DISCRETION AND ACCOUNTABILITY IN SOCIAL WORK

A STUDY OF A PROFESSIONAL BUREAUCRACY

A thesis submitted for the degree of Doctor of Philosophy

by

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ABSTRACT

A literature review showed that social services departments use the traditional bureaucratic methods of formalisation and centralisation to control their social workers, and that social workers report this as a source of dissatisfaction. Organisation theorists identify the professional bureaucracy as an alternative organisational model, but there is no study of a social services department operating in this way.

A department was found where the social workers stated that there were few rules or procedures governing their practice, and where they expressed satisfaction with their decision making powers. A research programme was designed in order to examine the department's organisation in more detail.

Interviews were conducted with 27 social workers and 23 managers, up to and including the director. Detailed transcriptions were prepared and validated by the respondents as an accurate record of their views about their practice and the workings of the department.

Analysis of these transcriptions revealed that the department was a variant of the professional bureaucracy model. The thesis explores the practice of the social workers and managers in detail. Whilst the social workers expressed considerable satisfaction with their freedom from rules and procedures and with their decision making powers, a number of concerns about the model are highlighted and discussed.

The thesis also examines how a department organised on these professional lines dealt with the issue of accountability, and shows that there is no inevitable conflict between professional discretion and the need for accountability.

CONTENTS

INTRODUCTION

This thesis examines the practice of social workers in a local authority social services department. It is about professional practice, and how a hierarchical organisation can both encourage professional practice and at the same time ensure that practitioners are accountable for their work.

Social services departments came into existence following the passing of the Local Authority Social Services Act 1970, which gave legislative form to a number of the recommendations of the "Committee on Local Authority and Allied Personal Social Services", which had been published in 1968; this is now better known as the Seebohm report.

In its conclusion the committee stated, "In general, the social services departments should be administered through area offices, serving populations of between 50,000 and 100,000..." (para 170) and "as soon as possible each area office should be controlled by a senior professionally trained social worker with a grasp of administrative issues and wide powers of discretion." (para 171)

When it came to designing these new departments, local authorities opted for structures similar to those already in existence. Parsloe (1982) notes that the area team structures came into being with very little discussion, and no apparent opposition. She writes, "not one authority that I know of experimented with a variety of organisational patterns, nor studied the few teams which had existed in some children's departments before reorganisation." (p29)

In the early to mid-seventies the new departments expanded rapidly and, as the Barclay report (1982) notes, at that time, "the new recruits for the expanding number of social worker vacancies were young by comparison with many of their clients and of their colleagues in other professions..." (p107) Social work and social workers were young, and thereby inexperienced, and perhaps had need of the degree of supervision implied by the traditional hierarchies of the organisations in which they found themselves.

By the time the Barclay report was published, this age profile had changed. The report points out that in 1981 only 3% of social workers were under 25 years, with a further 20% being between 25 and 30 years. The profile of the social workers taking part in this research was similar.

Payne summarises the situation, "...the emphasis was on providing services through formal procedures within hierarchical structures, which assumed that junior workers, the least experienced, acted on behalf of more senior staff who were responsible to elected or appointed committees..." Parsloe has some observations as to why this method of organisation was so pervasive. As well as lowering the expenses of accommodation and support services, such an organisation makes control easier, "policies and required procedures can be fed through the team leader...some kind of uniformity can be achieved at least among members of the same team." In her later (1982) article, Parsloe notes that "the Seebohm committee itself never really considered what was involved in their recommendation that service delivery should be organised through area teams." (p29)

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While these structures may have been appropriate for a staff of new and inexperienced workers, they have tended not to adapt as the profile of the profession has changed over the years.

Rowbottom, Hey and Billis (1974) observed that the rapid expansion of the social services had led to a burgeoning of managerial posts, to which relatively inexperienced practitioners were recruited. They pointed out that many of these new managers were aware that the social workers they supervised were nearly as competent as they were themselves, "or might become so within a relatively short period of time." (p110)

A decade after the Seebohm reorganisation, Glastonbury, Cooper and Hawkins (1982), through the British Association of Social Workers, still found it necessary to publish a book with the title, "Social Work In Conflict: The Practitioner and the Bureaucrat". This work will be covered in the thesis, but its main theme is apparent from the title. Now, some two decades after Seebohm, this thesis picks up the same issues, and reviews them in the light of contemporary influences such as managerialism, professional evaluation, and the increased need for accountability.

A review of the literature revealed that local authority social workers considered that they had little control over decision making, and that they felt constrained by bureaucratic rules and procedures. Organisation theorists term the former "centralisation" and the latter "formalisation". Studies of social workers' job satisfaction found that they expressed dissatisfaction about the centralisation and formalisation of their work. This review of the literature will be found in chapter 1.

Accepting the conclusions of the literature review, and wishing to explore the issues in more detail, the researcher conducted a pilot study in the social services department of the London Borough of Sutton in order to gather detailed information about the social workers' dissatisfactions which would help to focus and guide further research.

The pilot study, which is discussed in chapter 2, showed that the social workers questioned did not express the degree or type of dissatisfactions which the literature review suggested.

This surprising finding led to the original research being abandoned, to be replaced by new research questions: Why did these social workers not express the dissatisfaction predicted by the literature? What was it that was different about them, or the department, which enabled them to say that they were satisfied with their work situation?

Organisational theorists identify different types of bureaucratic organisations, including a model termed the "professional bureaucracy". The essence of such an organisation is that the professional practitioners are given maximum discretion in their work; they can operate largely free of rules, procedures and administrative or managerial involvement.

The social work literature on this subject can be divided into two strands. The first argues that the professional bureaucracy model is inappropriate for social workers, because they are not "real" professionals. Social work has a weak technology, little control over who becomes a client, and subsequently, little control over the client's behaviour.

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The second and larger group argues that social work is inherently a professional activity, and that its practitioners merit the freedom allowed by the model. Whilst much of the argument of this group is academic, that which is based on practical research finds no example of a department operating on the principles of a professional bureaucracy.

Thus the findings of the pilot study raised the possibility that Sutton Social Services Department might be a working example of the model, and that the social workers' expressions of satisfaction were brought about by their experience in this particular type of organisation.

The fact that the literature had failed to find and describe a department operating on these principles was sufficient cause in itself to proceed. If the conjecture proved correct, and the department was working successfully, then this would demonstrate once and for all that there was nothing inherent in the nature of social work which prevented such organisational practices.

Other questions arose about the nature of control over the social workers. The overarching question concerned accountability; how could a department operating on the basis of a professional bureaucracy, that is with few rules or procedures, ensure that its social workers were accountable for their work? Is there an inherent, inevitable, conflict between professional discretion and accountability, or was there some way of reconciling these requirements?

This, and associated questions are explored in more detail in chapter 3, which in part 1 charts the design of the research, and in part 2 discusses the methodology employed.

Chapters 4 to 7 present the data accumulated from a questionnaire, and also from interviews with social workers and managers in Sutton.

Chapter 4 concerns the duty system, chapters 5 and 6 the ongoing work of the department, with chapter 7 addressing the specific issues of responsibility and accountability.

Chapter 8 reviews a number of documents which were relevant to the enquiry.

The analysis of the data starts in chapter 9, which addresses the question of whether the department was an example of a professional bureaucracy by examining the nature of controls over the social workers' practice. The discussion then considers whether a link can be established between the social workers' expressions of satisfaction, and the nature of the controls. Finally the chapter enquires into decision making, and the roles of social workers and managers in that process.

Chapter 10 concentrates on the issues surrounding the need for accountability in social work. Models of accountability are discussed, and the pressures acting to move managers away from practice are outlined.

Chapter 11 provides a brief summary of the main findings of the research, and outlines the main conclusions drawn from the study.

The thesis investigates the ways in which one department has, with considerable success, been able to overcome many of the problems associated with professional employees in bureaucratic

organisations. Whilst many of the findings are positive, there were some aspects of the department's practice which caused concern, and these are also discussed.

With many departments restructuring their work as a result of legislative changes, the material presented has contemporary relevance. There is little by way of prescription, but readers will be able to apply the inferences and conclusions to their own organisations.

CHAPTER 1: LITERATURE REVIEW

INTRODUCTION

This thesis is about the practice of social workers in a local authority social services department, and is therefore a particular example of the issues surrounding the employment of professional people in bureaucratic organisations. The literature review which follows is divided into four parts each of which addresses a particular aspect of the subject area, although it should be noted at the outset that there is considerable overlap between the parts.

Part One	reviews the literature concerning the professions and professional people, which provides a framework for answering the question, "Is social work a profession?"
Part Two	looks at the concept of bureaucracy, and then turns to a brief examination of relevant organisational theory.
Part Three	addresses the literature concerning professional people employed in bureaucratic settings, before examining the literature which focuses specifically on social work.
Part Four	reviews studies on social workers' satisfaction with their work.

PART ONE: PROFESSIONS AND PROFESSIONALS

The literature concerning professions can be usefully divided into three general approaches which arose in broadly chronological order. First were definitional studies, which can be further sub-divided into the trait approach and the closely related, and even overlapping, functionalist model. Here these will be considered together. Later studies adopted a process approach, although again there is considerable overlap with the definitional work. Finally a power perspective was developed. After reviewing these main perspectives some alternative views will also be considered briefly.

Definitional Perspectives

The professions began to emerge as a significant social force at the beginning of the twentieth century, and as they grew in importance they also became a subject of increasing interest to social scientists. The earlier studies consisted of attempts to define what it was that constituted a profession, and thereby, what was it that made a profession different from other occupations; this is the trait approach.

Examples of the trait approach are provided by Greenwood (1957) and Goode (1957). Greenwood concluded that there were five distinguishing characteristics, professions have: a

systematic theory, their authority recognised by their clientele, a wider community sanction of this authority, an ethical code, and a professional culture. Goode stressed a common identity amongst members, role definitions agreed by members and non-members, a controlling language, members of the profession tending not to leave it, the professional community having power over its members, and a socialisation process which produces an acceptable new generation of the profession.

It can be clearly seen that the trait approach analyses professions descriptively. The functionalist approach is in many respects an extension of the trait approach, but studies are confined to the functions which those groups possessing "professional type" traits have for the wider society.

For example, Parsons (1954) emphasised a "central value system" shared by members of the profession, their clientele, and elements of the social structure. He suggested that there was "a strategic significance in our society of a set of occupational groups which are not, either in their own opinion or by and large in the public estimation, devoted to the goal of their own profit, but rather in some sense to service", (Taken from Wilding (1982)). In other words, certain activities which are necessary to the smooth running of society are acknowledged as being in some way special, requiring an orientation away from the pursuit of self-interest, and these practitioners are accorded special control over their activities. Parsons goes so far as to state "many of the most important features of our society are to a considerable extent dependent upon the smooth functioning of the professions". The function of the professions is to enable science to be applied in the service of all.

Barber (1963) outlined four distinguishing features of professions. They have:

i)   a high degree of generalised and systematic knowledge;
ii)   their primary orientation to the community interest rather than individual self-interest;
iii)   a high degree of self-control through the successful internalisation of values;
iv)   a system of both monetary and honourary awards which is primarily symbolic of achievement, and which are thus ends in themselves rather than means to some other end of individual self-interest.

Barber regards the high degree of specialised knowledge as a source of "powerful control over nature and society" and considers it important that this knowledge should be used in the community interest. As a result of the consumers' dependence upon the specialists' expertise, the occupational groups will exhibit a community interest as opposed to self-interest.

Since expert knowledge is exclusively held by members of the occupational group who share this knowledge, only this group can properly define appropriate applications of the knowledge, and thus the group requires independence in its field of activity. Since this activity is valued by society, status and reward are given to its practitioners. Barber goes on to suggest that since the occupational group is oriented to community interest, status is a more significant reward than money. Thus in Barber's analysis status is awarded to those occupational groups which exclusively control some expert knowledge, which they use for the community interest. Occupational groups in this category are known as professions.

The trait and functionalist approaches to professions are clearly related. Whilst the trait approach models professions in a vacuum, the functionalist approach requires that the traits will exist as a socially sanctioned result of the function which the professions have in the social structure. The immediate problem of both is that they assume that professional work is in some way different from other work, and seek to describe the manner of this difference. In other words they take as given that certain activities are professions, and by describing the attributes of these occupations they obtain a yard-stick by which to measure all other occupations. The approach therefore alludes to an ideal type, or archetypal, profession.

Millerson (1964) reviewed the work of 21 authors who had approached the study of the professions from these definitional perspectives, and found that between them they described 23 essential attributes of a profession. However, although there was a degree of consensus about certain characteristics, no single attribute was accepted by all authors.

Other authors have outlined different criticisms of the perspective. For example, Johnson (1972) pointed out that the trait approach merely provided a model of what ought to be, as opposed to what actually is, the case, whilst Wilding (1982) observed that the theorists rarely sought to verify the claims of the professions that the traits are accurate descriptions of behaviour. Rueschmeyer (1964) criticises the functionalist approach, and questions the assumption that there are central values which are shared by all members of a society, and therefore dismisses the notion that expertise and the service ideal are gratefully rewarded by a unanimous society. Rueschmeyer also questions the implications of the functionalist view that professional status is a function of the complexity of the knowledge held by the group, since much of the professional role involves inter-personal skills rather than the application of a systematic body of knowledge.

These criticisms of the two models derive largely from their implicit assumption of a consensus in society. It could be argued that the only real difference between the two is the moral, even prescriptive, element in the functionalist approach. A further criticism of both the trait and functionalist approaches is that they tend to be static, and leave the evolution of occupations as unproblematic.

The Scale or Continuum Approach

In the early 1960's studies moved away from the rather static attempts to define what was, or was not, a profession, and instead attempted to assess to what extent certain key characteristics were present or absent in particular occupations. This is termed the "scale" or "continuum" approach, since it proposes that the attributes identified, "define a scale of professionalism, a way of measuring the extent to which it is present in different forms of occupational performance", (Barber (1963)). The studies began to enquire into the *process* of professionalisation.

Hughes (1958) describes how "some functions are down graded: bedmaking and housekeeping for nurses; the dusting, handling, chasing, cataloguing, date stamping of books for librarians; 'means test' interviewing for social workers. The people who do them are also down graded or else a new category of non-professional people is introduced into the system to perform these infra dignitate tasks". (p135) Hughes goes on to explain that if this approach is

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unsuccessful then the task in question may be "re-defined" to give it status and professional dignity.

Wilensky (1964) analysed historically the process undertaken by those groups usually accepted as professions, and was able to describe the following sequence of stages which the large majority had followed:

i)   The creation of a full-time occupation.

ii)   The establishment of a training school, reflecting the knowledge base of the discipline, with an attempt to affiliate with a major university.

iii)   The formation of professional associations, leading to limits/prescriptions on membership. These then form local groups which lead to a national association, followed by attempts to secure licensing laws. Protecting the association from competing occupations also becomes an important function.

iv)   The formation of a code of ethics concerning both internal (colleague) and external (client and the public) relations. Ideally these are based in law and should be legally enforceable, preferably by the association itself. By such means the "unqualified and unscrupulous" are eliminated from the occupation.

Wilensky's work is backed up by a considerable body of data. He accepts that individuals appear frequently to strive for status and reward, and describes a dynamic tussle between an occupational group and other social groupings, which over a longer or shorter time span, and having passed through a series of recognised stages, reaches some sort of consensus and mutual modus vivendi.

A similar stance was adopted by Freidson (1973) who offers a definition of professionalisation as "a process by which an organised occupation, usually but not always by virtue of making a claim to special esoteric competence and to concern for the quality of its work and its benefits to society, obtains the exclusive right to perform a particular kind of work, control training for and access to it, and to control the right of determining and evaluating the way the work is performed." (quoted from Ovretveit (1988)) At this time Freidson distinguished between "dominant professions" such as law and medicine, and a number of "para-professions", whose work is structured around, and ultimately controlled by, the dominant profession, but this categorisation, typical of the continuum approach, was not his main purpose, as we shall see in a moment.

The continuum approach also provides a bench mark against which the question, "Is this occupation a profession?" can be answered; that is by asking a supplementary question, "Has the occupation passed through the necessary stages?". Clearly as the scheme describes a process which takes time to accomplish, the answer may be equivocal.

Forsyth and Danisiewicz (1985) start their quest "toward a theory of professionalization" (sic) from a position where "the terms 'profession' and 'professionalization' are virtual non-concepts, since there is little consensus about their meaning". (p59) They adopt Hall's (1969 p82) definition of autonomy, which "involves the feeling that the practitioner ought to be

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allowed to make decisions without external pressures from clients, from others who are not members of his profession or from his employing organisation". They maintain that if power is central to the concept of profession, and that if this manifests itself in an autonomy from clients and from employing organisations, then the levels of attitudinal autonomy amongst occupational members could provide a means to index the professionalisation of occupations. (p61) According to this, the most professional of occupations would be those whose members exhibit high levels of autonomy from both clients and from their employing organisation. This concept of degree of autonomy is built into the final phase of a three phase model of professionalisation. (p63)

They assert that this model avoids the difficulties of the chronological approach suggested by other writers and that the "essential differences among occupations claiming professional status are due to the power profile exhibited by practitioners and that this power profile is the result of public recognition - in itself dependent upon the characteristics of the service task and image-building activity of the occupation's practitioners and formal organisation." (p66)

Forsyth and Danisiewicz made two hypotheses:

1.   "Students preparing for the true professions will exhibit attitudinal autonomy from both future clients and their anticipated employing organisation."

2.   "Students preparing for the semi-professions will exhibit attitudinal autonomy from either future clients or their anticipated employing organisations but not both." (p67,68)

The hypotheses were tested using a sample of students preparing for eight occupations, which were a mixture of those commonly regarded as true professions, semi-professions and private enterprise professions. The researchers cited Chapell and Colwill's (1981) study as evidence that students' attitudes are reliable indications of those of practitioners, a phenomenon termed "anticipatory socialisation".

Questionnaires were devised using Likert scales to measure respondents' attitudes to questions concerning autonomy from clients and autonomy from employing organisation. Approximately 1,000 questionnaires were completed.

The findings were that, 1) law and medicine each scored above average on client and organisational autonomy, and 2) the semi-professions (as defined by Etzioni (1969)) scored above average on one of the two dimensions, education being "client autonomous" and nursing and social work being "organisation autonomous". The researchers used the findings to support their three stage model of professionalisation.

The main limitations of the study were that it only investigated the perceptions of autonomy of students who were preparing for practice, rather than practitioners themselves. Whilst they refer to other studies which suggest that this can be empirically justified, no explanation is offered as to why students were chosen in preference to practitioners, and their choice of respondent must weaken their argument. Second, some of the questions used, which are included in the article, show that the researchers assume a direct relationship between power and autonomy, which would result in any occupation with an orientation valuing the views and

involvement of clients tending to be scored as less professional. Such a view is clearly open to question. The study is, however, important, since it shows the ongoing dynamic process whereby an occupation is dependent on image building and feedback from the public.

Power Perspectives

The fourth model seeks to explore the power relations in society, and marks a point where writers take a more critical approach to the study of the professions. Exponents of this approach tend to criticise the earlier studies, and propose that it is not special features of professional work or professionals which are important, but rather how it is that certain groups of workers are able to advance their interests, whilst other groups fail so to do.

Johnson (1972) regarded professionalism as one form of institutional control over occupational activities. Institutional control over activities becomes necessary when that activity is associated with particularly acute tensions in the producer/consumer relationship. The division of labour in society produces social distance between groups as areas of shared experience and knowledge lessen.

Producers of specialist goods thereby have the potential for developing autonomy. In any relationship between producer and consumer there is a degree of tension caused by the uncertainty of the relationship. Johnson suggested that this uncertainty has to be resolved, and that institutions will develop to accomplish this resolution. Power relations will decide whether the matter is resolved in favour of the producer or the consumer.

A prime component of the variability of uncertainty is the exclusive nature of specialist knowledge. If the occupational group engages in "mystification" to maintain levels of complexity of knowledge, social distance and uncertainty will increase, and the potential for autonomy in practice will also increase. Johnson points out that the practitioner is in a position to manipulate the levels of uncertainty, and that this is therefore not merely an inevitable product of the occupational activity.

Uncertainty can be increased by a number of other means: for example, where consumers are a fragmented grouping, where the activity in question enters intimate facets of the consumer's life, where the social distance between producer and consumer is great. As these difficulties increase, the need for some sort of control over the occupation increases. Johnson went on to describe the different forms of control which have emerged to resolve these particularly acute tensions in the producer/consumer relationship, one of which is the profession. Hence for Johnson, "A profession is not, then, an occupation, but a means of controlling an occupation." (p45) By the manipulation of uncertainty, involvement in areas of acute tensions, and the use of exclusive knowledge, the professions derive autonomy from social distance.

Focusing on "the core of uncertainty" in the producer/consumer relationship, Johnson proposed three methods for managing the tensions in the relationship. First, he distinguished *collegiate* control, in which the members of the occupation exercise considerable power, for example, it is they who define the processes and outcomes of the work, Johnson cites law and medicine as examples. Second, *corporate patronage* control, in which power is exercised between the occupation and those who pay directly for its services, he cites accountancy and architecture

as examples. Third, *mediated* control, in which a mediator, increasingly a state agency, acts between the occupation and the users of the service, Johnson cites social work and nursing as examples. These structures were seen as ideal types, and as such represented a range of possible configurations rather than mutually exclusive categories.

Freidson (1977) developed the power perspective, arguing that it was not an occupation's skill, knowledge or even the nature of its work which could explain the degree of self-control which workers could exercise. Rather it was the occupation's ability to, "Negotiate and establish favourable jurisdictions in an organised division of labour and to control the labour market." (p23) Thus Freidson's analysis focuses on the structures and processes at a societal level through the use of which some occupations are able successfully to acquire and retain power.

For Freidson, it is the degree of control which is the main criterion differentiating occupations. Whilst Freidson's analysis is convincing and elaborate, it can be criticised on the ground that what he has done is to produce a new trait, that of autonomy, by which to judge occupations. Although this criticism can be seen as over simplistic, the fact that Freidson himself slipped into categorisation (see p11) shows that this is at least a reasonable inference to draw from his work.

Alternative Views

Before concluding this review of literature on the professions, it is necessary to consider very briefly some alternative minor views, to demonstrate that later writers have adopted an even more critical approach to the professions. For example, Dingwall (1976) argues that it is not possible to define what a profession is because of the faults already described in the trait and functionalist approaches. He writes, "...the attempt to legislate meaning is unavoidably a fruitless exercise. Words do not have fixed and unequivocal uses according to some calculus of rules." (p334)

In a sense, Dingwall reframes the trait approach in his study of health visitors by using the reference points of those he interviews - the occupational properties which the practitioners refer to, in order to "bring off" their claims to professional status. Within the occupational world, even if not outside it, the professional status is affirmed, and the professional modus operandi is observed by fellow practitioners.

Other writers have been more critical. Hughes (1964) writes, "professions also, perhaps more than other kinds of occupation, claim a legal, moral and intellectual mandate. Not merely do the practitioners, by virtue of gaining admission to the charmed circle of colleagues, individually exercise the licence to do things others do not do, but collectively they presume to tell society what is good and right for the individual and for society at large in some aspect of life. Indeed they set the very terms in which people may think about this aspect of life." (p79)

Illich (1977) identifies three aspects of professional authority, "his authority to define a person a client, to determine that person's need, and to hand that person a prescription." (p17) In the

same volume McNight outlines the "disabling effects" of the professions:

1) The individuation of need - "you are the problem...I am the answer."

2) The remedy defines the need - the "elegant techniques and magnificent tools...create an imperative demanding their use."

3) Mystification - "the coding of the problem and the solution into languages that are incomprehensible to citizens."

4) The professionals define - whether they are successful "in accordance with their own satisfaction with the result." (p82-87)

It is McNight and Illich's view that many of society's current ills are caused by the professions slowly sucking away people's ability to take charge of their lives, causing them increasingly to seek assistance from a supposedly learned elite for the inevitable vicissitudes of life. In turn, the professions have to maintain this dependency in order retain their power and prestige; the authors view the professions as parasites.

IS SOCIAL WORK A PROFESSION?

Several writers around the nineteen sixties and seventies regarded social work as a "semi-profession". Etzioni (1969) noted that occupations with less than 5 years' training could be so described, as they typically had less organisational autonomy and were controlled by an administrative authority. A profession is an occupational group concerned with the creation and application of knowledge, for example, university lecturers, research scientists, hospital doctors. Social work can only be regarded as a semi-profession as it is more concerned with the communication of knowledge than with the creation and application of knowledge.

Toren (1969) notes that "in general, when tasks are more complicated and can be defined in advance only in broad terms, more authority will be delegated to the professional, since the details of performance have to be left to his own discretion". (p65) She suggests that social work is not specific and routine, and is therefore difficult to circumscribe by bureaucratic means, and that this gives social workers the *potential* for considerable autonomy. For Toren the single most important barrier to the recognition of the professional status of social workers is the emphasis on supervision, and supervision which is of a personal nature.

Schon's (1983) main case is to argue for a professional practitioner who is prepared constantly to "reflect" on his/her interactions with clients, but he also describes the more traditional case made for the "technical rationality" of the professions. He notes that the established professions have unambiguous ends, "...health, success in litigation, profit - which settles men's (sic) minds", and that they operate in stable institutional contexts, and benefit from being grounded in systematic knowledge. In contrast the minor professions, including social work, suffer from shifting, ambiguous ends and from unstable institutional contexts of practice, and are, therefore, unable to develop a base of systematic, professional, knowledge.

Several writers have explored whether social workers are oriented towards their agency's norms or professional norms. Billingsley (1964) wrote "both supervisors and case workers in both these agencies are relatively more oriented to carrying out agency policies and procedures than towards carrying out their professional commitments when these are in conflict. This is in contrast to other professions working in formal organisations which show more orientation to the profession than to the agency." (p403)

Epstein (1970) found that social workers were more concerned about the judgements of their work made by senior administrators than were other professional groups who were more concerned about the judgements made by professional colleagues. Rothman (1974) distinguished three "role orientations" among professional workers, terming these, "professional", "bureaucratic" and "client". He asserts that social workers have a higher bureaucratic orientation than other professionals, "for social workers, agency norms typically affect the workers' outlook to a greater degree than do professional norms". (p84)

Given the agency orientations outlined above, (Billingsley (1964), Epstein (1970), (Rothman (1974)), the potential outcomes of the personalised supervision noted by Toren are well illustrated by Etzioni. He poses the question: "What happens when agency policy conflicts with professional views?" He gives two bureaucratic and two professional responses. The bureaucratic responses which a supervisor can give are; "I do not agree with it either but it's policy", and, "It's agency policy, do it".

The professional responses could be seen as more sinister. First, the supervisor can counsel the practitioner that accepting the reality of the situation involves "mature acceptance" of the discipline, and that he can use his energies in ways which are better than fighting the agency. Second, the supervisor can suggest that the apparent conflict between agency and professional views is only superficial, but that in fact, with sufficient insight it is possible to see that really they are consistent. Etzioni asserts that managers in social work will tend to defend the agency's bureaucratic rules by making conformity a *professional* virtue, and by seeking to provide professional justifications for these policies. Clearly appeals for a "professional approach" are open to misuse.

Other writers have been less equivocal about the status of social work, for example, Greenwood (1957) constructed his model of a profession, and wrote, "when we hold social work against the model of the profession presented above, it does not take long to decide whether to classify it within the professional or non-professional occupations. Social work is already a profession, it has too many points of congruence with the model to be classified otherwise." (p54)

More than two decades later the matter was, however, still not clearly established and accepted. Illustrative of this is Butrym et al (1981), "...we consider the practice of social work to be in many respects *akin* to that of other professionals." (italics added)

British writers do not appear to have been quite so exercised about the question of the professional, or otherwise, status of social work. Whilst there has always been a strand of radical writers who have argued that professionalisation is elitist, and therefore undesirable, the majority of writers accept that social work is already a profession. It would be straightforward to quote numerous examples to illustrate the point, and so, from the many, three particular sources are chosen to illustrate the apparent acknowledgement of professional status.

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First, a passage on the need for social work teachers to remain in practice, taken from the Seebohm report which was published in 1968, and which was of fundamental importance to modern social work, "we recognise the many organisational problems...but we think that determined efforts should be made to overcome them both in the interests of good teaching and to enable the social services to benefit from the continued practice of some of the leading members of the social work profession." (para 547)

The second passage is taken from the Code of Ethics adopted by the British Association of Social Work in 1975, "social work is a professional activity." The final selection comes from the second major investigation into "The Social Work Task", the Barclay report (1982), "Social work is a relatively young profession" (page vii)

In Britain during the 1970's, and even into the 1980's, the question was more basic than the professional standing of the occupation, rather it was about the very nature of the work to be done. An editorial note by Leonard (1970) in the last issue of Social Work (UK) set the tone for the next decade;

> "Social work in the seventies will face many challenges, the most crucial one being about the nature and purpose of social work itself." (p2)

The challenge to determine the nature and purpose of social work cannot have been met, since the Barclay Working Party quoted above was established in October 1980, with the specific task of enquiring "into the role and tasks of social workers" (page vii of the report). Even so, the working party could not produce a unanimous report; in fact there are two appendices from dissenting members.

Returning to the issue of professional status, in Britain in the 1970's there was some opposition to such a label from within the ranks of social workers themselves. Some social workers considered that professional status would distance them from their clients, thereby prejudicing the relationships upon which the success of their work depended. Stevenson (1981) describes a "collusion between workers and employers to produce an 'anti-intellectual' stance" (p22), and goes on to describe workers' "fears of elitism, of authoritarianism"(p23) and notes how "the very idea of expertise causes some people's hackles to rise". (p45)

An unsigned editorial comment in Social Work Today (1981:1) notes that some practitioners seem to view professional status as a self-seeking ordinance removed from the "real" purpose of a caring service.

Many writers have noted that one of the problems which social work has experienced in being recognised and accepted as a profession is the breadth of its activities, that is its traditional concern with "welfare" and its later developing concern with case work and therapy. Elcock (1982) shows how the "welfare" element in social work can be traced back to the days of the poor house. He notes how:

> "two major features of the welfare tradition...have survived. The first is a concern chiefly with the provision of accommodation and facilities for those in need...(the second, that) welfare work has traditionally been carried on through a hierarchy". (p170)

This he says: "brings the welfare approach into conflict with the case work approach which began in the 19th century charitable social work."

BASW (1977) made an explicit differentiation between a "social service function", largely administrative or practical; and a "social work function", which is the "creative application of skills derived from values", whilst Barclay (1982) talked of "social care planning" and "counselling." Rees (1978) looks at high and low status work, and notes that working with people who are experiencing difficulties in personal relationships is seen as prestigious social work, "By contrast an ideology of relief implied avoidance of close involvement with clients wanting material help, unless their problems could be redefined."

All the above were written at a time when Bamford (1982) could note that the nature of social work was changing: "of the total work load coming to the department only a minority of cases require the traditional skills of social work, and the use of interpersonal relationships. The rest involve advocacy, welfare rights advice...and practical help of various kinds."

Not only is it clear that if a pre-requisite for professional status is a defined area of competence, then the duality described will present the occupation with difficulties in its quest, but it also seems that the demand from clients may be increasingly for that aspect of social work which is less prestigious, making it ever increasingly difficult to gain the professional accolade.

And so we ask, "Is social work a profession?"

From a detached perspective the answer must be tentative and equivocal. If the approach of definitional studies is adopted, then social work certainly has a number of the features associated with the established professions, but perhaps some of them are in a rather diluted form. The safest answer, if the terms of reference of the debate are accepted, would seem to be either a tentative "yes", or alternatively a firmer "yes" to its being a semi-profession.

An even safer answer would be that, in the terms of the continuum approach, it is an occupation well on the path to professional acceptance and status, but that it has not yet completed its journey, although there was a significant note of caution above suggesting that the goal may in fact be drawing ever further away, rather than becoming closer. Finally, in the terms of the power perspective, social work has not been sufficiently powerful to persuade society in general, and the state apparatus in particular, that it should be granted the autonomy which the approach regards as the hallmark of the professions.

An objective answer is elusive since there is no agreement over the terms of reference of the debate. This writer takes the view that what is more important is that people behave in a manner consistent with social work being a professional activity. Thus commentators by and large assume social work to be a profession, and social workers regard themselves as professionals. In this existential sense social work is a profession.

