for ensuring the new school was implemented in accordance with University governance requirements. Albert was a member of the Implementation Board and held the position of Vice Chair. Albert had been involved in the bid. He was appointed to the implementation group by the University.
Brenda	Project management	Brenda was an experienced project manager within the NHS. She was responsible for ensuring that the project plan was delivered on time and in accordance with the requirements of the Implementation Board. Brenda had not been involved in the bid. She was seconded from the NHS to the University and implementation group, on a part-time (0.8fte) fixed-term basis to support the SDCP implementation episode.

<b>Actor's pseudonym</b>	<b>Area of leadership</b>	<b>Partnership role and responsibilities</b>
Rachel	Clinical dentistry	Rachel was a registered dentist with an academic background in teaching and research. She was appointed to the University and implementation group following competitive interview, on a part-time basis (0.5fte). Her responsibilities were associated with the clinical aspects of the curriculum and the delivery of care to patients. Rachel was also responsible for planning patient pathways with NHS stakeholders. Rachel had not been involved in the bid.
Holly	Administration	Holly was an experienced NHS administrator. She was very familiar with managing the administrative functions of large-scale partnership projects. She was responsible for all of the administrative functions associated with facilitating the Implementation Board. She was appointed to the implementation group by the NHS education commissioning body. Holly has not been involved in the bid.
Alice	Education commissioning	Alice was a senior NHS appointment who worked for the local NHS education commissioning body. She was elected Chair of the Implementation Board. She was responsible for ensuring that the new school was implemented in accordance with NHS governance requirements. Alice had been involved in the bid.
Bill	Professional liaison	Bill was the nominated dental service representative. He was elected to the Implementation Board by the Local Dental Committee to promote the interests of local service providers and end users/patients. Bill was responsible for disseminating information about the implementation of the SDCP to the wider professional community. Bill had not been involved in the bid.
Paul	DCP policy development	Paul was a civil servant at the DoH who supported the implementation of dental policy initiatives. He was responsible for ensuring that the new school is implemented in accordance with DoH governance requirements. Paul was a member of the Implementation Board but opted to attend infrequently.

<b>Actor</b>	<b>Area of leadership</b>	<b>Partnership role and responsibilities</b>
Chief Dental Officer England	Dental policy	The CDOE was a senior civil servant who supported the development and implementation of the Government's policy ambitions. The CDOE was not a member of the Implementation Board. His inclusion in the study is further discussed in this section (see 4.3).
Former Chief Dental Officer England <sup>2</sup>	Dental policy	The former Chief Dental Officer (England) led in the development of dental policy from the year 2000 to 2002. After which she retired from civil service and clinical dentistry but remained active within the profession. Her inclusion in the study is further discussed in this section (see 4.3).
Researcher	Education	I held the final educational leadership role on the Implementation Board. I was responsible for developing the curriculum and securing University validation and General Dental Council accreditation of programmes. I worked full time for the University in the field of DCP education. I was appointed to the Implementation Board following competitive interview. I had been involved in the bid. My insider or participant-observer researcher positionality is discussed further in Chapter four (see 4.6).

In summary, four actors were employed by the University (Darren, Albert, Brenda, Rachel), two are employed by a local NHS educational commissioning body (Holly, Alice), one was an independent practitioner who represented the interests of local service providers (Bill) and two were civil servants at the DoH (Paul, CDOE). With the exception of the CDOE, whose interests were represented by Bill, all of the participants were members of the Implementation Board. The tenth participant, the former CDOE, was invited to take part in the study because she led in the reform of dental policy (see Chapter 2), which initiated the development of the SDCP. Not being responsible for this episode of policy implementation the former CDOE was specifically recruited to help inform my understanding of the historical

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<sup>2</sup> The CDOE was the Deputy Chief Dental Officer, at the start of the project and the CDOE title has been used for consistency.

context of this implementation episode. Her knowledge and understanding informed both the boundaries of this case and my approach to the literature.

All actors, with the exception of the former CDOE, were approached to take part in the research by e-mail as this was the common means of communication between implementation actors. Copies of the participant information sheet (see Appendix I) and the consent form (see Appendix II) were attached to the e-mail invitation. Actors were asked to confirm their approval to take part by return e-mail within 10 working days. They were informed that, should they not respond to the e-mail, no further communication about the study would be received. The former CDOE was sent a personal letter of introduction. All actors agreed to take part in the study.

All actors, with the exception of Rachel, the CDOE and former CDOE, were interviewed on three occasions (beginning, midpoint and after the school had opened). Rachel, having taken a period of maternity leave, was only interviewed on two occasions. The CDOE, having less day-to-day implementation engagement and due to his limited availability was interviewed on two occasions (beginning and end of the implementation episode). The former CDOE was interviewed on a single occasion in the early planning stages of this research when the conceptual framework is being constructed.

#### **4.4 Methods of data collection**

I selected the data collection methods of participant observation and semi-structured interviewing. I selected these methods as they allowed me to explore the same phenomena from different perspectives. Capturing my observations as notes allowed me to get a sense of the setting which Simons (2009, p.55) argues *“can’t be solely attained by speaking to people”*. Transcribed interview reports provided a rich description and a basis for further reflection, analysis and interpretation and provided a cross-check on data obtained in my



observation notes (Cohen, Manion & Morrison, 2007). I had a strong preference for interviewing as it allowed me to get to the core of the case quickly and in greater depth than potentially other methods (O'Toole, 2004). Interviewing also allowed me to ask follow up questions and supported actors in telling their own individual stories.

Participant observation allowed me to observe actors as they went about creating shared meaning and implementation decisions. Accordingly, Erasmus and Gilson (2008) suggest that this form of observation allows the researcher to identify the nature of the implementation relationship, and make visible the exercises of power. They also observe that participant observation sensitises the researcher to the deeper structures and balances of power and the rules of the particular implementation game being played out.

Having previously conceptualised that the implementation actors in this case study were not the passive recipients of policy (see Chapter 3, 3.0), the methods of data collection adopted allowed me to explore the interpretations these actors hold. Participant observation allowed me to observe the deliberations and debates of actors in context, over time, and formulate my own interpretations from being immersed in the setting (Yanow, 2000). Interviewing allowed actors to reflect on their role in the implementation process and their relationship to other actors (Erasmus and Gilson, 2008). Linking interview with observation allowed me to pursue meanings and understanding which were not obvious at the point of observation. In this sense, interviews helped me ensure that my observations were not misinterpretations (Simons, 1996).

My observations began in September 2003, and concluded in November 2006, when implementation of the new school was complete. My observations were captured, on the note pro forma shown in Appendix III, each Implementation Board meeting when actors came together to discuss and debate implementation decisions and actions. Participant observation was considered to provide an unobtrusive means of capturing data that did not interfere with the routine activities of the group or its actors (Denzin & Lincoln, 2000). By

capturing my observations as notes, it was possible to catalogue observations and issues of powering and group development that represented the puzzling of this implementation episode as it presented which I could later examine and re-examine as my interpretation and understanding of the case developed.

I considered participant observation to be an appropriate means of observing the development and power-play, *i.e.* “*who spoke, when, where and with what authority*” (Ball, 1994, p.21), of the group. The different descriptions of social power widely adopted and originating from French and Raven’s (1959, 1958) early work were used to theoretically categorise my interpretations of the different bases of power that were operant (Raven, 1993).

I used a pro forma to help me capture my observations (see Appendix III). The pro forma enabled me to capture my observations regarding the powering and group development characteristics that influenced the puzzling of this policy implementation episode. It was not my intention to simply confirm what was already known about policy implementation, but question this understanding against the complex and messy reality of practice (Hoppe, 2011). I looked where I expect to find the issues of group development and social power being played out (*i.e.* during Implementation Board meetings), but I was open to what was unique in this unstudied setting (Ball, 1994).

The pro forma I used in this study underwent iterative refinement during an initial pilot phase of use. No further refinements were made after the pilot. During piloting, it was apparent that it was neither possible nor necessary to capture everything that occurred, and the form was simplified to that shown in Appendix III. Whilst the literature suggests that piloting should be undertaken with a population similar to that of the research group who are not involved in the study, this was not appropriate or feasible in this research (Parahoo, 2006). Piloting, in the current research, was considered as a live and iterative element of the overall research design (Angrosino & Mays de Pérez, 2000). Observation was

undertaken each meeting for the duration of the study (September 2003 – January 2005) and many sheets were completed during each observation. Erasmus and Gilson (2008, p.364) advise that the adopting power categories or bases “*assists in the operationalisation of the slippery concept of power and observational activity*”. The pro forma (Appendix III) was not used in a mechanical way and notes and/or additional categories could be added.

My observations were typed up as notes, by me, immediately after each observation. A summary of my interpretations of social power, against French and Raven’s (2001, 1959, 1958) original bases of social power, and group development, against Tuckman’s (1965) original hypothesis of group development, were captured on the bottom of the pro forma, along with my general comments. Observation allowed questions to be formulated *in situ* and in response to the situations I saw. Methodologically, this approach to data collection was complemented by semi-structured interviewing.

Semi-structured interviewing was a favoured means of capturing the contextually-based understanding of actors. I did not see interviews as an objective tool for the collection of data (Fontana & Frey, 2002), but a means of fostering a research informed social dynamic between myself and individual actors beyond the immediacy of the implementation setting (Silverman, 2001). The semi-structured approach adopted enabled broad question themes of powering and group development associated with the puzzling of this implementation episode to be posed to each actor. It allowed me the flexibility of managing questions against the responses given (Denzin & Lincoln, 2000). By posing the same broad discussion themes to each actor it was possible to consider the same phenomena from different perspectives, and establish if multiple realities, constructed by different minds, existed (Seale, 1999). Interviews were conducted at three different times/stages of the implementation process *i.e.* during the first few months, midway and towards the end of implementation.

Each interview lasted approximately one hour. Actors were offered a choice of location at their convenience, including their place of work or the meeting room used for regular team meetings. With the exception of one, all choose to be interviewed at their place of work and in their office. 'Please do not disturb' door signs were used and actors were asked to transfer their telephone calls before interviews began. Each interview was recorded with the full knowledge and permission of each actor using a small portable micro-digital recorder. The device ran on batteries or mains power and the latter was selected for reliable recording. The recording device offered options of individual portable microphones which could be pinned unobtrusively to clothing or a small speaker system which could be placed on the table. All actors selected the latter and the speaker was placed in close proximity, but out of the eye line of the actor, on the desk. Being interviewed was common professional practice for the actors involved in this research and, having established a prior relationship, I felt actors and I were comfortable in each other's presence. A short test recording was done at the beginning of each interview to check the functionality of equipment prior to the full interview. Recording interviews enabled a permanent record of the event to be captured, which I could listen to repeatedly as required (Gillham, 2000).

The following discussion themes were constructed to guide each interview. They were drawn from my prior understanding of the implementation setting (early observations in practice), my interview with the former CDOE and the literature (see Chapter 3):

- Policy implementation
- Partnership
- Challenges and issues
- Personal reflections

Each theme was written on a single card. Cards were used in any order to direct the conversation. Themes were carefully constructed to encourage actors to describe and

discuss their perceptions of the day-to-day realities of this implementation. No direct reference to powering was made in order to reduce the possibility of socially desirable responding which Ball (1994) suggests is more common with direct forms of questioning about social power. Interviews were considered as conversations about the actor's interpretations of the implementation episode, not as a means of testing a predetermined research hypothesis about the nature of group development and/or social power in this setting (Denzin & Lincoln, 2000).

I believe that the familiar setting, relaxed interview approach, the established prior researcher-actor relationship and the unobtrusive recording device were all helpful in putting actors at ease. I converted each interview recording into a typed transcribed report within 48 hours of the interview. In doing the transcription work myself I negated the criticism of poor transcription that has arisen when the person doing the transcription has been different to the one who collected the raw data (Price, 1999). Interview recordings and transcribed reports were held under password protection on my computer. Kvale (1996) suggests that researchers should undertake inter-rater reliability tests (an independent researcher checks the accuracy of the transcribed interview report against the recording). I asked actors to undertake this task. They were advised that the transcribed report captured all of the nuances of language and conversation and that it might not read like a coherent report. Actors requested very few changes. I was asked to remove a swear word that the actor later reflected was inappropriate and unnecessary, all other changes related to typographical errors.

As with all forms of data collection, there are inherent strengths and weaknesses associated with the forms of data collection I selected (Marshall & Rossman, 1995). The main criticism of the observation approach is that the presence of the researcher alters the behaviour of actors because they know they are being observed (Silverman, 2000). I addressed this criticism by adopting Cohen, Manion and Morrison's (2007) advice about needing to build trust and rapport with actors by spending time in the field, as a participant, before my study

began. They suggest that any change in an actor's behaviour, due to the presence of the researcher, is however only sustainable for a short period of time.

Observation, as a method of data collection, is also criticised for only capturing the researcher's perspective on the phenomena considered (Seale, 1999). In responding to this criticism, and consistent with Denzin and Lincoln's (2000) recommendations, I adopted another method of data collection (*i.e.* semi-structured interviewing) that allowed my initial interpretations to be examined and tested out with different actors. Additionally, actors were encouraged to read and comment upon my observations and interpretations. The power relationship between participant observer/researcher and researched is also reflected upon within the literature (Ebbs, 1996; England, 1994), and this is further examined in 4.5.

The literature is also divided on the merits of semi-structured interviewing. Some endorse that the approach allows the researcher to respond to individual issues and questions raised during interview, whilst ensuring all question topics are posed to each participant (Robson, 2002; Yanow, 2000). Others are, however, critical that having set discussion topics distracts the general flow of conversation and engagement of participants (Green & Thorogood, 1998). Gillham (2004), an advocate of case study research, however believes that interviewing produces a richness of communication that is not attainable via other methodologies. He and Gomm, Hammersley and Foster (2000), Hamel, Dufour and Fortin (1993) and Stake (2000) share the opinion that interviewing, when combined with other qualitative research approaches that encourage the researcher to spend time in the field (*e.g.* observation), allow the researcher to develop a deep and personal relationship with actors. Collectively they emphasise the benefits of this in-depth approach to data collection in relation to the richness of understanding that is gained. Consistent with qualitative case study traditions informing this research, Fontana and Frey (2002, p.663) define the semi-structured approach adopted here as the "*negotiated accomplishments of both interviewer and respondent which are shaped by the contexts and environment in which they take place*".

Other forms of interviewing were considered but rejected. Structured interviewing was rejected because it offered no opportunity to explore, question further or probe actors about their specific insights and perspectives of this policy implementation episode. In this interview approach, a bank of pre-determined questions is constructed before the interview and only these questions are posed by the researcher (Fontana & Frey, 2002). Likewise, unstructured or conversational interviewing was not favoured because it would not have allowed me to explore the puzzling of this implementation episode through the themes of powering and group development drawn from my time and understanding of practice, my interview with the former CDOE and engagement with the literature, with each actor (Cohen, Manion & Morrison, 2007).

Interviewing in any form is known to be resource-intensive, largely because of the time commitment required from both the researcher and actors (Stake, 1995). Likewise, Yin (2008) suggests that the added burden of interview schedules can detract from the very essence of case study research by interrupting the routine activities of the actors. Gillham (2000) supports this and advises that interviewing can significantly influence an actor's workload and the overall pressures of time they had to work within (*ibid.*). In this research, following approval from the relevant stakeholder organisations, the time required for interview is taken from the actor's work, not personal, time. In the current study, dates and times of interview were based upon an actor's preference and availability. I do, however, recognise that this commitment increased their commitments and associated work pressures on the given day.

#### **4.5 The researcher-researched relationship**

There is also debate in the literature as to whether the case study approach enables the case, as determined by the insights of the actors involved, to tell its own story (Stake, 2000). This debate serves to emphasise the researcher-researched relationship and the issues of power which influence methodology (Hamel, Dufour & Fortin, 1993). My position as an

actor (educational lead) in this policy implementation episode granted me access to the research setting and its actors. Thus, my positionality as a researcher of this case was one of insider or participant observer (England, 1994). My research position thus granted me the responsibility, power and privilege of interpreting the story of this policy implementation episode. Accordingly, I acknowledge that I had a bases of knowledge and power which enabled me to identify participants, name the data collection categories, control information, define questions and determine what and how the findings of my work were reported (Staehele & Lawson, 1995). However, I did not perceive that the political and professional actors taking part in this study were powerless in terms of their influence over the research process and environment.

I do believe that my role in one of the lead organisations granted me privileged access to this case study that would not be granted to an outsider. What is more, I also feel that my professional status and prior relationship with the actors involved granted me exclusive knowledge of this community and my acceptance as a researcher (Ebbs, 1996). What is more, I believe that my professional status and the code of professional conduct to which I subscribe, which includes for example the principles of doing no harm, trustworthiness and truthfulness, re-assured actors of my integrity as a researcher (England, 1994).

My deliberations over methodology and data collection methods were undoubtedly influenced by my relationship with, and understanding of, actors and their working lives. I selected observation as it did not interrupt actors as they went about making implementation decisions. This form of data collection allowed me to contribute to discussions and debates as an actor, whilst observing the wider social dynamics of the group that I could later analyse (Ball, 1994). My own observations supported Cohen, Manion and Morrison (2007) and Parahoo's (2006) findings that actors quickly forgot my presence as a researcher. Thus, I believe that my presence as a researcher had no long term affect in terms of influencing actors behaviour. That is not to say, however, that I have not struggled with holding down different identities and sets of responsibility as a researcher, student and practitioner (see Chapter 9).



Silverman (2000) suggests that the power differential between the researcher and researched is most evident in the interview setting. However, my own beliefs and experience suggest that neither is ultimately powerful in the professional research setting. For example, whilst I asserted my authority, as researcher, over the questions asked, actors decided how they wished to respond. Specifically of relevance to this case study is the senior status of actors and their prior exposure to different forms of professional, media and/or political questioning within their professional practice lives. Within the literature such participants are often referred to as elites (Ostrander, 1993)

Smith (2006) suggests that when interviewing elites the traditionally informed view of researcher status and power is upturned. However, according to England (1994) the distinction between elite interviewees and other types of interviewees is based on inadequate and widely critiqued conceptions of power. Moreover, Desmond (2004) asserts that elites are better positioned to manipulate research results and their dissemination. From my perspective, the idea that elites can be neatly defined and treated as consistently powerful relies on a rather simplistic idea that there is a dichotomy between powerful elites and powerless others. Whilst Aldridge (1993) argues that researchers who discuss elites as an unproblematic category of people assume that it is possible to identify those who wield power within society, I did not perceive that it was possible to clearly segregate people into the dualistic categories of elite and non-elite within the professional context of the current case study. This perception is drawn from my belief, as previously described, that all actors are potentially powerful and that power is something that is contextually played out and negotiated (Ball, 1994), *i.e.* both actors and I had the discretionary power to challenge or defend the status quo. Consequently, I am wary about using the term elite as it appears in much of the methodological literature.

In terms of positionality, Agar (1996) suggests that the insider researcher is too close to the situation to see critical issues. Alternatively, he favours the outsider researcher in terms of their not having pre-conceived ideas, a curiosity of the unknown and the ability to ask potentially taboo questions. However, my own experiences of practice based research are

more akin to England's (1994) positionality critique. She argues that the insider is able to identify, understand and interpret the subtlety and nuance of social interaction in context. From, this stance the researcher makes clear to actors that it is their experiences and reality that she is documenting and interpreting. Engagement and participation are core methodological features of this study, as is the strong message that my insider status allowed me to research 'with' actors, not simply gather data on or about them.

#### **4.6 How data were analysed and conclusions reached**

Case study research produces a great deal of raw data. A sensible way of analysing the data and reaching conclusions, as taken from the historical body of policy implementation and case study literature, is to condense it into meaningful statements (Bassey, 2000). I needed, therefore, to adopt an approach to analysis that enabled me to identify analytical statements from within the mass of data, a process that Simons (2009, p.120) describes as "*data reduction through the selection, focusing and abstraction of key assertions*". Accordingly, I adopted Kruger and Casey's (2000) long table approach to data analysis as a useful way of identifying these statements. My approach to data analysis, based upon their work, involved me selecting quotes from interview notes and statements from my observation notes which I perceived offered a perspective on this implementation episode through the theoretical lenses of powering and participation (*i.e.* group development), the influences which Hoppe (2011) describes as the puzzling of policy implementation (see Chapter 3, 3.1). This allowed me to explore the differences that existed between my own and actors' accounts of reality (McKee, 2003). The analysis process after every observation and interview went as follows:

- First I ensured that the originating details (*e.g.* actor's name, date of interview/observation) were recorded on every sheet of each transcribed interview record or observation note.

- Each observation note and interview transcript was photocopied to attain a working copy.
- Using the working copy, I highlighted quotes and observations, using a highlighter pen, which I perceived as being salient group development and/or powering statement/quote.
- I cut each of these statements and pasted them onto individual cards, one statement per card. On the reverse of each card I wrote the originating details so that each statement could be traced back to the raw data.
- Each statement was then sorted into one of the following data sets:
  - a) Statements relating to powering
  - b) Statements relating to participation/group development

Simons (2009) describes how this initial trawl through the data identifies the lived experiences of individuals considered to offer insight into a specific instance or event, based upon the researcher's broad implicit assumptions. As the data grew with each interview and observation I returned to the two primary data sets (*i.e.* statements about group powering/participation) and examined the extent to which convergent or divergent perspectives existed, *i.e.* perspectives that agreed or disagreed with a statement. The following table, Table VII, provides an example of this from the data (see Chapter 5). The statement, taken from Holly's extended quote/vignette (see 5.2), relates to the first powering episode and the CDOE's demand for student activity (see 5.1). The associated convergent and divergent statements are taken from the different perspectives of actors described within the general description of the data (see 5.3).

**Table VII: A statement taken from the data and examples of the associated convergent and divergent perspectives of actors**

Statement from the data	My interpretation	Convergent perspective	Divergent perspective
<p><i>“They [the DoH/CDOE] had written to us, out of the blue, basically saying no [student] activity-no money”</i></p> <p>Holly (Chapter 5, 5.2)</p>	<p>Characteristics of powering</p>	<p><i>“Come up with an alternative, workable solution or accept that the request [from the CDOE] will have to be met because we are dependant on this funding”</i></p> <p>Alice (Chapter 5, 5.3)</p>	<p><i>“The academic and professional risks associated with the CDOE’s demand for student activity are just too great from our perspective”</i></p> <p>Rachel (Chapter 5, 5.3)</p>

A full discussion of the convergent and divergent statements drawn from the data is presented in relation to the theme of powering in Chapter 5 (see 5.3, 5.6 and 5.9) and participation in Chapter 6 (see 6.3) under the heading of ‘General description’.

As the data grew the two initial data sets were divided into various smaller sub-categories (e.g. different group development characteristics or different connotations of social power). To assist with this, I gave all of the cards to fellow EdD researchers and asked them if they are able to group the two original data sets (i.e. statements relating to powering or participation) into any smaller sub-categories. This allowed me to further consider and reflect on the interpretations and conclusions I had drawn from the data. They produced similar sub-categories, albeit with different labels, to those I had drawn. For example, whilst I labelled one sub-category as storming, based upon Tuckman’s (1965) powering characteristics, an EdD colleague, having collated the same cards, called it conflict. As my understanding of the case developed I also reported my emerging interpretations back to the group of actors during regular meetings. This helped me to ensure that my reporting of their perspectives was in accordance with their own understanding and meaning.

Furthermore, I also presented on my observations and interpretations of the group development characteristics and powering, *i.e.* the puzzling of this policy implementation episode (Hoppe, 2011), at a number of local and national education meetings as this enabled me to determine that my presentation of this case was going to be useful in the real world practice setting.

Whilst the research process adopted allowed Tuckman's (1965) theoretical considerations of group development (*i.e.* participation) to be tested out in the messy reality of practice, the analysis process was not about fitting the statements to Tuckman's (*ibid.*) pre-determined hypothesis that all groups sequentially developed through the characteristics of forming, storming, norming and performing. Firstly, I wanted to establish if the characteristics he describes about each of these stages (see Chapter 3, Table IV) could be observed in the development of this policy implementation group. Whilst Runkel *et al.* (1971) earlier empirical research had established the existence of these characteristics, their research, as discussed in Chapter 3, was conducted in a controlled environment. Thus, if the characteristics of forming, storming, norming and performing could be observed I wanted to understand the context (*e.g.* organisational structures, actor's behavior and interpretations) that informed and influenced these characteristics in the reality of the practice setting. What is more, in adopting Tuckman's (*op.cit.*) original early hypothesis and description of group development characteristics I was able to respond to Bonebright's (2011) criticism and examine if Tuckman's model has been significantly generalized beyond its original framework.

The design of the current research also responded to Cassidy's (2007) assertion, having explored the extent to which Tuckman's (*op.cit.*) model adequately describes group participation and development beyond the therapy setting (see 3.3), that more understanding about the specific stage of storming (*i.e.* powering) is necessary. She advises that a shift of focus, which explores the power-play behaviours and concerns of actors, is needed if we are to understand the applicability of Tuckman's (*op.cit.*) hypothesis in the educational setting where different groups of autonomous/professional actors need to

engage in collaborative activity if policy implementation is going to be successful. Accordingly, in my research, French and Raven's (2001, 1959, 1958) conceptualisations of social power, historically amongst the most widely used in educational/implementation research, was adopted as meaningful theoretical support (see 3.2). Importantly, and of relevance to my research intention of exploring how this implementation episode was influenced by powering, French and Raven's (*ibid.*) typology of social power recognises that some kinds of influence are more social and goal orientated in nature whilst others are more informational or cognitive in character.

In summary, over time, with the fullness of data and a systematic data analysis process I was able to reach what I considered to be a shared understanding of the phenomena, *i.e.* how the group development characteristics and powering of actors influenced this policy implementation episode; to which my own understanding was a contribution.

#### **4.7 Presenting the analysed data**

To demonstrate the conclusions I drew from the data I selected Frederick Erickson's (1986) work as meaningful conceptual support. My presentation and discussion of the data and findings of this research is presented in accordance with his three tiered approach, which is summarised below:

- A particular description of the data: This offers a description of the data in terms of what I considered to be meaningful. I have used direct quotes in the form of vignettes, analytical statements with conceptual resonance, to present a vivid description of events.
- A general description: The general description, presented after the particular description, describes how my interpretation, in the form of the particular description, is linked to the wider data. In this general

description I have considered the uniqueness or frequency of occurrences.

- An interpretive commentary: Having presented the data, I offer an interpretive commentary in Chapter 8 on how my interpretations and assertions sit against the wider body of policy implementation knowledge as discussed in the literature (see Chapters 2 and 3).
- A table describing the group development characteristics observed and described by actors is additionally included in Chapter 6 (Table VIII), under the general description, to help describe what was occurring at the time.

In this sense, my making sense of the data was a systematic process. Analysis and interpretation whilst described separately were iterative and interactive processes which took place throughout the study (*i.e.* after each observation, interview). Importantly, the data collection and analysis processes I adopted enabled me to verify my assumptions and interpretations by getting feedback from actors, and building this into the next stage of data collection, and by looking for statements that contested my interpretations. Moreover, I support, from Simons (2009) work, that the insider case study researcher's instinctive feelings and insights allow them to gain an intuitive grasp of the data that *"retains the holistic nature of the data, detaching it neither from the context in which it arose nor the person who collected it and is now making sense of it"* (p.126).

In terms of generalisation, the literature is again divided. A prominent debate is the generalizability of data from the single case. For example, Hammersley (1992) argues the problem of generalisation to a larger population, in comparison to survey research, is the weak basis it provides for identifying causal. By contrast, Bassey and Pratt (2003, p.164) assert that *"any single (valid) instance can falsify a hypothesis, a single case study can have as much value, and be as valid, as a huge-scale experiment"*. As these examples typify there is little, if any, consensus regarding the nature of generalisation associated with case study

research. Indeed, Simons (2009) suggests there are six different ways of generalising in or from case study research, which differ from the propositional forms of generalisation consistent with positivist research. My interest, consistent with the conceptual framework informing this study, was with the one she defines as naturalistic generalisation, as proposed by Stake (1995).

Stake (1995) asserts that case study research is a poor basis for propositional generalisation, *i.e.* those made by the researcher, but an excellent basis for particular generalisation, *i.e.* those reached by the reader based on contextual similarity. He proposes that naturalistic generalisations developed within a person as a result of experience are “*from the tacit knowledge of how things are, why they are, how people feel about them, and how they are likely to be later on in other places with which this person is familiar. They seldom take the form of predictions but lead regularly to expectation...*” (Stake, 1995, p.69).

Bassey and Pratt (2003) further informed my considerations of generalisation and Stake’s (*op.cit.*) assertions regarding expectation. In their discourse on how general are generalisations, Pratt, from his professed Popperian stance, questions Bassey about his concept of fuzzy generalisation, which Bassey describes as being a move away from determining predictive statements. Bassey (1999), in his earlier research in education, asserts that the case study fuzzy generalisation tell us something may happen in x circumstances, but without measure of its probability. In his later conversation with Pratt, Bassey (2003) introduces the concept of ‘BET’ (best estimate of trustworthiness). BET he describes is the professional actor’s assessment of how likely it is that the fuzzy generalisation will be found to be true in particular instances. The BET, whilst not empirically justifiable, is based upon the actor’s experience and knowledge of the field and literature.

Bassey (*ibid.*) describes how the BET, not the fuzzy generalisation, can be changed (*e.g.* highly likely to be true/likely to be true in most cases). However, he acknowledges that a BET which describes that a fuzzy generalisation is unlikely to be true serves no useful



purpose. Accordingly, my research offers the reader, in the following chapters, a series of assertions akin to what Stake (*ibid.*) defines as petite generalisations, *i.e.* allow the reader to make context based judgments about the relevance of data and findings to their setting, and what Bassey (1999) defines as fuzzy generalisations, in terms of my assessment of how likely it is that these assertions may be found to be true in other particular instances.

#### **4.8 Ethical principles and procedures in case study research**

This research was guided by a framework of professional ethics which are underpinned by principles of trustworthiness, fairness, equity and empowerment. These principles inform the role I adopted in this case study, as previously described. They rendered problematic the question of who owned the data, my favoured stance of negotiated interpretation and the need to establish an equitable relationship between myself, as researcher, and actors. In addressing these, the following ethical considerations were factored into the design of this case study:

- Permission was sought from the leading stakeholder organisations that allowed me access to their staff, systems *etc.* The purpose of this study and my participant observer role was made clear to actors at the onset. A study information sheet was produced in support of this (see Appendix I).
- Pseudonyms have been used to report on implementation actors and stakeholder organisations. Permission not to use pseudonyms to report on the CDOE and former CDOE was sought. They are high profile public figures and I did not feel that their anonymity could be met in the same way, although I subsequently reflected further on this (see Chapter 9). I sought, and gained their permission, to report using their professional title. I also sought explicit clearance to include specific quotes from them.

- Consent was attained before each interview (see Appendix II). Interviews were conducted on the principal of confidentiality (Simons, 2009). Prior to the first interview, actors were asked to carefully read the participant information sheet (Appendix I) and the consent form (Appendix II) and sign it only if they were happy to proceed. They were informed of their right to withdraw from the study at any point without giving any reason. Actors were advised that, should they withdraw from the study, all information relating to any previous interview would be permanently destroyed. Likewise, they were reassured that I would make no further attempt to communicate with them regarding the study. I confirmed that digital recordings of interviews and master copies of transcribed interview reports would be held under password-protection on my University computer in accordance with the University's data protection policy and the Data Protection Act (Great Britain, 1988).
- Typed-up observation notes were stored electronically in a password protected web-based folder that all actors had access to. Actors were advised that they were able to question and comment on my observations and that I would take full account of any comments made. I confirmed that I would publish all comments and criticisms within my research report (Cohen, Manion & Morrison, 2007); none were received. Their permission to use the transcribed report was sought and actors were asked if anything needed to be excluded.
- My research proposal was subjected to scrutiny from an NHS Ethics Committee and attained a favourable ethical opinion (study reference number AT-5791-043).

#### **4.9 Conclusion**

The discussions presented in this chapter demonstrate the considerations undertaken with regard to the methodological design of this study which explored how the powering and participation of the group of actors tasked with this policy implementation episode influenced the implementation of the SDCP. Linked to the conceptual framework described earlier in Chapter 3, and specifically Hoppe (2011), Cassidy (2007) and Ball's (1994) assertions about the links between group development and powering and the influence these considerations have on implementation, the case study approach adopted has been justified as an appropriate methodology. Importantly, it recognises, in the context of the multi-agency professional implementation setting, an important shift in the power base of who controls knowledge - *i.e.* the actors taking part in this study were not perceived powerless in terms of their influence over the research process and environment.

Participant observation and one-to-one interviewing allowed me to explore the interpretations of actors against my own interpretations and understanding. Likewise, the process of data reduction adopted, through the selection, focusing and abstraction of salient statements (Simons, 2009), allowed me to explore the actor's specific considerations of powering and group development (*i.e.* participation), described by Hoppe (2011) as the puzzling of implementation, which informed and influenced this implementation episode.

## CHAPTER 5

### Powering

*“We seem to have lost our way in a rather generalized landscape of power, where its traces, we are told, are there for all to see, if only we look hard enough” (Allen, 2003, p.189).*

#### 5 Powering

This chapter presents the first data theme of this case study research. It explores the concepts of powering that influenced the implementation of this policy episode. In studying the implementation of the SDCP policy ambition, it became apparent that actors drew upon different forms of social power and influence, which displayed a variety of relational connections. This chapter, entitled ‘Powering’ presents the different forms of social power adopted by actors during the three different power episodes or events that I observed in the field. These powering events, which influenced and informed the policy ambition and the participation of policy and implementation actors, are described under the three sub-themes of: Workforce issues and powering, Dental therapy education and powering and Dental nursing education and powering. Together, these three powering episodes show how actors drew upon different forms of social power, in accordance with French and Raven’s (1965) typology of social power (see Chapter 3, Table I), in order to shift the balance of power in their favour and influence the implementation of the SDCP.

Fredrick Erickson’s (1986) work, as described in Chapter 4 (see 4.7), was adopted as meaningful support in making explicit the conceptual grounds that informed my interpretation of the data. Using his three-tiered approach, a particular description of a powering event or incident considered meaningful in the data is presented first. The particular description captures and introduces a dominant powering theme, which I perceived was circulating in the live dynamics of this implementation setting. Secondly, a narrative vignette (or vignettes) is presented. The narrative vignette captures *“the sights*

*and sounds of what was being said and done*” at the time (*ibid.* p.150). The particular description and vignette(s) are based upon my observations and interviews. Direct quotes and extracts from observation notes and interview transcripts are given in italics. The source of material in the vignette(s) is indicated, whilst shorter extracts from the data, which helped to explore the meaning of interpretations, are presented directly within the text. Where a direct quote has been amended, for instance to protect the identity of an individual or organisation, square brackets have been inserted around the altered text.

After the particular description and vignette a general description is offered. The general description shows how my interpretation of the powering event sat within the wider context of the data corpus. In simple terms, it describes the typical or atypical nature of the event, *i.e.* the convergent and divergent perspectives/statements associated with this powering episode (see also Chapter 4, 4.6, Table VII). The general description thus examines the event through the different perspectives of the implementation actors who experienced it. Accordingly, Erickson (*ibid.*) suggests that the general description provides evidentiary warranty of the assertions that the researcher has drawn from his/her systematic review of the data corpus.

Studying the policy implementation setting it became apparent that three episodes of powering, presented as the sub-themes: Workforce issues and powering, Dental therapy education and powering and Dental nursing education and powering, influenced the implementation of this policy episode. In examining the data, social theories of power provided an overarching framework of understanding. The conceptual perspective of social power adopted, as discussed in Chapter 3, recognised that person ‘A’, the influencer, adopts different forms of social power to influence the actions and intentions of person ‘B’, the receiver (French & Raven, 2001, 1959, 1958).

The three powering episodes described here (see 5.1, 5.4 and 5.7) show that actors drew upon different forms of social power as influence. Accordingly, these three powering

episodes, when considered collectively, show how the pattern of social power shifted within the partnership over time. The data presented in the first sub-theme, Workforce issues and powering, shows that the CDOE used forms of legitimate power, based upon the notions of hierarchy, to influence actors to register students and demonstrate student activity immediately (*i.e.* before the SDCP was built). In this powering episode, the CDOE and Paul's perceptions of policy hierarchy are shown to be closely linked with the governance and control of policy funding. Furthermore, the data shows that implementation actors, as the receivers of this influence, respond by drawing upon a different form of social power to inform the CDOE's demand for activity. This second, or counter, influence is interpreted as being a form of expert power because implementation actors were observed drawing upon their professional expertise in DCP education and practice as influence. Accordingly, this first sub-theme of data captures the shifting pattern of social power by tracing the power struggles of actors who were tasked with implementing the SDCP policy ambition in the dynamics of the implementation setting.

Data presented in the second sub-theme, Dental therapy education and powering, shows that implementation actors, drew upon forms of expert power and sources of knowledge and information to influence the nature of the dental therapy award and the content of the curriculum offered within the SDCP. Additionally, data presented in the third sub-theme, Dental nursing education and powering, shows that implementation actors used social power, interpreted as forms of referent power in accordance with French and Raven's (2001, 1959, 1958) typology of social power, to convince policy actors that the University should additionally be commissioned to deliver dental nursing education to 20 students.

### **5.1 Workforce issues and powering: Particular description**

The timing of dental therapy student activity, in terms of when SDCP students could be counted in the DoH's workforce numbers, became a dominant sub-category of powering in the data. Fellow EdD research colleagues, in their review of the statements I had drawn

from interviews and observations (see Chapter 4, 4.6), similarly collated the majority of the statements I had put together in this first powering sub-category of data. Working collectively, they labelled this sub-category of data 'Policy-practice conflict', a heading which accurately described the data. I however chose the label 'Workforce issues and powering' because of the association the data had with the policy directives which led to the SDCP and the shortage of dental manpower (see Chapter 2).

The data in this sub-category showed that actors from the different stakeholder organisations (*i.e.* DoH, University, NHS education commissioning body, LDC) held different views about when the first cohort of SDCP students could/should be included in workforce numbers. From the policy perspective, as stated by Paul *"the CDOE needed to convince Ministers that the £3.2 million capital granted to implement the new school, not originally planned for in the grand scheme of things, and the revenue funding secured to increase dental therapy numbers had been used effectively to address access and workforce problems"*. To do this, the CDOE wrote to the Implementation Board asserting that the first cohort of dental therapists must be in training, *i.e.* contributing locally to workforce numbers, by the end of that NHS financial year (some two months away) for actors to attain the agreed funding.