PART TWO: ORGANISATION THEORY AND BUREAUCRACY

Weber's (1947) classic work on bureaucracy is set in a much wider discussion concerning why it is that people do what they are told. To answer this question Weber drew a distinction between power and authority (p139). Power refers to any relationship where one person can enforce his will despite resistance, and as an internal force in organisations is relevant only in extreme cases such as prisons, labour camps or perhaps some psychiatric institutions. Authority does not carry quite the same connotations of force; compliance with instructions is voluntary and based on a belief in, or acceptance of, their appropriateness. It is the voluntary nature of the compliance which gives the authority its legitimacy (p297).

Weber states: "There are three pure types of legitimate authority. The validity of their claims to legitimacy may be based on:

1.   Rational grounds - resting on a belief in the legality of patterns of normative rules and the right of those elevated to authority under such rules to issue commands (legal authority).

2.   Traditional grounds...

3.   Charismatic grounds..." (p300)

Weber then sets out five related beliefs upon which the legitimacy of legal authority depends, followed by eight propositions about the structure of legal authority systems (p302-305). Weber then asserts, "the purest type of exercise of legal authority is that which employs a bureaucratic administrative staff" (p305) and then he lists ten characteristics of such a bureaucracy. The three lists above were summarised by Albrow (1970) (p43-45) who then outlined the following bureaucratic characteristics:

1)   The staff members are personally free, observing only the impersonal duties of their offices.

2)   There is a clear hierarchy of offices.

3)   The functions of offices are clearly specified.

4)   Officials are appointed on the basis of a contract.

5)   They are selected on the basis of a professional qualification, ideally substantiated by a diploma gained through examination.

6)   They have a monetary salary, and usually pension rights. The salary is graded according to position in the hierarchy. The official can always leave the post, and under certain circumstances it may be terminated.

7)   The official's post is his sole or major occupation.

8)   There is a career structure, and promotion is possible either by seniority or merit, and according to the judgement of superiors.

9)   The official may appropriate neither the post nor the resources which go with it.

10)   He is subject to a unified control and disciplinary system.

Armed with such a list one would hope that it would be possible to look at any particular organisation, determine whether or not the above conditions are satisfied, and then declare that the organisation is or is not a bureaucracy. However, Weber (p306) prefaces his list with a qualification that the characteristics will be found "in the purest type" of administration, and it is clear that such a simplistic application is inappropriate: Weber is describing an "ideal type".

There is general agreement amongst later, major writers that the characteristics described by Weber are accurate, although several refinements have been proposed and some illustrative examples will be considered here. Hall (1963), for example, studied ten organisations and found that it was possible for an organisation to score high on certain attributes (highly bureaucratised) and low on others (minimally bureaucratised). There was no evidence to indicate that a high score on any attribute could lead to an assumption about other attributes.

Later, Hall (1968) adopted a "dimensional approach to the concept of bureaucracy" in order to determine "the degree of bureaucratisation of an organisation" (p94). He used six dimensions : the hierarchy of authority; division of labour; presence of rules; procedural specification; impersonality; technical competence. Questionnaires using an attitudinal scale were completed by 328 respondents representing a wide range of work occupations, for example lawyers, social workers, doctors, nurses, accountants, teachers. Hall adopted Scott's (1965) typology of autonomous and heteronomous professional organisations "in which the professional employees are subordinated to an externally derived system. Examples are public schools, libraries and social work agencies" and a "professional department which is part of a larger organisation". (p94)

Hall found "a general tendency for the autonomous professional organisation to be less bureaucratic than either the heteronomous organisation or the professional department. This suggests that...professionals import standards into the organisation to which the organisation must adjust." He concluded "that increased bureaucratisation and professionalisation might lead to conflict...but that this conflict is not inherent." (p103)

A similar structural approach to organisations is taken by Pugh (1973). He selected from the literature six variables:

1)   Specialisation - concerning specialised roles;
2)   Standardisation - concerning rules and procedures;
3)   Standardisation - of employment practices;
4)   Formalisation - concerning how many rules and procedures are written down;
5)   Centralisation - how much power is held at the top of the organisation;
6)   Configuration - the shape of the organisational structure.

Applying the variables to a number of organisations, Pugh identified four forms of organisational structure. Big businesses are typically *work flow bureaucracies*, highly structured but not with particularly concentrated authority. Public service organisations of local and central government are *personnel bureaucracies*, not very structured but with concentrated authority and many procedures. Smaller units within larger organisations are *full bureaucracies*, with the high structuring of the workflow type and the concentrated authority of the personnel type. Smaller firms in personal ownership have neither of these features to any great extent, being *non-bureaucracies*.

Stinchcombe (1970) argued that bureaucratic administration and control could be distinguished from other types of rational administration and control. The two types of control identified are, 1) training and socialisation into the "...empirical lore that makes up craft principles" and 2) "...centralised planning of work". (p262)

Two types of bureaucracy had earlier been described by Gouldner (1954). He identified, empirically, representative bureaucracy and punishment centred bureaucracy. The former is characterised by authority based on knowledge and expertise, where both subordinates and superiors accept the rules, and where values are shared. The latter is characterised by authority being based on incumbency of office, rules are enforced, and punishments used as sanctions.

The distinction between organisational control of a bureaucratic type, exercised through centralised, rule bound procedures and decision making processes, and organisational control through delegated decision making based on occupational professional standards, techniques and knowledge, is also described by Burns and Stalker (1966). They studied firms in the electronics industry and described two types of management, which they termed "organic" and "mechanistic". These terms clearly refer to the same two types of bureaucracy outlined by Gouldner. The mechanistic form is characterised by a clear hierarchy of offices, each with functionally specific roles, a tendency to vertical communication, and a dependence on the top to relate each person's specialism to organisational goals. In contrast the "organic" form has a "network structure of control, authority and communication".

An alternative form of structure was described by Rowbottom et al (1973) from a detailed study of hospital organisation in the National Health Service, and which they term the "collegiate structure" or "coalition" (p85). They describe how consultants are seen as having equal status, and that they cannot therefore give instructions to one another. When they turn to the relationships between consultants and junior doctors they found a straightforward superior - subordinate structure. Interestingly, the relationships between junior doctors are different; the senior registrar is seen as being in a supervisory role in relation to more junior doctors, not a superior - subordinate role.

Discussing the differences between a collegium and a bureaucracy, Jaques (1976) argues that "when delicate, confidential, personal services are required, or when tricky questions of absolute freedom to think outside existing social frameworks arise, or when the inexpressible mysteries of the sacred are involved, bureaucratic organisation is anti-requisite." (p347)

This short review of the organisational theory literature has considered briefly a number of the works which are of most relevance to this enquiry. Mintzberg's (1979) work on the structuring

of organisations will be reviewed in more detail. There are two main reasons for this: first, this writer accepts Mintzberg's analysis that whilst there is a great deal of literature about how organisations structure themselves, the literature lacks synthesis, "the drawing together of the various findings into comprehensive theory." Second, Mintzberg gives a detailed description of his model of a "professional bureaucracy".

Mintzberg identifies his task as follows; "this book has been written on the premise that the research on the structuring of organisations has come of age but the literature has not: there is a need to step back from the research, analyse it in context and synthesise it into manageable theory." His book seeks to provide that synthesis. (p12)

Mintzberg starts by saying that every organised human activity gives rise to two fundamental but opposing requirements: the division of labour into tasks and the consequent need for co-ordination of those tasks. This leads him to define organisational structure as "the sum total of the ways in which (the organisation) divides its labour into distinct tasks and then achieves co-ordination among them." (p2)

Organisations can be broadly categorised as having five basic parts: the operating core, comprising staff who perform the basic work which is related directly to the production of products and/or services; the strategic apex comprising staff at a senior level in the organisation who are charged with ensuring that the organisation effectively fulfils its mission; the middle line, comprising supervisors and managers, who manage the operating core and connect it with the strategic apex; the techno-structure, comprising the control analysts and their support staff who serve to effect standardisation in the organisation; and finally, the support staff, who provide indirect support to the production of goods and services.

These five parts function together in many different and complex manners. Specifically, Mintzberg states they are joined together by a number of "flows" - flows of authority, of work material, of information and of decision processes. He cites as important to the success of an organisation the existence of informal as well as formal structured lines of communication.

Mintzberg then outlines five co-ordinating mechanisms by which organisations co-ordinate their work, these are:

i)   Mutual adjustment: this is a simple co-ordinating mechanism, where control rests in the hands of the doers. It is usually found in small simple organisations, for example two people paddling a canoe, or a few people working in a pottery studio.

ii)   Direct supervision: as an organisation becomes larger it tends to turn towards this second co-ordinating mechanism, where one individual takes responsibility for the work of others, issuing instructions and then monitoring actions.

iii) Standardisation of work processes: whereby the contents of work are specified or programmed. This can be achieved by several means, for example a production line which dictates workers' movements, or by verbal or written instructions.

(iv)   Standardisation of outputs: whereby, for example, the dimensions of a required product or the outcome of a task are specified in advance. A taxi driver for example is not told how to drive his car or which route to take - only what destination to arrive at.

(v)   Standardisation of skills: whereby the kind of training required to undertake particular work is specified. Mintzberg writes, "on the job, the workers appear to be acting autonomously, just as the good actor on the stage seems to be speaking extemporaneously, but in fact both have learned their lines well. So standardisation of skills achieves indirectly what standardisation of work processes or work output does directly: it controls and co-ordinates the work." We are, of course, in the world of professionals.

Mintzberg suggests that these different co-ordinating mechanisms fall into a rough order, related to the size of an organisation and complexity of its tasks. Thus, a very small organisation can rely on mutual adjustment, but as it becomes larger some direct supervision is required. As the organisation becomes larger, and the work more involved, another major transition tends to occur, with a move towards standardisation. When the tasks are simple and routine, standardisation of work processes themselves can be attempted. More complex work may preclude this, forcing the organisation to turn to standardisation of its outputs and finally, with complex work where outputs cannot be standardised, the organisation will have to content itself with standardising the skills of its workers.

Mintzberg suggests that in extremely complicated organisations it may be impossible to standardise the activities by any of the above means and the organisation may have to go full circle and rely once again on mutual adjustment.

Mintzberg acknowledges that most organisations will use more than one and probably all five different co-ordinating mechanisms, but that one will always predominate.

Organisations, however, are not made merely by establishing the five parts and the lines of communication between them. Mintzberg outlines nine "design parameters" which must be in place before an organisation can function effectively. These nine parameters comprise "the formal and semi-formal means that organisations use to establish stable patterns of behaviour." They are job specialisation, behaviour formalisation, training and indoctrination, unit grouping, unit size, planning and control systems, liaison devices, vertical decentralisation and horizontal decentralisation.

Vertical decentralisation refers to the extent to which decision making is devolved to managers near the base of the organisation, whilst horizontal decentralisation refers to the extent to which decision making is passed from managers to practitioners.

Mintzberg's next step is to show how the co-ordinating mechanisms, design parameters and contingency factors (for example, age, technology, size, product) fall naturally into clusters of structural configurations. That there are five of these is not a coincidence but due to the dominant influence of one of the five basic parts over the other four.

Thus, when the strategic apex exerts a pull for centralisation in order to effect co-ordination by direct supervision, then the result is a *simple structure*; when the techno-structure is dominant in pressing for standardisation of work processes, a *machine bureaucracy* results; when the influence of the operating core outweighs that of administrators, a *professional bureaucracy* is formed; when the middle line achieves autonomy by drawing power from both the strategic apex and from the operating core (vertical decentralisation) the *divisionalised* form occurs, where co-ordination is limited to standardisation of outputs; when support staff are required to collaborate in decision making and are allowed to co-ordinate by mutual adjustment, then the structure is termed an *adhocracy*.

(Lastly, and developed to a lesser degree than his other models, Mintzberg outlines the *missionary organisation*, which trains and imbues its members with its core values to the extent that the aims and outputs of the organisation can be replicated over and over again.)

Thus for Mintzberg it is the degree to which one of the basic parts of the organisation is successful in making itself the dominant part of the organisation which determines the extent to which the organisation conforms to one of the five configurations. Mintzberg acknowledges that "no structure matches any one configuration perfectly" (p473). He regards the configurations as "pure types", and the set of five configurations can be treated as the basis for describing "structural hybrids". Each organisation is driven towards one of the configurations in a search for harmony within its structure, but most combine parts of more than one type within their overall structure.

PROFESSIONAL BUREAUCRACY

For the purposes of this thesis we are concerned primarily with Mintzberg's professional bureaucracy, which will now be considered in more detail.

The key part of the organisation in a professional bureaucracy is the operating core, "...the professional bureaucracy relies for co-ordination on the standardisation of skills and its associated design parameter, training and indoctrination. It hires duly trained and indoctrinated specialists - professionals - for the operating core and then gives them considerable control over their own work. In effect, the work is highly specialised in the horizontal dimension, but enlarged in the vertical one." (p349)

By having control over his own work, the professional works relatively independently of his colleagues but closely with the clients he serves.

The initial training typically takes place over a period of years in a university or special institution, where the skills and knowledge of the profession are formally programmed into the would be professional. Often such training is only a first step, and there typically follows a long period of on the job training, where skills are perfected under the close supervision of full members of the profession. The on the job training also completes the process of indoctrination which began during the initial training. The training is geared to the goal of internalising the standards which best serve the client and at the same time co-ordinate the work of the profession. There are clear parallels between the professional bureaucracy and the machine bureaucracy. Both achieve standardisation but by different means. "Whereas the

machine bureaucracy generates its own standards...the standards of the professional bureaucracy originate largely outside its own structure, in the self-governing associations its operators join with their colleagues from other professional bureaucracies." (p351)

Thus, where the machine bureaucracy relies upon the authority of a hierarchical nature, the professional bureaucracy emphasises authority of a professional nature - the power of expertise.

The work processes of the professionals are too complex to be standardised by procedures. In addition the outputs of the work are both difficult to measure and also, therefore, difficult to standardise.

The operating core functions by a process of "pigeon-holing". The professional, therefore, has two basic tasks: first, by a process of assessment, to place the client's need in terms of a pre-existing category, which then indicates the appropriate response to use, a task also known as diagnosis, and second, to apply or execute the required response.

Mintzberg suggests that it is this pigeon-holing process which enables professional bureaucracies to "de-couple" the operating tasks and assign them to individual, relatively autonomous professionals. The individual operators can then focus their attention on perfecting their skills rather than spend time co-ordinating their activities with their peers.

The complexity of the diagnosis or assessment required in the professional bureaucracy is of a different order from that required in the machine bureaucracy. In the latter there is little, if any, flexibility: presented with a stimulus the operator executes a standard response - it is an automatic or knee jerk reaction. In the professional bureaucracy it is diagnosis which is fundamental.

Mintzberg quotes Simon (1977): "The pleasure that the good professional experiences in his work is not simply a pleasure in handling difficult matters; it is a pleasure in using skilfully a well stocked kit of well designed tools to handle problems that are comprehensible in their deep structure but unfamiliar in their detail." (p352) It is the complexities of the detail which require professionals to exercise considerable discretion.

All these complexities suggest that direct supervision will impede the professional's close relationship with his clients. The relationship is predicated on a high degree of professional autonomy, and freedom from managerial orders.

Clearly the operating core is the key part of the professional bureaucracy. The only other part which is fully elaborated is the support staff, which is focused very much on serving the operating core.

Mintzberg also suggests that whilst the technology of the organisation, its knowledge base, is sophisticated, the technical system, the set of instruments which it uses to apply the knowledge base, must remain simple. The technical system cannot become sophisticated, as this would then push the professional into a closer working relationship with the technicians, which would result in a pull towards the techno-structure, and a consequent sharing and therefore weakening of the professional's power.

Likewise, the middle line in the professional bureaucracy is thin. There is little need for direct supervision of the operators and co-ordination needs are minimal.

The professional bureaucracy devolves considerable decision making powers to managers lower down on the middle line (vertical decentralisation) and also devolves decision making powers to the professional operators (horizontal decentralisation).

"In the professional bureaucracy...the skilled employees bring the standards into the organisation with them when they join." (p366) The organisation does not need to give new employees what Mintzberg calls "start-up time", by which he means time to learn the tasks required by the organisation.

PART THREE: PROFESSIONALS IN ORGANISATIONS

Despite the somewhat nebulous and shifting meaning of the word, in the post-war years increasing numbers of occupations have attempted to adopt the mantle of professionalism. The period has also seen a rise in the number of these professionals, or aspiring professionals, who are employed in organisations with bureaucratic features.

We have already noted Mintzberg's (1979) view that the overarching organisational requirement for standardisation can be achieved either by professional training or by bureaucratic rules and procedures. Similar observations have been made by other writers. Perrow (1972), for example, suggests that professionals coming into organisations are "pre-programmed", whilst Hardy (1981) notes that the processes are both ways of "getting the job done". In bureaucracies, jobs which are too big for one person are organised into structures, typically hierarchical, and work is done according to rules. In the professions, the longer training and the internalisation of skills and values means that control already exists in the individual practitioners by the time they begin their practice, and the need for external controls is therefore minimal. She writes:

> "professionalism can iron over uncertainty through routine in a similar way to bureaucratic method...routine can arm the professional against the 'moral abyss' of many of the problems which he or she has to face." (p61)

The facts that the organisation and individual employee can have different commitments and identities, and that there can be two contrasting forms of control, led some writers to both predict and observe problems.

Gouldner (1957) suggests that some of the difficulties for professional people are caused by a conflict of the roles which they adopt. He suggests that occupational position gives rise to an identity, but that individuals can have more than one identity at a time. In the context of employment, the organisational identity tends to predominate, personnel officer, student, nurse, but there may be other identities which are relevant and important.

Thus the personnel officer may be a member of a personnel officers' association, a church, a golf club, and the different identities may clash. Gouldner distinguishes between the terms

"cosmopolitans" and "locals". Cosmopolitans have a high commitment to their specialised skills, an extremely professional outlook, consider themselves first and foremost as "an engineer", "an accountant", and have low loyalty to their organisation. Locals are loyal to their organisation, but have little commitment to specialised skills; they think of themselves as "company men".

An important study was undertaken by Kornhauser (1962) who was certain that there would be conflict between the professional and bureaucratic "value systems" of scientists and the industrial organisation employing them. The four areas of conflict which he itemised can be summarised as; conflict over goals, in that professional standards may conflict with commercial needs; conflict over controls, is control from professional peers or a hierarchy; conflict over incentives, are rewards for managerial or professional competence; and loyalty, to the organisation or the profession.

Scott (taken from Vollmer (1966)) describes four very similar areas of "role conflict" which are experienced by professional workers in bureaucratic settings:

     i)   professionals' resistance to bureaucratic rules;
     ii)   professionals' rejection of bureaucratic standards;
     iii)   professionals' resistance to bureaucratic supervision;
     iv)   professionals' conditional loyalty to the organisation.

Miller (1967) studied scientists and engineers in two different divisions of a large aerospace corporation. Miller identified a considerable number of variables, making his study difficult to summarise briefly. His main findings, however, were that "alienation from work is a consequence of the professional - bureaucratic dilemma for industrial scientists and engineers". (p766) More particularly, the scientists and engineers reported that they felt more alienation when their supervisor used directive rather than participatory or laissez faire supervisory techniques and less alienation when they felt that they could control key decisions affecting their work. There were "striking differences" between the organisational structures of the two divisions studied. "Professionals in the basic science laboratory share an environment more like that in the university, whereas professionals in the aerospace group...function primarily as staff personnel within the division". Miller found that the degree of work alienation was very low in the laboratory personnel, compared with the aerospace personnel. This important finding remained consistent, even allowing for other variables, meaning that organisational structures had an important causal relationship with feelings of alienation from work.

Hall (1968) makes the points well: "...increased bureaucratisation threatens professional autonomy. It is in these relationships that a potential source of conflict between the professional and the organisation can be found. The strong drive for autonomy on the part of the professional may come into direct conflict with organisationally based job requirements. At the same time, the organisation may be threatened by strong professional desires on the part of at least some of its members." (p102 - 103)

However Hall goes on to say that, "...conflict is not inherent...equilibrium may exist between the levels of professionalisation and bureaucratisation."

Studies of Social Work Organisations: American

The literature review now turns to the literature specifically addressing the relationship between social workers and their employing organisations; the earlier works are American.

Scott (1961) differentiated four groups of social workers in his study. The criteria which he used to do this were:

a) the level of education, either graduate or non-graduate;

b) whether or not the worker made reference to outside professional groups.

From these variables he outlined:

i) Professionals - who had graduate training and made reference to outside groups.

ii) Reference group only - who had no graduate training but made reference to outside groups.

iii) Training only - who had graduate training but did not make reference to outside groups.

iv) Bureaucrats - who had no graduate training and made no reference to outside groups.

He found that professional workers were more likely to attend conferences; showed greater concern about furthering the interests of clients; were more likely to think that their supervisors should have masters degrees; were more likely to be active in local welfare groups; were more likely to leave their job in search of "better" employment.

Workers in the agency had to visit clients according to administrative requirements, and were given "delinquent" marks for missing these visits. Workers therefore had to choose between satisfying administrative requirements to visit, and their own (professional) assessment of whether or not a visit was required. Scott found that the professional and reference groups collected more delinquent marks than the other two groups.

This study is interesting as it provides a relatively straightforward scheme for dividing up groups of staff. The major weakness is its apparent self-fulfilling nature. Scott decides that the workers whom he will describe as "professional" will be those who are graduate trained and make reference to outside professional organisations. He then finds that it is this group of staff which is more likely to consider that their supervisors should have masters degrees, and who are more likely to attend conferences.

Blau and Scott (1963) reached similar conclusions. They note, "for a service organisation is oriented to serving the collective interests of its entire clientele, which demands that the interests of some clients may have to be sacrificed to further those of the majority, or of future clients, while the distinctive feature of the professional orientation is that each client's interests reign supreme and must not be sacrificed for the sake of the welfare of other clients". (p245)

Their research found that those with a professional attachment were: less likely to be attached to their organisation; more likely to be critical of its operations, particularly its service to clients; and less confined by administrative procedures. They state, "although a professional orientation motivates a person to do better work in terms of professional standards, it also gives him a basis for ignoring administrative considerations, and this may lead to poor performance in terms of the standards of the organisation." For example, as above, the workers may be less likely to visit clients as required simply by administrative dictat.

Aiken and Hage (1966) studied 16 welfare organisations employing professional people, including social workers, and found that highly centralised and highly formalised structures were characterised by greater work alienation, and what they describe as "greater alienation from expressive relations with supervisors and colleagues". They maintain that these two types of alienation are related to the absence of staff opportunities to participate in decisions concerning organisational policies and individually assigned tasks. They sound a warning,

> "professionals in welfare organisations, by virtue of their advanced training, can make legitimate claims to involvement in policy formulation as well as demands for freedom from excessive constraints of rules; it is in those organisations where professionals are denied access to power or denied such freedom, or both, that work alienation is greatest." (p525)

Studies of Social Work Organisations: British

In the UK, social services departments came into existence following the passing of the Local Authority Social Services Act 1970. During the time of planning for the new departments commentators were, of course, aware of the above issues, but some questioned the manner in which "the concept of professionalism adds to the argument" concerning the interplay between practitioner and bureaucracy, (the quote being from Kogan and Terry (1971) (p17)). Acknowledging that "A problem may well exist", Kogan and Terry argue that departments will expect their professionals to work professionally, and will not expect them to "work outside the law, or outside publicly sanctioned limits of expenditure, or otherwise so as to conflict - at least knowingly or irresponsibly - with...professional norms." They suggest that there is nothing which is logically different between the professional norms and the norms of other employees.

This was a time of rapid expansion for social services, and large numbers of relatively inexperienced social workers were being rapidly promoted to senior posts. Rowbottom, Hey and Billis (1974) produced an influential work which looked at the structures of the new departments. They found that, among the senior social workers there was:

> "...(a) recognition that some more skilled social workers might be nearly as competent as they were themselves, or might become so within a relatively short period of time." (p110)

They suggest that positing a clear choice between complete autonomy and complete bureaucratic control is unreal; all jobs, they argue, have some degree of freedom. The

question for social workers is not whether they have some discretion, but:

"whether the discretion allowed is delegated by those who are accountable for how it is then exercised, or whether the discretion allowed is within some defined and inviolate area which is the professional's own by right. In other words the issue can be summarised as: delegated discretion or professional autonomy." (p100)

Their conclusion is that, for social workers, delegated discretion is the form of their work organisation, and not professional autonomy. The basis for their conclusion is that, "it is universally accepted that present-day Directors of departments are accountable...for all the work that is done within departments, and for how it is done." (p101)

The director has the right to appraise performance, and the ultimate right of sanction, ie. there is a management hierarchy. The director can choose to delegate discretion, and then successive tiers of management can choose to delegate further, but accountability still rests at the top.

In the attempt to relate these considerations to the work and responsibilities of social workers, the authors employ a scheme which they had found useful in other settings. In this scheme they distinguish between a "managerial role", where A is responsible for hiring, appraising and if necessary, firing, B; and a "supervisory role" where, in essence, the supervisor acts as an intermediary when, "A needs help in managing the work of his subordinates B1 B2 etc." (p269)

The authors note however that they had earlier assumed that team leaders frequently carried supervisory as opposed to managerial roles, but that, "deeper consideration of the nature of the supervisory process...implies...a full managerial relationship." (p270)

Given the clarity of their work, their conclusion that team leaders need to decide on an individual basis, in supervision, how much discretion to delegate to their social workers, appears uncharacteristically vague.

As social workers became more experienced in the practice of *social work*, their managers could only become more experienced in management; by the end of the decade the fears which team leaders had expressed to Rowbottom et al were being mentioned by other writers, and it was clear that problems were emerging.

Stevenson and Parsloe's (1978) research concerned the views of front-line social work staff, and they have much to say about social workers' relationships with their managers, and about their perceptions of their tasks.

Concerning supervision and accountability they write, "social workers generally considered that another purpose of supervision, and an appropriate one, was checking on their work, and, linked with this, ensuring that they were not making serious mistakes", although, "it was less clear whether team leaders shared with social workers their view of supervision as a checking process." (8.9 and 8.11)

Their study also raises the issue of social workers' uncertainties about the difference between responsibility and accountability. They draw a careful distinction between workers being,

a) individually responsible *for* the work they do and *for* what happens to their clients, and
b) accountable *to* someone above them in the organisational hierarchy for the decisions they have made, and the work they have done. This distinction is shared by other writers, for example, Rowbottom, Hey and Billis (1974), Day and Klein (1987).

Paragraph 8.74 quotes a speech made by Stevenson to a BASW annual conference previewing the report:

> "...it is deeply embedded in our system of local and central government that the senior management and ultimately elected members are accountable to the general public for services rendered or not rendered. Our study suggests, however, that there is considerable uncertainty and some antagonism to this notion in its application to social work practice."

Rowbottom, Hey and Billis (1974) had concluded:

> "virtually without exception all staff in the social services ...have unhesitatingly concluded... that the interaction of social workers in social services departments is one of exercising delegated discretion rather than professional autonomy." (p100)

Stevenson and Parsloe reach rather different conclusions:

> "Our respondents were much less clear than were Brunel's, and often seemed to use the words 'responsibility' and 'accountability' interchangeably, this makes it difficult to know whether they in fact distinguished between the idea of being personally responsible for the work they do...and the idea that they were not free agents but had to account for their work to someone above them in the organisational hierarchy." (8.76)

They go on to show that social workers were clear about feeling personally responsible for their work (paras 8.77 and 8.78), but were unclear about to whom they were accountable (8.79) and about the backing they would receive from their employing organisations "if things went wrong" (8.82). This confusion was also shared by team leaders (para 8.84).

They highlight that there seems to have been little discussion about these aspects of the work:

> "What is disquieting is that we have comparatively little evidence from our studies of such planned and systematic delegation." (8.86)

In the final analysis, all writers agree with Rowbottom, Hey and Billis that managers have institutionalised in their roles the authority to issue instructions to their staff, and powers of sanction if these instructions are not followed. But the literature makes it clear that in practice there was considerable uncertainty, even confusion, between managers and social workers concerning authority, discretion, responsibility and accountability. Satyamurti (1981) for example, found that social workers did not receive such control from their team leaders:

> "seniors' reluctance to exercise authority and to emphasise the difference in organisational status between them and field workers made them open to pressure from

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the teams when the team shared a strong feeling about something." (p57)

BASW (1979) looked forward to a time when team leaders would no longer be necessary, and the only basis for a manager refusing a social worker's request for a placement would be lack of resources, and not a disagreement about the wisdom of the initial decision.

This state of affairs was recognised by Barclay (1982) who notes three things which emerged from his working party's enquiry:

"- confusion and ambiguity among social workers as to how far they were expected to act on their own judgement, and how far they were simply expected to carry out the orders of their departments;

- a degree of frustration at the complexity of the structure of social services departments, and at the difficulty of getting decisions made or resources allocated;

- a feeling among social workers that their managers neither understood them nor supported them." (p127)

The report goes on to say, "as we see it, the challenge...is to find ways to reconcile controls with a substantial and consistent degree of delegation to social workers. Much of the present tension seems to arise from the fact that social workers have a great deal of de facto discretion...yet they work in a structure in which, in theory, they have little or none." (9.12)

Part two of the literature review covered organisational theory. It was shown that commentators, for example Hall (1968), Pugh (1973), had devised detailed schemes for analysing organisations. In the social work literature two issues predominate, these being; *formalisation*, the standardisation of behaviour by written rules and procedures; and *centralisation*, the standardisation of behaviour achieved by pulling decision making up the hierarchy.

Fineman (1985) investigating the stress among social workers, writes: "the agency's activities are skewed towards statutory obligations, which gives rise to obsessive checking procedures", and later: "appropriate professional decisions on clients based on knowledge from much face to face contact often had to be reshaped, sometimes radically, to meet the requirements of the organisational bureaucracy - which often felt unresponsive and altogether unatuned to 'face work'." (p73)

Howe (1986) also addresses the questions of autonomy and control. He notes that the major empirical studies into fieldwork practices have yielded data of two types, qualitative and quantitative, but that these have been limited to descriptions of what is going on in field teams, leaving unanswered the question, "why?". Howe suggests that he will link an explicit theory with observations. Initially he enquires into who is doing what with whom. Howe links this with the idea of programmed and non-programmed responses, concluding that social work assistants are undertaking programmed work with elderly or handicapped clients, and social workers are undertaking less programmed work with children and families.

He links this with the previously discussed notion of "ditching the dirty work", noting that the range of responses available to workers to deal with elderly and handicapped persons is severely limited, and that aspiring professionals therefore have little to gain by being associated with this particular work. Consequently social workers leave work with elderly people to assistants whose work is then open to managerial control of the most blatant type.

This leaves social workers to work with children and families where there is considerably more scope for professional kudos to attach to the work, because it is by its nature more varied in presentation, and has a greater range of responses available to deal with each case. However, Howe believes that social work is inherently lacking in its ability to develop a technology which is either "demonstrably effective or relevant to much of the work as defined", (p150), leaving much of the control available to managers.

However, Howe also finds that the longer that child care cases are open to social workers, the more the work is dictated by managers. Managers either openly control the content of the ongoing work and decisions about the case, or such managerial control is effected by the use of procedures which tend to have been written by managers, with the aim of standardising practice.

Howe (1986) quotes one of Kakabadse's (1982) respondents as saying, "I have learned that we are local government workers first and a social worker second...nobody can act outside the law and nobody can act outside their policy." (p114 in Kakabadse and p153 in Howe).

Howe describes a battleground for supremacy between the professional (social worker) and the bureaucrat (manager). He claims to have offered "...an existential view of social work...an activity whose nature is determined by its circumstances...Understanding the work and the worker in a particular way determines the form of organisational structure adopted. Organisational structure reflects whether control over the content of practice lies with either workers or managers." (p160) We shall consider Howe's analysis in more detail later in the thesis. For now we need note only that his conclusion is clear: this is a battle which managers have won.

Glastonbury, Cooper and Hawkins (1982) provide a powerful critique of the ways in which social workers have come under increasing pressure to follow bureaucratic values and practices. They too chart the increase in procedures concerning child protection, and suggest that, "It appears that the main social services department response to non-accidental injury has been an administrative one...there has been a major preoccupation with devising rules and guidelines..." (p98)

They note the "sheer size and complexity of departments, the poorly conceived and haphazard proliferation of hierarchies...and the anxiety to maintain organisational control and compliance, then we may have, at present, a vicious circle from which there is no obvious exit." (p119)

They show this problem diagrammatically (p120) as follows on the next page.