At the time Darren reflected, *"to assert his authority the CDOE indicated that the funding, which had already been agreed but not transferred, was now predicated upon our delivering these numbers in the given 2 month timescale"*. Brenda described how this episode of powering *"created a rift in the partnership"*. Not least because *"[Alice] and [Darren] were keen to respond to the CDOE's demand for activity as they wanted the money transferred as building work on the new school had begun at the risk of the partnership"*. However, Rachel, Albert and I reflected shared anxieties that *"doing as the CDOE demanded was tantamount to professional suicide"* (taken from Rachel's interview). We stressed how *"starting students on a course that was not accredited by the GDC could ultimately render the SDCP a white elephant, leaving the partnership with huge financial and reputational losses"* (taken from Brenda's interview). What is more these actors argued that *"writing the course and getting*

it validated by the University and accredited by the GDC could not, under any circumstances, be achieved within the ludicrous two month timescale given by the CDOE" (taken from Rachel's interview).

## **5.2 Workforce issues and powering: Vignette**

I selected the following extended quote/vignette as a salient example/statement of the power-play associated with this first powering episode. This first vignette, taken from Holly's interview, describes the different perspectives of implementation actors to the CDOE's demand for student activity:

*"There were huge tensions around us [NHS education commissioners] pushing the University for student activity so early in the project; building work and putting the curriculum together had barely started. Nevertheless, the Department [DoH] were clear that this activity constituted a deal maker or breaker. They had written to us, out of the blue, basically saying "no activity - no money". It was dressed up as something to do with next year's budget allocation but we knew this was a cover. They were giving us capital but demanding revenue activity, it didn't stack up, but they were crystal clear 'no students no money'. So, we had no choice, they pushed us and we pushed the University. However, the University had all sorts of anxieties about starting the course without GDC approval which they said could not be attained in the short timescale. They were worried, probably rightly so with hindsight, that if we went ahead without their approval the GDC would not be best pleased and we could have a £6 million specialist building with no course. [University actors] circulated a GDC report, which I have to say helped change our thinking. It was about [another school] who had done exactly this; it didn't make a great read. [Albert] was adamant that we couldn't use naivety as any form of defence because the report was in the public domain.*

*We were in a really difficult position - on the one hand the Department [DoH] was saying "no activity no money", on the other the University was saying "if we do deliver this activity the new school could ultimately fail to open". A real catch 22. We needed the money to do it but the University were the only ones who could deliver it. It was a really horrible time, it*



*nearly destroyed our relationship. Everyone was really anxious; you could cut the atmosphere between us with a knife.*

*Luckily we had a team of fantastically creative people who were able to park the problem and look for workable solutions. They went back to basics asking what is it we each want to achieve and, importantly, why. We wanted to secure the funding we needed to make the school happen, the University didn't want to jeopardise the vision or the quality of the curriculum and [the CDOE] wanted to tell Ministers that he had delivered the target numbers he promised".*

**Researcher:** "So what was the solution?"

*"The University suggested they could offer an access programme for qualified dental nurses who wanted to do dental therapy but lacked the academic experience necessary. They proposed a 6 month short course, studied one day a week that would guarantee successful students a place on the therapy programme. It ticked all the boxes. The University could pull it out of the hat in the timescale, it didn't need GDC approval, [the CDOE] could say that students were on the first stage of the course and we got our money. It was a really clever solution that was purely down to the brilliance of the people involved".*

### **5.3 Workforce issues and power-play: General description**

The following general description of this powering episode describes the different perspectives and statements of the actors concerned. As previously described this sub-category of data, entitled 'Workforce issues and powering', was dominant in the in the data corpus. All actors ( $n=10$ ) spoke of the power-play between actors regarding this powering episode during their first interview. The sentiments captured by Holly above, about the anxiety that this powering episode caused, were equally shared by Brenda, Albert, Alice and Rachel who shared the view that this powering episode "*nearly destroyed the partnership*".

The demand to demonstrate student activity so early in the implementation of the SDCP created tensions between actors. The CDOE and Paul were adamant that SDCP students must count towards workforce numbers in two months' time in order to contribute to access and workforce solutions both locally and nationally (see Chapter 2). Rachel, Albert, Brenda and I were adamant that this could not be achieved because *“unlike other schools the SDCP wasn't built”, “there were no specialist teaching facilities available locally elsewhere”* and *“the course wasn't written, validated or accredited”* which these actors stressed *“were complex, lengthy processes”*. Alice and Darren, in accordance with their senior organisational roles and financial responsibilities, were however adamant that the CDOE's demand for activity should be met as the partnership was dependent on the DoH funding under his control. What is more, building work on the new school, in the region of £2m, had started at the risk of the partnership. Bill was the only actor who did not stress a strong opinion on either the CDOE's demands or fellow actors concerns. He reflected *“the concerns over activity and funding were really for the university, [local NHS commissioners] and DoH to worry about and argue over”*.

The CDOE had sent his request for activity in a letter addressed to Alice in her role as Chair of the Implementation Board. At the meeting where his letter was received Paul, who was a member of the board, was not present. Alice, perceiving that *“the CDOE's request would not create any specific tensions for the University as they had other teaching rooms and facilities available”* read out the letter to board members. After which I captured in my observation notes at the time:

*“There are evident tensions between actors. Voices are raised and individuals are talking and shouting over each other. Rachel and Albert having been told that they need to demonstrate student activity now (within the next few months) are clearly very unhappy about it. Brenda summarised it as being “completely bloody unreasonable”.*

The meeting quickly came to end and at the time I wrote: *“the group have not reached a decision about the response that will be given to the CDOE's activity demand. Actors were*

*too angry and concerned to begin to think of such things. The meeting was disbanded to allow actors time to discuss and reflect on the CDOE's request. In drawing the meeting to a close, "Alice, in her role as chair, re-iterated the financial concerns and fact that the SDCP would fail to exist if the CDOE's activity demand was not met". She gave the actors the ultimatum of "coming up with an alternative, workable solution or accepting that the CDOE's request would have to be met" (observation notes). To this aim she set a timescale of two weeks (i.e. before the next meeting) and advised that she would take chairs action and advise the CDOE that his request would be met if an alternative, which gave the CDOE his activity minus the reported risks, could not be found. As actors left the meeting room I wrote "everyone appears to be holding their position. No-one seems yet willing to back down or talk of alternatives (should they exist). Alice has used her position of power, as Chair, to challenge the group to find an alternative workable solution or agree to the CDOE's demands. Everyone left the meeting showing the visible signs of stress and anxiety".*

As Holly's vignette shows, over the next week University actors circulated a host of papers published by the GDC that they used to support their assertion that *"the GDC would not take favourably to [the SPCD] having started a programme without their approval"*. Rachel reflected:

*"We [University actors] were really anxious about the bigger picture; the academic and professional risks were just too great from our perspective. If we had delivered the activity they [the DoH] wanted the GDC would have looked very unfavourably on us. In my opinion, for what it's worth, I think rightly so. We had to convince [Alice and Darren] of these risks because from their perspective the main risk was not getting the funding by not delivering what the CDOE wanted. It was the first, and I think only, real time our working relationship and the partnership was really threatened. We needed them [Alice and Darren] on side if we were going to convince the CDOE that his demand was risky and unrealistic; I think the saying 'united they stand divided they fall' sums up the situation quiet well.*

To emphasise the educational risks of delivering the CDOE's activity demand without a building and GDC approved curriculum Rachel, Albert and I, as curriculum and governance

leads, circulated to Darren, Alice, Holly and Bill (other implementation actors) information about another school which had done so, and in doing this emphasised the consequences they had faced. Both Alice and Holly acknowledged in a later interview that this information *“helped convince [us] of the potential professional risks in what the CDOE was asking”*.

In terms of responding to Alice’s ultimatum of finding an alternative solution which still gave the CDOE the activity he needed to demonstrate to ministers, Albert and Darren met with the Dean of the Faculty where the SDCP would be situated. Darren described how the Dean *“brought an academic gravitas to the proceedings at just the right time”*. The Dean suggested offering the CDOE an access course which did not require validation by the University (*i.e.* a short non-credit bearing programme) or accreditation by the GDC. Albert and Darren brought the Dean’s suggestion to Rachel and I who worked up a curriculum proposal and outline for the Foundation Award in Science and Dental Therapy; a short access style programme for dental nurses without the requisite academic entry requirements for dental therapy. The term ‘dental therapy’ was deliberately used in the course title in order to convey that it was the start of the programme for a small number of students (8 of the 24 students per cohort). All students successfully completing the programme were guaranteed a place on the dental therapy programme. The GDC confirmed that they did not seek to accredit short/access programmes and the Dean, working with the University’s quality assurance leads, managed to get the programme approved outside of the routine approval schedule.

Alice confirmed *“two weeks after the meeting where I read out the CDOE’s demand for activity I wrote to him to confirm that the first stage of the dental therapy programme would begin within the given timescale as requested. There was no mention of student numbers in his original communication, nor was there in my return. I also went to speak to him personally about it so he did know the programme we were offering was going to be marketed as an access course for 8 of the 24 first year dental therapy places commissioned. His interest was in being able to convince ministers that the money had been used to address*

*workforce issues, and he could do this to some extent. I outlined all of the risks the University had put forward and he was happy with the proposed compromise”.*

The CDOE did not offer comment specifically on the number of students on the foundation award during interview but he did acknowledge the *“success of the programme in terms of widening participation and the contribution it makes to the NHS’s ambitions around retaining and developing the healthcare workforce”.*

The additional programme required a basis of revenue funding (circa £32k per annum) to support its delivery which Alice agreed *“would be found within the existing local NHS education commissioning budget”.* When asked more about this Alice stated:

*“The University did a good job in convincing me that the foundation programme was the right course of action in terms of giving the CDOE a means of workforce activity whilst eliminating the professional risks of offering a non-accredited programme. However, I couldn’t go back to him saying ‘we are giving you less, but I need more money’. It therefore fell to me to find/fund the difference. In real terms, it was a relatively small amount and it meant we were able to attract the £3 plus million from the Department and keep the school and partnership on track”.*

The University’s dental education portfolio, student numbers and income had thus increased as an outcome of this powering episode.

In summary, this powering episode influenced the implementation of the SDCP in three significant ways. Firstly, it increased the number of students commissioned to study there by the NHS. Secondly, it expanded the portfolio of educational programmes initially offered at the new school. Finally, it increased the projected income that the SDCP would receive by more than £30k per annum.

#### **5.4 Dental therapy education and powering: Particular description**

The nature of the dental therapy programme, funded by the DoH and commissioned by the local NHS commissioning body, became the second dominant sub-category of powering in the data. Fellow EdD research colleagues in their review of the statements I had drawn from interviews and observations (see Chapter 4, 4.6) had collated the majority of statements that I felt reflected this second sub-category of powering associated with the nature and design of the curriculum. However, they labelled this category 'Educational debates and conflict' and in it they also placed what is presented as the third sub-category entitled 'Dental nursing education and powering' (see 5.7). I separated these two educational themes (*i.e.* dental therapy and dental nursing education) as they occurred at different times during implementation and each described the use of different forms of powering and influence.

The data in this sub-category showed that actors from the different stakeholder organisations held different views about the nature, duration and content of the commissioned dental therapy programme. This was largely driven, I perceived, "*by their different professional identities, roles and responsibilities*" (excerpt from my observation notes). For example, the CDOE and Paul views captured at interview reflected that the funding attained was for dental therapy, not dental hygiene, education. Typically, this had been a 27 month professional diploma programme, offered by dental schools and leading to GDC registration as a dental therapist. However, University actors argued that the programme offered at the SDCP should be a combined dental hygiene and dental therapy award which led to dual registration with the GDC. This however, meant a longer, 3 year full-time programme, increased funding and a longer time period before first cohort of graduates flowed into the workforce. The rationale supporting this was based upon the following considerations captured during interview:

*“It will take some time for the high street dentist to understand what a dental therapist can do to support patient care. The vast majority of dentists won’t have trained with one and they won’t have worked with one unless they have done a stint in community dentistry. It therefore worries me that we will have 24 students all needing to find a job at the same time. Dentists know what a dental hygienist can do and we know there are jobs for them locally, offering a dual qualification programme therefore seems logical for all sorts of reasons” (Bill’s interview).*

*“The vast increase in dental therapy numbers [50 to 200] means that therapists will have to get jobs in high street practices, not just the salaried services, but I fear these dentists will carry on looking to recruit an associate [dentist] because therapists are unknown and therefore risky” (Rachel’s interview).*

*“Dentists are used to working with dental hygienist and to help get these graduates jobs I think we need to make sure they are trained in dental hygiene as well as dental therapy” (Bill’s interview).*

*“There’s no time to influence the behaviours and understanding of dentists on a grand scale so we have to find ways of getting dental therapists into practices so that they can do this locally. The only real way of doing this in the timescale is to go down the dual [hygiene-therapy] qualification route” (Albert’s interview).*

Alice and Holly reflected support for the longer, dual qualification award proposed by University actors, largely because it didn’t pose any financial risk to the local NHS commissioning body, Alice summarised *“The [DoH] funded the programme and passed the money to us and we passed it onto the University, so any increased programme cost wasn’t really an issue for us”*. Alice did voice her concerns about *“the length of time it will take for students on the proposed longer, dual qualification, programme to flow into the workforce”* (observation notes). To which Albert responded:

*“We should not forget that [SDCP] dental therapy students will be on-clinic as soon as they are sufficiently trained and considered safe to treat patients. The school will have a PCT dental service contract and targets so they WILL be contributing to the local workforce. Any debate about the programme should therefore be around ensuring it is GDC compliant, attractive to potential applicants and likely to lead to employment”*  
(observation notes)

### **5.5 Dental therapy education and powering: Vignette**

I selected the following extended quote/vignette as a salient example/statement of the power-play associated with this second powering episode. This vignette, taken from Rachel’s interview, describes the different perspectives of actors regarding the curriculum and the qualification that graduates from the SDCP would gain:

*“[The CDOE] was adamant that the money secured was specifically for dental therapy commissions. We [University actors] accepted this of course, but we were reticent about going down a ‘therapy only’ route because we feared that students wouldn’t find a job at the end of their course. So, we wrote a curriculum proposal that pushed for a joint qualification in dental hygiene and dental therapy, on the basis that it would give students the best chance of employment. We also argued that it would give [educational commissioners and policy actors], who were keen on a short therapy only programme for funding and workforce reasons, that it would give them greater workforce flexibility in the future.*

*The vast majority of practising high street dentists have never worked, or trained for that matter, alongside a dental therapist and we didn’t have the resource or time to work in practices educating dentists on the benefits of employing a therapist. We therefore felt strongly that it should be a combined qualification in hygiene and therapy. Dentists were used to working with hygienists and this gave us a way of getting our qualified students into practice where they could educate dentists, on a personal level, from the inside. Getting students into practice and educating dentists was therefore a strong theme in our curriculum proposal where we recommended a three tiered approach. Firstly, we should offer a combined qualification in dental hygiene and dental therapy. Secondly, we needed to secure practice placements for students as this would allow a dentist to experience the contribution a therapist could make without the initial risk*



*of employing them. Thirdly, we should recognise in our staffing strategy that by appointing local dentists as clinical demonstrators we would help to inform the understanding of the wider dental community. However, all of this took longer and cost more than a standalone therapy only programme so we had some convincing to do”.*

## **5.6 Dental therapy education and powering: General description**

The following general description of this powering episode describes the convergent and divergent perspectives/statements of the actors concerned. As previously described this sub-category of data entitled ‘Dental therapy education and power-play’ was dominant in the in the data corpus. All actors (n=10) spoke of the power-play between different actors and organisations regarding the duration, content and cost of the course. University actors, who ultimately had responsibility for the programme, *“had the greatest interest in shifting the balance of power in their favour as they ultimately had more to lose in terms of student satisfaction, employability and reputation”* (observation notes). Likewise, the nature of the programme was strongly emphasised by Bill during interview, and this was, he described, associated with his *“responsibility to service and the interests of local dentists”*. As previously emphasised, Bill supported the longer dual qualification route proposed by University actors for professional and employability reasons.

The funding for the new programme was controlled by the CDOE who passed the allocation to local education commissioners. Both he and Paul perceived that dental therapists offered a *“value for money contribution to improving workforce shortages and the associated problems of access”* (Paul). The following statement from the CDOE summarised this:

*“Training a dentist is very expensive. Training someone else to do some of their role, in less time, for less money, who will be in the workforce quicker was a sensible way for us to direct policy and resources. We have to live in the real world and having more therapists would improve access to care in the shortest timescale”.*

In order to convince the CDOE and Paul that funding a longer programme would be advantageous, and shift the balance of power in their favour University actors drafted and circulated a curriculum options appraisal document. In this, they described four potential curriculum/award options: a) 3 year combined BSc, b) 3 year combined BSc allowing exit at Diploma level as a dental hygienist, c) single therapy award with academic and professional attainment and d) single therapy award with professional attainment only. The intention of the curriculum appraisal approach was *“to convince [local education commissioners] and the CDOE that additional funding should be found for a longer, combined award, confirm that [SDCP] students should be counted in workforce numbers on entry, not exit, and mitigate the risks of poor employment trends by allowing graduates to first gain alternative employment as a hygienist”* (taken from Albert’s interview). The proposed four options were ranked A (most favourable) to D (least favourable). Unsurprisingly, the highest ranking option (*i.e.* most benefit, least risk) presented by University actors/educational leads was option ‘A’, a 3 year combined BSc (Hons) in Dental Hygiene and Dental Therapy. The following were described as the benefits of this curriculum option:

*“With this option we can pretty much guarantee students will get jobs. They can start as a dental hygienist. Then, having developed the confidence of the dentist they can begin to take on more advance therapy duties”* (Bill’s interview).

*“Students will not be able to exit the award early, i.e. as a dental hygienist, they will have to complete the whole award and achieve the 3rd year therapy level outcomes in order to be successful”* (Rachel’s interview).

*“Students who leave the programme early will get academic credit but no right to practice. This is important, from the DoH’s perspective because it defines the programme outcomes/outputs as being dental therapy, not dental hygiene”* (Albert’s interview).

*“Students will attain academic as well as professional outcomes which will allow them later to pursue further studies and/or change healthcare discipline, both of which are reported as being NHS/DoH priorities” (Rachel’s interview).*

*“This option gives the NHS greatest workforce flexibility now and in the future” (Brenda’s interview).*

*“Students will contribute locally to both dental hygiene AND dental therapy workforce shortages and they will have greater employment flexibility” (Rachel’s interview).*

The reported disadvantages were few in comparison. The most significant disadvantage being *“the associated costs of offering a three year combined programme”* (Darren’s interview). However, the potential reputational cost to the DoH and University of students not getting jobs with the other theory only options were stressed as a means of countering this argument within the options appraisal document.

Option ‘B’, ranked second, offered the same final combined BSc (Hons) Dental Hygiene and Dental Therapy outcome as the first option. However, it differed by allowing students who exited the award early, after two years, to attain a Diploma of Higher Education (240 credits) that would lead to registration with the GDC as a dental hygienist. Albert stated *“the most significant advantage of this option is that the investment made by the NHS will not be completely lost if a student leaves the course early because they will be able to contribute to the care of patients as a hygienist”*. However, the disadvantages were more numerous and included:

*“Fewer students potentially reaching the final exit stage of dental therapy” (Rachel’s interview).*

*“With this option the NHS may fail to meet its commissioned targets in dental therapy as students exit early as a hygienist” (Brenda’s interview).*

*“The flow of students leaving the course as a dental hygienist and/or dental therapist would be difficult to predict making future workforce planning for the NHS more complex” (Albert’s interview).*

*“It would be difficult to identify at interview those applicants who planned to exit the programme early and work as a dental hygienist. Whilst they may sign up to being a therapist the attraction of a well-paid hygienist job could be very tempting” (Rachel’s interview).*

Options ‘C’ and ‘D’, ranked respectively third and fourth, were similar in as much as they offered a single professional outcome in dental therapy. However, option ‘C’ enabled successful students to attain an academic award - Diploma of Higher Education in Dental Therapy, whereas option ‘D’ focused only upon professional outcomes - Professional Diploma in Dental Therapy. The cited advantages of each were similar, as were the disadvantages. The most significant advantage was that these options were the shortest in terms of delivery and funding (2 years and 27 months respectively). The disadvantages, outweighing the advantages, included:

*“With our final two options we stressed that students wouldn’t make any contribution to Government’s targets for improving access to NHS dentistry if they couldn’t actually get a job as a dental therapist” (Albert’s interview).*

*“The dental therapy employment market, beyond the salaried dental services, is largely untested and therefore unknown. Training students in therapy only is therefore risky” (Bill’s interview).*

*“The dental hygienist market, which is well established, offers an alternative initial route into practice for the dual qualified graduate. This way we are more confident that they will get good jobs and good salaries from which to develop their dental therapy skills” (Rachel’s interview).*

*“A dental therapy only outcome gives the NHS no flexibility in planning how they will meet future dental workforce needs” (Brenda’s interview).*

*“The educational landscape is changing and existing dental schools are starting to explore combined BSc awards, thus market determinants suggest that we should consider alternative forms of delivery if we are going to be ahead of the game” (Rachel's interview).*

With specific regards to the professional diploma, option ‘D’, University actors added:

*“This form of award is not recognised by the Qualifications and Curriculum Authority and it is therefore outside of the University’s awarding powers” (Albert’s interview).*

*“Professional only outcomes limit opportunity for skill escalation and career enhancement and this goes against NHS directives” (Brenda’s interview).*

*“Professional only outcomes limit transferability across health science disciplines and this is a key NHS performance indicator against workforce attrition across the wider healthcare community” (Albert’s interview).*

In making the various curriculum proposals and ranking of the different options University actors drew upon a range of third party support from individuals and organisations that

were considered as being influential. The first was the to-be appointed External Examiner of the new programme whose support Rachel said *“helped us push our recommendation for a joint hygiene-therapy award because her opinion was widely respected across the profession. Our recommendations were more influential because of her clinical academic gravitas”*. University actors also drew into their options appraisal observations from other existing dental schools that they had visited. Albert stressed *“we are not setting up the school or course in professional isolation we are taking already established ‘best practice’ from other schools and moving it forward”*. Furthermore, to help shift the balance of power in their favour University actors also reported that they *“drew on different forms of powerful information such as GDC guidance documents and reports on other schools”* (Rachel’s interview) and *“reported trends and examples of the buoyant dental hygiene and not so buoyant dental therapy jobs market from the local papers”* (Bill’s interview)

At the time in my observation notes I reflected *“many of the remarks that implementation actors make about the curriculum reflects their own experiences as learners and, where appropriate, as teachers”*. Accordingly, an associated and recurring theme across interviews with University actors was the professional responsibility of being a teacher in the field of DCP education. This responsibility they related to students, in terms of *“making sure they [students] were adequately trained to cope with the challenges of modern dental practice and the wider profession”* (Bill’s interview), and finding ways of *“ensuring that the [SDCP] graduate was an asset to any practice team”* (Brenda’s interview).

Additionally, a theme of anxiety ran through interviews with Rachel, Albert and Holy who each felt that the flagship status the DoH had assigned to the school added to the pressure of getting the curriculum right. Rachel described, *“The eyes and ears of the profession are watching our every move. We are new, not a dental school and are therefore something different and it feels, at times, like they are just waiting patiently for us to fail”*. Accordingly, these actors were also concerned that any negative professional attention and criticism from unemployed graduating students would be damaging to their own careers and status

within the profession. Alice commented *“there was a lot at stake. If it all went wrong I would have potentially lost my job”*. Brenda reflected:

*“We felt we had a strong case for why the course should be hygiene and therapy, even though it would take longer to complete and cost more than the therapy only option, because no one, including [the CDOE], knew if there were enough therapy jobs out there to support the significant rise in numbers that Government had ordered and the NHS had commissioned. So, you didn’t have to be Einstein to work out that he [the CDOE] would be in deep water if our students couldn’t get jobs at the end of it all. You could just imagine the field day the press would have – ‘Government used public money to improve access to dentistry by recruiting more DCPs, but with no jobs available they are forced abroad!’”*

Five days after having acknowledged receipt of the curriculum options appraisal paper the CDOE confirmed his *“acceptance of the proposed BSc (Hons), dual qualification in dental hygiene and dental therapy, award and the availability of funding to support this option”* (personal communication to the Implementation Board).

In summary, this powering episode influenced the implementation of the SDCP in the following significant ways. Firstly, an extended programme of both dental hygiene and dental therapy, not just dental therapy as the origin policy ambition intended, would be offered at the new school. This increased both the nature of dental therapy education and the portfolio of DCP education offered at the SDCP. It also increased the income to the school by circa £200k per annum, based on three years, as opposed to 27 months, of programme funding. Finally, it also changed the design and fit-out of the building, for example the inclusion of more phantom heads in the skills laboratory and the inclusion of additional surgeries/bays to cope with the increased number of students registered; the costs of which were picked up within existing capital contributions.

### **5.7 Dental nursing education and powering: Particular description**

The need for a dental nursing programme, to support the dental therapy students, became the third and final dominant sub-category of powering in the data. As previously, described this sub-category of data was similarly identified in the review of the data by fellow EdD researchers. Implementation actors had not included dental nursing education within their original bid, which was targeted at dental therapy education. However, they stressed to the CDOE and Paul that *“during the course of implementing the new school and writing the curriculum [they] came to realise that a dental nursing course was needed, as a cost effective means, of supporting the care of patients by the dental therapy students and importantly ensuring dental therapy students were NOT ‘doubled up’ [working in pairs] on clinic, unless it was consistent with the stage of course [i.e. when students were first on clinic]”* (Rachel’s interview).

Rachel, Albert and I stressed that whilst dental therapy students had historically worked in pairs on clinic the GDC, in their recent reports of existing dental schools they *“were becoming increasingly critical where this was happening routinely, largely because it diluted the students individual clinical activity by 50%”* (Rachel’s interview). Albert and Darren also stressed that *“the inclusion of a dental nursing programme would also be a cost effective means of supporting the safe care of patients who were under treatment with the dental therapist”* (Darren’s interview). Implementation actors also argued that a new academic/professional dental nursing programme would *“provide a feeder route and career progression opportunities to dental hygiene and therapy for local professionals”* (Brenda’s interview) and *“respond to local workforce shortages since the introduction of statutory registration for dental nurses”* (Bill’s interview).

Funding of this additional dental nursing programme needed to come from central NHS allocations (*i.e.* the DoH), and the proposal therefore required the support of the CDOE. In making the case for the dental nursing course Albert reflected *“we also emphasised that the*



*programme would benefit, in terms of attracting students, if it were included in the Department's list of programmes eligible for an NHS bursary. Dental nursing programmes haven't historically attracted a bursary but the GDC have brought in mandatory registration and if the programme is NHS commissioned there is no reason why it shouldn't attract a bursary in terms of NHS bursary policy".* Actors were therefore asking the CDOE to commission/fund a new dental nursing programme and bursary support of 20 students per annum.

### **5.8 Dental nursing education and powering: Vignette**

I selected the following two extended quotes/vignettes as salient examples/statements of the power-play associated with this powering episode. This first vignette, taken from Albert's interview, describes the perspectives of implementation actors:

*"We hadn't included dental nursing in our bid for SDCP, but as we put the detail of the course together we realised, more and more, how important the support and skills of the dental nurse were, in terms of training the therapist in the reality of team based working. Coincidentally, the GDC had become more critical of schools who doubled-up therapy students on clinic most of the time, because this went against the reality of the practice setting, the best interests of the patient, student and dental team and it limited the students' clinical experience in terms of team based working and the number and range of cases they were able to complete.*

*Looking back, we didn't make any contentious decision about dental nursing probably because the bidding timescale was so short it didn't give us much time to work through the detail of how patients would be treated, and we didn't have anyone on the team who had delivered dental therapy education before so it was simply overlooked as a consideration. With hindsight it's probably no bad thing that we didn't recognise our omission or mistake. If we had realised it our unit price, remember commissions were against dental therapy numbers only, would have been significantly higher and I'm not sure that our bid would have been successful as we were already far more expensive than existing dental schools on the grounds of capital".*

**Researcher:** *“So, having realised this omission, what did you do?”*

*“When we first realised we actually didn’t do anything. It meant asking the CDOE for an extra commission and more funding and we felt it was the wrong time in implementing the project to be doing this. We felt that it would be better to wait and make our request when we were a little more certain that we had been successful in delivering his ambition for the new school. With the election on the horizon we also knew [the CDOE] would want to promote the School as a positive, perhaps the biggest, good news story. So, we decided to bide our time for a bit, until closer to the election, when the school would be closer to completion, as they would both help our case”.*

This vignette shows that University actors, under Albert’s guidance, *“timed making their request for a dental nursing programme to the CDOE so that it had maximum impact, and thus greatest chance of success”* (Brenda’s interview).

The second, following vignette was selected as a salient statement of this powering episode, this time showing the powering perspectives of the CDOE and Paul. This extended quote is taken from one of Paul’s interviews:

*“The whole issue of dental nursing commissions and bursaries was quite significant, in as much as somebody should have really realised at a much earlier stage that you can’t train a dental therapist without a dental nurse. It really was put upon us very late in the development of the project. In all honesty it put [the Chief Dental Officer England] and myself in a very difficult position and we had to have some very difficult conversations around finding more money”*

**Researcher:** *“Can you please explain why you supported the request?”*

*“[Implementation actors] put together a very good case and it would have been silly for us to jeopardise the new school and its training of therapists for what was, after all, a relatively small amount of money in the overall*

*context of the Department's dental budget. They had done an excellent job in bringing the school in on time and on budget, so we hadn't actually been asked for much more money along the way, which was unprecedented when we compared it to other large scale, complex projects that we had funded".*

To which the CDOE added:

*"Whilst we could find an envelope of money to fund the 20 or so dental nurses requested we really couldn't bring about a change in NHS bursary policy that quickly. We therefore took the decision to fund this from within the existing funding opportunities that we controlled. The total bill was something to tune of £340k, which isn't a huge amount of money".*

In taking this decision, "[the CDOE] had prevented other dental nursing programme providers across the UK from making bursary claims as the policy was still officially restricted to dental therapists and dental hygienists. It did however; mean that he had to carry on finding this sum of money from the Department's budget each year" (Darren's interview).

### **5.9 Dental nursing education and powering: General description**

The following general description of this powering episode describes the convergent and divergent perspectives/statements of the actors concerned. As previously described this sub-category of data entitled 'Dental nursing education power-play', was dominant in the in the data corpus, specifically within the data from interviews with University actors, as they had the most to gain or lose from the outcome. Accordingly, all University actors and Bill, as service representative, and the CDOE and Paul spoke at length of this powering episode. However, neither Alice nor Holly made strong reference to it. This was largely because University actors, with Alice's knowledge, requested a meeting with the CDOE to communicate their request for the course directly to him. Alice acknowledged "*there was an issue or tension over the dental nursing course but I can't say much about it as it was*

*between [the University] and [the CDOE]. From my perspective, I was pleased to not be involved after the dental therapy programme issues. I was somewhat surprised, but pleased, that they were successful. The CDOE wrote to me to tell me that an additional allocation of funding would be flowing down to meet workforce issues in dental nursing and I was happy to accept the funding and commission the University because it increased my contract activity”.*

The importance of timing in making this request to the CDOE was a strong theme across interviews with University actors. Albert summarised how they “*wanted to make the request when the school was all but fully implemented. This way [they] could emphasise to him [the CDOE] the benefits of being associated with it”*. What is more, Darren suggested that University actors felt “*the CDOE’s desire to be attributed with a significant good news dental story, to counter all of the recent negative publicity, would heighten in the run up to the election”*. In preparing to make this request, and in terms of strengthening their influence, University actors quoted:

*“We worked hard to foster a good working relationship with [the CDOE] and [Paul] before we started any conversation about the dental nursing course”* (Rachel’s interview).

*“We invited the CDOE to cut the first sod of the SDCP, thus giving him an early good news story and large publicity opportunity. This helped us later, in terms of storing up some brownie points, when we went cap in hand regarding the dental nursing course”* (Brenda’s interview).

*“We invited [the CDOE and Paul] as ‘guests of honour’ and ‘VIPs’ at various functions hosted by the Vice Chancellor. This created a personal relationship between him and the SDCP; accordingly he wanted it to be successful”* (Albert’s interview).

*“We fed [Paul] regular updates and stories on how the project was progressing. He could then use these in various Departmental communications and publications”*  
(Brenda’s interview).

*“We invited the Minister of Health to open the SDCP at a time most appropriate to her in the political calendar”* (Albert’s interview).

With regards to the last quote taken from Albert’s interview, the opening of the new school with the University so that it was *“[the Ministers] last official engagement in the run up to the election”* (CDOE’s interview) The CDOE stated *“This was important to us [the labour party] as it guaranteed us maximum press coverage and exposure”*. At the time, Paul summarised *“dentistry is more politically important to Government now, in terms of the election, than it has ever been”*.

In summary, this powering episode influenced the implementation of the SDCP in a number of significant ways. Firstly, it increased the number of students commissioned to study there by the NHS. It expanded the portfolio of educational programmes initially offered at the new school. It also influenced the model of dental therapy education ensuring that these students gained the maximum from their time on clinic *i.e.* they did not have to be paired on clinic. In turn, this influenced the number of dental surgeries included in the SDCP which went from 12, when students were paired, to 24. Finally, it increased the projected income that the SDCP would receive each year by more than £300k (course and bursary costs). As previously reported, the bursary funding issue was managed by the CDOE in a manner that did not leave the DoH exposed to request from other providers in line with any policy changes.

## 5.10 Conclusion

The data presented in this chapter reflects that actors used different forms of social power (*e.g.* professional expertise and knowledge, expert opinions, hierarchy) in order to shift the balance of power in their favour. What the data also shows, in support of my opening chapters and the conceptual framework informing this study (see Chapter 3), is that those tasked with implementing this policy episode were not without power and influence.

The data presented here describes three episodes, sub-categories, of powering that collectively influenced this policy implementation episode, as summarised below:

- The portfolio of education offered at the SDCP was increased. In addition to the anticipated dental therapy education, the new school would also be commissioned by the NHS, as an outcome of the first powering episode, to offer a short dental access programme for 8 students. The SDCP would also include, as an outcome of the third powering episode, a Certificate of Higher Education in Dental Nursing award for 20 students.
- The nature and content of the dental therapy programme was influenced as an outcome of the second powering episode. A full-time, three year BSc (Hons) combined programme in dental hygiene and dental therapy would be offered, against the traditional 27 month single dental therapy programme offered by existing dental schools.
- The design and build of the SDCP was influenced and increased as an outcome of the second powering episode. Many areas of the school had to be re-designed to support the programme structure and allow all 24, not 12, students to work clinically at any one time.
- The projected income increased as an outcome of all three powering episodes. The projected income of the SDCP increased by over half a

million pounds each year during implementation. This included the extended nature of the dental therapy programme and the inclusion of a dental access and dental nursing programme.

Further, detailed discussion of how actors used various forms of social power and the standpoints of the actors who constructed and enacted this policy implementation episode is presented in Chapter 7.

## CHAPTER 6

### Participation and Group Development Characteristics

*“Partnership consists of the self-organised steering of multiple agencies, institutions and systems which are operationally autonomous from one another yet structurally coupled due to their mutual interdependence” (Jessop, 1998, p. 29).*

#### 6 Participation and group development characteristics

This chapter presents the analytical statements from within the mass of data against the second data theme of participation and group development characteristics. The data presented here includes the observations captured in my observation notes and quotes taken from interview which I perceived offered a perspective on this implementation episode.

The data is analysed and conclusions are reached against Tuckman’s (1977, 1965) characteristics of group development *i.e.* forming, storming, norming and performing (a full description of each characteristic is offered in Chapter 3, table IV). Fredrick Erickson’s (1986) three tiered approach, as described earlier in Chapter 4 (see 4.6), is adopted as meaningful support in making explicit the conceptual grounds that informed my interpretation of the data and the conclusions I have drawn. A table, describing the group development characteristics observed and described by actors, is additionally included under the general description to help describe what was occurring at the time (see 6.1, Table VIII).



### **6.1 Group development characteristics: Particular description**

The group of actors associated with this research came together on a monthly basis to discuss and agree the actions and responsibilities associated with implementing the SDCP. Alice Chaired the group and Albert held the position of Vice Chair (a full description of actor's roles and responsibilities is offered in Chapter 4, Table VI). For the vast majority of actors, the significant task of implementing the SDCP was an extra responsibility added to their routine day-to-day professional responsibilities. This meant that the partnership had to work in ways which allowed actors to take on this responsibility without significantly disrupting their routine commitments and activities. It was therefore agreed that the implementation of the SDCP would be managed through a single Implementation Board, and operationally implemented by actors in ways that suited their existing working practices. Accordingly, the project was divided into different areas of specialism, activity and leadership in accordance with the knowledge, skills and expertise of actors (a full explanation of actor's roles and experience is presented in Chapter 4, Table VI). Actors thus came together each month at the meeting, and this provided the setting in which the development of this group was observed.

My observations of the group took place every month at the Implementation Board meetings between September 2003 and January 2005. The SDCP was opened in February 2005, having been successfully implemented.

### **6.2 Group development characteristics: Vignette**

The following vignette is taken from Albert's interview where he spoke about what partnership and working in partnership meant to him. This extended quote is selected as a good example of the richness of the material from which analysis is drawn. It captures the perspective, described in different ways by actors, that being a policy implementation actor

and implementing policy is complex. In this quote, Albert describes different forms of complexity including: the challenges of working in partnership, the notions of personal and/or professional accountability, fear and conflict and the need for compromise.

Taken from Albert's interview:

*"In my line of work we often talk about 'the life cycle' in accordance with cradle to grave theories and I think a partnership has a similar pattern of existence. People come together because of a specific task or reason, they develop practices and ways of working that help them achieve their goals, well hopefully, and at some point the partnership ceases to exist, again hopefully when it has achieved the things it set out to achieve. Of course not all partnerships are successful and that's because they are highly complex relationships. People, as individuals and partners, have to work through the different issues and challenges that will be put in their path to success, or they will face being unsuccessful and perhaps extinction.*

*I think it's important that a new partnership or group of people, who come together for whatever reason, spend time working out what it is that brought them together in the first place, their hopes, fears and ambitions if you like. I often refer to these as the 'deal makers' and 'deal breakers', these will be different in different settings and with different groups of people. I also think that a degree of compromise is important when you work with others who may have different expectations and priorities than you. Take our relationship with [NHS education commissioners] for example, it would not work if it was too one sided and we made all the decisions.*

*Partnership is created and informed by the people involved, and the setting these people operate and perform in. I think it's something difficult to understand if you are not part of it. That's why I think your research is good because you are at the heart of what we have created; you understand it because you are part of it.*

### **6.3 Group development characteristics: General description**

Data in this sub-theme captures the different stages of group development that this policy implementation group went through, in accordance with the conceptual descriptions of group development offered by Tuckman (1965). For ease of reference, a summary of the raw data, taken from my observation notes, is first offered in Table VIII, which is then described and discussed in terms of the general description. At each meeting I sought to observe if any of the characteristics described by Tuckman (*ibid.*) as forming, storming, norming or performing could be observed in the inter-actions and behaviours of actors. Direct quotes taken from interviews with actors are included in the general description as a means of triangulating my observations and interpretations.