Employees, such as
social workers, work
within a framework of
hierarchical control

the usual structure is
that of employer/employee

An employee, therefore,
has limited personal
autonomy

Where supervision is
required, there must
be a structure for it

An employee without
autonomy is not a
professional

A worker who is not
a professional must
be supervised
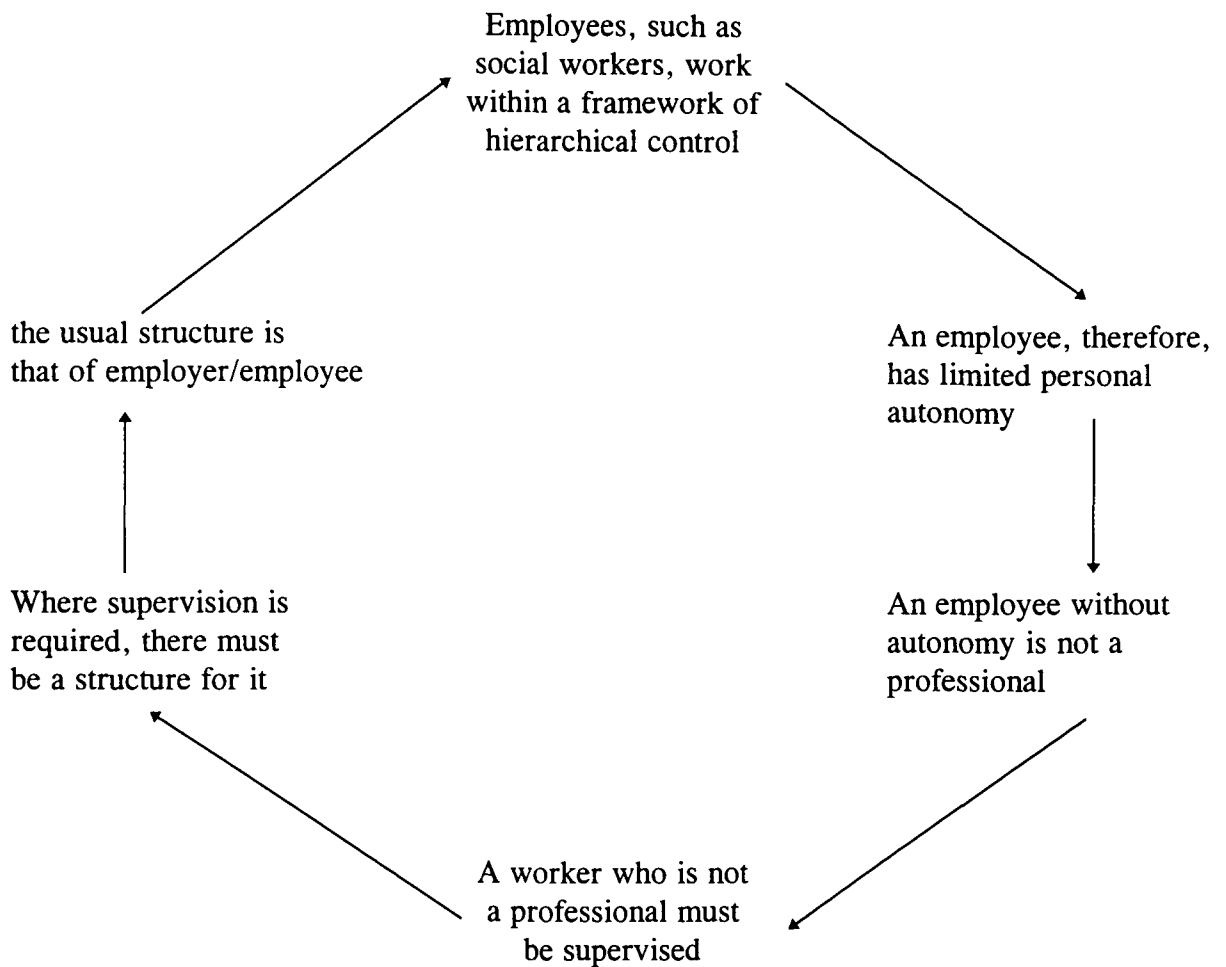
(Wording modified)

The authors note that, "social workers may hesitate to develop their own autonomy because they in fact derive some comfort from the present hierarchical accountability we have been criticising. " (p124) Similar view have been expressed by Rothman (1974) who indicated that social workers are semi-professionals who prefer to work in bureaucracies, and Parsloe and Stevenson (1978) who found that:

> "...interestingly a number of people made it very clear that they welcomed tight hierarchical controls." (9.37)

The literature which attempts to provide solutions to these difficulties tackles the problems in two ways. Some writers give advice on management and supervisory technique, whilst others make suggestions about alternative organisational structures designed to minimise the problems. Some authors attempt to cover both tasks.

Concerning management and supervision, Bamford (1982) for example, opens his book with the words, "Management and social work are uneasy bedfellows." Later he suggests, "supervision implies a relationship of authority, although in social work this authority

is tacit." This is followed by an admission that supervisors also have management responsibilities, but Bamford, whilst acknowledging that the supervisor may have to use authority, considers the "occasions on which this is likely to be necessary may be few", and they will involve, "much heart-searching because of the potential damage to the confidence and self-image of the worker".

We can also select some illustrative examples from the literature concerning structure. Payne (1979) outlines an alternative "more diffuse collaborative structure", which he thinks may be more appropriate than a "defined hierarchical structure". (p168) He talks of the need to:

> "share power, authority and responsibility, not along formal lines of status or job definition, but in accordance with skills and contributions which may be made to the activities to be undertaken."

Miller and Scott (1987) under the auspices of NISW suggest that "polyarchic" structures should replace the traditional hierarchies. They offer several models, for example, a "syndicate linked to role rotated prescriptive relationship", a "polyarchic dual-role relationship", or a "polyarchic role fusion relationship".

All these rather complicated titles reflect complicated decision making structures, the basic problem being that it is difficult to decide who is actually responsible for making a decision. This egalitarianism is clearly not the same as autonomy. The writers acknowledge that "polyarchic alternatives are more complex". (p63)

Take for example allocation. The group initially decides on the criteria which will be used for allocating work, then the group gives one person the task on a rotating basis. The criteria are subject to group review, and the structure used to agree and review criteria is called a "syndicate". They write:

> "Each member of the syndicate has co-extensive responsibility for the task of agreeing and reviewing criteria. The syndicate then accepts a rotated prescriptive relationship between one member and the rest."

Glastonbury, Cooper and Hawkins (1982) both analyse the problem, as above, and proceed to develop an alternative structure for departments. Unfortunately, they do not address some of the central questions of autonomy, authority or accountability, in the bold fashion necessary. For example, they suggest that since social workers have been blamed and indeed sacked in the past for perceived errors, they have always had de facto accountability, so nothing would change with a change of structure. Then, as a way of addressing the issue of power between the manager (bureaucrat) and social worker (professional), their only offering is to exhort, "A professionally orientated agency would not leave such an important issue in an unresolved state. Management should demonstrate its willingness to accept its obligation..." Of course it *should*, but if it had then the problems around the professional-bureaucrat relationship would not have occurred, and they, and others, would not have had to write about them.

One of the difficulties, or paradoxes, noted by Lipsky (1980) is that whilst social workers may see themselves as powerless cogs in a system, oppressed by the bureaucracies they represent,

to the outsider they seem to have a great deal of discretionary freedom and autonomy: "to their clients this must be how they are seen."

Lipsky shows how those at the point of service delivery are able to bend the policies of their managers in ways which suit them, and that it is difficult for managers to overcome this since much of the work of these "street level bureaucrats" is hidden, and they are therefore in a position to control the flow of information up the hierarchy. Lipsky suggests that the practitioners in effect invent the policies of their agency by their everyday practice. Likewise Pithouse (1987) investigates the "invisible" nature of much social work practice, and shows how the social workers skilfully select the material which they relay to their team managers in order that they are seen in the best possible light.

The same point is made by Ham and Hill (1984), "Such workers see themselves as cogs in a system, as oppressed by the bureaucracy within which they work. Yet they often seem to the researcher, and perhaps to their clients, to have a great deal of discretionary freedom and autonomy." (p137)

Somewhat pessimistically, Kakabadse, Ludlow and Vinnicombe (1987) conclude, "it is unlikely that we will ever escape the classic professional/bureaucratic conflict." (p258)

PART FOUR: JOB SATISFACTION

Herzberg's (1966) investigation into workers' satisfaction or dissatisfaction with their employment involved some 200 engineers and accountants. He found that the factors associated with job satisfaction were not the same as the factors associated with job dissatisfaction. Expressed another way, if the presence of factor A gave job satisfaction, then the absence of factor A did not lead to dissatisfaction, but rather to a lowering of satisfaction.

The factors associated with satisfaction were, in decreasing order of importance:

1) achievement;
2) recognition;
3) the work itself;
4) responsibility;
5) advancement.

The factors associated with dissatisfaction were, in decreasing order of importance:

1) company policy and administration;
2) supervision;
3) salary;
4) interpersonal relationships;
5) working conditions.

Satisfaction features relate to the content of the work. Dissatisfaction features relate to the context in which the work is done.

Herzberg goes on to describe the features associated with dissatisfaction as "maintenance" or "hygiene" factors. Improving these features does not bring about satisfaction, rather it would lower the level of dissatisfaction, and would thereby provide a better context in which the work can be undertaken.

Those features associated with job satisfaction, Herzberg called "motivating factors", as improvements led workers to work more diligently.

Improvements in hygiene factors tends to bring about short-term decreases in dissatisfaction, and then new dissatisfactions will emerge. In contrast improvements to motivation result in long-term changes.

Turning to studies which have looked specifically at social workers, Kakabadse and Worrel (1978) conclude a piece of work on job satisfaction thus: "satisfaction with one's career is markedly but negatively related to hierarchy of authority and positively associated with the presence of job descriptions...Well tabulated job descriptions...are seen as a positive step towards job satisfaction...we find supervision in hierarchical structures to be a major determinant of job dissatisfaction." (p67)

Payne (1982) surveyed the literature concerning job satisfaction amongst social workers and concluded:

> "From these studies it is clear that some common themes emerge. There is no doubt that the actual social work task itself serves to provide major satisfactions, in terms of helping clients, doing casework, using skills, exercising job autonomy...Dissatisfactions, on the other hand, are expressed about resources, work pressure, absence of career grade, and various aspects of the organisation (size, bureaucracy) and management."

It will be noted that satisfaction features relate to the work itself, whilst dissatisfaction features relate to the context of the work, as suggested by Herzberg.

Davies (1988) analysed the responses of 530 questionnaires concerning social workers' job satisfaction. He found "social workers expressed a feeling of distance from higher management, with managers thought by 63 per cent of the sample to have no idea what it's like to do the social worker's job."

Davies also found: 50% expressed satisfaction with supervision, whilst 37% expressed dissatisfaction, and that, "Social workers see the source of their dissatisfactions clearly stemming from incompetent management..."

The main problem with Davies' study is that most of his data do not identify accurately the source of satisfaction/dissatisfaction. Take the example above concerning supervision, we cannot tell why the 50% are satisfied. The statement which respondents had to rate was, "I am satisfied with the supervision I get". The inference is that the 50% receive "good" supervision, whilst the 37% receive "bad", but there is nothing to substantiate such a

conclusion. It could be that both groups receive identical quality of supervision, but that the smaller group simply does not like being supervised. It could even be that the 50% are not supervised, and are satisfied with this.

Echtle and Pahl (1992) "identified management and supervision, communication between management and staff, and the sense of ownership in decisions as particular sources of discontent...". (p31)

Dewane (1989) undertook his research in Sutton, and some of his results concern satisfaction. Concerning the overall atmosphere in the department, he found "an incredible 97.4% satisfaction rate".

Other sources of satisfaction were:

access to senior management	91%
training opportunities	85%
amount and quality of supervision	72%

Dewane's respondents were also asked to rate the relative importance of a list of characteristics concerning work and its setting. The items receiving the highest ratings were:

1) the work itself;
2) the sense of personal achievement/job satisfaction;
3) responsibility for own work and to make decisions.

Dewane's work was undertaken in the same department as this study, and we shall therefore return to his results later in the thesis.

SUMMARY

This thesis concerns the practice of social workers in a local authority social services department, and it is therefore a specific example of the issues thrown up by the employment of professional people in bureaucratic organisations.

The literature review started by outlining the various approaches to the study of the professions, and used this to attempt an answer to the question, "Is social work a profession?" The conclusion was rather unsatisfactory, and exemplified many of the problems associated with the studies. Essentially, there is no fixed and agreed basis upon which such a question can be approached, and there can therefore be no satisfactory, objective, answer. Nonetheless, it was asserted that more important is that both commentators and social workers themselves behave in a manner consistent with it being a profession, and that in this existential sense it is indeed a profession. This study will follow other commentators: for the purpose of this thesis social work will be regarded as a profession.

The review went on to examine briefly some of the relevant organisational theory concerning bureaucracies, and concentrated on Mintzberg's model of the professional bureaucracy. The

essence of such an organisation is that the professional practitioners are given maximum discretion in their work; they can operate largely free of rules, procedures and administrative or managerial involvement.

Next the review outlined studies which had enquired into the issue of professional people working in bureaucratic organisations, concentrating on those about social workers. In social work the main problems reported revolved around the standardisation of behaviour through the traditional bureaucratic techniques of formalisation and centralisation. A cautionary note was detected in some writing; that social workers actually prefer to work in organisations with tight hierarchies, since these provide security.

Finally, the review considered the studies of social workers' job satisfaction, which clearly and convincingly conclude that amongst the things about which social workers express dissatisfaction are the features of formalisation and centralisation.

CONCLUSIONS

The literature review shows that when professional people are employed in large organisations (bureaucracies) problems are likely to arise as a result of the professionals' need for autonomy and discretion, and the organisations' need for standardisation.

The researcher wished to investigate the issue as it affected social workers in a social services department, and the following key questions were identified.

1)   To what extent are the activities of social workers formalised?

2)   To what extent is decision making centralised?

3)   Are the social workers satisfied or dissatisfied with their level of autonomy/constraint?

4)   Is it possible to change 1) and 2) in order to increase satisfaction?

The pilot study which enquired into these issues is described in the next chapter.

CHAPTER 2: THE PILOT STUDY

INTRODUCTION

This chapter will give brief details of a research proposal concerning job satisfaction which was suggested by the evaluation of the literature covered in the previous chapter. In order to test the feasibility of the research proposal a small pilot study was conducted. This obtained unexpected data, which led to the original research being abandoned.

But the pilot study raised new questions which formed the basis for a new research proposal. The investigation of these new questions will start in chapter 3 and take up the remainder of the thesis.

RESEARCH BEGINNINGS

There is a clear consensus in the British social work literature that social workers have many constraints placed on their practice by their local authority employers, and that these are inappropriate given the professional nature of the social work task. Studies of social workers' satisfaction with their work reveal that amongst the things about which social workers express dissatisfaction are the bureaucratic features of formalisation and centralisation.

The writer acknowledges that this closely mirrors his personal experience as a practising generic social worker at the end of the 1970's and into the early 1980's.

Whilst a number of writers expressed concern and dissatisfaction with the way social workers were organised, and several made suggestions about alternative organisational models, there was little to suggest that real changes were taking place. By the mid eighties, for example, there was a considerable body of literature on decentralisation, but the evidence suggested that moves to decentralise had led to a concentration of power at middle management level, rather than any real devolution to the base of the organisations. Hoggett and Hambleton, for example, conclude, "decentralised provision has not signalled the demise of central and hierarchical management". (p146) Parkinson (1987) reaches similar conclusions about local authority services in general, including social services, whilst Challis's (1990) conclusions are equally pessimistic, "...the gain from the upheaval seems to be in doubt". (p95)

Action research and social analytic research seemed to offer a way of bringing about practical changes to an organisation, whilst at the same time adding to theoretical knowledge (see for example Jaques (1976), Rowbottom (1977), Ovretveit (1984)).

The adherents of these methods had turned their attention to social services departments, the most notable example being Rowbottom, Hey and Billis (1974). This work is clear and precise, and the implication is that managers can solve most organisational difficulties by rational means; provided instructions, procedures and delegated powers are perfectly clear and comprehensive then all will run smoothly.

Whilst their work was influential in determining the overall structure of departments, the literature review indicates that the detail of their work had been less successfully applied.

The basic premise for the initial research was therefore that the literature correctly identified formalisation and centralisation as features to be found in social services departments, and also correctly identified them as sources of social workers' dissatisfaction. On this basis the researcher planned to undertake action research in a social services department, with the intention that this would lead to organisational changes, and a consequent increase in the social workers' satisfaction.

More specifically, the research would involve an initial measurement of job satisfaction, following which problem areas of practice and work organisation would be identified using interviews. Collaborative work would then be undertaken with the social workers and managers with the intention of bringing about changes to these problem areas.

Following the collaborative process, it was hoped that a second measurement would show an increase in workers' satisfaction and/or decrease in dissatisfaction. The research was to provide new insights concerning, inter alia, the relative importance which a range of organisational factors had for levels of satisfaction and dissatisfaction, and the relationship between satisfaction and dissatisfaction. Specifically, for example, it was hoped to shed new light on, and extend, Herzberg's (1959) concepts of content and context factors and their relationship with job satisfaction/dissatisfaction.

The research was therefore to be conducted in three phases: an initial measurement of satisfaction; interviews and collaborative work; a second measure of satisfaction.

Action research and the social analytic method are collaborative in style, and rely on face-to-face interviews with individuals and groups of staff. Given the importance of interviews it was considered essential to undertake a pilot study with the main purpose of confirming that staff would be prepared to talk to the researcher about aspects of their practice and employment which they found problematic. Clearly, the material gained from the pilot study was also expected to help frame and focus the main body of the research.

An approach was made to the assistant director of the London Borough of Sutton who gave permission for a pilot study to take place, and arranged access to one of the department's three area offices. The area office was headed by an area manager, and there were three teams of staff, each headed by a team manager. Two of these teams dealt with "families, children and mental health" work, and these were staffed mainly by social workers. The third team specialised in work with elderly and handicapped people, and was staffed mainly by welfare assistants.

The researcher was invited to attend meetings with the three team managers and their social workers, at which the research was explained and volunteers were recruited. At this stage the only commitment was to take part in one interview with the researcher, which would take approximately one hour of their time. Staff were assured of the confidential nature of the interview, and that, in particular, the information would not be made known to senior managers. At this point there were surprisingly few questions.

From these three meetings a total of ten staff volunteered to take part in the initial interviews. This number comprised eight social workers from the children, families and mental health teams, and one social worker and one welfare assistant from the team working with elderly and handicapped people. This was seen as an appropriate sample for a pilot study and no attempt was made to encourage other staff to become involved.

Before each interview the interviewees were reassured about the confidential nature of the material and were asked whether they had any objection to the interview being tape recorded: none objected. The interviews were transcribed and copies were sent to the interviewees for them to make any corrections or additions.

Areas Covered in the Pilot Study Interviews

The literature review showed that common themes emerged from the studies concerning social workers' job satisfaction. Dissatisfactions tended to be expressed about resources, work pressure, over-proceduralisation, centralised decision making, supervision and lack of influence on departmental policies. Three of these areas were seen as the most obviously amenable to change through collaborative work: levels of decision making, procedures/rules, and supervision. The pilot study interviews concentrated on these three areas.

The ten interviews each lasted between fifty minutes and one hour and twenty minutes, with most being very close to one hour in length.

Brief Summary of Pilot Study Findings

The interview material is presented under the three areas indicated above, although, of course, there is considerable overlap. A small amount of additional, but clearly related, material is also presented. The presentation is organised in a manner to show first, why the original research was abandoned, and second, how the new research questions began to take shape.

Procedures

This topic proved difficult to pursue during the interviews, largely because the social workers claimed that there were few procedures in existence and consequently little about which to talk.

Some social workers were clear about certain situations:

> "(There are) guidelines when it comes to, for example, child abuse or any risk, that I have to, at some point, share that with the duty team leader."

> "I was told to consult about NAI...For NAI you follow the laid down procedures."

(NAI = non-accidental injury, usually to a child)

"I know if it is anything to do with money then I know that I cannot authorise that and it has to go through the duty team leader."

"If you go out (on duty) you have to consult."

Some social workers were confident that there were no procedures, others were less certain.

"There isn't anything laid down and it's just your judgement of the situation really."

"Well if there are (written guidelines) I don't know about them."

"It's not written down, I don't think."

"It's awful isn't it, there are things in procedures aren't there, about dealing with high risk, I have no idea which - pause - it's only children, abuse - pause -..."

Decision Making

Social workers appeared satisfied with their own powers of decision making but also were satisfied concerning those things about which they needed to obtain team manager approval.

"It doesn't bother me...I think that with money you need to have someone with control over it, otherwise you would have individuals using different criteria."

"It's come home to me recently really that I've got a lot of power as a social worker to stick out for what I think and what I want...If I get the answer 'No', usually I either accept it or if I feel strongly enough about it I keep going back until I get the answer I want."

"I've been doing the job long enough to be confident about my own decisions now."

Were social workers' decisions ever overruled by team leaders?

"I am sure it (a decision) could be (overruled) but I can't recall it happening."

"Well to be honest, he has never challenged me on a casework decision."

"I have to fill in the form and I have to write a social history, but it's basically signed just because I've given it (to him)."

"Occasionally the team leader will come back and say maybe make an extra phone call before no further action."

Supervision

There was general dissatisfaction with formal supervision.

> "Pass, I am not going to tell you about that...In eighteen months I have spoken about one client."

> "I do not get much supervision and I am not very happy about that, I would like to have more supervision."

> "There have been times when I have had supervision and it has turned out to be more of a gossip session than supervision. I would not say I have actually had supervision in the last year, not in the real sense."

Acceptance of the Department's Norms

Generally speaking, the social workers appeared to understand, accept and work within the agency's available resources.

> "If you know that people are not able to deal with their present caseloads, then you do not want to add to your, and their, burdens."

> "Here you are very aware of the pressures on yourself and your colleagues and you are very aware that there is nobody to do the work. You are very aware of the level of priorities...You are very aware of rationing services."

Coping Strategies

When social workers experienced difficulties, they showed considerable ingenuity in overcoming them.

> "I think one of the difficulties is enabling the team manager to interpret the information you are giving them in the way you see it...If you underplay it then they do not realise the implications; and if you overplay it they over-react. To play it just right is a problem in every area of our work - getting the balance right."

> "At first, I was trying to give him credit, thinking 'Perhaps I will discuss my cases with him', and found that that did not work, because sometimes he would interfere. Isn't that being devious? And now if I think for one minute that he would interfere with any important decision that I felt I had to make, I make the decision first and tell him afterwards that I have done it. So I am careful now about how I involve him."

The welfare assistant was the only person in the office who had a counselling qualification. She did not, however, have a CQSW, and the area manager had made a decision that because she was not a qualified social worker she could not offer counselling to clients. The workers had a way round this situation:

"In fact if someone comes in for counselling, then they cross that off the referral and put 'Needs someone to talk to' and I get it."

(CQSW = the professional social work qualification at the time of the study)

Job Satisfaction

The social workers were, generally speaking, rather satisfied with their work situation. The following quotations speak for themselves.

"It is pretty good...Overall I've felt supported and generally o.k..."

"I usually feel supported, she will try to come to meetings when I want her to. On the whole, I think the balance is o.k. I know that if I am confident about a case I can just go to meetings and make the necessary decisions."

"At present the balance is a good one. I do not think that there is any undue interference or de-skilling of me."

"It is a sense of autonomy and that you are trusted. Our team manager does not even read our case notes so that unless something comes up we are trusted that we will close the case when it needs to be closed and get on with things. I very much like that sense of being treated as a professional and being trusted."

DISCUSSION

The intention behind the pilot study had not been to confirm the findings of the literature review, but rather to delineate more sharply a small number of substantive areas upon which the main research concerning satisfaction could concentrate.

It is clear from the presentation of the pilot study findings that difficulties and problems were simply not reported by the staff in any coherent, consistent or concerned form. The only area of work about which the social workers expressed some consistent dissatisfaction was supervision.

The potential conclusion to be drawn from the pilot study was that there was little upon which to base the main body of the research.

But the findings are interesting for another reason: they conflict with the predictions of the literature review. This was an unexpected outcome. Whilst the literature may disagree about the types of problems which will be encountered, and also about the severity of these, there is a clear consensus that there will be problems, and that these will be significant.

If these findings were valid then a new question was raised: why do the social workers in this department give answers which are different from those suggested by the literature review?

Were these findings valid, or had something contaminated the results? Three possible sources of bias were considered.

1. That the sample, being taken from only one area office, was not representative of the department as a whole, implying that the department as a whole would conform with the literature predictions.

2. That interviewing had been an inappropriate method by which to investigate this type of issue.

3. That the personality of the researcher had introduced bias, either during the data collection or its analysis.

These issues were considered carefully. Interviewees had given answers which concerned both local and department-wide matters, which infers that at least some of the data were representative of the whole department. It was concluded that without further evidence there was no way of telling whether the sample was representative of the whole department; the knowledge and practice of the staff from this one office could have been idiosyncratic.

Second, the interviews in fact gleaned a great deal of detailed information. This suggests that interviewing had been an appropriate investigative method.

Third, the social workers had felt able to express their dissatisfaction with supervision, and the researcher therefore felt confident that whatever bias had been introduced by his personality, this had not been of a type to prevent the social workers expressing negative views. In addition, many staff expressed concern that their comments should not be made known to their managers, inferring that they thought these could be viewed unfavourably. On balance it was concluded that if the social workers did not express dissatisfactions this was an accurate reflection of their views, and not a result of a reluctance to reveal negative views.

Finally, many of the interviewees expressed satisfaction at the end of their interview, and indicated that they had enjoyed the opportunity to take time away from their everyday work to discuss their practice and the issues surrounding it.

The conclusion of this deliberation was that there was some evidence, and a number of inferences, that the sample was indeed representative of the department as a whole. "Some evidence" and "inferences" are not sufficient for research purposes. Whilst the researcher was confident that the prime focus of the study had switched from a collaborative attempt to improve working conditions and increase job satisfaction, to a concern with why this particular department did not conform with the literature predictions, more evidence was required before such a fundamental change of direction could occur.

Nonetheless the researcher was confident that further evidence would confirm the pilot study findings, and thereby satisfactorily end the original research and open the way to the new questions.

A questionnaire was considered to be the most appropriate tool with which to glean this additional evidence, since this could achieve a number of purposes simultaneously. First, a questionnaire could reach a greater number of respondents; second, this would be a different method of data collection, thereby reducing the problem of researcher bias; third, the data could be used to help inform the unfolding research questions.

SUMMARY

The studies reviewed in chapter 1 concluded clearly that social services departments used the traditional bureaucratic methods of formalisation and centralisation to standardise and control their staff, and that these were features about which social workers expressed dissatisfaction.

Accepting these findings, the researcher intended to investigate social workers' dissatisfactions in more detail, with a view to undertaking collaborative work with the staff aimed at bringing about changes of practice which would result in an increase in satisfaction.

In fact the social workers who were interviewed for this pilot study stated that the department had not formalised their work, and that they had considerable powers of decision making and discretion. In addition, they expressed considerable satisfaction with the organisation of their work.

CONCLUSIONS

The pilot study data were considered carefully, and, although they contradicted the existing literature, the researcher concluded that there was reason to consider that they were valid.

It was decided that the question thrown up by the data, that is, "Why do the social workers in this particular department give answers which conflict with existing literature?" merited further investigation.

The remainder of this thesis concerns the research which was undertaken to investigate this, and associated, questions.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

INTRODUCTION

This chapter is divided into three parts.

> Part One   explains the development of the research design;
>
> Part Two   deals with issues of methodology;
>
> Part Three   marks the start of the move from theoretical to practical concerns.

PART ONE: RESEARCH DESIGN

Establishing the focus of the research

The central concern of this study is that there is a body of organisational theory which predicts that when professional people are employed in a bureaucratic setting certain problems will ensue, and a body of social work literature which states that social workers express dissatisfaction with some of the bureaucratic aspects of their work. However, when a sample of social workers was interviewed for a pilot study their answers did not conform with these predictions.

The obvious question is why? What is it about these workers which leads them to state that they have few problems with the way their work is organised, and that they are generally satisfied?

The issue of control

All organisations have to exert some control over their employees. Welfare bureaucracies, for example, have to determine how finite resources are to be rationed, and, while this can be achieved in a number of different ways, all require that workers limit their actions. Essentially, rationing involves the establishment of thresholds below which no service, or perhaps a limited service, will be offered. All employees will have to observe these limits.

Once the threshold is passed and a service is to be provided, equity demands that the same problem will meet with an identical or, being more realistic, at least a comparable, response irrespective of the worker involved.

Further, not only do services have to be provided consistently, but they must also be of a consistently high standard: a system of quality assurance will be necessary.

All these involve control. The question is, in what way will this control be exerted? The central issue, as far as this study is concerned, is that the literature, including the social work literature, finds that professionals who are subject to bureaucratic forms of control experience problems and express dissatisfaction.

Dawson (1992) outlined a continuum of control, from unobtrusive through personal control, output control, hierarchical control, bureaucratic control, and finally technological control. We have also considered Mintzberg's (1979) typology which outlines the five structural pulls which any organisation will experience. The pulls along the line formed by the operating core - middle line - strategic apex, the tendency to bureaucratise against the tendency to professionalise, will find their main expression along this continuum of control.

The point has been made that bureaucracies and professions achieve similar results, principally the standardisation of response, but by different means. Where bureaucracies use rules and procedures, professions use the socialisation (some would say indoctrination) of their long training to internalise the rules or norms of behaviour. Professionals therefore require little if any supervision since their socialisation achieves internal control; non professionals require external standards and supervision. Furthermore, professionals are held accountable to external professional associations for professional matters, not their employing organisation; non professionals are accountable to their employing organisation for all work related matters.

How then is the behaviour of social workers regulated? Is it by professional or bureaucratic means?

The specifically social work literature is clear: welfare bureaucracies control their social workers by the traditional bureaucratic means of formalisation and standardisation. Following the reorganisation of welfare services resulting from the Seebohm report, the new departments were modelled on the safe, existing, bureaucratic local authority departments; there were industrial parallels, see for example Glastonbury (1982) page 46, and Hugman (1991) page 61. Thus the departments rely on a management hierarchy, rules and procedures. Supervision is used to check that these rules and procedures are adhered to, that work is consistent, and standards high. We shall see that supervision is a complex subject, with a number of disparate goals. For the moment we need only note that one of its principal functions is to establish workers' accountability to the organisation.

But professionals from a range of disciplines are increasingly employed in bureaucratic organisations. Do they all experience the same types of bureaucratic control, or is it possible to find a way round the problem?

Organisational theorists identify the "professional bureaucracy" as a model; indeed these organisational theorists often cite social work agencies as examples of the model in operation. In contrast the social work writers are able only to put the model forward as a goal for the future.

Mintzberg's (1979) synthesis of previous organisational theory, including his professional bureaucracy configuration, was detailed in the literature review, see page 24. If the model exists, why has it not been adopted by social services departments? The answer to this question was also contained in the literature review. Social workers are not seen as full professionals.

They are semi-professionals with a weak technology, little control over who becomes a client, and subsequently, little control over the client's behaviour.

The works of Glastonbury (1982) and Howe (1986) have already been reviewed; they consider similar issues but arrive at different conclusions. Glastonbury is in the camp which asserts that social workers should be treated as professionals, with appropriate work structures, appropriate discretion and appropriate responsibilities. Howe argues that there is something inherent in the task of social work which lends itself to bureaucratic structures.

Both chart the proliferation of procedures in social work during the 1980's. They argue that this proliferation was an attempt by managers to control, often by administrative means, the activities of social workers. Although Glastonbury argues that this is inappropriate, whilst Howe sees it as an inevitable result of the nature of the social work task, for our purposes the important point is that writers with such divergent approaches to the subject both observe the process of formalisation taking place, and both also regard managers as having won the battle.