**Table VIII: The characteristics of group development observed in this case study**

Observation	Form (code 1)	Storm (code 2)	Norm (code 3)	Perform (code 4)
Sep-03	The implementation group forms. Actors are task focused and discuss the implementation vision/plan			
Oct-03	Actors discuss the implementation vision and individual areas of leadership and responsibility. The terms of reference are agreed.			
Nov-03		The CDOE seeks to shift the balance of power and influence when the first cohort of students will start (see Chapter 5, 5.1)		
Dec-03	Implementation actors, having responded to the powering episode with different forms of power, agree that a dental therapy access programme will be implemented (see Chapter 5, 5.2-5.3)			
Jan-04			Actors openly exchange ideas about the nature of the access programme and implementation begins (see Chapter 5, 5.3)	
Feb-04			Actors update on implementation from their different leadership perspectives (see Chapter 5, 5.3)	
Mar-04			Actors update on implementation from their different leadership perspectives (see Chapter 5, 5.3)	
Apr-04			Actors update on implementation from their different leadership perspectives (see Chapter 5, 5.3)	
May-04		Implementation actors seek to sift the balance of power and influence the nature of the curriculum (see Chapter 5, 5.4)		
Jun-04	Implementation actors, having shifted the balance of power, agree that a combined dental-hygiene therapy programme will be implemented (see Chapter 5, 5.5-5.6)			
Jul-04			Actors openly exchange ideas about the BSc dental hygiene-therapy and implementation begins (see Chapter 5, 5.6)	
Aug-04			Actors update on implementation from their different leadership perspectives (see Chapter 5, 5.6)	
Sep-04			Actors update on implementation from their different leadership perspectives (see Chapter 5, 5.6)	
Oct-04			Actors update on implementation from their different leadership perspectives (see Chapter 5, 5.6)	
Nov-04		Implementation actors seek to shift the balance of power and secure a commission in dental nursing education from the CDOE/DoH		
Dec-04	Implementation actors, having shifted the balance of power, agree that a Cert HE dental nursing programme will be implemented in readiness for the next intake (see Chapter 5, 5.8-5.9)			
Jan-05			Actors openly exchange ideas about the Cert HE dental nursing programme and implementation begins (see Chapter 5, 5.9)	

The Implementation Board was first established in September 2003. At this, and the subsequent meeting in October, actors were task focused in terms of agreeing the nature and structure of the board and the different areas of individual leadership, roles and responsibilities. Accordingly, formal terms of reference for the group were drafted and circulated for comment after the first meeting. At the time I wrote *“actors spent time discussing the scope of the project and the specific tasks they feel are associated with their individual areas of expertise”*. I summarised in my observation notes on both occasions that *“the actor’s orientation to the task, establishing group rules and testing dependencies were consistent with the characteristics of forming”*, as described by Tuckman. Darren in his interview stated *“many of us have worked together before on other projects and I think this helped us quickly gel as a group”*. This perspective was supported by Brenda who said *“we had an aggressive timescale to work to so we quickly set about deciding how we were going to do it [implement the SDCP] and who was going to do what”*.

Just prior to the next board meeting in November 2003, Alice had received the communication from the CDOE regarding to implement student activity within the next two months in order to secure the transfer of project funds. When Alice read out the CDOE’s letter I observed and wrote in my filed notes *“the classical storming characteristics described by Tuckman are observed in the responses of actors having heard the CDOE’s demand”*, i.e. emotional responses to the task, different interpretations, raised voices, talking over each other, disagreement and difference. A full account of this episode of powering, as described by actors during interview, is presented in Chapter 5 (see 5.1-5.3).

Actors were divided in their response to the request. Alice said that she *“felt the CDOE’s request should be met because [the partnership] needed the money and too much was at stake”*. Whereas Rachel, reflecting the views of Albert, Brenda and myself, stressed *“doing what he is asking is tantamount to professional suicide”*. Alice, using her position as chair, influenced the situation by giving University actors the ultimatum of *“coming up with another solution within two weeks or [the CDOE’s] activity demand would be agreed”*.

Accordingly, this influenced the potential nature and duration of this episode of storming *i.e.* within two weeks actors had to a) openly exchange different perspectives and ideas (norming) and agree an alternative solution (performing) or b) fail to agree on an alternative but re-orientate their activities to this task (forming) or c) fail to agree an alternative solution and become focused upon disengagement (adjourning).

As described in Chapter 5 (see 5.3), an alternative solution, acceptable to the CDOE, was quickly found and actors reorientated their actions against the new implementation task (*i.e.* developing and launching an access programme). Thus, at the next meeting in December 2003 I wrote *“actors attentions have fully turned to defining the new task, who is responsible for what and how it should be implemented, behaviours which are consistent with Tuckman’s characteristics of forming”*. Accordingly, over the next four meetings (January – April, 2004) I observed actors exchanging ideas and their interpretations about this new activity (norming) and agreeing the associated areas of responsibility and actions, based upon the individual actors expertise, which would influence the project/implementation plan (performing). During this time, a number of small working groups were established to enable actors to work together where areas of responsibility overlapped.

The May 2004 meeting was given over to a presentation from the curriculum leads about the proposed nature and content of the dental therapy programme. In this presentation they described four curriculum options which they ranked A-D. The favoured option, ranked ‘A’, was a combined BSc (Hons) Dental Hygiene and Dental Therapy award (see Chapter 5, 5.4-5.6). Whilst all of the University actors and Bill supported the proposal stating that it *“offered greater employment flexibility and job opportunities for graduating students”* (Bill’s interview), Alice and Holly raised some concerns.

Alice in her interview summarised *“I did not originally support the [combined hygiene-therapy] proposal on the grounds that it would take longer and thus cost more, meaning we*

would have to go cap in hand to [the CDOE]”. Likewise, she reported feeling “cornered into a position by the group, in which she was not entirely comfortable” - i.e. “Alice assumed as Chair and local lead commissioner that she was being asked to take the proposal to the CDOE” (observation notes). When expressing these concerns, I wrote in my observation notes “Alice has raised her voice, speaking very quickly and over other actors. She is clearly flustered by what she has heard. She is using a range of expressive hand gestures to emphasise her perspective and anxiety about approaching the CDOE”. I summarised, “Alice demonstrated responses to the curriculum proposal consistent with the characteristics of storming”, as described by Tuckman, i.e. she demonstrated an emotional response, raised her voice and was in disagreement with other actors.

However, this episode of powering was short lived as Albert acknowledged “[University actors] responsible for the curriculum should be tasked with communicating with [the CDOE] regarding the perceived benefits, to all concerned, in offering a combined hygiene-therapy award” (observation notes). “Alice thanked Albert for his understanding and thus agreed to support the majority consensus” (observation notes).

At the next meeting in June 2004 Albert reported that the meeting with the CDOE had gone very well and that he was happy to support the proposed combined dental hygiene-therapy programme (observation notes). Thus, at this meeting actors attention turned to the writing, accreditation and validation of this programme. In my observation notes I wrote “Now that the curriculum model is agreed actors are beginning to ask a lot of very detailed questions about the curriculum, the answers to which will influence the decisions and work of the other working groups” e.g. placement model, internal fit out of the building, the flow of patients. In summary, I stated “the characteristics associated with ‘forming’ [as described by Tuckman] are observable”, i.e. the actors were orientated to the task and questioned their associated actions and inter-dependencies.

Over the next four meetings (July – October, 2004) I thus observed actors exchanging ideas and their interpretations about this new activity (norming) and agreeing the associated areas of responsibility and actions, based upon the individual actors expertise, which would influence the project/implementation plan (performing). During this time, a number of small working groups were established to enable actors to work together where areas of responsibility overlapped.

In November 2004, the normal implementation meeting was cancelled to allow University actors and Bill to visit the CDOE and Paul to ask for an additional commission in dental nursing education. Having worked through the detail of the dental hygiene-therapy curriculum, and *“from working closely with colleagues at the GDC [curriculum leads] realised that they [the GDC] were becoming critical of dental schools where dental hygiene-therapy students were paired on clinic. This was because it had a negative impact on the individual student’s clinical time”* (Rachel’s interview). Rachel stated *“we felt that offering a dental nursing programme, for some twenty or so students, was the most sensible way of avoiding therapy students having to nurse for each other”* (i.e. doubling up on clinic). Darren supported this stating *“a dental nursing programme was the most cost effective way of providing nursing support for the therapy students because it was a) funded by the [DoH] and b) meant we didn’t have to employ a lot of qualified nurses to do the job”*.

The meeting considered three agenda items, proposed by University actors:

1. An update on implementation
2. The opening event
3. A dental nursing course commission

Albert reflected, *“In controlling the agenda we [implementation actors] were able to positively influence the context of the meeting. We knew the CDOE was under pressure to*



*co-ordinate the opening with the Minister of Health's election diary so we purposefully put this as a topic for discussion before the need for a dental nursing programme". During the first two agenda items I noted that there was "an open discussion and exchange of ideas amongst actors". What is more, the CDOE and Paul "thanked and praised [actors] for their hard work and the excellent outcomes they had achieved in such a short timescale". The CDOE acknowledged "being delighted at having such a good dental news story that would be the parties' last news event before the election".*

Discussions regarding the need for a dental nursing programme were well received by the CDOE who stated that he *"understood the GDC's anxieties and the suggested need for dental nursing support for the hygiene-therapy students"*. University actors then asserted the need for these full-time students to have access to the NHS bursary. In my observation notes at the time I wrote *"Paul is suddenly very animated and clearly troubled by the notion of a DN bursary. He has raised his voice and is dominantly expressing his opinion that these students could not get a bursary"*. Prepared for this challenge, Albert questioned why this was such as *"NHS bursary policy stated that students on a full-time NHS funded healthcare programme leading to registration were eligible for bursary support"*. I noted that *"a heated debated between Paul and University actors ensured"* (observation notes). The main theme of Paul's argument was that *"dental nurses on other programmes did not have access to it"*, to which University actors argued that *"other programmes were established before the GDC made registration for nurses compulsory"* and as such *"these programmes/students did not historically meet the requirements of bursary policy"* (Rachel's interview). In my observation notes at the time I summarised, *"The topic of dental nursing bursaries, not the consideration of a dental nursing programme per se, has triggered behavioural characteristics which are consistent with Tuckman's notions of storming"* (see Chapter 5, 5.7-5.9).

In closing the meeting the CDOE stated that he *"could see no reason why the dental nursing programme discussed, should not be commissioned"* but he stressed that *"the issue of bursaries needed more discussion"*. Accordingly, he advised that he would liaise with Albert regarding the outcome. Shortly after the meeting, Albert wrote to the CDOE to confirm that

all of the arrangements, as required with regards to date, timing etc., had been put in place for the Minister's visit and opening. He stated *"it was important to let the CDOE know ASAP that we had done all that he had asked, in terms of the opening ceremony, to hopefully positively influence his consideration of the whole bursary issue"*. Almost by immediate return *"the CDOE wrote to confirm that the money for bursaries would be found from central allocations on the agreement that it would be transferred in the allocation to Local Commissioners and administered locally against national bursary guidance"* (Alice's interview).

The next implementation meeting was held in December 2004, and having gained the support of the CDOE for a dental nursing course and bursaries actors' attention turned to the operational considerations of how they would be implemented in readiness for the following year when the hygiene-therapy students would have completed their pre-clinical programme and would begin treating patients. I wrote in my observation notes that *"actors were collectively orientated to the task of developing the dental nursing programme and a bursary support system"* and I summarised that *"the characteristics of forming, [described by Tuckman], were observable"*.

The final meeting of the implementation group took place in January 2005. This meeting was again given over to the tasks described above and the consideration of the final arrangements for the opening of the SDCP. Again I wrote *"my observation of actors suggests they are task focused [DN programme and opening]"* and that *"their behaviours are consistent with the characteristics of forming"*.

Rosie Winterton, Minister of Health opened the SDCP on the 5<sup>th</sup> February 2005. It was her last official ministerial engagement before the election in May.

As shown in Table VII, this implementation group passed through three episode of storming/powering which influenced the nature and set up of the new school (see Chapter 5, 5.1-5.9). The characteristics of powering were only observed at one meeting. However, as the previous quotes of actors describe the powering issue demanded their attention in different ways after the meeting, e.g. *“further discussions”, “exchange of emails”, “circulating documents”* and *“smaller group meetings”* (various interviews). Brenda summarised *“we didn’t have time to debate or argue things at length because of the aggressive timescale. We had to be pragmatic, agree a solution and get on with it!”* Likewise, Darren reflected:

*“This was a project that we were all absolutely, 100%, committed to. There was no gain saying or point scoring; we were all trying to get things done as opposed to paddling our own canoes on issues. When we came across a problem we looked for a solution and quickly got on with making it happen”.*

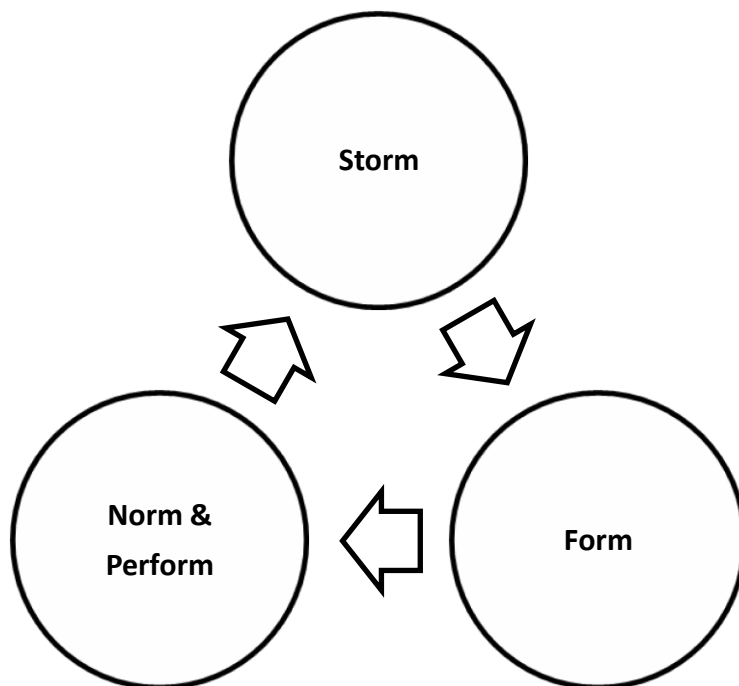
Having agreed the way forward *“actors’ attentions quickly turned to how the outcomes of this powering episode would influence the implementation plan”* (observation notes) and their behaviours were task focused. Thus, after every episode of storming the characteristics of forming were observed as the group re-established their priorities (see Table VII). Brenda described *“we had to decide what needed to change in terms of the overall project plan we were working to, and who would do what, by when”.*

Having agreed the way ahead (forming) actors were tasked with implementing the influenced plan (*i.e.* following each episode of storming/forming) in accordance with their individual areas of leadership and responsibility. Accordingly, the characteristics of norming and performing were then observed each meeting until the next episode of storming influenced the way ahead again (see Table VII). The characteristics of norming, the open exchange of different interpretations, and the characteristics of performing, the emergence of solutions and team functioning, were concurrently observed each meeting as actors updated others on their area of leadership and asked for their opinions and input. Brenda

summarised “there were some really creative meetings where everyone thought outside of the box and this got us over the little hurdles and challenges”.

After the initial formation of the group, there was an evident cycle of development of storming, forming, norming/performing, which the group passed through on three occasions as depicted in Figure IV.

**Figure IV: The cycle of group development**



The group continued to meet after the successful implementation of the SDCP and the conclusion of my research. From my personal engagement in the implementation setting I am aware that actors continued to define and implement the dental nursing programme which came on stream the following academic year when the dental hygiene-therapy students were in the second year and began treating patients. Implementation actors continued to meet, albeit less regularly, until September 2006 when a contract monitoring

group was established. Many members of the original implementation group went on to become members of the new group.

#### **6.4 Conclusion**

This group of actors came together to address the primary task of implementing the SDCP. For the vast majority of actors this task was an extra responsibility added to their day-to-day professional responsibilities. This meant that the group had to work in ways which allowed the actors to take on this responsibility without significantly disrupting their routine commitments and activities. The project was governed through the implementation board which met on a monthly basis and the overall task of implementing the school was therefore broken down into different areas of specialism and leadership (*e.g.* building, curriculum, finance, patients).

The data presented in this chapter describes the different characteristics of group development that were observed within the reality of this implementation setting at each of these meetings. It describes how, after an initial period of coming together (forming), the group of actors in this case study went through three cycles of development (storming-forming-norming/performing) which were initiated by the three episodes of powering described in Chapter 5 (see 5.1-5.9).

The specific context and setting of this case study (see Chapter 4, 4.2), as with all case studies, influenced the nature of group development characteristics observed. For example, the monthly basis of meetings meant that certain development characteristics may have been dominant during a meeting depending upon the priorities and participation of actors at that time. Accordingly, the aggressive timescale of this implementation episode influenced the behaviour of actors and the characteristics that were subsequently observed (see Chapter 7, 7.2). For example, each episode of powering was short lived and influenced,

according to actors, by the aggressive implementation timescale/programme and the “*can do professional attitudes*” of the actors concerns (Darren’s interview).

## CHAPTER 7

### Discussion

*“Meaning-focused research requires self-reflexivity: the researcher is constantly “living” in two worlds, making sense of self (“my” world) and making sense of the community, organisation, or other type of group which is being studied (the “other” world)” (Yanow, 1996, p.45).*

#### 7 Discussion of the data

This chapter discusses the conclusions drawn from the data presented in the previous two chapters. It responds to my original research question –‘How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?’ Accordingly, this chapter explores the understanding drawn from the data by providing insight into the standpoints of the actors who constructed and enacted this policy implementation episode (Hoppe, 2011).

The understanding I have drawn from the data is not offered as a set of generalisable criteria (see Chapter 4, 4.7). Instead, the understanding comes from the transparency of my interpretations and explanations of the data, and the value that these explanations have with your (the readers’) own experiences of the education implementation setting. Considering this understanding in different settings will, I hope, encourage further professional dialogue and discourse on the issues that I raise. Furthermore, it is anticipated that this dialogue will probe the nature of this understanding by raising questions, issues and considerations that are not addressed within the ambitions and/or limitations of my work.

## 7.1 Powering

The data presented in Chapter 5 shows that policy and implementation actors sought to shift the balance of power in their favour at different times during the implementation of the SDCP. Accordingly, actors used different forms of social power as influence depending on the context of the issue. In the first episode of powering the CDOE drew upon forms of legitimate power (*i.e.* policy hierarchy and funding control), as described by French and Raven (2001), to influence the introduction of the first cohort of students (see Chapter 5, 5.1). His demand for activity stemmed from the political pressures associated with the declining number of dentists working for the NHS, the resultant concerns over dental access and the immanency of a forthcoming election (see Chapter 2). Thus, the CDOE wanted/needed to demonstrate to Ministers that the additional funding that they had committed to dentistry, which included circa £3.3million of capital investment into the SDCP, was making a difference to workforce shortages. Accordingly, the CDOE sought to include the hygiene-therapy numbers associated with the SDCP in DoH publications and press statements that were targeted at re-assuring the voting public that the dental access problem was being tackled.

In recent years the devolution of the State and the introduction of local NHS commissioning bodies has, I believe, changed the rules of policy hierarchy and the taken-for-granted forms of authority. In the new model of commissioning money flows from the State to the commissioning bodies where commissioning decisions, and thus power, rest. The findings of this research suggest that under the new conditions of localised control education policy implementation actors are vested with greater power bases and resources than policy actors. What is more, the findings of this research shows powering and participation, beyond Hoppe's (2011) theoretical assertions, to be inter-dependent influences on policy implementation in the real world setting (see Chapter 8, 8.1).