Turning to centralisation, Glastonbury refers to a department where a child who had been injured could only return home, even for a weekend, with the approval of the director; a decision which could take six weeks to make. He also cites a department where at least four tiers in the hierarchy were involved in over 70% of child care decisions. (p80)

Kakabadse (1982), summarising the findings of a study conducted in nine social services departments, wrote:

> "SSDs are seen by the respondents as centralised...Daily work is seen as restricted by rules and procedures...In this way hierarchically oriented departments are able to control activities within the organisation..." (p67)

In Dawson's terms this is clearly moving away from personal control towards bureaucratic control. Or, in Mintzberg's terms, moving up towards the middle line and strategic apex and away from a professional bureaucratic structure.

The literature review covered a number of studies of social workers' job satisfaction. Consistently social workers express dissatisfaction with the formalisation and centralisation of their work.

Different writers have defined the terms formalisation and centralisation differently. A simple definition will be used in this thesis: formalisation is taken to mean the process of instituting rules which regulate the behaviour of employees, most of which will be written, some not. Centralisation is taken to mean the process of drawing decision making powers up the organisational hierarchy.

Two points must be made. First, whilst they are separate concepts, the two are inter-related. Second, the terms are relative, and rather imprecise, meaning that there will be degrees of formalisation and centralisation, and that the degree will be difficult to measure. It will be particularly difficult to measure formalisation when the rules governing behaviour are unwritten. This thesis has no alternative but to follow previous literature and talk in admittedly rather unsatisfactory terms such as "more formalised" or "highly centralised".

From the pilot study it would appear that, among other things, the department has relatively few procedures; that the social workers consider that they have considerable decision making powers; that they feel generally well supported. But how, or indeed whether, their expressions of satisfaction relate to these details of organisational life remains open to question.

If formalisation and centralisation lead social workers to express dissatisfaction, it is tempting to suggest that relatively low levels of both will lead to satisfaction. For the present this can only be seen as speculation. The pilot study data were collected with a different purpose in mind, and the way the questions were posed means that no such link can be made. Further, the sample involved only a small number of subjects.

From these brief comments two main research questions can be distilled:

1.   what are the nature and extent of controls over the practice of the social workers in this department?

2.   can a clearer link be made between these features and the social workers' expressions of satisfaction?

Having identified these broad questions we can begin the process which Patton (1990) describes as leading to identifying "a list of essential and necessary questions" which can be put to the subjects in the study.

The first question points directly to the issues of formalisation and centralisation. It will be necessary to discover the nature and extent of both written procedures and unwritten influences, and their impact on practice. We will also want to enquire into who makes what decisions.

Therefore, we will want to enquire into the actions which social workers can make, and the decisions which they can take, autonomously, and those about which they have to consult. Also of concern will be those matters about which social workers choose to consult when there is no requirement so to do.

But decisions do not just happen; rather they are part of a process of information gathering - assessment - decision making. Each stage is not discrete; rather this is an ongoing process which involves many changes to the assessment and decision stages as information changes. Workers engaged in this process employ the technique known as "pigeon-holing", whereby people and problems are categorised, and from this categorisation solutions are suggested or brought to the fore (pigeon-holing is described in more detail on page 25).

For the purposes of this study we will therefore want to know not just who makes decisions, but also who determines the categories or pigeon-holes which shape, even define, the work of the agency, for example, who determines what constitutes "need" or "risk" or an "emergency".

Also, who controls and owns the process of assessment? Specifically, can managers challenge or change social workers' assessments, or only their decisions?

Rules, procedures and levels of decision making do not exist alone. There also has to be a way of checking that employees' actions are in accordance with the rules. Bureaucracy achieves

this by way of a management hierarchy: social work by a process of supervision. Thus supervision will also be a central concern for this enquiry.

Answering the second question will pose different problems. Constantly asking respondents "are you satisfied?" in interviews would be so repetitive that the answers would be of doubtful validity. More promising would be a questionnaire to obtain more general information about satisfaction, followed by more probing oral questions.

PART TWO: METHODOLOGY: A CASE STUDY APPROACH

Two main questions have been identified for this research. They concern, i) the nature and extent of controls over the social workers in this particular social services department, and ii) assuming that the social workers continue to express satisfaction, can a link be made between this and the organisational practices?

We are interested in this one department because a pilot study has indicated that the social workers do not express the dissatisfaction predicted by a review of the relevant literature. The department appears to be different from the norm and to this extent we have what Yin (1984) refers to as a "rare" or possibly "extreme" case. At this stage we have not determined exactly what constitutes "the case", but one thing is clear : the case will be limited to part of this one department. Our methodology is going to be, almost by definition, a case study.

PROBLEMS AND CRITICISMS OF CASE STUDY RESEARCH

Generalisation

The case study has been criticised as a research method on the ground that findings from a particular case cannot be generalised to other cases. If this were true it would be a serious problem. For example, if previous case study findings could not be applied to other cases, then each new case, even if facing similar problems, would have to conduct its enquiries afresh; apart from general interest there would be little point in even reading the previous research. If all research had to be considered independently, in isolation from all other research, it would be difficult, perhaps impossible, to determine the accuracy or worth of any particular work, or to draw up standards to be observed when undertaking research.

Bryman (1988) outlines three "solutions" to the problem of generalising (p88). First, the qualitative researcher can study more than one case, which allows contrasts and similarities to be drawn. Second, more than one researcher can undertake the research, allowing some confirmation to take place between researchers. Third, a case can be chosen which is typical of a set of characteristics, enabling other researchers to examine similar settings and combine/confirm findings.

None of these solutions can be applied to this study: one department has been chosen specifically because it is atypical, and the researcher intended to work alone; these points will be discussed shortly.

Bryman's solutions accept the logic within which the criticism is made; that is, that more cases, and more representative cases lead to more accurate research, which can therefore be generalised with more confidence. We shall see that this logic has been challenged by other writers.

At one level those who assert that case study findings cannot be generalised must be seen as correct. A naturalistic enquiry investigates a phenomenon which is intimately bound by the context of its participants, its time and its place: the variables could never be repeated together: "Local conditions, in short, make it impossible to generalise", write Guba and Lincoln (1985). (p 124)

But if generalisation is not possible, is the utility of a case study limited only to the particular case in question? Surely this study of one social services department must be of some interest and relevance to a wider audience, for example other social workers and other social services departments or perhaps people in other similar organisations?

In beginning to address this question, Mitchell (1983) and Yin (1984) both suggest that those who disparage case studies on these grounds misunderstand the aims of the approach. They distinguish between analytical generalisation and statistical generalisation (Mitchell calls this "enumerative generalisation"). A quantitative researcher takes great care to select a sample which is representative of a larger population and then generalises from the sample's responses to make predictions regarding the larger population.

One well known example of such a generalisation is the sampling of voters' intentions at general elections, when on the basis of a sample of perhaps one thousand people predictions are made concerning a total population of more than 30 million voters. This is statistical generalisation.

Comparatively large numbers of respondents are required and this, combined with a requirement to categorise responses tightly, tends to limit the depth of the information obtained. Examples of quantitative research were discussed in the literature review.

The case study is different. It is not a sample which is representative of a larger whole; rather the case is the whole. Statistical generalisation is simply not a relevant consideration. Bryman (1988) asserts:

> "Case study data become important when the researcher seeks to integrate them with a theoretical context". (p.90)

Therefore the case study researcher's goal is not to generalise statistically to a larger population, but rather to expand and generalise theories; this is Mitchell's and Yin's "analytic generalisation".

This still leaves unanswered the question, "How far can one tell whether a working hypothesis developed in context A might be applicable in context B?" (Guba and Lincoln (1985)(p124))

Neither Yin's nor Mitchell's answers were convincingly developed. Yin returns to a semi-statistical stance, arguing that there should be a "replication logic (which) is analogous to that used in multiple experiments". (p48) Mitchell initiates an argument which is developed by other writers. He states, "All cases are necessarily contextualised and generalisations made from case studies must therefore be qualified with a ceteris paribus (all things being equal) condition". (p206) (Translation added.)

Guba and Lincoln (1985) suggest "that the answer to that question must be empirical: the degree of transferability is a direct function of the similarity between the two contexts, what we shall call 'fittingness'."(p124) (Emphasis in original.)

They suggest that if contexts A and B are "sufficiently" congruent, then the working hypotheses derived from the first *may* be applicable in the second.

It follows that researchers have a duty to describe the circumstances of their particular study in a manner which enables future researchers to know the degree of congruence between their own, and the original case.

Goetz and LeCompte (1984) adopt a similar perspective arguing that qualitative studies gain their potential for applicability to other situations by providing what they call "comparability" and "translatability".

Drawing these more recent writings together, Schofield (1993) distinguishes that the classic use of the term "generalisation", in the sense of producing laws which apply universally, "is not a useful standard or goal for qualitative research". The case study researcher has to provide a sufficiently detailed description of his case as to enable others "to make a reasoned judgement about the extent to which we can use the findings from one study as a working hypothesis...about what might occur in the other situation." (p208)

Finally, Guba and Lincoln (1985) point out "that if there is to be transferability, the burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere. The original enquirer cannot know the sites to which transferability might be sought, but the appliers can and do". (p298)

It seems perfectly reasonable to suppose that the findings of this particular case study will be capable of meaningful "transfer" to other social services departments and may even have relevance for a wider audience. We have noted that it has been argued convincingly that this issue is predominantly one for future researchers to consider, when they compare their sites with the one discussed in this work.

The practical point should be made that drawing lessons and ideas from case study material is an everyday undertaking; whatever the theoretical objections, people consider that the method works in practice.

Validity of the Data

Two further concerns are raised not just about case studies but about qualitative research in general. These are; a concern about the validity of the evidence (data) obtained, and a concern about its subsequent analysis.

In the design of this research these concerns about bias were considered under two headings: sampling issues and researcher bias.

Sampling Issues

"All ethnographers have to resist the very ready temptation to try and see, hear and participate in everything that goes on. A more selective approach will normally result in data of better quality..." Hammersley (1983). (p48)

Hammersley goes on to identify three areas of potential bias, about which decisions must be made when designing research programmes: people, events and time. Let us address each.

1. Who should be included in the sample? (And more importantly, who will thereby be excluded?) This question is dealt with below, see "What is the case?"

2. Precisely what issues should be enquired into? There is a continuum of answers to this question. At one end is the investigator who dictates to respondents the issues to be investigated, and at the other is the investigator who attempts to allow everything to be driven by the respondents.

In this research the writer acknowledges that at the start of the fieldwork he chose the broad areas of enquiry. However, the research design was sufficiently flexible to allow modifications to be made as new ideas were raised by respondents, or arose from the ongoing data analysis. As the research progressed it was necessary to slowly tighten the structure, but essentially this process was always delayed as long as possible.

More information about the areas to be investigated will be found under "Methods" below.

3. The timing of the study : the department was due to undergo a major internal reorganisation during the period of the study. Change is an ever present fact of organisational life: if research could be conducted only during periods of complete stability then none would be undertaken. The details of the reorganisation are given later, see "Update".

Researcher Bias

1. The researcher worked as a full-time employee of the department under investigation and was a qualified and still practising social worker. Clearly being a fellow employee increases the danger that interviewees might simply tell the interviewer what they believe he wants to hear, or otherwise alter their responses in the hope that somehow some gain might accrue to

them. Additionally, interviewees might choose not to answer accurately or fully through fear of the use which the interviewer might make of the information.

The researcher was, in fact, in an unusual position in relation to the interviewees in the study. The nature of the researcher's work meant that he had had brief and largely uncontroversial contact with many of the social workers and team managers. Although no objective evidence can be advanced, it is arguable that this prior contact made the interviewees more trusting than they would have been of an unknown researcher. Certainly it transpired that many were prepared to divulge information which could have had serious consequences for them if used inappropriately. The majority appeared to enjoy the opportunity to think around their everyday practice; indeed many said that they found the interviews stimulating.

The fact that the researcher was also a practising social worker also has advantages and disadvantages. On the positive side, it meant that the interviewer and interviewees shared a common language, and that the interviewer shared with them a common understanding of their work world. One example will be detailed later where this was a significant disadvantage, when the interviewer jumped to conclusions about the meanings of the interviewees' comments.

2. Personal biases of the researcher, potentially introducing bias during data collection, editing and analysis. Any researcher introduces bias to qualitative research, no matter how much effort is put into preventing this. The steps taken to reduce bias in this study will be found below under "Triangulation".

For the record, the researcher is a white, able-bodied male, who was in his late thirties during the research.

WHAT IS "THE CASE"?

This study has as its focus the social workers in this one department.

This is a potentially large target group, since many people in the department have "social worker" in their titles, for example, residential social workers, fostering social workers, adoption social workers, day care social workers, hospital social workers. The study is directed towards those social workers who do general as opposed to specialist work, and who also take part in both a duty system and have ongoing responsibilities for clients allocated to them.

The reasons for choosing this particular group of social workers were:

i) The majority of existing literature concerns generic work. Researchers are encouraged to undertake their enquiries in a manner which enables future work to make meaningful comparisons.

ii) At the time of starting the research the department was organised generically, and generic social workers constituted the largest single group of social workers. Comparing

the work of small groups of specialist workers would have been difficult given the nature of the enquiry.

iii) Duty and ongoing work form a basic division of labour in social work, and it was considered important that both should be investigated.

Staff fulfilling these requirements were to be found in four settings, three area offices and the hospital group.

For the sake of clarity and brevity it is now necessary to make a chronological jump in order to explain how and why the hospital social workers came to be excluded from the study.

A total of 13 questionnaires were completed by hospital social workers. The preliminary analysis of these suggested that it might be difficult to include them in the study. For example, of the 13 completed questionnaires, 8 claimed that they did not undertake duty work; the words "not applicable" appeared regularly on the questionnaires; one social worker had written' "my post is a one off"; another indicated that she worked only with children suffering with spina bifida.

As a consequence of these initial concerns, interviews were conducted with five of the hospital social workers. These interviews showed clearly that not only was hospital social work practice completely different from that of field social workers but also that one hospital social worker's practice was difficult to relate to another. No sensible way could be found of linking the results of the hospital questionnaires or interviews with those of the field social workers. As a result, no further work was undertaken with the hospital social workers, and the completed questionnaires, and the data from these five interviews, were excluded from the analysis.

The final target group of social workers was therefore 44 field social workers. (This equals the number of people involved, not posts, as several of this number were part time employees.)

Our central question clearly puts social workers centre stage; but we cannot study the process of their organisational control unless we also target other personnel who are involved in this process.   It was clear that team managers were crucial to the enquiry.

It was noted above that the study was started at a time when a major departmental reorganisation was planned. It quickly became apparent that the changes wrought by this reorganisation would be greatest at the level above team managers. In the old organisation the three area offices each had an area manager, each of whom was responsible for services across all client groups.   Following reorganisation the department was going to be organised along client specialisms and staff at the comparable managerial level were to be termed service managers, with each being responsible for field, residential and day care services for a client specialist group in a specific geographical area.

During the period of research design, uncertainties about the future shape of the organisation made it impossible to decide whether service managers or other senior managers could be or should be included in the research.

The *potential* number of subjects, the "size of the case", was therefore 44 social workers, 12 team managers, 8 service managers and 5 DMT members, a possible total of 69 persons.

RESEARCH METHODS

The broad concerns which this study seeks to address were identified on page 51. In turning attention towards the methods to be employed in the enquiry it was necessary to be more specific about the areas of social work practice which required investigation. Among the information required was the following.

Concerning Duty : The types of situations which social workers consult duty team managers about; why they do this; procedures connected with consultation; when in the information gathering - assessment-decision making process social workers consult; what difference consultation makes; how do social workers know when to consult, i.e. where do the norms come from; the social workers' views concerning consultation.

Concerning Their Own Caseloads : Whether the social workers have supervision; how often; what is the purpose of supervision; what happens during supervision; does supervision change assessments? or decisions? What value do social workers place on supervision?

Even from this incomplete list it is clear that the number of issues to be covered, coupled with the potential number of interviewees and the number of different teams and office sites, raised some important questions about the methods to be employed if the research was to reach a sensible balance between breadth and depth.

Observation was considered, but precisely what should be observed? The areas of practice listed above cover two broad processes: first, comparatively brief and ad hoc consultations with duty team managers; and second, planned supervision sessions. In both these situations, especially the duty work, it was difficult to see how observation alone could supply the required information. Observation would need to be supplemented by oral questions. Expressions of pressure and overwork were rife and the researcher considered that constant requests to explain behaviour could have ended up alienating the staff thereby prejudicing the whole research endeavour.

Tape recording supervision sessions was also considered, but again the same problem was foreseen.

Patton (1990) discusses this dilemma eloquently:

> "We interview people to find out from them those things we cannot directly observe. The issue is not whether observational data is more desirable, valid, or meaningful than self-report data. The fact of the matter is that we cannot observe everything. We

cannot observe feelings, thoughts, and intentions. We cannot observe behaviours that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer. We cannot observe how people have organised the world and the meanings they attach to what goes on in the world. We have to ask people questions about those things. The purpose of interviewing, then, is to allow us to enter into the other person's perspective. Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit." (p278)

Referring back to the research issues, and also to the passage above, the decision regarding methods was comparatively clear cut. Most of the research data would depend on the social workers' and others' previous behaviour, and their "feelings, thoughts, and intentions" concerning their actions. The research is, therefore, primarily about what people believe or think they do, and why they believe or think that they do it, rather than aiming to discover what they actually do.

It was decided to pursue the main data collection by extended interviews with the social workers and team managers. By using semi-structured interviews it would be possible to ensure that the interviews covered very similar areas. Further, an interview schedule would allow flexibility over the course of an individual interview, whilst ensuring that all points were adequately covered. It was anticipated that a different interview schedule would be required for the interviews with the team managers, since whilst it would be possible to ask them about many of the issues raised with the social workers, they would also have a range of specific concerns.

TRIANGULATION

The problem of bias in qualitative research has just been discussed briefly. Qualitative studies strive to "triangulate" their sources of data in an attempt to reduce bias, and increase the likelihood that the data collected are both reliable and valid. Miles and Huberman (1984) explained triangulation as follows:

> "Stripped to its basics, triangulation is supposed to support a finding by showing that independent measures of it agree with it or, at least, don't contradict it." (p 234)

Patton (1990) (p464) outlined four different means of triangulation, these being:

> methods triangulation;
> triangulation of sources;
> analyst triangulation;
> theory/perspective triangulation.

This study was to be conducted by a researcher who would collect data alone, edit alone and analyse alone. In addition, he was a colleague of the respondents. Triangulation, important for all qualitative studies, was seen as a crucial means of enhancing the internal validity of the study. Given the importance attributed to triangulation in this study, each of the above four categories will be considered.

Methods Triangulation

Two further methods were seen as appropriate for this enquiry and were therefore employed. Much of this study concerns the department's procedures, rules, and levels of decision making. The formal written departmental procedures and rules were contained in a staff instructions book. The analysis of these documents would provide an independent source for cross checking the interview data.

It will be remembered that there were some concerns about the validity of the pilot study findings, and that a questionnaire was considered to be the most effective way of reaching more social workers, whilst at the same time providing an independent source of data. The questionnaire design, its distribution and findings will be outlined later.

Three methods would be used in this study, which will increase confidence in the validity of its findings: interviews, documentary analysis and a questionnaire. This would reduce the possibility that both the data and analysis were dependent on the personality of the researcher.

Triangulation of Sources

This was to be achieved by several means. First, the interviews were to be conducted with at least two levels of staff, i.e. social workers and team managers. Thus different perspectives would be obtained about the various issues. (In fact staff up to and including the director were included, which gave ample opportunity to cross check different perspectives.) Also, interviewees would be drawn from different teams and different offices which would mean that the data could not be dismissed as idiosyncrasies of a particular team or office. Further, the interviews would be conducted over an extended period of time, and therefore the findings could not be dismissed as dependent on passing stimuli.

Analyst Triangulation

Strictly speaking this would be impossible to achieve, as the researcher intended to work alone. A number of steps were planned, however, in order to try and reduce bias at each stage of the enquiry. It would be possible, for example, to seek independent views on the questions to be included in the questionnaire; at each stage the research could be discussed with both academics and practitioners; additionally the analysis could be discussed with various respondents.

In addition to the above, "respondent validation" could be used to ensure that what the researcher had recorded was that which the interviewees wished to have recorded, and also therefore that which the interviewees would permit to be used, see for example Bryman (1988). It was decided that transcripts of the interviews would be sent to interviewees along with a request that the interviewee should delete, amend or add anything which she/he wished.

Theory/Perspective Triangulation

This involves the use of different theoretical perspectives to look at the same data. One method is to examine the data from the perspective of the different "stakeholders" in the sample. It is the most difficult triangulation method to express in a written document, since it largely depends on the integrity and rigour of the researcher.

It was decided that two measures could be adopted which would help to demonstrate the validity of the analysis. First, a number of staff who were "on the edge" of the sample would be included in the research, i.e. some specialist social workers working in unusual settings. It was hoped that deliberately extending a small way beyond the intended boundary of the study would enable that boundary to be more clearly delineated.

Patton (1990) describes this as searching for "disconfirming cases", which are: " a source of rival interpretations as well as a way of placing boundaries around confirmed findings. They may be "exceptions that prove the rule" or, " exceptions that disconfirm and alter what appeared to be primary patterns". (p178)

Second, it was decided that material which was awkward, which did not fit with the developing analysis, would be explicitly included in the report. This would enable readers to judge whether the researcher's conclusions were justifiable, or whether a different formulation would have been more appropriate.

RESEARCHER'S THEORETICAL STANCE

The writer approaches research from a position which understands people to be constantly engaged in an attempt to make sense of the world around them and to be acting predominantly in a manner which can be seen as rational and intentional within that framework. (Berger and Luckman 1967); Heron (1981)).

It follows that if a researcher asks a subject: "What did you do?" then the subject will be able to give an answer which covers the subjectively important elements; and that when this is followed by the question "Why did you do that?" then the subject will usually be able to give a rational, or at least comprehensible, explanation of their actions.

Some qualifications are necessary. People may lie; they may forget; their answers may be partial; they may confabulate; they may be wrong; they may be confused; they may not know. The researcher will need to probe, to empathise, to challenge, to reformulate. It should be noted that all social research, not only qualitative, is open to such distortions.

By the end of an interview the researcher should have an account of action which is rich in detail of description and subjective meaning and explanation. There should be internal consistency and the account should also accord with any external information. Further, the account should make sense. Any inconsistencies or oddities will be noted for future checking. Schutz (1970) asserts: "We normally 'know' what the other does, for what reason he does it, why he does it at this particular time and in these particular circumstances." The writer accepts

that this "commonsense" approach to social research has considerable validity, and can also be used to gauge the accuracy and truth of respondents' answers.

The researcher, therefore, has a position which understands research to be a largely collaborative undertaking *with* people as opposed to *on* subjects. Respondent validity will be used to confirm that the account prepared by the researcher is that with which the respondent agrees, i.e. it is an accurate and complete statement of the respondent's views.

The above process will be repeated with a number of respondents. The research will be in the form of a case study, meaning that the maximum number of respondents is limited in advance by the size of the case. Glaser and Strauss (1967) describe "theoretical saturation", a point reached when there is no new data being found which can assist with the research. (This is in contrast with statistical sampling, where the aim is to have as many confirmations of a finding as possible.) In advance of the fieldwork it was hoped that there would be sufficient respondents to reach this point of saturation. (This proved to be the case with social workers, team managers and service managers, but only partially so with senior managers.)

The research will have three broad levels of ambition. It will attempt: to provide a detailed description of conduct in the department; to provide an explanation of that conduct; to draw theoretical propositions from the data.

The overall approach will be inductive: explanations and theory will be firmly "grounded" in and generated from, the data accumulated during research process. The data from all respondents will be used to build ideal type accounts and explanations of behaviour. Some material will not "fit" with the ideal typical formulations. Much of this awkward material will be included in the presentation of findings so that readers will be able to judge for themselves the validity of the researcher's decisions and conclusions.

Bryman (1988) describes "an interwoven amalgam of elements" which make up the research process:

> "Thus the presentation of the natives' point of view can be viewed as comprising three components: the way in which the natives view the world, the ethnographer's interpretation of how they view the world, and the ethnographer's construction of his or her interpretation of the natives' view of the world for the ethnographer's own intellectual and cultural community. Respondent validity may be of assistance with the second element but not with the third". (p80)

The point is, for this particular piece of research, that by the time Bryman's third stage is reached, which in this research will be the point at which explanations of behaviour are constructed, the constructions will not relate to, or result from, any one particular respondent's views, but rather to, and from, the ideal typical formulation. These second level constructs assume an objectivity which is different in kind from the first level commonsense thinking from which they derive, see Schutz (1970).

But there are other reasons for not seeking respondents' views at this stage. For the principal one we have to return to an earlier point, where it was suggested that action is predominantly rational and intentional and capable of rational explanation. This research is primarily

concerned with why respondents think or maintain they act in particular ways. There may, however, be some motives and explanations which are not revealed for various reasons and which the researcher considers require explanation. If gentle probing fails satisfactorily to answer questions which nag, the researcher's role has to be to offer explanations which make sense.

A second reason applies both to the researcher's construction of ideal types and also to the researcher's explanations of unexplained or hidden motives. It is the researcher who is intimately caught up in every aspect of the research development and the detail of each individual respondent's small part of the whole. The researcher's commitment is total, each individual respondent's only partial. The researcher has a duty to take responsibility for the research conclusions and to him will fall any blame for shortcomings, along with any praise for worthy results.

How can we have any confidence that the final theoretical formulations have any accuracy even for the particular case studied, let alone any potential for generalisation?

First, whilst respondent validity would be an inappropriate process for the reasons given above, the final constructions will be based on the ideal type formulation, which in turn is based on the individually validated reports. Thus, whilst validation may be inappropriate, the final conclusions will not be arbitrary constructions, and they should at least make sense to the majority of respondents and other readers; they should be "adequate". The researcher is, writes Henkel (1991) "in the position of the historian weighing evidence on its inherent probability." (p 239)

Second, they must be logically consistent, such that future researchers will be able to judge the extent to which they should be capable of transfer to new sites.

Third, and perhaps most important, the account of the undertaking will be as open as possible. The awkward material, the "disconfirmers", the maverick respondents, the weaknesses, will be displayed. Readers will be in a position to judge the validity of the whole exercise.

PART THREE: GETTING GOING - From Theoretical Concerns to Practical Problems

Access

The researcher wrote a paper outlining the research proposal, and gave an oral presentation to the Departmental Management Team. The proposal was approved, and permission to undertake the research was granted. The researcher was left to make his own approaches to the staff involved.

Questionnaire Design

The questionnaire was seen as a bridge between the original research proposal concerning satisfaction and the research questions which had evolved out of the pilot study findings

concerning the organisation of the social workers in this department. The questionnaire therefore had to serve two separate purposes: first, it had to confirm, or alternatively call into question, the findings and conclusions of the pilot study; second, it had to provide additional information upon which to base the interviews should these take place. A requirement of the first of these purposes and a benefit to the second, was that the questionnaire should be answered by a larger number of social workers than had been included in the pilot study; it should attempt to be more representative of the department as a whole.

These disparate purposes were achieved by a questionnaire which asked for three types of information. First, information concerning behaviour; second, explanations of that behaviour; third, a satisfaction rating concerning the two previous answers.

The questionnaire went through three drafts and revisions, with each version being tested by a number of social worker acquaintances of the researcher who had no connection with the borough in the study. The final questionnaire is reproduced in full as appendix 1.

The questionnaire was divided into five sections, viz:

> Section 1 concerned work on duty
> Section 2 concerned elderly clients on caseloads
> Section 3 concerned children/families on caseloads
> Section 4 concerned approved social work duties
> Section 5 concerned general departmental issues.

Section 4 refers to mental health work for which social workers are required to undertake specialist training in order to be "approved". Only four social workers completed this section. Several others noted that they had only recently gained their approval for this work, and consequently did not consider that they had sufficient experience to answer the questions sensibly. Whilst the question will be found in the appendix, the results of this section have been excluded from the presentation as no meaningful information could be drawn from them.

Reproduced below are questions 1A, 1B, and 1C from Section 1. The general style of these questions was repeated through the whole of the questionnaire, although there were some amendments according to need.

<u>Section One</u>

1(a)   When you have assessed a new piece of work concerning an elderly person, where there is <u>no</u> immediate risk, do you discuss the situation with the duty team manager:-

    (i)   Every time
    (ii)   Usually
    (iii)   About 50 : 50
    (iv)   Not usually
    (v)   Never

1(b) If/when you do discuss, is this:-

(i) A requirement
(ii) Your choice
(iii) Other - please specify

1(c) Please describe your <u>general</u> views on the situation your last two answers describe:-

(i) Very satisfied
(ii) Satisfied
(iii) No strong view
(iv) Dissatisfied
(v) Very dissatisfied

The parts of the questionnaire concerning satisfaction were designed primarily to answer the question: are there any grounds to pursue research concerning social workers' job satisfaction? For the research to proceed, significant dissatisfaction would need to be expressed.

<u>Questionnaire Distribution and Return</u>

The questionnaire was designed to be answered only by social workers, not managers. As mentioned previously, the total number of social workers identified as the target for the research was 44, and these staff worked in three area offices. The researcher was involved in a large number of meetings with different staff groups, explaining the nature of the research, and enlisting the involvement of individual social workers.

The research was designed to be conducted in two phases, first the questionnaire, followed by the interview. It was explained to the social workers that by volunteering to take part they were agreeing to both stages.

The literature concerning social workers' satisfaction found that one reason for dissatisfaction was a feeling of pressure from too much work. The social workers in the department under investigation regularly complained of overwork and pressure. The researcher was concerned that the research endeavour should not add to this pressure, and that the social workers should regard participation in the research as a worthwhile use of their time. It was important therefore that at these initial meetings the time commitment required from participants should be seen as reasonable, and further that the estimates given should be adhered to reasonably closely. The social workers were told that the questionnaire would take about twenty minutes to complete, and the subsequent interview would take about one hour. This consideration had to be borne in mind when working out the interview schedule.

Also the social workers were feeling anxious about the approaching reorganisation, and senior managers were the target for some negative feelings about these changes. It was necessary for the researcher to reassure the social workers that the research was being conducted entirely independently of the department, and would be reported only in a manner which assured anonymity.

For these reasons it was seen as important that people agreeing to take part in the research should do so because they were interested in the subject matter.

Much time was spent on these initial stages of the work, which eventually seems to have borne some fruit, since there was a high completion rate for the questionnaires, and low drop out at the interview stage.

Of the 44 field social workers in the target group 9 said that they did not want to take part in the research and consequently 35 questionnaires were distributed. A total of 30 social workers completed and returned their questionnaires, thereby indicating their willingness to take part in subsequent interviews. Of these 30, one emigrated before the researcher had been able to make contact, one withdrew for personal reasons and one withdrew for unstated reasons. Thus, 27 social workers took part in the later interviews. This total was made up of 6 level two social workers, 15 level three and 6 level four. The social workers were drawn from three area offices, 9 from one, 9 from the second and 8 from the third. Apart from one additional social worker who worked with the Community Mental Handicap Team (sic), and one from an area office who also specialised in work with clients with learning disabilities, the sample was, at least in theory, generic. In practice most worked predominantly with children and families.

Team Managers

Twelve team managers were identified as the target group. Of these one was not interviewed because of the specialist nature of his work.

Analysis of questionnaire data

Initially the questionnaires were analysed in order, a) to answer the question about whether the original research concerning satisfaction should be terminated, b) to draw out general themes which would require investigation during the interview stage, and c) to identify particular questions which could be asked of individual respondents.

More detailed analysis was left until later.

Interview Schedule

Previous sections have expanded the original two broad research questions into a larger number of areas for enquiry. The final stage of this process of framing was the preparation of an interview schedule which would be used as an aide-memoir in the interviewers with social workers. As above, the questionnaire data were used to help design the interview schedule.

The full schedule will be found in appendix 2. The amended versions used for the various managers will be found in appendix 3.

All respondents were asked questions concerning all the main heading areas indicated by the relevant schedule, although, of course, the more detailed sub questioning areas were dictated

by local circumstances, for example particular office organisations, people's specialisms or recent experiences.