In this policy implementation case study the CDOE only had the power to influence the introduction of the first cohort of students whilst he/the DoH had control of the SDCP funding. His demand for activity was therefore strategically timed to influence the implementation of the SDCP in the early weeks of the project before any monies had been transferred. The CDOE thus used the structure of commissioning arrangements and his/the DoH's control over funding to shift the balance of power in his favour.

Implementation actors, as the data in Chapter 5 shows, did not however act as the CDOE had anticipated. Instead of acknowledging the CDOE's basis of power and committing to his demand for student activity, actors challenged his basis of authority using various forms of expert and informational power (as described by French & Raven, 2001). As the data shows, many of the implementation actors, specifically those with curriculum, patient and governance responsibilities, perceived that the CDOE's demand for immediate activity conflicted with their professional roles, responsibilities and understandings. They felt strongly that giving the CDOE the activity he demanded would threaten the professional integrity and potential professional accreditation of the dental hygiene and therapy programme the SDCP would offer. However, other implementation actors, specifically those with responsibility for funding who had accepted the financial risks of developing the implementation site on behalf of the University-NHS partnership before the DoH funding has been transferred, were supportive of the CDOE's demand on the basis that they needed to attract this income. The CDOE's demand therefore created tensions between implementation actors.

The tensions did not however last long, as actors, under Albert's leadership and influence, were tasked with identifying a solution, in the form of different activity that did not have the inherent professional risks, that could be suggested as an alternative to the CDOE. Academic leaders responded to the challenge and the Foundation Award in Science and Dental Therapy, as described within the data (see Chapter 5, 5.2) was suggested, with the support, input and considered academic gravitas of the University's Dean of the Science Faculty. Albert's actions accordingly initiated three outcomes. Firstly, they encouraged

implementation actors to move beyond the problem and explore alternative win-win solutions. Specifically, actors with education and patient leadership responsibilities were empowered to respond (*i.e.* shift the balance of opinion amongst actors and power in their favour). Secondly, they limited the influence and longevity of the episode of storming (*i.e.* Albert set a two week deadline). Finally, they forced the implementation actors to agree the way forward and in achieving this, actors were able to collectively re-create the shared SDCP implementation vision.

To shift the balance of power in their favour (*i.e.* convince the CDOE of the merits of the foundation programme) implementation actors used a variety of different forms of expert and informational power which included:

- A report outlining the sanctions that had been applied to another school that had started a similar programme without GDC accreditation.
- Using 'Dental Therapy' in the title of the access programme so that it could be classified as the start of the programme.
- Not declaring to the CDOE the number of students that would be commissioned to undertake the Foundation award by the local commissioning body (only 11% of the total commissioned dental hygiene-therapy cohort).

This episode of powering shows that implementation actors were not merely the recipients of policy, nor did they lack influence. Likewise, it contradicts the former taken-for-granted notions of State power and authority. Accordingly, what this powering episode demonstrates is that judgments about power need to be rooted in the context in which the exercises of power occur. For example, in this implementation episode without the context of understanding the CDOE's need to increase the dental workforce, growing public concerns over dental access and the immanency of a general election it would be difficult to

understand why the CDOE accepted the implementation actors alternative form of student activity (the foundation access programme), when he controlled and influenced the funding that implementation actors needed to implement the SDCP. In this policy implementation case study a pragmatic solution or compromise (*i.e.* the access programme) was reached because it ensured the continued implementation of the SDCP which was important to both the CDOE, in terms of workforce numbers and improved dental access in an area of need, and implementation actors, in terms of offering dental education; remembering that the University was a new University with no history or tradition in medical or dental education (see Chapter 1). In simple terms, actors managed to convince the CDOE that the SDCP would not be successfully implemented if his original demand for dental therapy student activity remained.

In the second episode of powering, which was associated the nature and content of the curriculum, implementation actors used different forms of expert and informational power to shift the balance of power in their favour (see Chapter 5, 5.2). Whilst the CDOE had committed funding to support a dental therapy programme, implementation actors wanted to offer a combined dental hygiene-therapy programme. The rationale for this was closely linked to the actors' professional identities and experiences. In order to shift the balance of power they used a variety of different forms of expert and informational power which included:

- Third party testimonials of support for a combined programme from considered experts in the field (*e.g.* External Examiners).
- Data on dental hygiene and dental therapy employment trends which emphasised the employment risks of offering a therapy only programme.
- Professional opinion on how dentists lacked experience of working with dental therapists (*e.g.* Local Dental Committee support). This again emphasised the employment risks of a therapy only programme.

- A curriculum options appraisal paper which outlined the perceived benefits, and reduced risks, of offering a combined dental hygiene-therapy programme.

To strengthen the effectiveness of the above influences implementation actors emphasised to the CDOE that SDCP students should be counted in workforce numbers from the very beginning of their course; students have not traditionally been counted in workforce numbers. The rationale for this being that SDCP students, unlike other DCP students, would be contributing to patient care outcomes against a standard PCT service contract - traditionally DCP students in dental schools did not work to commissioned/contracted service targets. Actors also strongly emphasised to the CDOE the risks of poor employment outcomes with a dental therapy only award. Relevant to this implementation case study, policy actors, as well as implementation actors, stood to gain or lose in terms of reputation with regards to the employment outcomes and trends (*i.e.* gaining employment in the NHS or private sector) of SDCP graduates. What is more the CDOE had raised the profile of the new School in terms of its contribution to the dental workforce and access problem (see Chapter 2, 2.1).

Implementation actors, pre-empting any concerns that the CDOE may have had about the number of students that would opt to leave the programme early as a dental hygienist (on the basis that they would join the paid workforce quicker and earn a salary very similar to that of a dental therapist), structured the programme so that a student could not gain any practice rights if they left the programme early. What is more, implementation actors emphasised to the CDOE, using his own statements from policy documents (DoH, 2002, 2004b), how the proposed combined course, unlike a therapy only course, supported the Government's ambitions regarding workforce flexibility, retention and career escalation.

It was evident from my time in the implementation setting that actors paid great attention to the choice of powering mode they selected and in preparing for the influence. In this

powering episode, implementation actors exercised power in pursuit of their own professional interests. Accordingly, they had power because their expert skills and judgments were respected and trusted.

The third and final episode of powering was associated with the implementation actors desire to attract a further commission in dental nursing education (see Chapter 5, 5.3). The motivation to influence was based upon the benefits they perceived came with securing this commission, *i.e.* academic, professional, reputational and financial gain. On this occasion, implementation actors used forms of expert and referent power (*i.e.* the CDOE's desire to be associated with the successful implementation of the SDCP) to shift the balance of power in their favour. Accordingly, the timing of this influence was strongly emphasised by the actors concerned (*i.e.* it needed to be when the SDCP was nearly finished and successful implementation was in sight). In preparing for this third powering episode implementation actors utilised the following forms of influence to ensure that it had the maximum impact and thus chance of success:

- Extracts from GDC school inspection reports where inspectors were increasingly critical of dental-hygiene therapy students working in pairs on clinic. The implementation actor's argument for a dental nursing commission being that the dental nursing students would work alongside the dental-hygiene therapy students and thus avoid this criticism.
- They invited the CDOE to cut the first sod of the SDCP and attend other VIP events. Implementation actors suggested that this helped establish a close working relationship between the CDOE, University and NHS commissioning body.
- They frequently fed updates and news stories on the SDCP to the CDOE's press office for wider publication. Implementation actors suggested that this raised the profile/visibility of the SDCP and increased the CDOE's desire for the SDCP to be successfully implemented.

- They worked with the Minister of Health's diary so that the opening of the SDCP was her last official pre-election engagement. Bearing in mind that this was the first time in history that NHS dentistry and the need to improve dental access featured in the pre-election manifestos of all major parties gave the CDOE and Ministers a significant pre-election good news dental story (see Chapter 2, 2.1).

In summary, implementation actors in this final powering episode sought to emphasise to the CDOE the mutual benefits that would come with having successfully implemented the SDCP. In this, actors emphasised the importance of a dental nursing commission in terms of the volume of work each dental hygiene-therapy student could do with the added support of a dental nurse - *i.e.* the total number of patients that could be treated by dental hygiene-therapy students would increase if they were supported by dental nurses. Accordingly, these were influential considerations due to the current shortage of dentists and the resultant problems of NHS dental access previously described in Chapter 2 (see 2.1) and the CDOE agreed to an additional commission in dental nursing education.

The data described here confirms that all of the actors in this policy implementation case study had the ability to influence based upon their professional status and expertise; a finding that is consistent with the conceptual framework that informed the basis of this research (see Chapter 3, 3.1). Accordingly, the structure of this policy implementation group meant that all of the actors were insiders, *i.e.* appointed due to their expertise and were not without influence. Likewise, implementation actors were not the passive recipients of this policy episode and sought, as shown in the data (see Chapter 5, 5.1-5.9) and described here, to shift the balance of power in their favour.

Whilst the CDOE, and to some extent Paul, relied on the traditional notions of policy hierarchy, these forms of social power (*e.g.* bid and funding control) were not shown in this research to be structures of absolute power. This is in part, I believe, down to the re-

organisation and devolution of the State, *i.e.* the introduction of local commissioning. As the data in this study shows, the State, in this case study the elements of activity under the CDOE's authority, only had a small window of opportunity to utilise the influence of funding control before the money, and with it bases of power, was handed over to implementers. Whilst the CDOE/DoH had put structures in place to support this power resource, *i.e.* an incremental funding methodology, the aggressive implementation timescale, a requirement also set by the DoH within the bidding structure, actually served to counter this influence. In this policy instance, the money and thus power controlled by the CDOE/DoH had to be devolved to implementers quickly so that the new School would open in time for the next election (another DoH requirement imposed in bid structure).

Data in Chapters 5 and 6 shows that policy in this case study was a social construct that was debated and decided upon by those tasked with its implementation. Accordingly, the Implementation Board was the setting where actors came together and this discourse and negotiation took place. In tracing the policy implementation discourse of actors, *i.e.* who spoke, when, where and with what authority, and specifically the characteristics of storming (see Chapter 5, 5.1-5.9) it was possible to trace the shifting pattern of power and influence which informed the implementation of the SDCP over time.

What is more, the structure of this implementation partnership, *i.e.* the autonomy and power equality of actors based upon professional status, legitimised the authority of individual actors. Likewise, the history and personal beliefs of actors was shown to influence the power resources that they draw upon. For example, policy actors in the first powering episode over student activity drew upon legitimate forms of power based upon the historical conceptions of policy hierarchy and authority. However, implementation actors, in the second and third powering episode over the nature of the curriculum and dental nursing education, drew upon forms of expert and informational power based upon their professional expertise and understanding.

In this policy implementation setting the data showed that policy and implementation actors shared the desire/need for the SDCP to be successfully implemented. This was largely based upon their professional/political status and associated reputation and accountability. Accordingly, this shared desire positively informed the actor's behaviour in terms of being solutions focused and working towards a shared/successful implementation goal. In the real sense, the individual ambitions of actors were woven into the collective SDCP vision and this served as a positive re-enforcement, in terms of participation behaviours, during episodes of storming, *i.e.* we all stand to lose it we can't collectively agree the way forward. Following each episode of powering, the SDCP implementation vision was influenced and the implementation vision, as described in the data discussed here, was re-created/re-iterated.

## **7.2 Group development**

The data in Chapter 6 shows that the characteristics of group development, described by Tuckman (1959), *i.e.* forming, storming, norming and performing were observed in this real life policy implementation setting. However, the findings of this research suggest that the group development process does not necessary follow the theoretical hypothesis of development previously described within the literature (Runkel *et al.*, 1971; Tuckman, 1959) – see Chapter 8, 8.2.

After an initial period of development (forming), where actors agreed the norms of the group in the form of 'Terms of Reference', the data shows that the group passed through three cycles of development (see Chapter 6, Table VII). Each new cycle was precipitated by an episode of powering (see Chapter 5, 5.1-5.3 and Chapter 7, 7.1). After each episode of powering the characteristics of forming and then norming/performing were then observed as actors set about re-creating the SDCP implementation vision.



Thus, in this study the group development characteristics observed were shown to fall and then rise (2-1-3/4), *i.e.* storm, form, norm/perform, against Tuckman's (*ibid.*) original hypothesis of rising development (form, storm, norm, perform)<sup>3</sup>. What is more, data in this study shows that each cycle of development was precipitated by an episode of powering/storming which resulted in the implementation vision being re-created (see Chapter 5, 5.3, 5.6 and 5.9). Accordingly, after each powering episode actors first formed (*i.e.* were re-orientated to the influenced task), and then normed and performed (*i.e.* openly exchanged ideas and different interpretations and then began to implement the change). These characteristics (*i.e.* norming and performing) were then observed, as Table VIII in Chapter 6 shows, until the next powering episode, which again influenced implementation and the cycle started again.

In this study, the characteristics of norming and performing (*i.e.* debating ideas and interpretations and then agreeing and implementing solutions) were inter-changeably observed during meetings. In this sense, it was difficult to observe where norming ended and performing began, hence my merger of the two sets of characteristics and use of the single norming/performing classification (see Chapter 6, Table VIII). Actors in this implementation case study, whilst holding different ideologies and perceptions, shared the desire for the SDCP to be a successfully implemented. Accordingly, this shared desire created a basis of shared risk and mutual benefit which was shown to positively influence actor's behaviours, in terms of solutions focused behaviour following each episode of powering (see Chapter 5, 5.3, 5.6 and 5.9).

The data shows that only one set of characteristics were observed each meeting, with the exception of the final meeting where two sets of characteristics were observed (see Chapter 6, Table VIII). This was, I believe, because:

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<sup>3</sup> This refers to the codes that Tuckman (1959) gave each of the different development characteristics for ease of reference *i.e.* forming = code 1, storming= code 2, norming = code 3, performing = code 4. Thus, Tuckman's hypothesis of forming, storming, norming and performing shows a rising trend of development (*i.e.* 1, 2, 3, 4).

- The actors only came together once a month and certain characteristics were thus emphasised at different times/stages of the implementation episode.
- Actors worked independently on implementation actions (norming and performing) between meetings. Accordingly, only significant implementation decisions/outcomes were discussed at meetings and this influenced the structure and nature of the meeting, the discourse and inter-actions of actions and the group development characteristics observed.
- The monthly schedule of meetings and the aggressive timescale set by the DoH within the bidding structure limited the duration of each episode of powering as actors, who shared the desire for the SDCP to be successfully implemented, quickly moved beyond the powering problem and demonstrated solutions focused (norming/performing) behaviours/characteristics.

### ***7.3 The influence of powering and group development on this policy implementation episode***

The data in Chapters 5 and 6, discussed here, describes how successful policy implementation is dependent upon collective action. Likewise, it also shows that implementers exercised power in pursuit of their own interests. These considerations thus importantly emphasise the significance of creating a shared implementation vision in which the positive aspects of mutual benefit can be used to positively influence actor's behaviours – *i.e.* actors understand what they stand to lose or gain if implementation is successful/unsuccessful. Accordingly, the findings of this research make a contribution to knowledge having discovered that complex multi-agency implementation partnerships can successfully implement policy outcomes under certain conditions (see Chapter 8, 8.3).

For implementation to be successful, as the data in this case study shows, actors need to the skills and ability to collectively navigate each episode of storming (*i.e.* analyse the powering problem and identify potential solutions). In this study, storming episodes were shown to

influence and re-iterate the policy implementation vision on three occasions. Accordingly, the interpretation of this policy episode, from paper to practice, was shown within the data to be down to the cast of actors who came together and stormed, formed, normed and performed in order to create a shared sense of policy implementation meaning. In this sense, the data in this study re-affirms the theoretical belief that policy is a social, as opposed to absolute, construct (Ball, 1994).

In this study, the data showed that all of the actors had the ability to influence as was congruent with their professional identity and status. Accordingly, implementation actors were shown within the data to not be the passive recipients of policy. Collectively, implementation actors sought to counter the notions of policy hierarchy based upon funding control (the first storming episode) and shifted the balance of power in their favour through two further episodes of powering (the nature of the curriculum and dental nursing education).

Over time the power and influence of policy actors was shown to lessen as more and more policy funding flowed to implementers. Conversely, the power and influence of implementation actors was shown to increase over the same period in which actors initiated two of three powering episodes described in the data. Accordingly, over time, implementation actors gained control of the policy funding and increased their power bases through reputational gain and status having delivered a number of visible short-term implementation outcomes (*e.g.* sod cutting ceremony when the first bricks of the school were laid, the first dental access students started the course, the first tutors were recruited). The shifting bases of their power is particularly shown in the final powering episode where implementation actors used forms of referent power to influence the CDOE and gain a commission in dental nursing education- *i.e.* they used his desire to be attributed with the successful implementation of the SDCP to attract this commission. The data in Chapter 5 shows that the actors were aware of their increasing power bases and used it in this powering episode when they perceived they had greatest advantage.

The powering observed in this case study shifted the balance of power between actors on three occasions (see Chapter 5, 5.1-5.9). What is more, the outcomes of this power-play and the influence it had on the behaviours of actors (see Chapter 6, 6.3) are shown to have influenced and iterate the policy implementation vision in the following ways:

- The original policy ambition for a dental therapy programme was translated into practice as a combined dental hygiene and dental therapy programme. This course was longer, cost more and meant that the first cohort of graduates would not flow into the workforce until a year later than originally anticipated.
- The original policy ambition for the SDCP was a single course in dental therapy. Over time this got translated by implementation actors into three awards: the previously referred to BSc (Hons) Dental Hygiene and Dental Therapy, a part-time Foundation Award in Science and Dental Therapy, access, programme and a full time Certificate of Higher Education in Dental Nursing.
- The income originally forecast for the new school significantly increased as the policy ambition was influenced in accordance with the above.
- It was not originally anticipated in the policy ambition that SDCP student numbers would be counted in local and/or national workforce targets. However, implementation actors in implementing the first school in the UK to be based in the primary, not secondary care, setting argued the rationale for their inclusion because SDCP students would be working to the same forms of service targets as qualified DCPs (*i.e.* units of dental activity and key performance indicators).

#### **7.4 Conclusion**

The data in Chapters 5 and 6, described here, demonstrates that powering influenced both the implementation vision and the development characteristics of the implementation group (with each powering episode a new cycle of development was initiated). In this sense, a relationship was shown to exist between powering and group development in terms of the dialect of the policy- action relationship. Put more simply, powering was shown to influence the interpretation and implementation of policy ambitions.

## CHAPTER 8

### Conclusion

*“In discussing the same events with different people, researchers begin to construct a “thick description” of what transpired, (re)presenting an event from different angles” (Yanow, 200, p.43).*

#### **8 The inter-dependence of powering and participation in policy implementation in the educational setting**

In undertaking this doctoral study my research intention, drawn from my experiences in practice and the literature, was to explore how the powering and participation of the group of actors tasked with implementing the SDCP influenced this implementation episode; my main argument being that policy is a social construct influenced by the actions and inter-actions of those tasked with its implementation. I perceive that powering and participation, as described in the earlier chapters of this thesis, are the connected social functions of the actor’s puzzling of the policy implementation process which collectively influence and define the policy outcome(s). Accordingly, I recognise, Hoppe’s (2011) policy implementation theory, Tuckman’s (1977, 1965) group development hypothesis and French and Raven’s (2001, 1959) typology of power, as described in Chapter 3, as being meaningful conceptual support in the undertakings of this research.

A case study approach was adopted to research the actors powering and participation and meet the previously defined intentions of this research. The case study approach was selected because it captured the dialogue, negotiation and powering of the actors concerned. Likewise, the data collection methods adopted successfully captured the actor’s actions and inter-actions as they went about creating shared implementation meaning. Accordingly, the methods of one-to-one interviewing and observation successfully allowed me to explore and identify the nature of the implementation relationship, in terms of group development characteristics, and make visible the exercise of power central to the research

question at the centre of this research. What is more, undertaking interviews and observation allowed me to pursue meanings and understandings that were not obvious at the point of observation.