Preparing for Each Interview

All interviewees were assured of confidentiality, although what this assurance actually meant in practice varied according to the interviewee's position in the organisation. For example one could be confident that a quotation or view attributed to a level 3 social worker could not be traced back to an individual. Clearly another quote or view attributed to, say, an assistant director could easily be traced to a particular individual even if this person was not named in the thesis.

The researcher asked all interviewees whether they had any objection to the interview being tape recorded, and no-one objected. Good equipment was used, and there were no problems with the recording clarity.

Interview Facts and Figures

In the main research study, a total of 27 interviews were conducted with social workers, 11 with team managers, 8 with service managers, and 5 with senior managers. The director and one of the assistant directors were interviewed a second time. Most interviews lasted about 1 hour and 15 minutes.

The staff showed great interest in, and commitment to, the undertaking, which made the task considerably more pleasurable than would otherwise have been the case. Almost without exception interviewees had found a quiet room for the interview, and arranged for telephone calls to be diverted.

Transcribing the interviews

Transcriptions were made of all the interviews. A verbatim transcription of every interview would have been beyond the time and resources available to the researcher. Therefore, two areas of concern required decisions: first, which subjects or issues should be included, and which excluded; second, once the decision had been made to include an item, in what form should it be included?

Excluding material early in the research process potentially prejudices the findings. In order to reduce this no transcriptions were undertaken until four of the interviews had been completed, then the tapes of these first few interviews were listened to, and the main categories of enquiry were determined. This categorisation provided the first rationale for what should be transcribed.

This review turned out to be more revealing than had been expected, and some important modifications were made to the interview schedule as a result. (As a result of this experience the process of review was repeated, but no further changes of any significance were indicated.)

Concerning the second point, above about the format in which material should be included, it was decided to transcribe information in three different forms: first, passages which were seen as not directly germane to the enquiry were covered by providing the general gist of the passage; second, parts of the interview which were relevant to the enquiry, but where the interviewee was giving considerable detail which was of no great consequence to the enquiry, were reported in summary form; third, passages of direct relevance were reported as quotations.

The transcriptions were returned to the interviewee with a request that they should make any deletions, amendments or additional comments which they wished. About a third of the interviewees made minor textual amendments, whilst a smaller number made detailed observations. The result of the process was always to either clarify or add to what had been written, ie there was no case where an interviewee wanted to withdraw something. These amendments were, of course, included in the final version of the transcriptions which were used in the analysis.

Update

At the stage of research design, there were a number of imponderables, mainly revolving around the re-organisation of the department. The re-organisation took place in October 1990, by which time the questionnaire had been distributed, returned and analysed, and the social workers had been interviewed. Prior to re-organisation the department was organised primarily on a geographical basis, with most social workers being seen as generic, although in practice there was considerable specialisation. After re-organisation the department was organised along client specialisms. The interviews with team managers took place after re-organisation. On paper most of these team managers' jobs had changed considerably, although in practice the changes were less than might have been expected: for example, many team managers remained sitting at the same desk, with almost identical teams of social workers, who in turn kept the majority of their previous caseloads. At the other end of the scale, one team manager moved from supervising a team predominantly dealing with child care cases to supervising a team of social workers and welfare assistants dealing exclusively with elderly clients. He was, however, the exception.

Again, during the design no decision was taken about whether interviews would be conducted with senior managers. As the research unfolded it proved appropriate to interview the service managers involved in supervising fieldwork and also the assistant directors, deputy director and director.

There was some concern that it would be difficult to relate the pre and post re-organisation data, but fortunately these fears proved unfounded. In practice the greatest change seemed to have been experienced by the people undertaking the new service manager responsibilities and they were all able to reflect on both their previous and present positions and responsibilities. If anything, this extra perspective enhanced the data.

Analysis of the Interview Transcriptions

The material was initially analysed by allocating codes, with the codes being based on the categories worked out from the transcriptions. Much of the material could, of course, have been included in more than one category, so decisions about primary and secondary codes had to be made. The transcriptions were then literally "cut and pasted" onto large sheets of card according to the primary coding, with appropriate cross-referencing to secondary coding areas. Considerable time was taken over this cutting and pasting, such that much of the material was broken down into its finer points at this, rather than a subsequent, stage.

The material was anonymised at this stage, since sharing the data collected from staff was intended to form part of the interviews with senior managers.

The organisation of the material will become apparent in later chapters.

SUMMARY AND CONCLUSIONS

In order to achieve its goals an organisation has to have some means whereby its workers' conduct is controlled. In the professions this control tends to be achieved as a result of a lengthy period of training, during which the rules or norms of behaviour are internalised. The professional comes to the organisation "pre-programmed".

Literature indicates that welfare organisations achieve this control not by professional means but by two traditional bureaucratic means. First, formalisation, that is by the use of procedures and rules which are usually written, and second, centralisation, that is by pulling decision making powers up the organisation. Having made the rules, compliance is ensured by a management hierarchy. In social work it is supervision which ensures compliance, uniformity and quality. Crucially, supervision establishes the individual worker's accountability to the organisation.

Studies of social workers' job satisfaction consistently reveal that formalisation and centralisation are sources of dissatisfaction.

A pilot study has indicated that this department is unusual in that there appears to be only limited formalisation of practice, and decision making appears to be relatively decentralised. In addition, the pilot study found that the social workers generally expressed satisfaction with their work and its organisation, but considerable dissatisfaction with their supervision.

The pilot study had investigated only a small number of social workers, and it was decided that its results merited further investigation with a larger sample. Two main questions were identified for the research. First, the research would investigate the nature and extent of controls over the practice of the social workers. Second, the research would aim to discover whether the social workers were satisfied with their levels of autonomy and decision making powers, and with the degree to which the department formalised their behaviour.

The research would take the form of a case study, and this chapter explored the problems associated with this type of enquiry, paying particular attention to issues of validity. The boundaries of "the case" were identified, and the research methods were finalised.

Finally, details of the means of data collection and analysis were given.

The pilot study findings suggest that the department may be an example, or variant, of the professional bureaucracy described by organisational theorists. If further research proves this to be the case, then a number of interesting questions will be raised.

First, if the department does not use formalisation and centralisation to control its workers, what, if anything, does it use instead?

Second, is the extant situation the result of deliberate planning or has it simply evolved in a more haphazard fashion, because it suited the needs of staff?

Third, if managers are not using formalisation and centralisation to control behaviour, how do they ensure that standards are similar across the organisation, and that quality is maintained?

Fourth, most importantly, and encompassing all the above questions, how does the organisation deal with the issue of accountability?

Chapters 4 to 8 present the data gathered during the research.

CHAPTER 4: THE DATA CONCERNING DUTY WORK

INTRODUCTION

This chapter is the first of a total of five which together lay out the data accumulated during the research. The manner in which the data are organised *within* each chapter will be explained shortly, but first it is necessary to explain briefly the division into separate chapters.

One of the divisions of labour in social work is between "duty" and "ongoing" work. People who are not known to the department, and those who have been known in the past, but with whom no work is currently being undertaken, approach the department via the duty system. The social workers take it in turns to be "duty social worker", and as such they have to deal with these new referrals to the department. Referrals can be made in person, by telephone or by letter.

Some people have difficulties which can be resolved satisfactorily by duty social workers. When it is clear that longer term assistance will be required, a social worker will be nominated to undertake the work. The process of passing the work from the duty system to named social workers is termed allocation, and social workers refer to their ongoing work as their "allocated cases".

There are some significant differences between duty work and ongoing work, and social workers have different attitudes towards these two aspects of their daily practice. Generally the pace of work on duty is brisker; assessments and decisions have to be made relatively quickly. The main task on duty is to either resolve the referral or to achieve some stability so that the person/family can be allocated to a social worker for longer term work.

Some social workers enjoy duty work and some dislike it intensely. Whatever their attitude, there is inevitably less sense of involvement and ownership.

> *   "On duty I do see myself as part of a team, more than perhaps I do on my individual work, and so it doesn't follow that the next person will automatically agree or even that the duty senior will agree. Often what I've done is just a small part of the process in any case." SW 13 level 3

This chapter presents the data concerning work on duty. Chapters 5 and 6 both cover the ongoing work which is allocated to individual social workers, with chapter 5 giving the questionnaire results, and chapter 6 presenting the interview data.

Chapter 7 then addresses the particular topics of responsibility and accountability, with chapter 8 dealing with the analysis of relevant documents.

The organisation of the data

The research data are organised primarily by subject matter. Some of the subject headings derive in a straightforward way out of the subject matter of the research, the development of

which was outlined in previous chapters, with other headings being generated from the analysis of the interview transcriptions.

The data from the questionnaire are presented at the start of the relevant subject areas. Each set of findings is followed by a brief discussion which shows, amongst other things, how the data were used to frame the interview schedule.

During the interviews an attempt was made to keep duty and ongoing work separate. This was only partially successful, and, useful as the split was for some topics, for others it was somewhat artificial. During the interviews it was sometimes immediately clear that respondents' answers were moving from duty to ongoing work, whilst at other times this only became apparent later. The researcher has attempted to group responses as authentically and meaningfully as possible given these circumstances.

There is another important point to make before presenting the data. All the staff who were interviewed were volunteers. The researcher decided that it was not appropriate to pursue vigorously a number of points where interviewees were indicating vulnerabilities. This means that there are occasions where a conscious decision was taken to leave certain questions unasked, which, from a research perspective, it would have been helpful to pursue.

Although designed primarily for the social workers, it was possible to follow a number of the issues through with the team managers, and in some cases up through all the layers of hierarchy. Where this was done the data are presented in hierarchical order, that is social workers first, followed by team managers, then service managers and finally members of the departmental management team (DMT).

The presentation relies heavily on direct quotations. The start of each new quotation is marked by a star (*) and the end of each quotation by one of the following sets of initials :

SW	=	social worker
TM	=	team manager
SM	=	service manager

The quotes from the members of DMT are either clearly labelled individually, or appear under the heading "senior managers".

Except in the case of DMT, following the initials there will be a number. There were 27 social workers, 11 team managers, 8 service managers and 5 DMT members in the study. As an example therefore, where SW 7 occurs, the quotation is from the social worker numbered 7. In this way it is possible to trace a particular worker's responses through the various subject sections.

There are two exceptions to these conventions. First, there being only 5 senior managers in the study there was some concern that individuals could be easily identified. In order to reduce this risk, it was decided that senior managers' responses should not be numbered. Second, on a few occasions individual senior managers are identified by their particular title, e.g. director, assistant director.

Confidentiality and Anonymity

Confidentiality was a major concern for all involved, and several precautions have been taken in the presentation. First, as above, only numbers are used rather than identifying teams or offices. Second, it was decided to refer to all interviewees at each particular level as either male or female according to which was the majority. Thus, all social workers are referred to as female, team managers as male, service managers as female and DMT members as male. This convention simply reflects the majority at each level, but considerably enhances the quest for anonymity.

All interviewees were told of the uses which would be made of the interview material, but were assured that potentially damaging material which was traceable would be omitted; a small amount has had to be excluded on this ground. In addition, specific permission was obtained from the individual workers before particularly sensitive quotations were used.

Glossarial notes

There is a national agreement which provides guidelines concerning the grading of social workers. By this, level 1 social workers are unqualified, level 2 social workers are newly qualified, and level 3 social workers have at least two years' post qualifying experience. During the research process Sutton introduced a level 4 scheme, whereby social workers with a minimum of two years' experience at level 3 could apply for one of a limited number of "senior practitioner" posts.

Sutton has for many years had a policy of only appointing qualified people to social worker posts, meaning that all social worker respondents were qualified.

Readers who are unfamiliar with the terminology of social work may find the following helpful:

> ACPC - The Area Child Protection Committee is a grouping of all agencies working with children, responsible for producing guidelines and procedures for child protection.

> Approved social worker - a social worker with specialist training in work with psychiatric illness.

> CQSW - the professional social work qualification at the time of the research.

> Learning disability is the most acceptable term for what used to be known as mental handicap.

> NAI - non-accidental injury - usually a term concerning children.

> RIC - reception into care - a term describing a particular route whereby children were provided with care. Since the research was undertaken legislative changes have made the expression obsolete.

- referred to legislation which allowed the department to give financial assistance to families in order to prevent the need for children to enter care. Under the new Children Act 1989 this has become "section 17".

THE DATA CONCERNING DUTY WORK

The details of the systems employed by the three offices to staff their duty systems varied. All involved individual social workers "being on duty" for a half or whole day at a time, every two or three weeks. The only variable which made a consistent difference to the research findings was the practice in one of the offices whereby, as far as possible, cases which required allocation were allocated to the social worker who dealt with the referral on duty. Knowing this the social workers in this particular office acknowledged that they probably tried harder to sort referrals out quickly. The question in the questionnaire asking social workers whether their recommendations concerning duty work were followed made little sense to these social workers, since any recommendation was made to themselves.

QUESTIONNAIRE RESULTS

Section 1 of the questionnaire concerned duty work, and gave clear indications about the areas which needed to be covered in interviews. The relevant results were as follows.

1a) When you have assessed a new piece of work concerning an elderly person, where there is no immediate risk, do you discuss the situation with the duty team manager:-

i)	Every time	0
ii)	Usually	1
iii)	About 50:50	3
iv)	Not usually	20
v)	Never	4
		28

1b) If/when you do discuss, is this:-

i)	A requirement	0
ii)	Your choice	24
iii)	Other	3
		27

1c)

Satisfied	25
No strong view	3
Dissatisfied	0
	28

2a) When you have assessed a new piece of work concerning an elderly person, where there <u>does</u> seem to be immediate risk, do you discuss the situation with the duty team manager:-

i)	Every time	13
ii)	Usually	10
iii)	About 50:50	2
iv)	Not usually	1
v)	Never	<u>0</u>
		26

2b) If/when you do discuss, is this:-

i)	A requirement	8
ii)	Your choice	18
iii)	Other - please specify	<u>0</u>
		26

2c)

Satisfied	25
No strong view	1
Dissatisfied	<u>0</u>
	26

3a) When you have assessed a new piece of work concerning a child or family, where there is <u>no</u> immediate risk, do you discuss the situation with the duty team manager:-

i)	Every time	0
ii)	Usually	2
iii)	About 50:50	10
iv)	Not usually	15
v)	Never	<u>0</u>
		27

3b) If/when you do discuss, is this:-

i)	A requirement	0
ii)	Your choice	26
iii)	Other - please specify	<u>1</u>
		27

3c)

Satisfied	23
No strong view	4
Dissatisfied	<u>0</u>
	27

4a) When you have assessed a new piece of work concerning a child or family, where there <u>does</u> seem to be an immediate risk, do you discuss the situation with the duty team manager:-

i)	Every time	27
ii)	Usually	1
iii)	About 50:50	0
iv)	Not usually	0
v)	Never	0
		28

4b) If/when you do discuss, is this:-

i)	A requirement	24
ii)	Your choice	2
iii)	Other-specify	2
		28

4c)

Satisfied	28
No strong view	0
Dissatisfied	0
	28

5) Overall, what are your views about the requirements to consult, and the availability of consultation on duty?

i)	Satisfied	25
ii)	No Strong view	3
iii)	Dissatisfied	0
		28

6a) Once you have completed a piece of work on duty, do you make a recommendation about further action:-

i)	Every time	9
ii)	Usually	13
iii)	About 50:50	5
iv)	Not usually	2
v)	Never	0
		29

6b) If you do make recommendations, are these followed:-

i)	Every time	0
ii)	Usually	19
iii)	About 50:50	3
iv)	Not usually	0
v)	Never	0
		22

(The way allocation was organised in one office meant that the social workers usually did not know whether or not their recommendations had been followed).

6c)   Please describe your <u>general</u> views on the situation your last two answers describes:-

Satisfied   23
No strong view   3
Dissatisfied   2
                             ─
                             28

Discussion

There were no patterns of difference between sub-groups in these findings, ie there were no patterns of differences between offices, between teams, between levels of experience, between men and women or between any other groupings.

From the results it is clear that social workers are more likely to consult team managers when they consider that risk is present, but that with elderly people they see this as their choice, whereas when children are involved consultation is seen as a requirement.

Social workers are clearly satisfied with being able to choose whether or not to consult the duty team manager for all elderly clients and also children where there is no risk. They are equally satisfied with being required to consult when children are perceived to be at risk.

The concept of risk was clearly an important factor influencing the social workers' behaviour. Several questions were identified which would need to be covered during the interviews, eg. what did social workers understand by "risk"? From where did they derive their notions of what constituted risk? Had their patterns of consultation changed with increasing experience?

There was less agreement concerning the making of recommendations, and again it was decided that this should be followed up in the interviews.

Perhaps the most surprising finding from this section looking at duty work is the high levels of satisfaction expressed. In all only two expressions of dissatisfaction were given, both being from social workers who were concerned that their recommendations were not always followed.

INTERVIEW DATA

Consultation on Duty and the Concept of Risk

The questionnaire results showed that the concept of risk was an important determinant of behaviour, and in the interviews the social workers were asked to expand on the role that the concept played in their decisions whether to consult or not. Dealing with cases where there

was perceived to be risk caused social workers considerable anxiety, and many understandably wished to share this burden with another person:

*   "I think it's partly about my own anxieties. It helps to relieve them, that you are consulting someone else, and sharing the decision making, and it's actually, I suppose it's helpful, someone outside confirming the assessment I have made or actually thinking of things I have forgotten, because in a high risk situation your own level of assessment can sometimes go awry because of the general heightening of anxiety. So I suppose I use a senior as a way of reducing the anxiety." SW 3 level 3

*   "Because I feel something is a risk, then obviously I think I would prefer to have a second opinion, because I think it's more worrying and anxiety provoking...that it helps you to get someone else's view on it." SW 12 level 3

There was a range of other reasons given for consultation:

*   "I think decisions about acceptable risk, you need support, not only to make the decisions, but to follow them through, and in some areas, for example sexual abuse, it's so difficult not to have personal views and to remain objective and in things like that you need to be able to bounce off someone else." SW 4 level 4

*   "I think risk is something where you're seeking a second opinion, as the decision you're reaching, someone may take a different view or know of different resources, or an alternative method that you might look at. I'm thinking that with the elderly I am not an expert, and there may be other resources available." SW 5 level 4

*   "Basically I feel I can make the decisions about risk and what are the important issues. But how to deal with them, this is something I certainly need consultation on, because there's certain areas of this work that I am not very experienced in yet."
    SW 20 level 3

Child Protection

As with the questionnaire, all the social workers were clear that they would consult in cases where children were seen to be at risk, and that such consultation was a requirement. There being no dissenting voices at all, only two illustrative quotations are given:

*   "To me it's a fairly clear cut-off. If it's a non-accidental injury or a potential non-accidental injury then that's a clear case for consultation." SW 3 level 3

*   "If it's a question...of children at risk you would always consult with a manager."
    SW 7 level 2

Whilst all social workers said that they would consult in cases where children were considered to be at risk, and saw this as a requirement, it became clear that not all interpreted this as meaning that the consultation had to be with a team manager:

* "I think when you talk about risk you talk about quite difficult choices sometimes. And, although it's not always essential to consult necessarily with the team manager...I think it's useful to discuss it with other people, whether that's a team manager or another colleague, to explore the choices that you have for that person." SW 11 level 3

* I am quite happy to talk about it with a colleague, but I always feel there's a commitment to accountability when there is risk...I still mention it to the duty senior so they're exactly aware what's going on from my point of view in case anything else happens." SW 14 level 3

The perception that there was a requirement to consult in cases of risk when children were involved raises several questions. First, from where do social workers derive their concept of risk? ie how do they know what constitutes a "risk case"? Second, if there is a requirement to consult in cases of risk, this means that social workers have to decide whether each referral falls within this description or not: do they "play safe", and consult more than they perhaps need to? Third, where does the requirement come from, and finally, how is the requirement communicated to the social workers?

<u>Where does the concept of risk come from?</u>

* "Nobody has sat down and said "this is a risk case" because I suppose the essence of the work is that you can't divide every case up under certain headings."
  SW 7 level 2

* "It's from my colleagues on duty that I get most of my information and most of my advice." SW 17 level 4

* "From asking colleagues and sometimes managers. I mustn't leave them out completely, but more from colleagues." SW 18 level 3

* "Well, the same way as anyone else I suppose, a sort of vague what people are expecting or not expecting, and also what's happened in the past. There aren't guidelines on exactly what level of risk you should consult a duty team manager, but you will know that, having discussed things with the duty team manager in the past, they will either be more keen to get involved in making a decision or less, depending on the level of risk and various other things, maybe how busy they are, their perception of your ability to manage it, the level of complexity or difficulty of the decision." SW 22 level 2

* "Well, I suppose it's a commonsense line." SW 26 level 3

Ideas of what characteristics constitute risk could come from a range of other sources: training, either professional or in-house; the department of health; the area child protection

committee; the department. As it was, none of these other sources was mentioned. The most popular answers were colleagues, experience and common sense, with managers being mentioned by only a small number of social workers.

So do they play it safe?

*   "...if there's any element of risk, or there's concern about the welfare of a child, then one does consult."

  Q So do you play it safe?

    "I think so, yes." SW 6 level 3

*   "Well, you make the assessment on the basis of a lot of different factors, including your past experience, the nature of the case...in the grey ones I do err on the side of caution I suppose." SW 14 level 3

*   "I suppose I do play on the safe side, if I have any doubts at all I would actually consult somebody." SW 19 level 2

In short then, yes, the social workers acknowledge that they do err on the side of caution; they do "play safe".

Where does the requirement come from?

       and

How was the requirement communicated?

Introduction These two questions were difficult to separate in the interviews and are therefore presented together.

The answers which the social workers gave to the questions concerning where the requirement to consult comes from, and in what form it exists, will be covered extensively. Sutton Social Services has few procedures, but those concerning children who are considered to be at risk are very clear. They are, for obvious reasons, referred to as "the red book".

The red book is actually entitled "guidelines", although inside the word "procedures" crops up regularly. In the book's introduction is stated: "The procedures detailed in these guidelines have been agreed by all the agencies on the ACPC and it is expected that they will be adhered to by all the professionals concerned."

The procedures are drawn up by the Area Child Protection Committee and are aimed at all staff, and all agencies, dealing with children. These procedures can be considered as a "critical" case (Patton(1990) p174). If social workers are going to be aware of any procedure,

then it is going to be the one concerning children at risk. The director observed:

> "I would have said that the one procedure that I could guarantee that social workers working in the area of child abuse and with families knew it would be the red book."

It was mentioned above (p67) that the transcriptions of the first four interviews were not made immediately. Rather, these early tapes were listened to and modifications were made to the interview schedule as a result. The researcher had understood (assumed would be a more honest word) from the answers to the questionnaire that when social workers indicated that they were aware of a requirement to consult, they meant that they were aware of the red book procedures. Reviewing the first four interviews this assumption came to be queried, and as a result more explicit questions were asked of the remaining interviewees.

This assumption highlights one of the problems of a researcher being familiar with the subject matter of his enquiry. The way in which the research was "grounded" in the data, and the process of review employed, enabled modifications to be made as the research proceeded.

Thus 23 social workers were asked questions about where the requirement came from. Some immediately said, "the red book" or "the child abuse procedures" or something similar. Those who did not give such a clear answer were asked follow-up questions, which became increasingly direct. The final question ran along the lines of, "so you're on duty, a referral comes in where there is clear non-accidental injury against a child, you say you'd consult with the duty team manager, and you say there is a requirement to consult. How do you know this and where does the requirement come from?"

Of the 23 who were asked, 10 either immediately, or on probing, indicated clearly that they knew of the red book procedures. This means that 13 social workers showed no awareness of the existence of child protection procedures, despite being asked direct and unambiguous questions. These 13 comprised two level 2 social workers, nine level 3 social workers and two level 4 social workers.

This section gives the answers from the social workers who showed no knowledge of the procedures.

*   "I don't know whether it's a laid down procedure, 'You will consult with A B and C' but it's the expected thing you will do, and if you didn't do it you would get your knuckles rapped by the senior. Put it this way, if something went wrong, you went and did something off your own bat, then you'd be in the firing line. I think it's a two way thing. It's part of the ethos of the office, but it's also a reflection of, if you like, society's view of child abuse, and that then rebounds on you. As a social worker you're aware that this has to be right, that there isn't a lot of space for making mistakes." SW 3 level 3

*   "It always felt that you should ask. That was always the thing about child protection, that you should ask. I am not sure where I get it from."

Q   Has anybody sat you down and told you?
    "No I don't think so. I think you just use your judgment really."

Q   And how have you picked that you should consult?

"I suppose just seeing how other people work. When you do duty, if you were to make some decision without asking on a case like that, somebody would come back to you afterwards and say 'Why didn't you discuss this?'"

Q   Has anybody actually said you must consult when there's an NAI case? Is that something that's left up to you?

"I don't know, I don't know actually. Maybe somebody has said it to me. I feel I always should." SW 7 level 2

*   "I think it's more, I don't know whether it's departmental policy, don't ask me whether it is, it's more seen that that is more important."

Q   Is it spelled out?

"Perhaps, yes I would imagine that if I looked through all my papers, yes it is spelled out, if there is a risk situation then you discuss it with the team manager."
SW 11 level 3

*   "I think if it's something that you're concerned about, I don't think it's ever been explained to me here, but it is seen as a requirement that you will discuss it, in the first instance, to find out how to cope with the certain situation."

Q   But whose requirement is it?

"I just think it's something, that it's there, and it's taken for granted, I don't think that's clearly explained...I wouldn't presume to do something like that off my own bat." SW 12 level 3

*   "It's a requirement for me given the current milieu of the social work profession, and press coverage of lack of accountability and lack of co-ordination about children and families and I certainly don't want to hit the front page of The Sun, so I just don't want any mistakes, so I try to minimise them by letting everyone know exactly what I am doing." SW 14 level 3

*   "It's something I've been told by duty officer colleagues. So the first time I covered duty those were the things I'd check out, that if a referral like this comes in, do we have to discuss it?" SW 17 level 4

* Q   When you joined the office 15 months ago did anyone sit down with you and say it was a requirement?

"No, I think we make a lot of assumptions all the time...I think we have to choose what we tell and what we don't." SW 18 level 3

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* "I can't remember that anyone's ever said to me if someone's at risk you consult, but it's a general, we automatically do that if a child is at risk, we would automatically go to a team manager or somebody because we might need a strategy meeting, or to get hold of the Child Protection Team, and we need to go to management, well I go to management first, maybe because I am not very experienced but I would think it would be a requirement at least at my level." SW 19 level 2

* "My team manager would require this if there is risk. I would think this goes throughout the whole department...I am not sure that he has told me in so many words, perhaps it's been an assumption. I just know that this was the case. He has not spelt it out in fact."

Q   On duty you could be on with any one of three team managers. Has any one of them spelt it out?

"No."

Q   So is it an assumption?

"On my part, yes."

Q   If you receive a clear allegation of NAI, is there a requirement to consult in that situation?

"Yes, I'm sure there is, although I cannot think of a time when it's actually been spelled out, but I have assumed it really, yes." SW 20 level 3

* "It's the assumption in retrospect that if you hadn't you would have been, I feel I would have been, found wanting, that I should have been able to see that that was a situation..." SW 21 level 3

* "(This is a requirement) but implicit, not explicit...I suppose my common sense tells me that must be right, but nobody has ever spelt it out." SW 23 level 3

Social workers who were aware of the procedures were usually clear about the way they had been told about them. The following is typical:

* "The red book was given to me when I joined the department." SW 1 level 3

A minority were less certain, again the following is typical:

* Q   Did anyone explain the policy to you when you arrived?

"No, I suppose it's something that's ingrained"

Q   But has anyone in Sutton, in your six months here, explained that this is a requirement?

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"I remember my team manager saying, regarding duty, if it was a child care matter, you always consult. So, to be fair, yes, that was said." SW 4 level 4

Procedures Concerning Elderly People at Risk

There was some confusion about whether procedures existed concerning elderly people at risk, even amongst social workers who knew of the existence of those for children. The following does not distinguish between social workers who did and did not know about the child protection procedures.

* Q   Are there similar procedures for elderly people?

     "Not to my knowledge, no." SW 1 level 3

* Q   Is there a similar requirement for elderly people?

     "Well I hope I am correct in saying that I do not think there is." SW 6 level 3

* Q   Where does the requirement come from?

     "My own sense of what is professional practice. I cannot remember being given a staff instruction, or being told by a team manager or duty senior, that that is what I must do." SW 10 level 4

*   "I don't suppose I am following anything that's actually written down, it's more wanting to do the best for the client given that it's not my field of expertise, and often I'll ring up one of the social work assistants..." SW 14 level 3

*   "Well, when I say it's a requirement, nobody has actually said to me it's a requirement, I just presume it's a requirement. I mean nobody's actually said, 'If this person is at risk you must go to somebody', but I take it that that's the sensible thing to do, and that the organisation would expect that of somebody... I presume that they would imagine that a social worker would automatically consult somebody if somebody was at risk, because it's too important a decision for somebody who is not in a managerial position to take." SW 19 level 2

Just as with children, however, some social workers were clear:

*   "I think it's an expectation in so far as we have got procedures with children at risk which don't exist for the other groups." SW 13 level 3

In fact there are no procedures relating to elderly persons at risk. One of the staff instructions gives advice on hypothermia, but this contains nothing of a procedural nature.

At What Stage Do Social Workers Consult?

Taking a referral involves a process whereby information is gathered, an assessment is made, and decisions about future actions are taken. Someone who was fully autonomous would undertake all these stages on their own. Social workers could seek assistance at any point in the process, and the point at which assistance was sought would give some indication of the level of independent action.

Opinions about this aspect of work varied, although it was very clear that social workers would consult much earlier in situations of risk, particularly involving children, than they would about other pieces of work. In cases which did not involve risk, by and large social workers seemed to collect information, make their own assessments, make their own decisions, and then seek confirmation of these with the team manager.

* "I try on the whole to do the thinking, and the assessment and even the planning. I do that and then take it to the team manager, really for checking out, or any other ideas. The exception would be the child abuse work where you work hand in hand from the beginning." SW 2 level 3

* "Personally I try to have thought out what the next bit is going to be before I consult so that I can still use my autonomy". SW 9 Level 3

* "I make the plans and then discuss them." SW 11 level 3

* "Well I suppose really I do not always go in with a definite answer or a definite request. I go in with a problem, so whatever the answer is to that problem, I get the answer. Which is a bit different to your own caseload, because you've normally got more specific ideas about that, and you might not be so happy with the answers, because you might have more definite ideas about what you want." SW 26 level 3

Feedback on Frequency of Consultation

Duty team managers could consider that social workers consulted them too often, not often enough, or just about appropriately. There appeared to have been little open discussion about this aspect of daily practice.

* "No they don't (tell you) you just pick up verbal or non-verbal clues from the team manager...". SW1 Level 3.

* "I have never been told I consult too frequently, or not frequently enough. When I do consult I have never been given the impression 'Oh god, she's not asking again is she?', so, no, I have never been given any idea about that really... I assume that it's ok really, and I do make an assumption, because I feel that if it wasn't somebody would say." SW 6 level 3

*   "Well nobody says I am doing it wrong but nobody says I am doing it right at the moment, I assume that I am doing it right, as nobody has told me that I am doing it wrong." SW 8 level 2

*   "I think somebody would have said if they were getting irritated about how often I come, or if you haven't done it when you should have".

Q   Do you get feedback?

     "No not really." SW9 Level 3

*   "(Name) as an intake team manager was extremely good in that respect. That's ten years ago and I think that I learnt a lot about what duty is about from him. Because I've been here a long time I can roughly go by my own intuition as to what I can safely deal with myself, and what needs to be done in liaison with a duty senior. That's not to say I don't then inform the duty senior what I've done, that always happens unfailingly." SW10 Level 4

*   "No, you presume that you have done it right, because if they don't feel that you have done it right they will tell you"

Q   So do they ever tell you that you should or shouldn't have consulted?

     "No, I've never had that...it feels right, if I've wanted to consult about something it seems like it's the right thing to consult about." SW 12 level 3

*   "I never get feedback like 'You should have spoken to me, why didn't you?'..."
     SW14 Level 3

Despite this, social workers were clear that different team managers had different expectations concerning the frequency of consultation on duty. The social workers seemed to be adept at knowing how to keep different team managers happy:

*   "You get to know the team managers as well, so you realise that to some extent it reflects their own anxieties, so you just go and do what you think is appropriate." SW 1 level 3

*   "There are certain managers here you would...just feel you should consult, and keep them aware of what's going on. But you do tend to look and see who the intake manager is."   SW 7 level 2

One social worker said that she only had confidence in one team manager's ability to deal competently with child protection work.