Three key contributions to knowledge which challenge pre-existing views were identified in the data and conclusions of this research; they are summarised as follows:

- Powering and participation are shown to be inter-dependent influences on policy implementation in the real world educational setting.
- The processes of group development do not necessarily follow the theoretical hypotheses of development previously described within the literature (Runkel *et al*, 1971; Tuckman, 1959) when examined in the real word policy implementation setting.
- Complex multi-agency implementation partnerships can successfully implement policy outcomes under certain conditions, a finding which rebuts that multi-agency partnerships generally fail to implement policy as is described within the literature (Babiak & Thibault, 2009; Buzaglo & Wheelan, 1999).

### **8.1 *The inter-dependence of powering and participation***

The first key contribution that the findings of this study make to the body of historical implementation knowledge is the understanding that powering and participation are inter-dependent influences on policy implementation in the real world educational setting. Put simply, this assertion means that they are shown to be the connected social functions of implementation actors which influence policy outcomes. Moving beyond the published

literature this study tested the existence of this relationship in the complex and messy reality of the real world implementation setting.

The definition of powering adopted in this research describe powering as the differential resources, competencies and networks that implementation actors draw upon to create weight and influence and shift the balance of power in their favour. It is drawn from the post-structural body of policy knowledge which recognises that all actors have the potential to influence and that policy is socially co-constructed in an ethos of dominance, resistance, chaos and freedom (Ball, 1994). Thus, a central feature of powering, in terms of the actions and interactions of actors, is participation. Participation may decisively influence powering and it may equally be influenced by powering. The relationship between the policy context, described earlier in relation to this study, and the observed outcome of policy is thus argued to be the social process or function of powering and participation.

As described in the data, two of the three powering episodes observed in this implementation setting were initiated by implementation actors, *i.e.* the nature and design of the dental therapy programme (see Chapter 5, 5.4) and the need for dental nursing education (see Chapter 5, 5.7). What is more, in the first powering episode in which the CDOE demanded student activity (see Chapter 5, 5.1), the implementation actors did not respond to the powering episode as the literature anticipated (Palmer, 1993). Instead of responding positively to his powering demand, implementation actors sought to counter it by adopting different power resources selected to shift the balance of power in their favour. These actions and outcomes demonstrate that policy is a negotiated process, not the pre-determined end product that structuralist literature describes (see Chapter 3, 3.0). What is more, this powering episode and the further two powering episodes initiated by implementation actors challenge the pre-existing views that education policy implementation actors are the passive recipients of policy that this body of knowledge describes (Gibson, 1984).



This research, in contrast to the published literature, discovered that implementation actors had the monopoly of power (Ball, 1994) and initiated more powering episodes than policy actors (see Chapter 5, 5.4-5.7). Thus, suggesting a re-ordering of the historically described power supremacy of policy actors over education policy implementers (Gibson, 1984).

The literature shows that the decentralisation of Government has been well documented (Power *et al.*, 2004; Yanow, 1996; Ball, 1994). The introduction of local commissioning bodies in both health and education has reportedly shifted the balance of power. The document 'Shifting the balance of power in the NHS' (DoH, 2001), previously explored in Chapter 3, is a prime example of this. However, having acknowledged this change in the bases of state power the literature is still replete with examples in which political will achieves non-discursive closure through amicable or forcible instigation (Lowndes & Skelcher, 1998; Matland, 1995). A conclusion that the data and findings of this research contests, suggesting that under these new conditions of localised control education policy implementation actors are vested with greater power bases and resources than policy actors than Gibson (1984) suggests.

Whilst this study was the exploration of a single case, it makes a significant contribution to the body of knowledge and the way in which the puzzling of policy implementation is co-constructed in the real world social setting. Thus, I argue that in order to understand more about the specific nature of the puzzling of implementation we must not ignore in future research who is included or excluded in having a voice in the process, and whose resources and connections create what weight and influence. Having challenged the pre-existing views on the policy-practice power relationship and found that policy actors under the new local commissioning arrangements are not invested with the powers that the literature reports (Power *et al.*, 2004), questions about the influence of the implementation context and setting emerge; considerations which are addressed further in Chapter 8, 8.3.

The data and findings of this study show, as described above, that powering and participation are the inter-dependent conditions of the puzzling of policy implementation and the translation of policy into outcomes. This understanding was only achieved by conducting a study which went beyond the published literature to explore these conditions simultaneously in the context of the real world implementation setting. All three powering episodes in this research (see Chapter 5, 5.1-5.9) confirmed that powering decisively influenced participation - actor's actions and inter-actions were influenced as a direct result of powering). Likewise, the participation of actors was decisively seen to influence the different powering episodes. For example, in the last powering episode where implementation actors sought to influence the basis of commissioning to include provision in dental nursing education actors consciously selected their behaviour/participation and they deliberately acted in certain ways, as described in the data (see Chapter 5, 5.7), in order to shift the balance of power in their favour. The inter-dependence of powering and participation as influences/conditions of the puzzling of policy implementation is thus clearly shown in this research.

What is more, this study also discovered new insights and understanding about the group development process which challenged the pre-existing views offered within the literature. This new knowledge helps us develop further our understanding of participation and its relationship to powering and the puzzling of policy implementation.

## **8.2 *New discoveries about the group development process***

The second key contribution to knowledge that this study makes is the recognition that the group development process does not follow the theoretical hypotheses of development previously described within the literature (Runkel *et al*, 1971; Tuckman, 1959). This research discovered that groups acted differently when they were observed in the real life policy implementation setting compared to what was anticipated from the literature. The following provides a summary of the specific group development discoveries that this study

makes to the existing body of knowledge (see Chapter 3). These discoveries are presented in the form of seven propositional statements, derived from the data in Chapters 5 and 6, which challenge Tuckman (1977, 1959) and Runkel *et al.* (1971) pre-existing views on group development:

- The group development process is a cyclical process and not the linear process that Tuckman (1977, 1959) described (see Chapter 6, Table VIII).
- Episodes of powering initiate new cycles of group development. Previous studies based in the experimental setting have suggested a rising trend of development starting with the characteristics of forming (Runkel *et al.*, 1971; Tuckman, 1977, 1959).
- The cycle of development observed in the real world educational implementation setting was: storming, forming, norming/performing. Three cycles of development were observed in this study (see Chapter 6, Table VIII). The literature previously reported the cycle of development as being: forming, storming, norming and performing (Runkel *et al.*; Tuckman, *op.cit.*). The empirical group development study, undertaken by Runkel *et al.* (*op.cit.*), based in the experimental setting, did not take account of the influence of actors. In their research, the episodes of storming were artificially created by researchers by changing the study task. Storming was thus not the outcome of the conscious behaviour of actors, as was observed in my research – see below.
- Powering, in the real world implementation setting, was the conscious action of actors. This research revealed, in contrast to the published literature (Runkel *et al.* *op.cit.*; Tuckman, *op.cit.*) that it is the behaviour of actors and their power-play that influenced the implementation task and policy outcomes. This study revealed that in the real world, as opposed to the experimental setting, implementation actors felt strong enough to try

and influence the task and outcomes by shifting the balance of power in their favour (see below).

- The professional policy implementation setting creates a strong emphasis on implementation success. They did not want to professionally be seen to fail. All actors in this setting had a professional or political stake in the implementation outcome and this informs their behaviour and the group development characteristics observed. Accordingly, there was a strong collective motivation to reach consensus following episodes of powering. Other studies, which are not based in the real world implementation setting, have not observed this relationship.
- The cycle of group development observed in this case in the real world is: storm, form, norm/perform, a falling and rising trend of development in accordance with Tuckman's (1977, 1959) development characteristics and hypothesis. This is in contrast to previous studies based in the experimental setting which have suggested a rising trend of development - form, storm, norm, perform). All of the factors above which included: the professional setting, the strong emotional relationship between successful implementation and the actor's professional status and the initiation of powering by actors, are believed to account for this new discovery.
- In this study norming and performing were observed as being one set of inter-connected characteristics; the literature historically described them as two (Bonebright, 2010; Runkel *et al*, *op.cit*; Tuckman, *op.cit.*). Whilst the characteristics of norming/performing were observed in my research they were not as clearly delineated as the literature suggested. In contrast to the literature, it was difficult to determine where one set of these characteristics began and the other ended in actors discourse. Discussing ideas and interpretations (norming) and working through potential solutions (performing) were inter-connected discourses, hence the single re-classification as norming/performing.

These six propositional statements showed that the processes of group development in this real-world implementation setting did not follow what the literature described.

Notwithstanding this, the data did confirm the continued relevance of Tuckman's (1971, 1959) original categorisation of group development characteristics (see Chapter 3, Table IV) as each was observed, albeit in a different order in my research. I would therefore argue, in terms of future implementation research, that Tuckman's (*ibid.*) early group development characteristics still provide an appropriate image or metaphor which researchers in the field can adopt to make sense of the group phenomenon before them, but with the new knowledge about the altered cycle of development discovered in this real world study.

### ***8.3 Complex multi-agency implementation partnerships can successfully implement policy outcomes under certain conditions***

The final contribution to knowledge that this study offers is the discovery that complex multi-agency implementation partnerships can successfully implement policy outcomes under certain conditions. This finding refutes that multi-agency partnerships generally fail, which is the theoretical proposition reported within the literature (Babiak & Thibault, 2009; Buzaglo & Wheelan, 1999). In this final section, having already explored the specific conditions/influences of powering and participation, we look at the final set of discoveries which relate to the wider context of this implementation setting. These discoveries are presented in the form of propositional statements, derived from the data in Chapters 5 and 6, which describe why actors in this implementation setting perceived they were successful. They challenge, where appropriate, the pre-existing views about why most complex multi-agency implementation groups fail and offer new insight:

- Actors in the multi-agency implementation setting with conflicting interests and competing problem solutions can successfully implement policy outcomes, as shown in this study, if the implementation episode is of political, professional and importantly personal importance to those

concern *i.e.* they have a stake in securing positive implementation outcomes.

- The implementation team should be carefully selected based upon the needs of the implementation episode and the skills and experiences of actors. A process that matches the skills and competence of actors against the implementation task reduces the likelihood of gaps in knowledge and expertise. This opposes the pre-existing idea that more actors means more interests to harmonise and thus a greater chance of failure (García-Canal, Valdéz-Llanzea & Ariñ, 2003).
- Successful implementation groups have a shared implementation vision and are solutions focused. This acknowledges the need for a paradigm shift in actor's behaviour from a problem to solution based approach. It emphasises that problem framing and problem solutions are related to exercises of power and can accordingly influence policy outcomes both positively and negatively (Hoppe, 2011).
- Implementation actors require sufficient skills to analyse the problem of different powering episodes. In this study, understanding the problem was shown to be a creative process which successfully drew together the different perspectives of policy and implementation actors. Using different means (*e.g.* the curriculum appraisal report in the second powering episode) actors were able to produce new insight on what the problem was about from their different perspectives. In this study, Albert was particularly skilled in this domain due to his experience and understanding in working for the University and DoH.
- The influence of professional networks in the multi-agency implementation setting should not be underestimated. Implementation actors, in this setting, were appointed because of their professional status and expertise and because of the networks of powerful individuals and organisations that they were networked with. Implementation actors drew upon these networks at different times to shift the balance of power

in their favour (e.g. GDC, External Examiner, Dean of Science). The bodies and individuals who could be utilised for support and help shift the balance of power should be defined at the start of the implementation process when any gaps in networks and relationships could be addressed.

- Implementation success is positively enhanced by having an implementation vision that captures the individual and organisational priorities of the key stakeholders (both policy and practice). In this study actors described the vision as being the process of making everyone's "deal makers" and "deal breakers" transparent. In doing this, everyone was aware of what was at stake if implementation failed. The process of making their deal makers known encouraged actors to adopt solutions focused behaviours during times of powering because each knew what they stood to lose. What is more, it gave actors a framework in which powering could be explored and negotiated - *i.e.* we need to ensure we retain these deal makers in any solution.

#### **8.4 Making a contribution to knowledge in practice and opportunities for future research**

The knowledge discoveries described above collectively offer a series of propositional statements that not only makes retrospective but prospective sense of policy implementation in the real world setting. Each of the discoveries described above offers a contribution to knowledge in practice and/or our opportunities for future and further research. Drawn from these discoveries the following provides a summary of those that make a contribution to knowledge in practice:

- As the findings of this research showed, powering and participation are inter-dependent influences on policy implementation. In practice this understanding encourages us to think carefully about the selection and

recruitment of implementation actors against the wider policy and professional considerations of the implementation episode (see below). Gaps in knowledge and expertise should be addressed. Accordingly, this assertion raises important future considerations with regards to the potential influence following the loss, replacement, or inclusion of other actors during the implementation process.

- Powering is understood from this research in the real world setting to initiate both the cycle of participation and development and directly influence the policy outcome. In practice this understanding encourages policy implementation teams to adopt strategies that make the implementation vision clear and include the must have 'deal makers' of individuals and organisations. Importantly, in this study including actors deal makers into the implementation vision was shown to foster solutions focused behaviours during episodes of powering.
- The data of this study showed that in addition to their area of professional expertise implementation actors require sufficient skills to analyse powering problems and be able to acknowledge and understand the different perspectives of policy and practice actors and organisations. In practice this understanding encourages us to think carefully both about the composition of the implementation group and the individual skill set of actors, so that they, individually and collectively, have the skills to see beyond the problems of powering and are able to consider solutions.
- An implementation vision needs to be co-constructed and include the deal makers (must haves) of all of the actors concerned. As data in this research showed, the vision, when consciously co-constructed at the start of the implementation episode, positively influences the participation/behaviour of actors during each episode of powering *i.e.* they quickly move away from the powering problem and consider solutions. However, in this study the vision was only created by implementation actors and the 'must have' student activity demanded by the Chief Dental Officer England (a policy actor) in the



first powering episode was thus not included. In practice this understanding encourages us to question who is included in the construction of the implementation vision and the relationship that this has to powering.

- As the data and discoveries of this research showed, it is the interactions of actors (powering and participation) that influence policy outcomes not the context of the implementation setting. In relation to practice this means that future implementation groups need to recognise the influence that implementation actors have in terms of all that has been said above.

I have had the opportunity to test these assumptions in other contexts and settings. For example, since completing this research I supported the work of another multi-agency implementation group who were seeking to open a new School for DCP in another region in the UK, based upon the success of the SDCP. On this occasion, as an outsider, I was able to observe the interactions of a group with whom I was not familiar. Unfortunately, due to the timing of this undertaking and the completion of this thesis I did not undertake this observation in any formal research sense or capacity. However, this work and my observations helped me to make sense of this study and all that I have experienced (see Chapter 9). This group kindly listened to what I had to say and used the basis of these discoveries in their approach to setting up the implementation group and in terms of gaining an understanding of the inter-dependent nature of the powering and participation relationship. The group successfully implemented the policy ambition and attained professional accreditation for programmes from the GDC.

More recently, I was given the opportunity to lead another multi-agency implementation group seeking to extend the basis of the SDCP and include provision in undergraduate dentist education. Again this opportunity allowed me to take these discoveries and test their generalizability in another context/group setting. Having applied these conditions to the set up and structure of the implementation partnership the group was again successful having gone through four episodes of powering and cycles of group development.

Furthermore, this opportunity granted me the opportunity of working with other researchers in the field and we aim to publish our findings in a peer reviewed journal in the near future.

In order to explore the generalizability of these discoveries the community of academic and practices actors needed to be made aware of their existence. Accordingly, I have shared the basis of these discoveries with the wider community in various ways in order that others may question, test and explore these assumptions further and different contexts. For example, I have presented a number of papers and presentations on my work and findings at various academic and professional settings (see Appendix IV). What is more, these opportunities for professional discourse have contributed, having completed this study, to my own sensemaking of the research and professional doctorate process as described in Chapter 9.

What is more, I recognise, having successfully completed this research, that further and future research opportunities are presented:

- Research often enables policies to be generated upon technically well-informed bases. The discoveries of this study give warnings of reasons why some policies are successfully implemented and others fail. With further research the academic and professional community will be able to make further connections between the otherwise separate factors of powering and participation which have been shown to influence policy success and outcomes.
- Actors in this study were concerned about the employability of the SDCP graduate and this influenced the style and nature of the course and curriculum (see Chapter 5, 5.4). The result, a combined programme in dental hygiene and dental therapy, provided SDCP graduates with opportunities to work as either

a dental hygiene or therapist or both. The education and employment trends of these graduates compared with graduates from other schools provide further and future opportunities for a range of research undertakings.

- The successful implementation of the SDCP has meant that other Governments have looked to replicate the school and educational model in other regions (*e.g.* the Highlands and Islands) thus giving new opportunities for further implementation case studies and a basis of comparative research.
- The findings of this study demonstrated that the group development cycle commenced with the characteristics of powering/storming; a finding that opposed the historical body of knowledge. As previously described, this new knowledge gained from undertaking research in the real world setting suggests the need for more research into the group development cycle in other settings.
- Implementation actors in this setting, in contrast to the published literature, initiated the majority (two out of three) of powering episodes (see Chapter 5, 5.4-5.9). Accordingly, this raises questions, beyond the remit of the current study, as to whether the re-ordering of the State-commissioner relationship following the introduction of local commissioning arrangement has vested practice actors with greater power bases than previously recognised.
- The successful implementation of the SDCP met the intended policy outcome of increasing the NHS dental workforce and increasing dental access. However, the longer term evaluation of this innovative policy episode can only be established with time and further research.
- The service contract that the SDCP operates within means that the number of students and the care they provide to patients is included, for the first time in the UK, within workforce data. This is a paradigm shift away from only graduates/qualified staff activity being counted. The long-term effect of this in terms of workforce trends and patient care outcomes is therefore something for further and future research.

- Implementation actors in this setting, in contrast to the published literature, initiated the majority of powering episodes (see Chapter 5, 5.4-5.9). Suggesting that under the new conditions of localised control implementation actors are vested with greater power bases and resources than policy actors and the need for further research.

## **8.5 Conclusion**

I have, in submitting this doctoral thesis, successfully achieved the stated research intention of exploring the research question ‘How did the powering and participation of a group of actors tasked with implementing a School for Dental Care Professionals influence implementation?’

Policy implementation is a social process of inter-action that actors experience subjectively. These subjective understandings are part of the strength of qualitative case study research (Simons, 2009), as described in Chapter 4. The findings of this research have made a contribution, as described in this chapter, to knowledge and practice. These discoveries offer a series of generalisable propositional statements that can be examined and tested in other implementation settings and contexts. Using the detail and rich description of the case, described here and in previous chapters, the reader is able to discern which aspects of this case they can generalize to their own context and which they cannot (Stake, 1995; Bassey & Pratt, 2003).

Politics is intrinsically paradoxical (Yanow, 1996). On the one hand, policies unify actors in a common effort to bring about change and improvement that will offer benefit to all or most. On the other hand, the logics of implementation and the division of responsibility and labour divide actors, as members of society, into groups which are at varying distances from the powering and participation which influences policy outcomes. Being a policy

implementation actor thus invests individuals with a basis of power and influence which, I would argue, must be underpinned by a strong basis of social responsibility and accountability. In this, I mean that no responsible implementation actor can give unqualified priority to their own personal or professional wants and needs or those of the organisation they represent.