* Q   And what do you do if it's not him on duty?

       "I go through the motions of consulting and telling them what I think etc., but

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they're quite happy for me to make the decisions." SW10 Level 4

*   "Yes, they are all different, they've all got their own ways of working."

Q   So do their differences affect the way that you work on duty?

        "Probably, yes. You work differently with each manager, you learn to know what they want." SW 18 level 3

Where Do The Norms Come From?

If there is almost no discussion or agreement concerning when, or about what, social workers should consult, from where do the social workers derive the norms of behaviour?

*   "Only I suppose working with other people, and discussing cases with other people. You develop a certain way of working don't you... I suppose it just comes from your own judgement." SW 7 level 2

*   "From being around for 9 months." SW 8 level 2

*   "It seems to rest entirely on the confidence and experience of the social worker and the ease with which the duty senior feels, or the confidence he has in us." SW 13 level 3

*   "Learning by doing." SW 15 level 2

Team Managers

Team managers were asked questions about the three areas above, ie. when social workers consulted with them, how did social workers know when to consult, and did some social workers consult too much or too little?

When and About What Do Social Workers Consult?

*   "They would not necessarily come to me, because you'd be saying, 'Come to see me if you need to, any of the more experienced colleagues will help you', so they'd often not come to me, and they'd often feel happier about not coming to the manager. But there were certain things where they would always come to the manager, the obvious one is child abuse." TM 1

*   "I don't expect to have people consulting me very much on duty at all. I am here, and there is a duty senior available always, but it's up to them to decide whether they want to consult with me, and I will see at the end of the day what referrals they've taken." TM 2

* "(Usually) they have formulated an assessment and they want to discuss some action. Many cases there is no need for discussion. The ones where there are degrees of uncertainty, or the information is not very clear, they may want some supportive discussion." TM 5

* "They would be decisions which are clearly identified as ones that only I can make, so it would be section 1; where they need a signature; permission to use resources which I've got the key to; so reception into care, they would be those sorts of issues where they know that they need the key." TM 7

* "To be honest I find that they don't come very much at all, because they are very experienced in the work and they've been able to handle the duty system very well indeed." TM 8

* "I think the three main things that social workers will come looking for advice or decisions on are financial, to get your agreement and signature; the possibility of reception into care; and thirdly child protection obviously." TM 9

How Do Social Workers Know when to Consult?

* "That's down to their professional judgement, about what they need to consult about. It's their competent knowledge...they are expected to consult amongst each other."

Q   Expected?

"Yes I think so, but if they are uncertain about a course of action, if it cannot wait, and there's an experienced worker in the room they will ask them."

Q   And is that something which you encourage, go along with, or what?

"Well if the social worker does not know the answer she will probably say, 'Go and ask the team manager'. Do I encourage? Yes, I encourage." TM 2

Another team manager actively encouraged the social workers to consult with each other:

* "It's an important part of my function as a manager, to enable staff to exercise appropriately as much autonomy as they can." TM 3

* "There is some procedural guidance, some things that they know they've got to speak to a team manager about, like child abuse, children at risk, but there are a whole lot of other things that I suppose are based on their experience of you as a particular worker." TM 6

* "When they're experienced, because it's their need to share, and it's their decision. And I will know that they are making the right decisions by reading the

referrals they make. I trust their judgement to come to me if they were concerned about something."

Q   Is that something that you will talk to them about over the years or is it something that is left unsaid?

"I think it's unsaid. I think it slowly emerges. I mean obviously there are people you know better than others, and you know their strengths and weaknesses better." TM 7

Frequency of Consultation

Team managers tended to see the frequency of consultation as an expression of the level of anxiety and/or stress of the individual social worker. This meant that they looked behind the particular presenting questions, to an underlying more general issue about the work which would need addressing in a different fashion.

*   "Very anxious people would be popping in all the time, and then you would know that they were anxious, and have to deal with that"

Q   Even experienced people?

"Well, for example if you're dealing with child abuse or child sexual abuse it would be an experienced person that's carrying that on. And they need a different form of support. But yes, they are anxious, and not inappropriately at all...most people consulted appropriately, I think." TM 1

*   "I think it's related to the stresses that the workers are under at any given time, and I think it's related to the stresses they have in their own personal lives." TM 2

*   "I can't remember saying to someone, 'You shouldn't have done that', no I can't remember that happening. I think maybe the less experienced ones ask, and the more experienced ones just hopefully get it right." TM 4

*   "I think they're consulting me appropriately." TM 10

Interim Summary

Almost all the social workers claimed that when they joined the department they had been given no guidance as to what they should consult about. They build up a picture of the norms governing consultation through experience, but recognising that different team managers wish to have more or less consultation, the social workers modify their behaviour to meet these individual requirements/needs. The social workers receive little, if any, feedback about whether they consult appropriately; they assume that their pattern of consultation must be acceptable as no criticism is offered.

The team managers confirm that social workers consult infrequently, and regard the issue as one for each individual social worker to work out for herself. Most team managers encourage social workers to consult their peers.

The language used to describe the processes often left the researcher feeling that an appropriate metaphor was something between an unchoreographed dance and a duel; social workers wanting to appear competent and capable, and therefore not wanting to consult too often, team managers wanting to encourage social workers' development and not wanting to interfere; both pushing out feelers, and judging responses, building up pictures based on their interpretations of the other's behaviour, but never openly discussing the issues. One of the social workers affirmed these ideas:

* "Yes, the dynamics are really quite complicated, and it's quite interesting to see (the duty senior) think, 'Oh, it's alright today', or not, depending on the combination (of social workers) they've got." SW level 3

Service Managers' Involvement with Duty

Service managers were clear; they did not regard it as appropriate for them to be involved in the duty system. The only exception was where child protection issues were involved, but even then their expectation was to be kept informed, rather than actually being involved in the ongoing details and decision making.

* "No, I don't get involved in duty work, I don't see that as the role of a service manager... I don't see myself as part of the day-to-day duty system at all, absolutely clear. I don't hold myself available...everyday child abuse I wouldn't expect to get involved in, but I would want to know that it was going on and then I would decide if it should be conferenced... In hearing about these things several times over a day or two, I would hear enough to be able to veto decisions if that was necessary, but I wouldn't have thought that that was likely."

Q Has it ever happened?

"No. (The only things I really hear about on duty are child protection issues.) We had five in December and three in January." SM 1

* "I don't get involved much except for child protection, where someone will come for advice or to tell me what has happened. When the duty team manager is available then usually they will deal with it but they will just keep me informed. ...I have made it quite clear to the team managers that decisions on child protection can be brought to me for verification and I feel that that should be my role, that's what I'm paid for but there are many times when I'm not here and then they make those decisions in my absence." SM 2

* "I get involved through him, things he brings to supervision or if he's got a crisis on the day."

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Q　What sort of things would they be?

"Not very much, he would tend to only come to me if he needs a decision about something he hasn't got the authority to make, spending money, respite care contingency fund, an emergency placement or another placement if funding was involved or if he was involved in a dispute with someone from another agency or within the department. I can't think of anything else that he has brought to me. Other workers will come to me if he's not there." SM 5

*　"(I don't get involved) except on rare occasions when the team manager is away, otherwise I don't get involved at all."

Q　Do you get asked about things by the team manager or the social workers?

"Very rarely."

Q　What sort of things would it be?

"I have to give permission for the use of the contingency fund and I have to sign for telephones, and things like that."

Q　So basically, duty runs without you?

"That's right, yes."

Q　Is that your decision?

"I thought we'd made a divisional managers' agreement that we wouldn't get involved on duty and I actually feel that it's not my role to be involved in duty." SM 6

*　"I am there to be consulted, but obviously not to take over the job of the team manager. The team manager consults me if appropriate but in the absence of the team manager the social workers will consult me."

Q　So how often are the social workers consulting you?

"Very rarely now. Maybe once a week, less than that now." SM 7

*　"I have very little direct involvement and I try deliberately not to. The times I get involved in client issues are when there is something particularly problematic which may involve resources which other people don't have access to, or may involve negotiations with other agencies over money, their resources or a course of action where people don't feel they have got the clout to actually make a decision." SM 8

Making use of resources

One reason for consultation, mentioned by both social workers and team managers, was when a departmental resource was required. The questionnaire had covered several examples of resource use, including section 1, but had been aimed at work with allocated cases rather than duty work. It was decided to focus on one example of resource use on duty. Section 1 money was chosen, partly because it was clear from the pilot study that social workers knew that they had to consult if they wished to use this particular resource, and therefore the process of consultation could be examined, partly because decisions involved were concrete (ie yes or no and a particular amount of money), and partly because it was anticipated that most of the staff would have been involved in cases involving these decisions.

The use of section 1 money

Everyone interviewed was clear that on duty section 1 payments had to be authorised by a team manager. One anomaly at the time of the interviews was that level 4 social workers' job descriptions stated that they could authorise section 1 payments, but only for their own allocated clients. This meant that they still had to seek approval for payments to people whom they saw on a duty basis. Despite the theory, the practicalities did not seem to have been ironed out, and in fact none of the level 4 social workers was confident about how they would go about authorising payments to their own clients.

The need for a team manager's signature sometimes caused practical problems if the team manager was not available. In these situations some social workers chose to give money out of their own pocket, and risk the possibility of not having this reimbursed. Although the possibility of not having the money reimbursed appeared as a theoretical risk, in practice it did not seem to be a problem, as the team managers had always endorsed the social workers' decisions.

Once a social worker had decided to use section 1 money, there would need to be some discussion with the duty team manager. During this discussion it was possible for either the social worker's decision to use section 1 to be changed, or alternatively the use of money endorsed, but the amount changed. There were almost no examples of either happening.

> *   "I've never had it rejected here."

> Q   Lessened?

> "I don't think so, but often I have left the negotiations for that discussion, we've worked it out together."   SW 2 level 3

> *   "There have been times when I haven't got as much as I've asked for."
> SW 3 level 3

> *   "I've never had section 1 money turned down...if I've got to the stage of filling in the form, I expect to get it."   SW 4 level 4

*   "I can't think of a particular case where they have (refused). The amount may be quibbled over." SW 6 level 3

* Q   Have you ever had the amount altered?

"Once I had it made up to more than I was asking for" SW 7 level 2

*   "I don't know if it's not more accountability, because you've actually made the decision yourself, that someone needs section 1 money, before you get it signed. So you wouldn't be expected to take the form to a manager and for them to tell you, 'No'." SW 8 level 2

*   "There never has been any disagreement with my opinion, but I also think we are quite careful." SW 11 level 3

*   "So far the section 1 money that I've felt families should have has been okayed, and it's been agreed, so that has not been a problem." SW 12 level 3

*   "I don't think it ever has been turned down, I think some of them have been changed to food in lieu of money...and you feel £10 might do them, then you can manipulate the situation and ask for £15, given that you know you'll eventually come to a decision of £10, which is a hideous thing to do, but it works."
    SW 14 level 3

*   "I don't think I've ever been refused money that will keep children out of care, the money has perhaps been limited... but it's not been refused."
    SW 19 level 2

*   "Well they'll say, 'No, I think this person should manage because they keep coming in for section 1 money'." SW 27 level 3

The picture is, therefore, clear: before giving section 1 money to clients social workers have to obtain the authorisation of a team manager. This authorisation consists of two parts, first, the authorisation of the use of section 1 money, and second, the authorisation of a particular amount of money. The experience of the social workers is that both the use of money, and the amount to be given, are almost always agreed by the team managers.

It became clear however, that this authorisation procedure was aimed primarily at ensuring that money was used "appropriately", and not at ensuring that the initial decision was correct. Thus on the occasions when social workers made a decision not to use section 1 money, there was no system to check this decision.

*   "...no-one would know. The idea of trying section 1 would come from me."
    SW 3 level 3

*   "Well they wouldn't necessarily know would they? I don't think they'd know unless you wrote up that you'd considered section 1, but hadn't given it for A, B, C or D." SW 6 level 3

* "It's mainly when I actually want a resource that only the team manager can give me permission to have, that I have to ask him, rather than when I have decided not to." SW 13 level 3

It was mentioned earlier that several social workers talked about practical difficulties obtaining authorisations for section 1 payments, although this was usually in terms of the process being "a hassle" rather than a major problem. Several said that they would give money out of their own pockets, and risk not being reimbursed.

* "That's the very frustrating, time consuming thing; chasing around getting signatures." SW 3 level 3

* "Yes it's a hassle." SW 10 level 4

* "Well you could give out a fiver, well I would, maybe some of the others wouldn't, but I would." SW 27 level 3

It will become clear as the findings of the field work are laid out, that this department has devolved considerable discretion to its front line staff. There is a stark contrast between the powers of decision making exercised by the social workers in other areas of their day-to-day practice, and the procedures required to enable comparatively small sums of money to be paid out under section 1.

Although a small number of social workers felt that their budgeting abilities were limited, and that they therefore preferred to be able to discuss these decisions with another person, many were anxious for change. Many saw the procedures as a denial, or infringement, of their professionalism.

* "You could have section 1 available on duty. That might be beneficial...I can see the benefits of having a pool (of section 1 money) available on duty." SW 6 level 3

* "My skills are with the clients, and I'd like more leeway to make decisions like section 1." SW 10 level 4

* "I think we're professionals, and we should be able to have that responsibility." SW 18 level 3

This was one of only a small number of issues about which social workers voiced consistent dissatisfaction.

Several suggested that a system of peer review of decisions would solve the practical problems, whilst at the same time giving the benefit of a second, and more objective, opinion.

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SUMMARY OF WORK ON DUTY

When a social worker takes a referral on duty the most important single aspect which will lead her to consult with the duty team manager is the presence of a feature called risk. The attributes which make up the concept of risk are derived mainly from personal experience, from discussions with social worker colleagues and from "common sense". The social workers state that they have had no formal or even informal guidance from the department concerning the features which constitute risk, or with defining its parameters, and regard team managers as offering only minimal assistance with these issues. Understandings of the concept appear vague and are built up from previous discussions about individual cases. No social worker mentioned training as a source of help with this issue.

The social workers stated that there is a requirement for them to consult in cases where children are perceived to be at risk, but further questioning showed that only about a half of the social workers were aware of the child protection procedures. Those who knew of the procedures usually remembered being given their copy when they joined the department. The remaining social workers had no clear idea about why they regarded consultation as a requirement, tending to see this as taking the form of an implied expectation of team managers or the department, i.e. not a written procedure and not an explicit instruction.

Knowing or believing that there was a requirement to consult, social workers had to decide whether the unstated attributes which constitute risk are present in every given referral, since if they are present they should consult: the social workers acknowledge that they err on the side of caution.

If the social workers were unsure about the existence of procedures concerning child protection, they were even less sure about the existence of procedures concerning elderly clients considered to be at risk.

Taken together, the sections concerning procedures for children and elderly people raise serious questions about how information, including rules and procedures, are communicated to staff within the department. Remembering the quotation from the director, we can say that if social workers do not know of the procedures concerning child protection, then there is no reason to be confident that they will know of the existence of *any* procedure.

There is another way of looking at this information; perhaps such procedures simply have little, if any, relevance to the social workers. Certainly they appear to consult with team managers as required by the procedures, so perhaps the reason for the behaviour is less important than the fact that it takes place. We have already discussed the idea that formalisation and professionalisation share the same goal, so if the goal is achieved, perhaps the means matter less.

Later in the study an assistant director, when informed of these findings, observed that social workers would ensure that they discovered the procedures necessary to claim their car mileage. The assistant director's intention was to show that social workers will find out about procedures if they are important to them. The questions of whether such procedures are or are not inherently important, and whether the focus should be on the importance attached to them by the individual social worker or by the department, are beyond the scope of this enquiry. Let

us simply note that one possible view of this is that procedures are seen simply as an administrative device, and that they may not even be considered outside an administrative context.

In cases where the social workers do not identify risk as an issue, they make their assessment of the situation and work out a plan of action before consulting with the duty team manager. In these cases social workers view consultation as a means of confirming the assessment and plan which they have already made. The team managers confirm this picture. The team managers also confirm that the social workers consult them only infrequently; indeed they actively encourage the social workers to consult with each other.

When the social workers do choose to consult the duty team manager, they do so for a range of reasons, primarily to share the burden of decision making and to reduce any feeling of personal anxiety. They get no feedback about whether they consult appropriately, too often, or not often enough. The social workers learn the norms governing consultation simply through the experience of judging the responses of duty team managers as they consult them over time concerning a range of issues.

If resources are required then the social workers have to consult with the duty team manager in order to get approval for the resource use. Again however, the process is seen as one which simply confirms decisions which have already been taken by the social worker.

The finding that there are systems for checking social workers' decisions to make use of resources, but no system for checking social workers' decisions *not* to use resources, raises some important questions about the purposes of consultation, about the power differential between individual workers and their clients, about the power balance between social workers and team managers and about how such issues are addressed within the department.

Clearly, passive decisions not to do something can have equally serious, and occasionally devastatingly more serious, consequences than active decisions to do something. Other examples of passive decisions were not researched systematically; they did crop up however, and always invoked less response or query than a positive decision.

The service managers state that they have almost no involvement in duty, even seeing their involvement in matters of child protection as minimal - being kept aware, rather than involved.

If, at the end of this examination of work on duty, we were to ask the question, "who operates and controls the duty process?", our answer would be relatively straightforward. For a start, it is clear that service managers neither operate nor control duty in any meaningful sense. Team managers and service managers may have formal authority, but there were no examples of this being used overtly. It is social workers who operate the system, and it is social workers who either a) make decisions which are then endorsed (rubber stamped) by team managers, or b) drive the decision making process.

CONCLUSIONS

The data collected about work on duty clearly tend to confirm the findings of the pilot study; the department has few procedures and social workers have considerable powers of decision making. In the language of the organisational theorists the department is low on scales of both formalisation and centralisation.

Furthermore, the social workers express considerable levels of satisfaction with these aspects of their daily practice. This conflicts with the findings of other studies of social workers' satisfaction in that previous work has found that social workers express dissatisfaction with their formalised and centralised departments.

The evidence that the department is an example of a professional bureaucracy is growing.

At this point we have little data to answer our other questions. For example, we do not know what, if anything, the department uses in place of formalisation and centralisation, nor do we know whether the situation found is the result of deliberate planning. Crucially, at this point we know nothing about how, or even whether, the organisation establishes the social workers' accountability.

We have also isolated a number of concerns, as follows.

1) The department does have a few procedures, yet the social workers are largely ignorant of them. How then does the department issue instructions and guidance to its staff, and by what means can managers be confident that their staff are aware of these?

2) There are some questions about the role of team managers. First, the social workers consistently maintained that their team managers gave them no feedback concerning their progress. Second, there does not appear to be a system whereby social workers' decisions *not* to provide a resource can be reviewed. Third, both social workers and team managers agree that consultation is infrequent, and that the team managers "rubber stamp" decisions which have, in fact, already been made by the social workers.

CHAPTER 5: THE QUESTIONNAIRE DATA CONCERNING THE ONGOING WORK OF THE DEPARTMENT

INTRODUCTION

This chapter presents the bulk of the data obtained from the questionnaire. It is divided into three parts.

Part One shows the data concerning elderly clients who were allocated to social workers.

Part Two shows the data concerning children and families who were allocated to social workers.

Part Three shows the data concerning the influence which workers think they have on the development of policy.

Each part concludes with a brief discussion of the data, and the themes are picked up in more detail in chapter 6 which displays the data obtained during the interviews.

PART ONE: ALLOCATED CASES: ELDERLY

These questions concern elderly clients who have been allocated to social workers.

1a) Once you have visited an elderly client and made your assessment, do you discuss your assessment and proposed course of action with your team manager:-

i)	Every time	5
ii)	Usually	4
iii)	About 50:50	2
iv)	Not usually	8
v)	Never	0
		19

1b) If/when do you discuss, is this:-

i)	A requirement	3
ii)	Your choice	14
iii)	Other - please specify	2
		19

1c)

	Satisfied	17
	No strong view	2
	Dissatisfied	0
		19

2a)   If you do discuss your assessments with your team manager, does this change your assessment:-

i)	Every time	0
ii)	Usually	0
iii)	About 50:50	4
iv)	Not usually	14
v)	Never	<u>1</u>
		19

2b)

Satisfied	16
No strong view	3
Dissatisfied	<u>0</u>
	19

3a)   Who is responsible for deciding how frequently visits should be made?

i)	You alone	13
ii)	You and team manager discuss and agree this	5
iii)	Your team manager alone	0
iv)	Other - please specify	<u>1</u>
		19

3b)   Who is responsible for deciding to arrange domiciliary services?

i)	You alone	14
ii)	You and team manager discuss and agree this	4
iii)	Your team manager alone	0
iv)	Other - please specify	<u>0</u>
		18

3c)   Who is responsible for deciding to arrange day care?

i)	You alone	14
ii)	You and team manager discuss and agree this	3
iii)	Your team manager alone	0
iv)	Other - please specify	<u>0</u>
		17

3d)   Who is responsible for deciding to arrange admission to residential accommodation?

i)	You alone	5
ii)	You and team manager discuss and agree this	13
iii)	Your team manager alone	0
iv)	Other - please specify	<u>0</u>
		18

3e)	Satisfied	17
	No strong view	2
	Dissatisfied	0
		19

4a)   Do you fail to achieve the desired goals for a client because of resource shortages:-

i)	Every time	1
ii)	Usually	4
iii)	About 50:50	9
iv)	Not usually	5
v)	Never	0
		19

4b)	Satisfied	4
	No strong view	5
	Dissatisfied	10
		19

5a)   Overall, who holds responsibility for the work undertaken with your clients:-

i)	You alone	3
ii)	You and team manager discuss and agree this	15
iii)	Your team manager alone	0
iv)	Other - please specify	1
		19

5b)	Satisfied	17
	No strong view	2
	Dissatisfied	0
		19

6a)   If something were to go seriously wrong with one of your cases, who do you think would "carry the can":-

i)	You alone	2
ii)	You and team manager discuss and agree this	14
iii)	Your team manager alone	0
iv)	Other - please specify	2
		18

6b)	Satisfied	14
	No strong view	1
	Dissatisfied	3
		18

DISCUSSION

Approximately 1/3rd of the social workers did not complete this section as they did not have elderly clients on their caseloads.

Question 1a) produced a spread of answers which is unusual for the questionnaire. It is only when a range of answers is obtained that relevant sub-groupings can be considered, and this is one of the best sets of answers to illustrate the problems of reaching any sensible conclusions about such groups.

Answers to the question, do you discuss your assessments with your team manager, analysed by the social workers' level (grading).

	LEVEL 2	LEVEL 3	LEVEL 4
Every time	2	3	0
Usually	0	3	1
50:50	1	0	1
Not usually	1	5	2
Never	0	0	0

There is a slight tendency for level 4 social workers to discuss less, but the numbers involved are too small to draw any meaningful inferences let alone conclusions.

The questionnaire had only 30 respondents, who were drawn from 3 offices and 10 teams, and spanned 3 different levels or grades. The small numbers involved rendered the analysis of sub-groups impossible.

Three quarters of respondents consider that these discussions take place as a result of them exercising choice. There must be some doubt about the nature of the requirement perceived by the remaining three respondents, since despite regarding this as a requirement, two of the three who consider such a requirement exists went on to answer that they only "usually" discuss clients with their team manager!

Question 2a) throws considerable doubt upon the effect of discussions/supervision. The overall picture from questions 3a), b), c) and d) is that social workers regard themselves as having considerable decision making powers. The lack of discussion, coupled with these decision making powers, is a marked contrast with two later questions 5a) and 6a), where social workers clearly consider that responsibility for the work is shared with the team managers, and also that team managers would share the blame if anything were to go seriously wrong with a case. It

was decided that the interviews should enquire more deeply into any processes whereby such responsibility or accountability was established.

As with the earlier questionnaire results concerning duty work, high levels of satisfaction are expressed generally. The exception is question 4) concerning resources, where half the respondents expressed dissatisfaction. Question 6) revealed three more dissatisfied responses, although two of these respondents indicated that they thought they would get support from their team managers should anything go wrong with the case, but that senior managers would not support them.

PART TWO: ALLOCATED CASES: CHILDREN AND FAMILIES

1(a)   Once you have visited a child/family where there is <u>no</u> immediate risk and have made your assessment, do you discuss your assessment and proposed course of action with your team manager:-

(i)	Every time	7
(ii)	Usually	10
(iii)	About 50 : 50	6
(iv)	Not usually	5
(v)	Never	0
		28

1(b)   If/when you do discuss, is this:-

i)	A requirement	5
ii)	Your choice	20
iii)	Other-please specify	3
		28

1(c)

Satisfied	24
No strong view	4
Dissatisfied	0
	28

2(a)   Once you have visited a child/family where there <u>is</u> reason to consider that there is an immediate risk, and have made your assessment, do you discuss your assessment and proposed course of action with your team manager:-

(i)	Every time	27
(ii)	Usually	1
(iii)	About 50 : 50	0
(iv)	Not usually	0
(v)	Never	0
		28

2(b)   If/when you discuss, is this:-

i)	A requirement	24
ii)	Your choice	4
iii)	Other-please specify	0
		28

2(c)   Please describe your <u>general</u> views on the situation your last two answers describe:-

Satisfied	27
No strong view	0
Dissatisfied	1
	28

3(a)   Who is responsible for deciding how frequently visits should be made to children/families?

i)	You alone	15
ii)	You & team managers discuss & agree this	14
iii)	Your team manager alone	0
iv)	Other please specify	0
		29

3(b)   Who is responsible for deciding to use Section 1 money

i)	You alone	0
ii)	You & team managers discuss & agree this	25
iii)	Your team manager alone	0
iv)	Other please specify	2
		27

3(c)   Who is responsible for deciding to receive children into care?

i)	You alone	0
ii)	You & team managers discuss & agree this	24
iii)	Your team manager alone	0
iv)	Other please specify	2
		26

3(d)   Who is responsible for deciding on recommendations to courts or case conferences?

i)	You alone	4
ii)	You & team managers discuss & agree this	23
iii)	Your team manager alone	0
iv)	Other please specify	2
		29

3(e)	Satisfied	27
	No strong view	1
	Dissatisfied	_0_
		28

4(a)   Overall, who is responsible for the work undertaken with your clients:-

i)	You alone	9
ii)	You & team managers discuss & agree this	20
iii)	Your team manager alone	0
iv)	Other please specify	_0_
		29

4(b)	Satisfied	26
	No strong view	1
	Dissatisfied	_1_
		28

5(a)   If something were to go seriously wrong with one of your cases, who do you think would "carry the can":-

i)	You alone	6
ii)	You & team managers discuss & agree this	20
iii)	Your team manager alone	0
iv)	Other please specify	_1_
		27

5(b)	Satisfied	21
	No strong view	3
	Dissatisfied	_4_
		28

6(a)   Do you fail to achieve the desired goals for a client because of resource shortages:-

i)	Every time	0
ii)	Usually	3
iii)	About 50:50	14
iv)	Not usually	10
v)	Never	_0_
		27

6(b)	Satisfied	8
	No strong view	12
	Dissatisfied	_8_
		28

DISCUSSION

These results largely mirrored the responses to the questions concerning duty work. There appears to be more discussion concerning children than there is concerning elderly clients, even when no risk is involved. Once risk is perceived, then discussion is all but universal, and the overwhelming majority regard this as a requirement. Yet again, high levels of satisfaction are expressed.

Question 3 shows more discussion with team managers concerning decisions, leading to a perception that responsibility for the work is shared, and that team managers would be held responsible as well as social workers should anything go seriously wrong.

As with elderly clients some dissatisfaction is expressed concerning resource shortages.

PART THREE: INFLUENCE ON POLICY

There is a trend for literature to aver that a range of benefits will be evident if professional staff have a positive role to play in the development of an organisation's services. This issue cropped up in an unstructured way in the pilot study, and was therefore included in the questionnaire. The questionnaire results were as follows:

1a) How much influence do you think you have on matters of policy in the department:

i)	A great deal	0
ii)	some	7
iii)	very little	17
iv)	none	6
		30

1b)   Please describe your general views on the situation your answer describes:

i)	very satisfied	0
ii)	satisfied	4
iii)	no strong view	9
iv)	dissatisfied	16
v)	very dissatisfied	0
		29

2a) How much influence do you think you have on matters of departmental priorities:

i)	A great deal	0
ii)	some	3
iii)	very little	21
iv)	none	6
		30

2b)   Please describe your <u>general</u> views on the situation your answer describes:

i)   very satisfied   0
ii)   satisfied   1
iii) no strong view   14
iv)   dissatisfied   13
v) very dissatisfied   <u>1</u>
                           29

3a)   Generally speaking, do you consider that you are consulted about departmental issues:

i)   A great deal   0
ii)   some   16
iii) very little   13
iv)   none   <u>1</u>
                           30

3b)   Please describe your <u>general</u> views on the situation your answer describes:

i)   very satisfied   0
ii)   satisfied   1
iii) no strong view   13
iv)   dissatisfied   14
v) very dissatisfied   <u>1</u>
                           29

DISCUSSION

These results stand in stark contrast to the results of the rest of the questionnaire, and they need little accompanying narrative. A small number of social workers feel that they have some influence on departmental issues, and they number among those who express satisfaction or no strong view about this. That small number apart, the social workers consider that they have little influence on the department, and they split into two sub-groups of roughly equal size; one group holding no strong view about their lack of influence, the other expressing dissatisfaction with this.

CONCLUSION

The questionnaire results were used to help determine the interview schedule to be used in the interviews with social workers and managers.

The results will be covered in more detail in chapter 6.

CHAPTER 6: THE INTERVIEW DATA CONCERNING THE ONGOING
WORK OF THE DEPARTMENT

INTRODUCTION

This chapter is divided into three parts.

Part One centres around three main issues. First, the way in which decisions were made in cases which had been allocated to individual social workers. Second, how involved managers were in this ongoing work. Third, issues surrounding supervision.

Part Two looks at the influence which staff considered they had on departmental policy.

Part Three shows the views which senior managers expressed about the answers given by the staff in the first two parts of the chapter.

PART ONE: DECISION MAKING, SUPERVISION AND MANAGERIAL INVOLVEMENT

NOTE The concept of risk was of equal relevance to the social workers in their work with their allocated cases. Whilst it was impossible to confine the discussion of risk to just the part of the interviews concerning duty work, the topic was covered fully in the previous chapter, and will not be repeated here.

Supervision

In social services departments supervision is the principal means whereby the agency, through its managers, monitors, and thereby ensures control of, its social workers,(see, for example, Stevenson and Parsloe (1978), Pettes (1979), Payne (1979)).

Supervision is therefore central to any consideration of autonomy and accountability. The topic was broken up into a number of separate questioning areas during the interviews with the social workers, as follows:

    Do you have supervision and if so how often?
    What does supervision consist of?
    Who sets the agenda for supervision?
    What is the purpose of supervision?
    Does supervision change your assessments or decisions?
    Do you value supervision?

These questions were chosen in order to glean information principally about who controlled the various aspects of the supervisory process, about the style or model of supervision being employed by team managers, and views about the quality of supervision on offer.

Several of these questioning areas were followed through in the interviews with team mangers and service mangers.

It should be noted that for social workers the word "supervision" has a rather different meaning than usually implied by its use in the context of work. As Stevenson and Parsloe (1978) point out, it is a process which provides "support, advice to be considered but not necessarily acted upon, and further professional development...it can take place between peers." (p200) Sutton's social workers likewise considered such consultations with their peers to be supervision.

Supervision from Peers

*   "Certainly in this office there are two people who are particularly into child sexual abuse and I would be more than happy consulting with them." SW 2 level 3

*   "I do not notice any difference between whether my team manager is around or not. I can get what I need from colleagues and that is space to bounce ideas off and think things through." SW 10 level 4

*   "Because I feel that if I was unclear about something, the person I would go to in our team would not be our team manager, it would be (name of peer)."
SW 12 level 3

*   "If that person (the supervisor) is also the person who writes your reference and the person you feel you have to prove you are a good social worker to, you do not necessary want them to know that you are having difficulty with certain types of case, because they decide whether you get level 3 and all kinds of things."
SW 25 level 4

Before looking specifically at the details of the more formal supervision which social workers have with their team managers, can we learn anything about how team managers approach their task? How do they regard social work and social workers?

Is Social Work a Profession?

*   "Yes...it means somebody who is trained, and has values and standards to adhere to and they know that everyone else is doing the same - professional standards. So that they will behave and act and work according to those already established standards."
TM 1

*   "Yes. There is a body of knowledge which is not unique to social work, but it nonetheless has boundaries to it. It's a requirement for social workers to have a knowledge base to what they are doing. You can't just come in off the street and 'do social work'. I think there are values and an ethos which are there within social work...(which) make social work a professional task." TM 5

*   "There's a body of knowledge and a set of professional standards." TM 8

*   "I think that it's got a clear base to it, and it's got standards of practice which one is expected to adhere to." TM 9

*   "...therefore in making assessments one is not just using one's life experience or common sense, one is actually using the basis of theory and teaching to formulate your assessments and decisions." TM 10

It is clear that the team managers regard the social work task as a professional activity, and the social workers in their teams as professional people. This view permeated the whole department and must have been an important influence on the way in which the team managers approached their supervisory task.

For example, the director said;

*   "It is a peculiarity of social services departments that we have highly skilled, highly trained, very often highly experienced staff, at our front line. If you think about other local authority services, that is unusual."

Frequency of Supervision

Social workers

The majority of social workers had supervision with their team manager fortnightly for about one to one and a half hours. The range was:

*   "In this area it's weekly for level 2's" SW 8 level 2

*   "When I first came the team manager said he wanted to see me every three weeks, but we've never really established a pattern in the five months" SW 4 level 4

*   "Supervision is once per month in theory. In practice it's rather less than that" SW 6 level 3

*   "Not that regular" SW 7 level 2

*   "About every three weeks to a month." SW 18 level 3

Whilst not a universal rule, there was a definite trend for less experienced workers to receive more frequent supervision than more experienced workers.

Most team managers were clear about how frequently they gave supervision to their social workers, although their figures suggest rather more frequent, and more regular, meetings than indicated by most of the social workers.

Team manager 3 for example gave his level 2 social workers weekly supervision, level 3 fortnightly and level 4 four weekly supervision. In addition, some of the less experienced social workers in this particular team were given supervision by the team's level 4 social workers.

*   "It varies. Under two years experience get fortnightly, level 3's get three weekly and level 4's get four weekly." TM 7

Team managers 4 and 8 gave their social workers fortnightly supervision irrespective of their level and experience.

Team manager 5 gave different frequencies of supervision according to the individual needs of the social workers, so that people with the same level of experience could end up with different frequencies of supervision. This was explicit :

*   "Oh yes, it's explicitly stated in the contract, once per fortnight, once per week or once per four weeks. I imagine with some workers you could get into interminable debates about that and perhaps I've been fortunate that I haven't." TM 5

(The contract mentioned in the above quote was drawn up between the team manager and the individual social worker; this was the only example of such an arrangement.)

There was general consensus amongst both social workers and team managers that new recruits required more regular supervision than more experienced workers. Despite that, however, many of the more experienced level 4 social workers felt aggrieved that whilst they were working with what were seen as the most difficult cases, they received the least supervision.

Team Managers

*   "...they will inevitably have the more complex cases and they will need time to talk about them, to spin off ideas, and that's no less demanding than supervision with level 2's or newly started people. It's a different dimension, and because sometimes the dilemmas are harder to resolve, you are giving time to people in a different way, and you are also having to use, and think about, your own skills too."   TM 2

*   "I will say to people 'You're a level 4 social worker, you're paid as level 4 social worker, therefore I expect you to make the decisions of a level 4 social worker. People think you're competent enough to do the job, therefore I think you should go and do it'." TM 3

* Q   Is your input related to their level or to an assessment you make of their competence?

     "More related to an assessment. Any one of us can have a piece of work looked at and have it pointed out that we have missed a very basic step." TM 4

* Q   Are your expectations based on people's experience or grading?

"A little bit of both I guess. There is some correlation between level of experience and being level 4, but also it is also about experience...I do not think that one should have set expectations of people who are level 4, because everybody has come to that point through different experiences and everyone is going to have areas where they are particularly strong and areas where they are weak...So there is also a sort of minimal expectation (of everybody) and that is that they will recognise situations that are safe/unsafe and act accordingly."   TM 6

*   "If you are told when you join a team...that you have got, say, a level 4 social worker and a level 2 social worker, you automatically make a judgement about the sort of person you expect to find, but I would never leave it at just that. I would then make my own assessment of their experience and test that out and make my own assessment of where I thought they were on the continuum and then I would, hopefully, tailor my management - my support, advice - to fit their needs."   TM 10

Changes Over Time

*   "Things have changed over time, in terms of what I will consult about and the level of risk that I will consult about. That is where the subjective bit comes in, how great a risk we are talking about. If you had asked me two years ago I would have been consulting at much lower levels of risk."   SW 3   level 3

*   "Yes, I am sure that when I first came here and I was still learning about resources, policies and procedures, then one did tend to ask lots of questions of colleagues or in supervision."   SW 6   level 3

*   "Oh no, there has been a decrease."   SW 9   level 3

* Q   Has there been a change since you got your level 4?

"No, I do not think I personally have changed on that, maybe the manager's expectations of what you consult have been altered. No, I do not think it makes me a different social worker. I think the sort of cases that I would now be expected to take on board (would) be more complex. I think the expectation is that you are going to be fairly autonomous."   SW 5   level 4

* Q   Has the situation changed since you got your level 4?

"No, I do not think so. The team manager has always offered me fortnightly supervision and that has not changed as a result of me being level 4. I do not think that his expectations of me are any different."   SW 10   level 4

* Q   Has there been a change in what you consult about?

"Yes, I have become more selective."   SW 13   level 3

* "I feel I need to check back less. At the beginning I felt I needed the reassurance that yes it is o.k. to do that. As one gains in confidence and experience that is not quite so necessary but sometimes I tend to feel (that) if you have been doing something for a long time, people are less likely to challenge you and that could bother me sometimes. If you have been doing something in a certain way...sometimes you do need to be challenged on it a bit more." SW 16 level 2

* Q   Does your need for supervision change with experience?

"It does not get any less." SW 21 level 3

* Q   Has anything changed since you got your level 4?

"No, I would say not, because I think I was doing level 4 work before I was given the post." SW 24 level 4

Who Sets the Agenda for Supervision?

The social workers were clear that it was predominantly they who set the agenda for their meetings with their team managers. This finding is at odds with recent work by Betts (1993) in an inner London borough - the issues will be discussed later.

* "It's shared really. As I'm working throughout the two weeks' period I keep a list of issues for the next supervision, which forms my agenda and the team manager usually has some bits of his as well." SW 2 level 3

* "Primarily me, but sometimes the team manager has things that he will bring up as well." SW 13 level 3

* "I tend to feel that supervision is 80% my agenda, that's how it feels at the moment." SW 16 level 2

* "We both have an agenda. It's about three quarters mine and one quarter the team manager's." SW 18 level 3

What Does Supervision Consist Of?

In the main the social workers found it difficult to describe the content of supervision, i.e. what the supervision time was actually spent doing. The researcher made several attempts to change the style of questioning concerning this, but no significant improvement was noticed.

Supervision was the topic about which social workers voiced their most consistent and strongly felt dissatisfaction. The researcher's conclusion was that the social workers grabbed the chance to air these feelings, and that this was (understandably) more important to them than confining their answers to the questions actually asked. We shall return to a consideration of their dissatisfactions later.

*   "It sticks mainly to casework type things and training, with a bit of career development, but mainly cases." SW 2 level 3

*   "There's always a hard core of cases where we need to talk about the plans and where I'm going, but then there's training issues and my personal development." SW 3 Level 3

*   "Quite a lot it's about local procedures. I've never worked somewhere where I haven't been able to pick up a manual which advises you what to do and what forms to complete and I really find that quite difficult." SW 4 level 4

*   "There is so much more discussion about the child care cases and you tend to be sorting out a plan a lot more in terms of work. With the elderly I tend to stick to my own plan and plod along on it a lot more and discuss it at intervals..." SW 15 level 2

*   "I wouldn't normally actually have to discuss every assessment straightaway, but it normally comes up in supervision. If I chose not to talk about a client that would probably not be picked up on unless it happened every time". SW 16 Level 2

*   "Me to give a run down on every case."

  Q In every supervision?

       "Yes."   SW 18 level 3

*   "It's usually something where I'm a bit unclear about what the procedures are and I'll approach him to discuss it." SW 23 level 3

*   "Yes, we'll we get down to the family networks and individual behavioural work and that sort of thing, it's all in there but I suppose with the pressure of work we get less of that." SW 27 level 3

It was already clear that there were too many issues to be covered in the interviews with the team managers, and it was decided that the important point about this particular topic was the subjective notions of the social workers, and that even if the team managers were to give contradictory answers, this would not move the issue forward. For this reason it was decided that issue would not be pursued with team managers, although some of their answers to other questions did nonetheless cover this ground.

Social workers were also asked what they considered was the purpose of supervision, and this issue was followed through with the team managers. It was difficult to keep this separate from the question about what stage in the assessment - decision making process the social workers consulted, and so both are presented together.

Purpose of Supervision

and

At what stage do the social workers consult?

Social workers

Some of the social workers considered that supervision had the very practical purpose of informing their team managers about cases so that the team manager could deal with any problems when the social worker was out of the office, for example on holiday. The following is typical of several responses:

*   "...it's purely by way of keeping the team manager informed, because if I'm not around it's something that he, or one of my colleagues, could take up."
    SW 17 level 4

Unlike most of the other questioning areas, there was a wide range of responses concerning the purpose of supervision, with no one or two responses clearly predominating. Most social workers talked about getting a second opinion, getting someone else's ideas and obtaining backing for decisions which they had already made.

Most social workers were clear that they would go to supervision with their assessment of a case clearly worked out in their own mind and usually with clear ideas about what actions to take, seeking confirmation or "fine tuning" of these.

*   "It's usually after the assessment. It's the nitty gritty things like whether a child should be allowed home for the weekend." SW 4 level 4

*   "I consult in that I say 'This is what I think, do you agree?'...I am checking out that my thoughts are right and there isn't anything more that I can do and very often there isn't. I've usually thought out most things with elderly and disabled ones."
    SW 9 level 3

*   "It's not anything to do with me lacking confidence and feeling I can't make a decision, it's to do with sharing and exploring and clarifying." SW 10 level 4

*   "Even if there's not an immediate risk to the child, any case that we take on tends to be fairly serious and we're always thinking 'could this become a statutory case for any reason' and it feels better that he knows about it." SW 13 level 3

*   "I've usually made a decision in my mind before I walk into the team manager's door...We'll come to some agreement...It's helpful because he knows what I am doing. He knows why I have decided to visit this family once every two months."
    SW 14 level 3

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* "In my contract it says that I have a duty to let the department know if there is any issue which might lead to publicity...I don't always think 'god this is going to get into the papers' but it is something along those lines. That some issues are more serious." SW 22 level 2

* "To get help with cases that I am stuck with or that I don't really know how to proceed with or want advice about the best way to deal with it." SW 19 level 2

Team Managers

Many of these ideas were shared by the team managers.

* "Well obviously the cases. First of all you try to establish an agenda and I think all the social workers would discuss their heavy, difficult cases. The problem then is that they discuss nothing else!...So they let you know what's going on and they're often getting stuck or sometimes they're just interested in discussing what they're doing and they'd say 'look, I've tried this, I've tried that and there is no movement. What else can I do?' so they'd be looking for other ideas, other ways of approaching things..." TM 1

* "I think two things. One is the issue of professional consultancy for social workers over their individual cases and as a manager, to ensure that the service they are providing is up to standard and also ensuring that people have reasonable workloads." TM 3

* "I think the clear cut cases where an assessment is discussed are pretty rare because they will be doing their assessment as they go, will complete it and will almost be on the first or second stage of putting it into practice before they see me."

Q   What do you think is the purpose of supervision?

"Not necessarily in any order, the chance to off load their feelings, that can be good feelings or often their anxieties. A chance to test out what they've done, or are thinking of doing, a chance to ask for guidance when they just haven't a clue what they should be doing, a bit about getting the procedure right, and being honest with them when it's a question of doing something to cover our backs. I also see supervision as a clear decision making point. Other bits, like keeping me informed of the work." TM 4

* "To enable the person to have consultation on their work, on how they're approaching the work and managing it, feeling about the work, how they're coping with their whole workload. Monitoring, checking and ensuring that things are done that need to be done. It's essential, and no-one can do without it, it doesn't matter how experienced you are, you need that process built in somewhere." TM 5

* Supervision is specifically focused on their needs, with obviously a fairly rigid bit of the department's needs channelled through me. Rigid in the sense that it has to be returned to from time to time, because that is part of my role in ensuring that things like records are adequately kept, and procedures adhered to. And that's for their safety and the borough's, and mine." TM 7

* "Sometimes they come strongly suggesting what the decision ought to be and more or less looking for you to ratify it...I guess it depends how clear they feel about what the decision ought to be themselves. They may come fairly open minded saying 'I don't know quite what you want to do about this' and leave it up to you, but more often than not it feels like there is general agreement. I certainly don't have a big role in (formulating assessments), no. I think part of the use of supervision for the worker is being able to expound about assessment and in doing so being able to clarify it for themself...but I think it's basically her assessment of the case."
TM 8

* "It's got three functions. Administrative, monitoring good practice and ensuring that policies and procedures are adhered to; training, looking at where people are in their development and practice; and thirdly, the support of the social worker, looking after them, recognising that they are the most valuable resource that the department has got." TM 9

Only one team manager talked about an alternative to the usual one-to-one supervision:

* "...we alternate the team meeting with group supervision, so we have a meeting every Wednesday morning, which comprises allocation and then a team meeting or group supervision. The group supervision takes an hour and two people have half hour each on a rotating basis. People use us as they want. To talk about courses; cases they have done well with; cases that are shitty etc and I get my half hour as well, which has been used in a number of different ways: getting feedback on my supervisory performance; sharing frustrations of the job; whether they've got any bright ideas for me to follow." TM 7

Senior Managers' Views About Supervision

* "I think it's about acknowledging the person, it's about saying to them 'I feel that your contribution is worth putting aside an hour of my time on a regular basis to go through your work, your issues'. It needs to be booked and it needs to be regular so that you're valuing the individual. It's also about being clear what supervision is there for, a part for cases, a part for personal development and a part for how they're coping."

* "I think it's got to be about the performance of the social worker and those factors which enable the social worker to perform, (and as they use themselves) there's got to be an element that looks at them themselves and their abilities. There's an element about getting it right procedurally, and with the right level of authority. So

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I see it as a device to get enhanced performance, and if you're talking about cases, then it provides the social worker and team manager an opportunity to test out the course of action which is being taken and whether other options should be considered."

Q   How do you know whether supervision is being given in an acceptable way or to an acceptable standard?

"I can get a picture of that by talking to the service manager and team manager and talking informally and formally to individual staff, and occasionally I'm involved in looking in slightly more detail into individual cases, and so therefore also the performance of the individual social worker and gaps usually show themselves."

*   "It varies according to who you talk to. I think there are three processes or tasks; one is explicitly checking up on whether various procedures have been followed, so the team manager needs to study a file and make sure that certain things have been done in the time limits; secondly, there's discussing with the social worker their approach on a case, taking them through some of the difficult areas, the way they want to work with a particular family; and three, really to talk to the person about how they are functioning, their own personal development, that may not be every time but it needs to be covered sometimes. I can't think of any others."

*   "It's an enabling, helping and supporting role, for workers who are under considerable stress, and working with people who are under considerable stress in a situation in which there are no rules, no set application of procedures...You are relying very heavily on the personal skills, experience, personality and 'being' if you like of the professional worker interacting with the client. That is a situation in which both support is required from the team manager but also some safeguards and supervision, because you can't rely on going through a text book, has this rule been applied, or that rule being applied, you have to do it in a discursive framework, so it's supportive, it's seeing that there's compliance with regulations, procedures and council policies. It is looking at the quality of the social work input, which is a fairly nebulous thing. You're also looking at your team manager not just as somebody applying rules, but also as somebody having experienced social work, to see whether the quality is the right one." Director

Senior managers' views on procedures

When asked about the purposes of supervision, several of the team managers referred to procedures, and that it was their task to ensure that they were adhered to, as though there were large numbers of these available. At another point in the interview the team managers often contradicted this by acknowledging that the department had very few procedures.

What did the senior managers think?

*   "I think there has to be clearly laid down procedures and guidelines so that people know they can refer to that and there's no misunderstandings."

Q   How do social workers become aware of the procedures?

"By having them accessible in a manual in the offices, but also expecting and checking that new staff are taken through the procedures and guidelines and that from time to time more experienced staff are taken back through them again...procedures are about protecting the member of staff as much as they are about getting things done right."

*   "I would go back to the way that I brief the service managers. I feel that they should feed back down to their team managers and those sort of points should be discussed in team and individual supervision. I think we are very poor at having written procedures, it was one of the areas that I was targeting. We don't have very good written procedures I don't think."

Q   What is the consequence of that?

"Well people are not sure how they are supposed to function or where their authority lies, or where the cut off point is."

*   "There's a well established system called supervision which is on the one hand a way of checking to make sure that the work they're doing comes up to standard and complies with regulations and procedures, and on the other hand is an enabling and supporting exercise...We rely very heavily on the team manager because the circumstances and skills are very different. We don't have a great deal laid down, except that there is a requirement on all team managers to review and be aware of the cases which the social worker is holding."

*   "We have a procedures manual, and it's the responsibility of the team manager to induct social workers and to make sure that each social worker has an up to date copy of the procedures manual...the team manager will issue the procedures manual. I'd guess that a) that doesn't always happen and b) I think that in practice what I guess happens is that you go to the senior admin officer and say "how do I deal with this?" because the senior admin officer has been around years and can help you get round the system."

*   "...when I joined the London Borough of Sutton one of the first things I wanted to look at was the procedures manual and guidelines, and they didn't and don't exist. When I found there wasn't something for people to refer to, I asked 'well how do people find out what they can and can't do?'...I was told, really almost a quote, well they've been around a long time, if they're not sure they ask. The phrase was 'well, they ask aunt Nelly', and when I checked what that meant, it meant, 'well there's always someone in the office who will know the answer to the question'. And when I pursued that further, it was, 'well those social workers have been around a long time, they've got the experience and the knowledge, so ask them'. And I said 'well, how do you check that they've got the right information?', and it was 'well, they have'. If somebody has been around for a long time, they tend to think that they know what they are doing, and that's something I have been trying to correct and change. I want to check out that they know what they are doing, and let's not

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assume that they feel comfortable with other social workers coming to them for information. They're not team managers, we're not paying them as team managers, so it's not fair to expect them to take the responsibilities of team managers".

* "...social workers in a local authority are not free-lance, everything they do is as an agent of the local authority, but there is a lot of scope for them to exercise personal skills, personal interaction and so on, but they can't take on a case without it being recorded, and the team manager needs to know that the case has been taken on and needs to be satisfied that the work is being dealt with satisfactorily in terms of both quality control, and compliance with regulations and procedures". Director

Does Supervision Change Assessments or Decisions?

Whilst the frequency and duration of supervision varies considerably it is clear that the system is firmly entrenched in social work practice and also that considerable time and effort are devoted to it.

Given this, does anything change as a result of the process?

Both social workers and team managers were clear that supervision had little effect on either assessments or decisions. This rather surprising finding is presented in some detail.

* "Sometimes she can put a new perspective on a case."

Q What does sometimes mean?

"Rarely I would say." SW 1 level 3

* "I can't think of an example where I've drastically changed tack, I can think of times when I've perhaps modified what I am doing..." SW 2 level 3

* You may be talking about subtle modifications but it may be that somebody has accepted your argument about how you're approaching something...You can't be inflexible." SW 5 level 4

* "I always think it's quite interesting to listen to what other people have got to say...I might discuss it and then say, 'No, I don't think that's appropriate', or I might discuss it and say, 'Yes, that's a good idea'." SW 8 level 2

* "Well I might come up against a brick wall with my way of doing something and he'll suggest a different way." SW 9 level 3

* "I would like to be going sideways rather than have this hierarchical bit where most of the time I'm being rubber stamped anyway. I can't think of occasions in quite a long period of time when I've actually been told that my plan or my own decisions have to be altered."

Q   Has it ever happened?

"No I can't think that it has, though they could have been changed subtly, but since (name) has been my team manager I can't think of any situation where he said 'Have you thought of such and such?'." SW 10 level 4

* Q   Are your assessments or opinions ever changed by the process of supervision?

"No, very rarely."

Q   How about refined?

"Rarely."

Q   Is it still helpful to talk about it?

"I think it's still helpful, even if you think you're just sharing it with someone."
SW 11 level 3

*   "I can't think of any instances where I've changed a view tremendously."
SW 16 level 2

* Q   Has he ever challenged any decision?

"No, I thought he would challenge a decision of mine a little while ago but he actually didn't. No, he's never challenged a decision I've made." SW 17 level 4

*   "Sometimes. We're not all perfect, we don't always make the right decisions. So yes, I might change course after supervision." SW 18 level 3

*   "I'd say it doesn't exactly get changed, well sometimes it does get changed...I might have missed a couple of things which through having supervision I can then think 'Oh yes, I hadn't thought of that', and so it might get enlarged or more in depth or I might go off on another angle." SW 19 level 2

* Q   Are your assessments changed as a result of supervision?

"No, I don't think so, no, not generally. I think I have the chance to share my views and these are generally accepted. I don't think I can think of an instance where it's actually been changed. I don't think so." SW 20 level 3

*   "Not usually, because I would be more of a specialist in this field than the team manager and so the team manager tends to rely on me for guidance."
SW 24 level 4

*   "I'm sure the answer to that is yes, if I could think of examples."
SW 26 level 3

*   "It's very seldom that you get anything different from what you decided anyway. It's just that you've got someone else to refer to on it...I don't think it's so much changing your mind as it brings in another slant. You might not have thought of another possibility." SW 27 level 3

Whilst it is clear that the social workers considered that supervision had little practical effect, it would be wrong to infer from this that they placed little value on the process of supervision: this question will be addressed shortly.

Team Managers

Team managers confirmed social workers' perceptions concerning the impact of supervision.

* Q   Did the assessments change as a result of talking to you?

        "Sometimes. I might be challenging the assessment as we were discussing it."

   Q   And might it change as a result of that?

        "Well it might. Sometimes it would." TM 1

* Q   Do you get involved in discussing the assessments?

        "Yes, in the more complex situations, ranging through from child abuse to beyond control cases, where something has got to be done. Someone has got to move, either the client or us."

   Q   Do you think their assessment changes as a result of the discussions?

        "Well possibly. Hopefully it would if they were way off beam and missing the point." TM 4

*   "I wouldn't think so much change, no. I think they take elements from that discussion which I would hope adds to their assessment. Rounds it more, or widens it perhaps. I don't think it necessarily changes it. I suppose it could do but there would be some kind of negotiation in that." TM 5

*   "Their assessment of the broad problem may not change but their available resources to deal with that problem may change by having discussed it with someone with a different viewpoint. So it may be that other solutions may be put into the melting pot so they come out with a different solution, but with the assessment remaining the same." TM 7

*   "It may do, depending on the social worker. Some are quite clear, others will miss things and present you with an incomplete assessment." TM 9

The finding that supervision has almost no impact on either the assessment of cases or on the decision making process is central to this thesis. The implication is that supervision is primarily a means of checking that the social workers are accurate in their assessments, and appropriate in their decision making. In effect, supervision determines the social workers' competence *after* the event, that is after the assessments and decisions have been made, rather than being a process to assist them with this task. This is more of a process of audit than enabling; assessorial rather than facilitatory.

The director observed;

*   "I don't think you can generalise. In some situations you have powerful social workers who get their own way, in others you have social workers who genuinely try to share the decision making. If managers are not aware of how some social workers function I think they can put themselves into a position where they may not challenge some of the decisions that social workers bring. The nature of it is that the social workers are in a powerful position, they hold all the information and therefore I think that managers do have a difficult task sometimes in questioning those decisions, but it can be done".

Social workers could consult team managers on an ad hoc basis, but how much impact one or one and a half hours of supervision could have every three or four weeks is open to question.

The issues will be discussed in more detail later.

Do Social Workers Value Supervision?

This question is relatively easy to answer. Social workers consider supervision to be very important, but were critical of the quality of the supervision they received. We have seen that social workers obtain much of their information from their social worker colleagues. Similarly, it became clear that many social workers obtained from their colleagues the emotional support which they believed should be coming from their team managers. Only a small minority of social workers were satisfied with the supervision they received from their team managers.

*   "It's the sharing of thoughts and feelings. The sharing of anxieties as well."
        SW 1 level 3

*   "It gives me time to straighten my thoughts out and plan my work...I feel it's very important. It's my time, when there's no phone calls." SW 3 level 3

* Q   Do you enjoy supervision?

        "Not particularly. It's the type of supervision. I actually think that supervision is extremely important in this job. I'm not saying that I don't think I need supervision, because I think it's really important." SW 6 level 3

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*   "I don't like the way it's done, because my team manager tries to get the computer sheet out and goes through it...More recently I've said 'Look, I don't want to go through that. I've got too many things that I want to talk about that are more important', and he'll normally accept that but I know he's not very comfortable about it, he'd rather get the list out."

Q   Where did you get the supportive supervision from?

"Colleagues probably...I know there are certain people here that I can talk to."
SW 7 level 2

One social worker had built up expertise in the area of child sexual abuse :

*   "...I've built up a reputation as being the expert in the areas, which is not the case, I'm still learning, I still make mistakes and I still need support. I still need consultation or supervision, whatever you want to call it, but I think one of the faults when you become level 4 is that your team managers begin to feel 'Well we can't teach her any more', or 'She's got it all', and I think they become almost in awe of you because I am out there doing all the work and building up information and practice, whereas my team manager is sort of staying still in a way. I think he finds it very difficult and I would love somebody to challenge me a bit more. I find that when it comes to the specific work that I do in child abuse, that managers can't really cope with it for lots of different reasons...He can't deal with what it might be doing to me emotionally, so we'll go through all the practical things that have to be discussed but I can't sit down and say I feel really shitty or terribly upset."

Q   Who do you say that to?

"I say it to my colleagues, they are extremely supportive and I say it at home but I don't say it to the person I really should say it to, my team manager."
SW 10 level 4

*   "I find that supervision is generally quite appropriate. I feel most of the decisions made are fairly mutual." SW 15 level 2

*   "You talk about your frustrations with colleagues, without that I don't think we would all be here." SW 18 level 3

*   "I have joint supervision with another social worker which is very good."
SW 23 level 3

That which social workers would like to obtain from supervision is clearly implied from the above. Some social workers were more explicit:

*   "(I would like to be) stretched and questioned about what I'm doing and why I'm doing it. I find it very infuriating, the type of supervision I have. I find the disruptions during supervision extremely irritating, for example the telephone calls. I find going through a computer readout extremely irritating." SW 6 level 3

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* "I had this case recently where the woman held me at knife-point and we took the children into care...There was never 'How did it feel being in that flat with that knife?', and I felt that I should have been given more support over that and I wasn't going to ask for it if it wasn't offered and people didn't have the time. In fact, the person who helped me most was the family aid...We just sat in the car and talked for about an hour and a half and that helped but it was all pats on the back and 'You did a really good job'." SW 7 level 2

* "Sometimes I think I might appreciate more general feedback sometimes. Positive or negative strokes if you like." SW16 Level 2

* "The reality is that I personally don't get what I'm actually wanting and by saying that I feel disloyal but I don't actually get what I'm wanting through supervision." SW 17 level 4

* "I think we're in a stressful job and I think supervision needs to look at that as well. How are you coping, how are you feeling with this case?"

Q   And does that get mentioned?

"No, not unless I bring it up." SW 18 level 3

One experienced social worker was aware that she played an elaborate game in supervision:

* "I think supervision should be less about caseload management...I think supervision should be about your feelings about cases and about how you develop that way but nobody wants to talk about that, so as a way of escaping that it's quite safe to have your list of cases and say where you're at with them and get questioned about it, trying different tactics. That's the safe way of having supervision because there's an agenda and you can *never* get through that agenda in one supervision session, so it means you know what you are going to be talking about." SW 25 level 4

Another social worker in making a similar point also indicated that what individuals want from supervision may not be the same as what they need from it:

* "I've been very happy (with supervision), there's only one area that I would have benefitted more from and that's to have my cases examined from a more dynamic point of view...(name) is a very practical sort of person, and I think I tend to be as well, and maybe that's why I've been very happy with supervision." SW 26 level 3

* "Well there's usually not a lot of time after you've done all that to get down to what one would like to do, seeing one's relationships to clients." SW 27 level 3

We have noted previously that there was a clear tendency not to discuss openly a range of issues affecting the daily work of the department. Again, the social workers were reluctant to talk to their team managers about their dissatisfaction with supervision. One social worker said

that her team had discussed whether they should "tackle" their team manager, but had decided that,

> *   "...if he can't recognise it then I don't know (we) can change it really."
> SW 7 level 2

This lack of explicit discussion was evident in a range of other matters. Most social workers claimed, for example, that they had received no guidance about what was expected of them either when they first joined the department, or on being promoted to a higher grade (level).

> * Q   When you arrived did anyone tell you what their expectations of you were to be?
>
> "I think their expectations were learnt pretty quickly in that first month by watching everyone else. Although he said that you had to work for your level 4, I did not feel that there were expectations imposed on me because of it...One of my concerns is that I am not really working in my own eyes terribly differently from people who are working on level 3." SW 4 level 4

> * Q   When you joined did anyone tell you what being level 3 involved?
>
> "No, not in particular."

> Q   And how about when you became level 4
>
> "Yes, but this was in terms of the type of case I would be expected to take and the opportunities I would have to help in the training of other staff." SW 5 level 4

> * Q   When you moved from level 2 to 3 did anyone sit down and explain the changes this would involve?
>
> "No, but certainly I do feel that expectations have been changed. I was carrying a lot of level 3 cases when I was level 2. To get level 3 you have obviously got to have level 3 cases but the expectation is that you are suddenly more competent in some ways and supervision certainly dies off, or appears to have done, in regularity and informal supervision, asking advice on things, you are suddenly expected to know more things, which seems ironic...Partly, I think it makes you quite angry, that suddenly people assume that without any extra training or any other thing, that you do know more." SW 6 level 3

> *   "Really about would I be prepared to take on more responsibility and act up in the team manager's absence? Would I be prepared to get involved in committee work and research?"

> Q   Have you had to do any of those things?
>
> "No." SW 10 level 4

* Q   When you got your level 4 did someone sit down and talk about this?

"No, that did not happen."

Q   So has it made any practical difference?

"No, I do not think it has. Certainly on my individual work I had, I was enjoying a great deal of autonomy. Certainly in the form of decision making. So that was there anyway and that has not changed."

Q   Has it increased?

"I think the amount of supervision I am getting has decreased...It has not actually been stated that that is because I am now level 4. It could be because of the circumstances but certainly the two have occurred simultaneously, which has bothered me a little bit, because I place great store by supervision. I think that whatever level you are, even if at the end of the day the supervision is not very good, I think to be provided with the opportunity to sit down and talk about your work is very, very important." SW 17 level 4.

* Q   When you joined did anyone tell you what was expected of a level 3 social worker?

"No."

Q   And has anybody done that since?

"No." SW 18 level 3.

Supervisor or Manager

Most team managers recognised the tensions involved in trying to combine the roles of supervisor and manager, but also could see considerable problems over trying to split them.

The question about the impact which monthly supervision could be expected to have on social workers was posed earlier. A related point needs to be made here. A team manager with, say, eight social workers, giving supervision for one and a half hours to each every three weeks, will spend some 16 hours per month in formal supervision, out of a total of 144 hours at work. No-one indicated that ad hoc consultations took up a great deal of time. The conclusion is clear: team managers are managers first, supervisors second.