No episode of policy implementation comes about without reason and deliberation on the one hand and participation and power on the other (Hoppe, 2011; Ball, 1994). Eliciting a successful policy implementation outcome is thus about the actors ability to craft a social relationship in which the inter-dependence of powering and participant are non-crippling forms of interaction and engagement. What is more, and to conclude, this is why I, based upon the discoveries of this research, argue that it makes sense to keep on studying the way in which actors handle the perplexities of the inter-dependent powering and participation relationship.

## CHAPTER 9

### Personal reflections

*“The practitioner-researcher is someone who holds down a job in some particular area and at the same time carries out systematic enquiry which is of relevance to the job” (Robson, 2002, p.446).*

#### 9 Personal reflections

In this final chapter I explore the complex relationship between doctoral study, as a student and researcher, and professional practice. I have written this final chapter as a paper as this style of writing helped me make sense of my professional doctorate experience. In this final chapter I examine how I positioned myself in relation to particular pre-existing discourses that influenced this research and how this in turn influenced my identify as a student, researcher and professional.

##### 9.1 Abstract

This paper offers a retrospective and reflexive discourse of my experience of sense making and identity as a student, researcher and professional on a professional doctorate in education (EdD) programme. It discusses some of the challenges of professional doctoral learning, developing the conceptual framework, doctoral writing, the student-supervisor relationship and the changing ways of seeing and sense making based upon the complex relationship of self as professional, student and researcher.

## **9.2 Background**

The doctoral process situated me in a landscape that made me aware of the different aspects of my identity as student, researcher and professional and how these influenced the interstices between academic practices, professional life and the focus of my research (Leinhardt, Young & Merriam, 1995). For the professional person, original doctoral knowledge arises through reflexivity combining understandings from practice and the literature and attaining the required academic standards of writing a thesis (Drake, Behrenbruch, Felstead & Beveridge, 2011). The basis of reflexivity described here thus involved developing a critical awareness of the way that my research and practice worlds influenced my thoughts and actions. Accordingly, my own lived experience of being student, researcher and professional cannot be treated as unproblematic sites for knowledge production.

## **9.3 Self as professional**

My choice of a professional doctorate over a traditional PhD route was linked to my perception of myself as a practitioner rather than academic researcher within the context of my role in educational leadership and policy implementation. My professional role and responsibilities required me to work closely with other actors in a multi-agency policy implementation group. This was a new role and experience and I had not been involved in policy implementation at national level before. Accordingly, I felt that I lacked critical understanding of this area of practice and the professional doctorate allowed me the opportunity of exploring how the powering and participation of this group of policy implementation actors influenced this implementation episode.

Being able to locate a research study which was deeply rooted in my professional practice was extremely attractive to me. Accordingly, bridging the gap between theory and

professional knowledge is described by Savage (2009) as being an important feature of the professional doctorate. However, the complexities of undertaking professional, insider research should not be underestimated as Drake and Heath (2010, p.16) suggest:

*“New knowledge is not simply acquired or developed by the individual researcher in a vacuum, but the researcher is positioned in a complex and socially stratified set of social complexities of power and status that enable him or her to make knowledge claims”.*

#### **9.4 Self as student**

My doctoral research unsettled pre-conceived notions I had about the implementation of policy and the relationship between the State and practice. Being a professional doctorate student in education made me think differently about policy implementation using the theoretical lenses of powering and participation. Through these lenses I developed a more critical insight and understanding with regards to the complex social phenomena of multi-agency implementation. What Fenge (2010, p.650) describes as being the *“risky territory”* both for the individual and in terms of ultimately challenging the context of the professional world.

As a student many of my day-to-day activities had implications for my research and vice versa. Being a student involved challenging notions of certainty and un-settling pre-conceived ideas and taken for granted thinking about practice. The relationship between practice and research changed over time in terms of how these multiple identities as student, researcher and professional co-existed. In retrospect, the distinction between myself as a student, researcher and professional was challenging, not least because over time each made me think differently about the other. Drake *et al.* (2011) describe how doctoral study is a process and not an event and that those on a doctoral journey should expect these complex relations to change in emphasis over time.



An important element of being a student is supervision and this term intimates power and authority. The supervisor-student relationship, like all relationships, is complex and the notions of power can manifest and be played out in different ways. The success of this relationship is in the personal interaction between the small group of professionals, often two supervisors and one student, who have different experiences and skills to offer. Supervisors, based upon my own experience, are the critical friends that have the skills and expertise to help you move forward in your thinking by using different tools and techniques. From my perspective, this relationship is not hierarchical as both student and supervisors co-construct the personal learning environment. However, intimations of power will always be present in supervision not least because of the role supervisor's play "*in being the gatekeeper to academic practices that must be achieved*" (Drake et al., 2011, p.208).

The professional doctorate I undertook had a peer learning component in the form of an action learning set. As a small group we met regularly to share our experience, reflections and challenges, this additional layer of support helped bolster my developing learner-researcher identity.

### **9.5 Self as researcher**

My own experience of being a researcher and the long journey to conceptual and methodological clarity cannot be regarded as unproblematic. How I made sense of practice and the literature was grounded in my identity and previous experiences; complicated by both my motivation to prove myself as a doctoral student/researcher and my commitment to constructing new knowledge in practice. In this sense, practice generated the conceptual framework and ways of knowing that were taken forward into my research. This process was challenging and at times painful in terms of my grappling with the complex relationship between theory and practice, responding to the terrifying demands for conceptual clarity and grasping at methodological understanding.

My research, situated in the typologies of power offered by French and Raven (1958-2001), illustrated that power relationships mattered to implementation and policy outcomes. This posed a dilemma for my researcher self and I started to question my own status of power and influence and the researcher-researched relationship. I increasingly began to question my own motivations and actions and how my multiple identities were linked to this. My relationship with actors as a fellow professional was, I believed, based on a co-equal power basis as we all had the ability to influence.

My study was based upon a single case study and my positionality as a researcher was one of participant-observer. My research position undoubtedly granted me power in terms of my control over deciding the nature of the case, the actors invited to take part, the methods of data collection adopted and the manner in which the implementation story was told. However, I did not perceive that the policy and implementation actors taking part in the study were powerless in terms of influence over the research process and environment. For example, I chose one-to-one interviewing as a data collection method and decided the nature of the interview format and questions/themes explored and these could be described as bases of power and influence. However, as French and Raven (2001) argue, it is the response of the receiver of any power bases that decides the nature of any influence. In this setting, each actor was vested with power based upon their personal, professional and/or political status. In this sense, both the researcher and the researched had the discretionary power to challenge or defend the status quo and the researcher-researched relationship was contextually played out and negotiated by those concerned (Ball, 1994).

The participant-observer role requires reflexivity on the part of researcher which involves an analysis of their own personal, professional and institutional power and resources in much the same way they would analyse actors in the policy implementation process. Accordingly, researcher positionality in the multi-agency policy implementation setting may need to be negotiated with fellow actors and reflected upon in terms of how it may influence data collection and interpretation. Class, caste, gender, age, ethnicity and profession may all be highly relevant to researcher positionality in different contexts.

As explained by Merriam (1998) being an insider meant that that I had easy access, the ability to ask more meaningful questions, read non-verbal cues and importantly project a more truthful, authentic understanding of the implementation episode under study. On the other hand, it meant that I needed to understand how my own multiple identities as a student, researcher and professional practitioner co-existed and influenced the context of this implementation setting. In undertaking this study I have learnt, beyond the literature, that participant observation in practice is complex and difficult. Before considering the issues of methodology the policy implementation researcher needs to understand the context of the implementation setting in terms of the power relationships that exist, the personal and professional identities of actors and the bases of power that inform and govern the actor's behaviour.

Doctoral students use writing tools to create new knowledge that represents the synthesis of the professional-researcher domains (Drake & Heath, 2010). In the early stages of my research, to help me understand the expectations of doctoral writing, I read a number of self-help thesis writing guides. At the time I found them supportive and re-assuring in terms of dealing with my own anxieties and demons as a novice doctoral student. However, Kamler and Thomson (2008) warn this type of technical 'how to' text feeds on the anxiety of the novice doctoral student and their pre-conceptions of protégé and master. I agree, in part, with their perspectives as my own experience showed that it is writing *per se*, coupled with the support and guidance of my supervisors that transformed me as a writer.

In terms of my own writing journey, I started by writing a series of technical offerings, often in the form of an essay (*e.g.* what is case study), and used these as a basis to develop my thinking (and writing); a process that engaged further reading, reflection and critical discourse. In this sense, the process of writing and thinking were inextricably linked and shown in the volumes of essays and drafts that depicted my sense making journey.

In hindsight, there are things that I would do differently in my research. For example, I would argue a stronger case to the external ethics committee that the use of pseudonyms would not protect the anonymity of the participants/actors of my research due to the specific context and nature of the case study in question. Conversely I would argue that the actors may have benefitted in terms of their own professional status and recognition had they been named. However, as with the supervisor relationship, intimations of power will always be present in the ethical committee-student relationship not least because the student needs its endorsement to undertake their research.

## **9.6 Conclusion**

The roles of student, researcher and professional whilst described separately here are not autonomous from each other and power relations in one role may influence another. The professional doctorate, by its very nature, made me grapple with my professional and research worlds and how they ultimately came together in terms of research outcomes, the creation of new knowledge and the writing of a thesis.

The three identities described here, self as professional, self as learner and self as researcher, describe the challenges associate with professional doctoral learning. What is more, collectively they show how these different roles are both complimentary and contradictory in terms of the doctoral experience and professional-student-researcher sense making journey.

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## Participant information sheet

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**Study Title:** The inter-dependency of powering and participation in policy implementation in the education setting.

**Researcher/chief investigator:** Sara Holmes

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You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done, and what is involved. Please take time to read the following information carefully.

**Part 1** - tells you the purpose of this study and what will happen if you take part.

**Part 2** - gives you more detailed information about the conduct of the study.

Please contact me to discuss any questions you may have, if anything is not clear or if you would like any additional information. Take time to decide whether or not you wish to take part.

### Part 1

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#### 1. What is the Purpose of the Study?

This study is part of a student research project. The information/data collated will go towards my submission for the award of Doctor of Education (EdD), University of Brighton. The aim of the study is to explore the experiences and insights of the individuals involved in implementing the first School of Dental Care Professionals (the SDCP) to be based on a University campus, in the primary care setting, remote from a traditional dental hospital.

#### 2. Why have I been chosen?

You have been approached about the study because of your role in the implementation of this policy episode.

#### 3. What information/data will be collected as part of this research?

During this study two different types of data will be collected. The first type of data, researcher observation, will be undertaken during each implementation board meeting. This data will be

captured on a pro forma. The second type of data, direct quotes, will be taken from interview reports of the individuals/actors involved in implementing the SDCP.

#### **4. Do I have to take part?**

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and will be asked to sign a consent form. You are still free to withdraw at any time without reason.

#### **5. What will happen to me if I take part?**

You will be asked to take part in a number of interviews (no more than three) depending upon your role in the development of the School. For example, practitioners (policy implementation actors) engaged in the day-to-day activities of implementing the School will be asked to take part in three interviews, beginning, midpoint and end of the project, policy leads (policy actors) will be asked to take part in two interviews (beginning and end of the project) and NHS representatives will be asked to take part in one interview at the end of the project.

Interviews will last approximately 1 hour. Interviews will be held at your convenience and scheduled well in advance. During the interview you will be asked to talk about your involvement and experience of developing the School. The following themes will be used to guide the interview process:

- Policy implementation
- Partnership
- Problems and challenges
- Personal reflections

Interviews will be digitally recorded using a small portable recording device. Shortly after the interview I will transcribe the interview recording into an interview report. You will receive an electronic copy of the interview recording and a copy of the interview report. You will be asked to consider the factual accuracy of the report and confirm that you are happy for me to use the content of this report within my research.

The interview recording and interview report will be stored, under password protection, on my personal computer. Interview recordings and reports will be kept in accordance with the Data Protection Act (1988) and University Data Policy, after which all data will be destroyed.

My research observations, captured as notes each project board meeting, will be typed up and stored in the central SDCP project document repository. You will therefore have an on-going opportunity to view and comment upon these notes should you wish to do so.

## **6. What do I have to do?**

If you agree to take part in the study please confirm this by return e-mail within 10 working days. I will then contact you directly to arrange a convenient interview date, time and venue.

Before the interview the study will be discussed and you will be provided with an opportunity to ask any questions. If you are happy to proceed with the interview you will be asked to sign the consent form. Shortly after the interview you will receive a copy of the interview report and you will be asked to agree its content by signing it and returning it to me. You will be provided with a postage paid return envelope.

If you do not wish to take part in this study do nothing further, no future contact will be made.

## **7. What are the possible benefits of taking part?**

The findings of the study will contribute to our understanding of the complex multi-agency policy-practice setting. It is hoped that by reflecting upon the implementation of the School, and your involvement in this policy implementation episode, you will be able to use this insight and understanding to good effect in future multi-agency policy implementation episodes.

## **8. What happens when the research stops?**

When this research has been completed you will be invited to an open presentation to hear about the conduct of this research and my findings. A brief research paper (abstract) will accompany this invite.

## **9. Will my part in the study be kept confidential?**

Individuals taking part in the research will be assigned a pseudonym known only to me. Direct quotes taken from your interview report will be included in the study report/thesis using the given pseudonym. When you receive the interview report you will have the opportunity to consider if there are any quotes or information that you do not wish to be used/quoted within the research report/thesis. Any quotes/information that you identify will not be used.

Your professional role, in terms of relevance to the responsibilities you hold within the partnership, will be briefly described in the beginning of my research as a means of introducing the individuals/actors who have taken part in the study. You will be sent a copy of this inclusion for your consideration and approval.

You are free to withdraw from the study at any time without giving reason. Should you withdraw all information attained from your personal interviews (recordings and reports) will be destroyed immediately. Accordingly, no direct reference to you, or your involvement in the study, will be made in my observation notes.

#### **10. For further information**

Please contact: Miss Sara Holmes, Researcher/Chief Investigator

T: XXXXXXXX E: [sara.holmes@XXXXXX.ac.uk](mailto:sara.holmes@XXXXXX.ac.uk)

## Part 2

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### **1. What will happen if I don't want to carry on with the study?**

If you do not wish to take part in the study do nothing further, and no future contact will be made.

You are free to withdraw from the study at any time without giving reason. Should you withdraw all information attained from your personal interviews (recordings and reports) will be destroyed immediately. Accordingly, no direct reference to you, or your involvement in the study, will be made within my observation notes.

Having withdrawn from the study no further contact will be made.

### **2. What will happen to the results of the study?**

The results of the study will be analysed and published in the form of a Professional Doctorate research thesis. At the end of the study you will be invited to an open presentation to hear about the conduct of this research and my findings. A brief research paper (abstract) will accompany this invite.

A copy of the full research thesis, should it be accepted in partial fulfillment of the University of Brighton's requirements for the degree of Doctor of Education (EdD), will be held in the University's Library.



Excerpts from the full research thesis may be offered for publication in national and/or international journals and may be used, by the researcher, in lecture and conference presentations without further notification.

### **3. Has anyone reviewed the study?**

The study is undertaken in accordance with the University of Brighton 'Code of Practice for MPhil, PhD and Professional Doctorates'. It has been reviewed by the University Ethics Committee in which the SDCP is located, and has the written support of the Vice Chancellor in his capacity as Chair of this panel, and the University's Director of Research. It has been submitted for review by the NHS Local Research Ethics Committee (reference AT-5791-043).

### **4. What happens next?**

If you do not wish to take part in this study do nothing, no further contact will be made.

If you are happy to take part in this study please contact me by return e-mail within 10 working days. Please read the enclosed consent form carefully. You will be asked to sign this form before your interview.

### **5. For further information**

Please contact: Miss Sara Holmes, Research/Chief Investigator

T: XXXXXXXX E: [sara.holmes@XXXXXX.ac.uk](mailto:sara.holmes@XXXXXX.ac.uk)

# Consent form

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**Study Title:** The inter-dependency of powering and participation in policy implementation in the education setting.

**Researcher/chief investigator:** Sara Holmes

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Please read carefully the following information. If you have any further questions please ask.

If you are happy to take part in the study please initial each of the boxes. This will demonstrate that you have read each of the statements and that you consent to taking part in this research.

I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.		
I understand that my participation is voluntary. I am free to withdraw at any time, without reason. Should I withdraw from the study I understand that my interview recording and interview report will be destroyed.		
I understand that the interview recording and interview report of my interview will be held, under password protection, on the researcher's computer in accordance with the Data Protection Act (1988) and the University's Data Policy, after which time it will be destroyed.		
I understand that I will receive a copy of the interview report and have the right to amend the report prior to any aspect of it being used by the researcher. I acknowledge that having signed the interview report I am happy for the researcher to publish 'direct quotes' from it.		
I agree to the researcher using data from my interview report, in the form of direct quotes as noted above, within her doctoral thesis and in any subsequent journal publication or presentation, without the need for further notification.		
I understand that the researcher will assign me a pseudonym and that this will be used when direct quotes from my interview are used in any source.		
I understand that the researcher will maintain observation notes during partnership meetings, that I have open access to, and the opportunity to comment upon, these reports.		
I understand that a copy of the researcher's report/thesis will be held by the University of Brighton.		
I agree to take part in the above study		
Print Name:		Signature:
Date:		Researcher's signature:

## Updated consent

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You will be asked to read and update your consent form prior to each interview.

I confirm that I have read the above consent form and continue to consent to taking part in this study.

Print Name:		Signature:	
Date:		Researcher's signature:	
Print Name:		Signature:	
Date:		Researcher's signature:	

**Observation Pro forma**

OBSERVATION NOTES						
Meeting date:					Sheet	Of
Actors present	Alice/Rachel/Holly/Albert/Brenda/Darren/Bill/Paul					
Other attendees						
General comments & observations						
Group behaviour						
What is the issue?						
Who raised it?						
How did others respond?						
What was the outcome?						
INTERPRETATION						
Group development	Form (1)	Storm (2)	Norm (3)	Perform (4)	Adjourn (5)	
	Observations/Comments:					
Social power	Reward	Legitimate	Coercive	Referent	Expert	Info
	Observations/Comments:					

**A summary of the papers and presentations given on the discoveries of this research**

Holmes, S. (2012). The puzzling, powering and participation of actors in implementing a new primary care DCP/Dental school. *Conference Paper*. Queen's University Belfast.

Holmes, S (2012). The changing nature of dental education. Accepted for publication in *the Journal of Private Dentistry*.

Holmes, S. (2011). The inter-dependency of powering and participation and its relationship to the functionality of multi-agency policy implementation groups. *Conference Paper*. Teeside University.

Holmes, S. (2011). Successful implementation: The discoveries made in implementing the first University School for Dental Professionals in the UK. *Conference Paper*. British Society of Dental Hygiene and Dental Therapy.

Holmes, S, *et al.* (2010). Sense and sensibility: Making sense of policy implementation as it happens in the real world setting. *Conference Paper*. NHS Alliance.

Holmes, S. (2010). Doing implementation differently? The lessons learnt in implementing a new school for dental care professionals. *Conference Paper*. King's College London.

Holmes, S (2009). Implementation actor, researcher and professional: Personal reflections on my professional doctorate experience. *Presentation*. University of Brighton Doctorate Student Programme.

Holmes, S. (2009). Mistaken power assumptions in policy implementation? *Conference Paper*. University of Portsmouth.

*“We [the Government] announced a further 150 training places for dental therapists in England and, to the profession’s surprise, giving the green light to the first school for Dental Care Professionals within a University without a dental school. The three-year course leading to a BSc in Dental Hygiene and Dental Therapy was heavily oversubscribed, which proved the popularity of this [policy implementation] episode, one which would bring enormous benefits to patients in the longer term” (Dame Margaret Seward, 2010)*