*   "I think there's a conflict...and to combine the two is difficult. Very often in team meetings people have said to me 'You're being defensive of your management role aren't you'. I think it's possible, but I think there needs to be support for the person combining the two." TM 2

*   "I don't have a problem with that at all." TM 3

* "I find there's a tension about it...I never feel that I've got it totally under control, which in one sense is right because there should always be things that you've got to move on to do next." TM 4

* "I think there can be some tensions there, but I think there would be considerable disadvantages to splitting the task in two." TM 6

* "I think it's possible to do them to my own satisfaction, which is not say it's the same as the borough's satisfaction. I think the borough would require me, ideally, to be more interested in the management aspects of my job than I either am or want to be...(I) am much more interested in the professional supervision and professional growth of the workers." TM 7

Service Managers and Ongoing Work

Service managers were no more involved in the ongoing work of the department than they were in the duty system; those service managers from the children's division had some knowledge of some of the cases through the conferences and reviews. Any decision making required of service managers is viewed as merely ratifying decisions which have already been made.

There was also some evidence that service managers, and by implication the team managers, had not clarified their respective roles; several service managers suggested that the team managers could make all necessary decisions. This implies that the difference between team managers and service managers was the greater range of decisions for which service managers were responsible, rather than the significance, sensitivity or complexity of any one decision.

* "The service manager is responsible for the child protection work...I did all the reviews, so obviously I maintained an interest in the cases...I believe that social workers are professionals. That's why I don't see myself as getting over-involved in the day-to-day running of their caseloads...I made it clear that I respected their judgement and trusted them to make the right decisions."

This service manager outlined one case where she had intervened but was able to add :

"That's about the only time that I've really intervened." SM 1

* "I chair a review on each child in care every six months, so I'm keeping in touch with those. The other preventative work...I'm not very much aware of it. That's supervised by the team managers...I chair all the child protection conferences."

Q Are there other decisions you get involved in?

"Not on the practice side. There are decisions involving section 1 money. People have to come and ask for my decision but on the whole it's more just signing rather than making the decision."

Q   Rubber stamping?

"Yes. They would consult with me if it went above £100 but I think we would know between us what was acceptable and in what circumstances we would go above £100."

Q   Are you saying that if you are not around the team managers would agree a sum knowing that you'll agree with it later?

"Yes, I would hope so."   SM 2

*   "...I only see that statutory work. A recent survey indicated that 63% of referrals concern statutory work."

Q   So of that 63%, what is your involvement?

"No, I am not heavily involved, I am aware of them through the reviews." SM 3

* Q   So what would they talk to you about rather than the team manager?

"Very difficult to say actually. I don't think we've actually got a structure which tells us what they're going to talk to me about and what they're going to talk to him about. It doesn't happen very frequently."

Q   How often?

"Once a week? Twice a week?"

Q   Are there things that you expect people to talk to you about rather than the team manager?

"It has not been laid down."

Q   Does that mean that the team manager can decide everything?

"I believe that if you appoint a manager to manage something then that is what they should be doing. They should be managing a service on a day-to-day basis...There are one or two statutory things that I've got to sign.   Things like telephone applications, holidays...The procedure is that the team manager has already made the decision that that is o.k. and I may have asked for more information but I've never said no but the procedure says that I'm the one who has actually got to sign the piece of paper." SM 4

*   "I see it as a trouble shooting role, if there are problems about service delivery then I would get involved."

Q   Is there much of that?

"No, there isn't very much of any of it. I wouldn't describe myself as intimately involved. I would say that I only have knowledge at this present time of about ten cases and we have about 75 referrals a month."

Q   You make it sound as though by and large it's the team manager and social worker getting on with the work.

"Oh yes, definitely."   SM 5

* Q   Do you get involved in the ongoing allocated work?

"No, I am involved in one case because an outside agency was supervising it but unless there's something that needs my involvement as a senior manager I don't get involved in ongoing work."

Q   What sort of thing would need your involvement?

"If it was a question of money or if there was a complaint but otherwise I don't get involved at all."   SM 6

*   "I do have involvement in so far as I provide cover for the team managers if they are not around."   SM 7

*   "I'm not getting involved in the casework decisions. The only decisions that are coming to me are things like agency placements. I haven't been anything to do with the day-to-day of cases other than under the broad heading of complaints and a one-off meeting about risk...The only thing that the team manager is bringing to my notice about clients involve cases where there has been disputes between one part of our organisation and another...The social workers don't want me to be involved, they made that very clear at the beginning...It's not appropriate for me as a service manager to be involved like that. I've no more responsibility to social work than I have to the day centre or residential homes. I'm not involved in the day-to-day running of the homes or day centre and just because I sit two yards away from the social work team shouldn't mean that I'm any more involved in their things."
SM 8

The Service Managers' Allocation Of Time To The Fieldwork Teams

Each service manager was not only responsible for the teams of field social workers; they also had responsibility for other groups of staff. For example, in addition to the field work teams, one of the children's service managers had responsibility for a day nursery, day care, the home finding team, two hospital teams of paediatric social workers, and a children's residential home. Again in addition to the field work team, one of the service managers for elderly people had responsibility for a residential home, two day centres, and the home care and community

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support teams. Most of the service managers had responsibility for five or six individual groups of staff.

How much time did they devote to each of their responsibilities? If they were to divide their time equally, then the field work teams would have taken up approximately 20% of the service managers' time. When asked, the service managers were, with only one exception, clear that the social work teams received considerably less than even the equal proportion would suggest. Despite the fact that each of the service managers had a number of geographically spread responsibilities, all of them actually had their office base in the same office as the field work teams. Given the number of places where they could have been situated, this was a curious situation. Questions about the geographical siting and their allocation of time to their various responsibilities were asked together.

*   "I think if we were separate or in another office it would be disastrous." SM 2

*   "There are far more staff issues and knowledge of kids' issues that come up with children's homes than come up from the social workers. So I'm more directly involved with the team of the home than I am with the team of social workers here. Here I'm more involved with the managers." SM 3

*   "I always feel more comfortable, less worried, about the social work service than the other things that I've got. I sometimes wonder whether I am putting enough effort into this, am I taking enough notice of things, are there things I should be looking at in the social work practice, and I haven't resolved that one. As far as I am aware there are not."

Q   Are the other managers you supervise more likely to ask for guidance?

     "Yes, much more likely." SM 4

*   "I would say that I have given least time to the social work service, because the team manager is very experienced. If we hadn't been together on the same site I would think that I would have spent very little time with him." SM 5

*   "I have been more involved (with the other services) because I've had to learn about them, because they were new to me. (Being in the same office has made it) quite expedient to be able to come and talk to the team manager and the home care manager about things, but I don't see it as absolutely necessary. I could have been elsewhere." SM 6

*   "I have no idea why (we should be next to the social work teams). I try to manage the managers. I could have devoted more time to all of them, except the social work manager." SM 8

Given their lack of involvement with the field work services, had the mode of operating been discussed either between senior managers and service managers or between service managers and team managers?

*   "No. Before (getting the job) we had discussions with (named senior manager) and the (outside consultants) about how the reorganisation should take place, and I didn't feel that they listened."

Q   Did you talk to the team managers about this?

"Not really, but it wasn't really a new set up here." SM 2

*   "No, it's my decision, nobody has ever discussed it. I would say that my manager doesn't actually know how I operate."

Q   Have you discussed it with the team manager?

"I would say that it's been discussed, but not in a structured way. It's been discussed when particular issues have arisen and we've talked about our differing roles." SM 6

*   "By and large it was left to me to make of it what I would. The assistant director and I sat down and talked about aims and objectives and that was helpful."

Q   Did anyone tell you what you could and couldn't do?

"No, not specifically."

Q   Is that spelt out anywhere?

"Only in the job description, and as you know job descriptions are fairly vague. They are as vague or as specific as you want them to be." SM 6

Q   Was there any discussion about how involved you should be?

"We had no discussion between service managers about this, and I don't think people had really thought about it. We had to deal with it quickly here because we are so close together."

Q   When you got the job did anyone say what was expected of you?

"Well I suppose it was 'Go away and do what you want', because the job description talks about 'ensuring' that things are done, not actually doing them."

Q   Has anyone said to you 'These are the sort of things I/we expect to be told about'?

"No"

Q   Have you said anything like that to the team manager?

"Yes, I think I have, yes." SM 8

Do the service managers consider that it is they personally who have delegated decisions to the team managers, or is it the organisation which has decided the responsibilities of team managers?

* "I think the organisation is saying it's the team manager's job. But I think you'll find that the role is different in the different district offices. There's a difference in how we interpret what the department is saying." SM 2

* "I think the job descriptions certainly don't make it clear. I think it's entirely each individual's way of operating...it's interesting, perhaps when a new team manager starts it's something that one should clarify with them." SM 3

* "I think it's inherent in the team manager's job description that he actually manages that group of people. When I first came here...I said to him quite clearly 'You are the manager, it's your responsibility'. That's the arrangement between us. Now another service manager might have quite a different rule about it. I think we have developed quite individual ways of managing things." SM 4

* "As far as I am concerned it's personal to me." SM 5

* "Oh I think the team manager's job description is to manage the team, and that's not my job description. That's my interpretation of my job description. I don't think it's as clear in my job description as I make it. I think it involves a certain amount of trust on my part, my trust of the team manager, and his trust of the social workers and social work assistants. The team manager and I meet regularly, so I assume that if anything is going badly he will tell me." SM 6

* "Service managers have got a common job description. We don't have specific ones for the job, so they're couched in very general terms. You're applying for a job as a service manager and in theory you could be appointed to any post of service manager, and that brought up the whole area of the separation of the management function and the professional function. We are into the area of transferability of management skills." SM 7

* As I interpret my job description, my job is to ensure that the services are provided, not to directly manage them. In practical terms there's no way that I could be involved in the whole of the service anyway, or any service manager I suspect. My job is to give specifications about what I expect the social work service to deliver. Not specifics because that is up to them." SM 8

What Do Team Managers Talk to Service Managers About?

If service managers were not actively involved in the day-to-day work, did they hear about individual cases from the team managers?

With one exception, the team managers said that in their meetings with their service managers individual cases were hardly mentioned.

One of the service managers who had difficulty distinguishing between her role and that of the team managers said that when she was covering for the team manager she had become involved in extremely distressing cases involving child sexual abuse. She had been able to gain relief by talking to the child protection co-ordinator. None of the team managers mentioned having similar difficulties, nor did any mention discussing the emotional impact of the work with their service manager.

It was clear that these meetings were primarily about "management issues".

* "She has said that she does not want to be consulted about cases unless there is an issue that presents conflict, either between the team manager and social worker or that it is a very complex issue that involves fostering or residential and there is some conflict or it's a matter of funding...It's saying 'Get on with the job of managing, I've got enough on my plate, I don't want to know any more'." TM 2

* "When we last met we talked about: delegation of signatures; the vision and mission exercise; vacancies; redeployment; social worker grading..."

Q There was nothing on that list about individual cases.

"No not on that occasion. Looking back, the supervision before one individual case was talked about; the time before that three cases; so they are few and far between, they're a small part of supervision." TM 5

* "There's the direct work with people I have in my team, a forum where I can look at that; looking at my own development as a manager; looking at management type issues that might be around." TM 6

* "I talk a lot to her about cases, a lot about decisions, pre-case conference briefings. She's very actively involved in some of the decisions - some would say too actively involved." TM 7

* "Well as yet I don't talk to her about cases. It's just not arisen yet. I would like to and I hope to do so in the future but at the moment there isn't time or opportunity to do so." TM 8

* "Particular individual cases might come up. Cases where either I want some advice or a case which the service manager has had some involvement with and she wonders what's happening now. I see the service manager monthly."

Q Do you talk about cases between those meetings?

"I wouldn't say it was done regularly but perhaps from time to time something will come up on a particular case, for example if RIC was needed and was not catered for on the last review." TM 9

* "Team direction, individual staff development, training and my own needs."

Q   Cases?

"Cases, if I need to take it to that level, yes."

Q   Has it happened?

"Yes it has happened in one case." TM 10

Service Managers' Supervision of Team Managers

The service managers supported the view that their meetings with the team managers were primarily addressing managerial issues.

*   "Cases and about workers' development, training needs, team managers' needs - it's fairly wide ranging. The team managers will come with their needs and I'll have one or two things. Invariably the team manager has the biggest list." SM 1

*   "Certainly I would see my meetings with managers as business meetings, about managing the work."

  Q   How do you know that the team managers are keeping you informed about things which you would expect to be kept informed about?

       "That's been one of the most difficult things for me about being a service manager, you don't know, because they have a choice about what things they bring to you." SM 3

* Q   Can you tell me what sort of things the team managers will talk to you about.

       "It would probably be policy issues...(often) I'd say to them 'Well I can't actually make a decision about that. My view is whatever, but I'm going to talk to the assistant director about it', and then when I had my session with the assistant director I talk about it and come back and say to the team manager what the answer is." SM 4

The above quote raises a question about the role of the service manager.

*   "We talk about cases, projects, social workers changing very fast and we spend a lot of time talking and thinking about that; their personal development; their staff; training - theirs and their staff's." SM 5

*   "In supervision terms I'm looking at how they are coping with the job. If they bring cases it's for management decisions." SM 7

Service Managers' Discussions with Assistant Directors

Did service managers discuss individual cases with their assistant directors? This was dealt with by asking service managers whether they talked to their assistant director and, if they did, what they talked about. In listing the things they discussed, only a minority explicitly excluded the discussion of cases, although most did not include cases in their list; the evidence was that individual cases were discussed only rarely.

*   "It is very seldom that I ring him up on a practice issue...Practice things is not really asking for a decision, it is more warning that there may be publicity about it and keeping them informed." SM 2

*   "(I only mention cases) if I think he needs to know, only on a very, very rare occasion.   I mention things that might have legal or council repercussions."
     SM 6

*   "If the director has received a letter of complaint or enquiry from a councillor, it filters down to me."   SM 7

*   "I tell him about anything that he ought to know, because it might come to him from a different direction."   SM 8

PART TWO: INFLUENCE ON POLICY

The literature argues that social workers should have some involvement in the development of policy, and as a result the topic formed part of the interviews with social workers. Unfortunately this was not followed through with team managers, since they had not been identified in the literature as experiencing a problem with this issue, and there was therefore nothing to suggest that the topic would be of concern to them.

The team managers did not raise the issue during their interviews, but the first service manager did, and so the rest of the group were questioned systematically about it. The presentation therefore covers social workers and service managers. With hindsight the researcher can now see that it would have been helpful to ask similar questions of the team managers.

The social workers' answers were similar to those obtained from the questionnaire, but rather more towards the dissatisfied end of the scale; a minority of social workers felt that they had some influence on departmental issues and were satisfied with this. Another small minority thought they had little, if any, influence but did not regard this as a particular problem.

The clear majority of social workers felt that they had little, if any, influence on the department and were very dissatisfied with this state of affairs.

*   "...it feels at one level as though you are consulted, but it seems to me to be about image and when you get underneath it nobody takes a blind bit of notice and I think that is more frustrating than not being consulted at all."   SW 2 level 3

*   "I know they actually send out these things for consultation and views and opinions but it feels very much like a fait accompli." SW 6 level 3

*   "I do not think that we (social workers) can have too strong an influence on the policies but I think our views should be taken into consideration."
    SW 11 level 3

*   "But where you are not happy about something or where you are concerned about something...if your views are aired and you are not happy with (the plans) I have found personally that they are dismissed." SW 12 level 3

*   "There is not a lot of weight given to a social worker, that is what I am dissatisfied with." SW 14 level 3

*   "I believe that at the end of the road decisions have been made and they send out consultation documents and really it is just a game asking for comments."
    SW 17 level 4

*   "Well I think we have been asked but it always seems too late. There is not enough time to think about it and get your response back." SW 18 level 3

*   "I do think we should have a say. I think our opinions should be taken notice of, because we are working with the people and we should be taken notice of. But whether that is feasible or not I do not know." SW 19 level 2

*   "There is a feeling of not having influence on matters of policy, that it is 'out there' in the Civic and we are asked for our views about things and send them in and then we do not get feedback." SW 20 level 3

*   "I think there is very little effort made at consulting the grass roots staff. It is given lip service but the actual consultation itself is minimal. We tend to have things come down from above and even if you feed back information you feel it gets lost and does not get appreciated." SW 27 level 3

Service Managers' Role in Policy Development

*   "I think in the current financial climate it is not so easy to get involved in policy decisions because they are often political and depend on the amount of money available." SM 1

*   "I would have hoped to have. At the moment it does not feel as if I have."
    SM 3

*   "Very much so, particularly in terms of what skills we want within the social work team." SM 4

*	"I see myself as having a role in that. But a lot of it seems to be coming from the new (policy and review) division, although my job description talks about policy development." SM 5

*	"What they are devolving down is day-to-day management of services but they have taken away other functions. I am a service manager. That means I manage services. I am not a planner, I am just a manager of services." SM 7

*	"Yes, in many ways...I have had to fight to get out of the day-to-day stuff and I prefer to have a more strategic view of the operation. SM 8

Where, then, did the service managers see themselves fitting in between, on the one hand, the day to day practice of the department, and on the other, the world of DMT?

*	"I suppose I am in the middle."

Q	Is it a comfortable place to be?

	"Yes, I think so. I am passing information up, as I am passing it down." SM 1

*	"I see myself in the middle of the two. I feel it should be three-quarters towards the Director ideally, but I see myself as in the middle. It is (uncomfortable) from the point of view that you have to sort out your priorities. You have to balance your management with your practice but that it just something that has to be assessed." SM 2

*	"In the middle. I think the AD has no impact at all on what happens in cases."

Q	Never?

	"No. (Except) he has an impact in terms of money that is available."

Q	Is the middle a comfortable place to be?

	"I do not find the role as service manager comfortable...I find that on the whole I have such little effect on the kind of services that users/clients get, because it has to go through the team manager and the social worker to the client. I felt I could improve the services to users more in the (team manager) role than I can now." SM 3

*	"I feel tremendous conflict. I would not like to say, it moves quite fast from one to the other and I feel very torn about it. I think it is a very difficult role. My gut feeling is that I prefer to be more involved in the operational side. But now, after all this time, I have accepted that this is not the role and it has got to be more towards the other end. I feel I operate more towards the policy end." SM 5

*	"I see myself in the middle I think. It is frustrating at times, like over money. Responsibility without money." SM 6

PART THREE: SENIOR MANAGERS' VIEWS ON THE ABOVE ISSUES

Several questions which arose from the interviews with social workers, team managers and service managers suggested areas for discussion with the department's senior managers. First, were DMT members aware of the extent of the discretion and power exercised by the social workers? Second, were they aware of the extent of the gulf between team managers and service managers? Third, had senior management made a deliberate decision that this was the type of organisation which they wanted? or had the structure simply evolved, perhaps without anyone being particularly aware of it, because it suited the practice requirements of the various individuals?

The first two questions are aimed at discovering whether the senior managers' assumptions about the practice of the department, their assumed situation, accorded with the extant situation already described. At first glance the third question could be considered unnecessary, but it was included as it was possible that the situation revealed by the research had not been planned originally by senior managers, but that they were now aware of it.

It has to be acknowledged that it proved difficult to obtain the information necessary to answer the first two questions. Senior managers were not involved in the daily practice of the social workers, and the discussions about their level of discretion therefore tended to be rather general. In trying to discover the senior managers' assumptions, it was important not to reveal the data accumulated during the research. This made answering the second question almost impossible, since questions which did not reveal any information were so vague as to be greeted rather quizzically. The few answers which address this question arose when asking about the position of the service managers.

The senior managers' answers were as follows.

Social workers' level of discretion

* "I would hope that the social workers are given enough support and autonomy to be making a fair range of decisions but I think it needs to be clear what level they can take decisions."

* "I think at the moment we perhaps don't have that clarity for field social workers, but I think probably by default they are given more responsibility and autonomy, and have to check less with team managers."

* "I should say that their level of authority to act independent of a team manager ought to be clear from their job description, staff instructions etc...they should be guided to procedures at a very early stage: some of them they will bring with them as part of their professional training."

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<u>Service managers' position between practice and DMT</u>

This section includes the senior managers' observations on the relationship between team managers and service managers.

* "Towards DMT. I think at the moment we as assistant directors are tending to go too much towards practice and day to day issues. It feels like that because of vacancies we've had at service manager level, and I think we have service managers being too involved in cases, covering duty etc. whereas really they should be more detached from that, giving more of an overview of what's happening. The closer you to get to practice in a sense the more it pulls the whole organisation down, and it's necessary to keep the wide perspective, the overview, of what's going on."

It should be noted that this assistant director considered that both service managers and DMT members were <u>too</u> involved in practice.

* "We have discussed the central role of service managers, that they are the pivotal point of this organisation. If you haven't got service managers who are capable and competent then the whole thing will fall down. They are central to how everything operates."

* "The service managers have a strategic role, and they have a co-ordinating role for their service area, which means that they can't have the time to substitute for a team manager."

* "Nearer to DMT. I'd say 75% along the continuum. It's a management task, more so than a professional task. They will all have a professional background...but moving into service manager post requires substantially more management expertise than a senior professional."

* "The creation of service managers was very clearly intended to be a manager first post."

* "Well I think they zone up and down. When they're actually dealing with clients and cases I think they move away from DMT, and quite rightly so. On other occasions I see them coming right back up to DMT...I think the service managers are very powerful. I think they are the pivot on which the department should work. I don't see it resting at assistant director level."

* "Towards DMT. It was seen as a purely managerial role, apart from their involvement in case conferences."

* "I would say that there's very little doubt in my mind, and probably with them, that they are closer to DMT. I don't see them as being very close to the clients, with probably one exception, and that is the work relating to children at risk, and that is an exception, and the reason for that is a realistic appraisal that children in those circumstances are more at risk than other clients. That's debatable, but I think that's

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how it's perceived, and secondly the implications for all the staff of the department, and the council, of a case going tragically wrong."

The director agreed that the service managers' role was different from that of the old area managers.

* "I felt that managers at that level were not taking on the sorts of management tasks that they ought to be taking on, as a result of which the assistant directors were over burdened with that sort of management activity and weren't getting on with some of the jobs that they should have been getting on with. We had quite a deliberate ploy in the management team to get service managers to take on more responsibility. One of the purposes of the restructuring was to say to service managers, 'here you have a discrete area of responsibility which you are managing, and we want you to get on and manage it, and we don't want you to be constantly referring up to the assistant director for decisions'. We wanted...to give them, really, the total responsibility for client related matters."

This view was also to be found in the report of the outside consultants who were brought in to advise on the reorganisation. Their report notes, "of course the role of the area manager is to a large extent to monitor at the practice level casework decisions as they are taken and reviewed. Sutton appears to be at the stage when it can ask whether this type of monitoring is not rather over provided...". (p12)

It should be noted that the interviews with social workers conducted for this research were completed prior to the reorganisation. The implication to be drawn from the quotes above is that if their views had been sought after the reorganisation, then the position concerning the service managers' lack of involvement would have been even more marked.

It is therefore clear that the departmental management team had taken a deliberate decision that the service managers should not be involved in the day-to-day practice of the department. But if the service managers are not very involved, and, as we have seen, only rarely hear about individual cases, questions are raised about how it was possible for senior managers to be confident, i) that they knew what was happening at the practice level, and ii) that standards were consistently high across the department.

Senior managers were asked questions about these issues; standards were clearly a problem.

How did senior managers measure quality?

* "In terms of measuring it (standards) we do that by me seeing some communications that go out from the districts. So I might get a letter in from the health authority and ask one of the service managers to deal with it direct and copy me into the reply. It's a checking mechanism. I've got lots of other ways that I would like to monitor standards, but it's the old excuse of time which means that I am not able to."

Q If the service manager is not involved with cases, how do you check up on practice, if you only supervise the service managers?

"I think that's where my expectations are unrealistic, in that sometimes a case will come to my notice by other means, and I'll ask the service manager to give me details, and they can't. Then I am unfair and sometimes say that they ought to know more about it than they do."

* "I don't know that (standards are the same) in all honesty. Setting a standard is something new for the department. We've talked about what they're like, but actually setting them is something quite new. DMT relies very heavily on the local manager to ensure that what standards there are in the department are implemented locally."

* "There were a number of methods that I would use that would help to do that. One, there were certain decisions that I had to take, and I always wanted to read the case file which would be sent up. When I did the level three or four grading I always looked at the case files and they can give you some indication of the sort of standards that the areas meet. The second was the monthly visits. Third, in a way informally monitoring the complaints."

* "The issue of quality is a puzzle for everybody, how you actually measure it. The audit commission haven't got it right, and I think we've got problems as well. First of all you have to decide what are the areas in which you want to maintain standards, and we have historically allowed the area managers considerable discretion to be different, and that was quite deliberate...I think that the one that we've got to watch above all is children at risk, and there we have a central post who is actually going round into case conferences in all the areas and hospitals. Part of that is standardisation, although I think we'd be hard put to say what the standard is, but at least making sure that the council's and the inter-agency procedures are being complied with. I suppose those are the standards."

Management Culture

The analysis of the interviews with social workers and team managers showed that the department was not organised in the way predicted by the literature review. Further, the data had been consistent throughout, with only small differences being related to any sub-group. This indicates that senior managers had similar perspectives concerning the way to run their divisions.

Did the concept of "a management culture" mean anything to the service managers and senior managers? The answers to this question show that the service managers and senior managers considered that the development of a common culture was important, but that the work needed to bring this about had still to be done. It should be noted that the interviews with these two groups of staff took place after the reorganisation, on top of which the group was experiencing several changes of personnel.

Management Culture - Service Managers

* "I think it's quite important that social workers don't get a different response from different service managers, and so standardisation is important." SM 1

* "I certainly feel that the assistant director is trying to do that (bring about a sense of culture) in children and families, but I don't get the feeling he's having any success...I think the level of the professional work is probably the highest I've come across but all the commitment is to the area or the office, it's not to the London Borough of Sutton and that's wrong." SM 2

* "I think it's a collection of individuals with different styles, and different agendas. I don't think we have in any way an agreed culture. It's a problem. For me I need to belong to a division which has clear aims..." SM 3

* "I think we're all very different creatures at the moment. I would suggest that the internal management training course was meant to address that." SM 5

* "I think we've gelled quite well...I think we are all very different, but I think there is uniformity over aims and objectives." SM 6

Senior Managers

* "I've no idea of what the (other divisions) are thinking or how they operate, no idea at all on that issue. What their expectations are of their service managers, team managers and social workers, and how they expect cases to be handled. It's not something that ever crops up in DMT, or even in passing conversations elsewhere. It's a problem in that we as a department have not sat down and thought how we want this division, this directorate to operate consistently and so on".

* "There isn't a culture of management generally across the department, no. Within the division I think we are moving towards a style and culture of management. I think we are beginning to be more open and "up front" about issues, and more able to talk to each other about them."

* "I would hope that within the division there is a recognisable style. We wrote our business plan or strategy which set out the principles upon which we were trying to manage the division, and the way we expected people to function within it, and the qualitative bits we wanted to produce in delivering our services. So I would hope that we can be recognised..."

* "I don't know the answer to that. There should be a culture, we are trying to work on one with the management development course. I like to think that there is a management culture...my feeling is that it's probably not around, because I've seen some managers struggle."

The director put these views in the context of an organisation going through a period of change:

* "I'm not sure we've ever defined it in those terms, and said what sort of department we want to have, in terms of how we are actually managing. We've had a number of discussions in DMT about management. I think we've been very aware recently that we've been in transition from what was not too long ago quite a small family business, that was run very much on personal contacts and didn't have too many rules and was a nice friendly supportive place, and then realising fairly quickly that that style was not going to be able to cope any longer. The world around us was changing and people were changing, expectations were changing. We have very definitely decided that we have to do a lot more to get our managers trained."

So, if we ask again, "what were the standards of the organisation?" the answer is that the standards were whatever had been determined by practice over the years, and communicated orally over the years. With little being written down, there were in effect no objective criteria against which performance could be judged.

SUMMARY

The interviews with social workers revealed that they had received almost no guidance either about their role, or about what was expected of them, when they joined the department. Likewise they received no guidance when they moved through the different social worker levels (grades). In similar vein there had been no discussions between service managers and team managers, or between DMT members and service managers.

As found by other writers, the social workers in this department use the term supervision to include consultations with their peers, as well as the more formal consultations with their team managers.

The department had not laid down any guidelines concerning the frequency or duration of formal supervision between team managers and social workers, and there was some variation about both. Despite this variation, it was clear that supervision was viewed as an essential feature of the department's work. Whilst it was acknowledged that new recruits might well need more supervision, it was also the view that more experienced workers, handling the more difficult cases, still required regular supervision.

Social workers regard supervision as having three main purposes: to obtain a second opinion about cases, to obtain new ideas about cases and, most importantly, to obtain backing for decisions which they have already made.

Most social workers were clear that they approached supervision with their assessments of cases clearly worked out, and usually with clear ideas about the actions they intended to take; they viewed consultation as a means of confirming or "fine tuning" *their* decisions.

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The team managers confirm that they have little part to play in the assessment of cases and also that the plans for each individual case are mainly made by the social worker prior to supervision.

Surprisingly, the social workers and team managers agreed that supervision made little difference to the social workers' assessments, their plans for cases, or their decisions. It was concluded that supervision was more a means of checking regularly the competence of the social workers rather than a means of assisting them with their work: it was auditory rather than facilitatory, retrospective rather than prospective.

One clear finding is that whilst the social workers placed great value on the *principle* of supervision, they were highly critical of the *quality* of supervision they received. Social workers consider that supervision is too "management oriented", with too much time being spent going through computer printouts. Social workers want their supervisor to challenge their assessments and decisions rather than simply accepting them. They want to be "pulled and stretched" as one put it. They also consider that their team managers fail to give them the emotional support which their work warrants. Such support is clearly not simply an optional extra; failing to get this from their team managers, the social workers find it from their peers or their families.

Staff at all levels acknowledged that even experienced social workers needed supervision. For their part, the experienced social workers wanted more supervision, but they did not push for this because what they did not want was more of the *type* of supervision which they received.

There was clearly a gulf between the social workers' understanding of the role and purposes of supervision, and the understanding of the team managers. This confirms the view expressed by Gadsby-Waters (1992) that "the two groups could be meeting for totally different reasons".

It needs to be noted carefully however that this is also one of the few occasions in this study when it is possible to isolate clear patterns according to some sub-grouping. In this case it was clear that a small minority of social workers were much happier with their supervision. These social workers were in one particular team.

The message is clear; however difficult it may be, it is possible to supervise social workers in ways which meet many of their needs. Whether it is possible to offer supervision of a high quality and be a "good" manager at the same time remains an unanswered question.

Good supervision is extremely important, see for example Reder et al (1993) who provide a thoughtful review of all the inquiries into deaths of children, reveal repeated breakdowns in supervisory relationships and highlight the crucial importance of adequate supervision.

Several team managers noted the tensions they experienced in trying to combine the roles of supervisor and manager. It was noted that a team manager probably spends something around 10% of work-time in formal supervision with social workers. Clearly team managers, at least in Sutton, are primarily managers rather than supervisors.

Service managers were no more involved in the ongoing work than they were in the duty system. Any decision making required of service managers was viewed merely as ratifying

decisions which had already been made by others. The fieldwork teams represented approximately 20% of a service manager's responsibilities, yet most acknowledged that they in fact spend considerably less than 20% of their time on this area of their work.

Many of the managers, at all levels, talked about procedures, as though they existed in some number. Sometimes an interviewee would do this within a few minutes of saying that the department lacked procedures! The researcher gained the impression that managers were almost willing them into existence.

It was clear that many of the team managers and service managers did not have a clear perception of a distinct role. Service managers considered that team managers could make any necessary decisions in the absence of the service manager. It was noted that this implied that the difference between team managers and service managers was the service managers' range of decisions across their different staff groups, rather than the significance, sensitivity or complexity of any one decision.

Confirming the findings of the questionnaire, the majority of social workers felt that they had little influence on departmental priorities and were dissatisfied with this. The service managers were divided about whether they had much influence on departmental priorities or plans, although they all described themselves as being mid-way between the world of practice and the world of DMT. The senior managers for their part considered that the service managers were rather closer to DMT than to practice, and were clear that one of the intentions behind the reorganisation had been to make this tier unambiguously managerial.

Social workers continued to express satisfaction with the lack of procedures, with their own levels of decision making, and with their levels of autonomy and discretion. This has been consistent throughout the research.

It was found that team managers hardly discussed individual cases with service managers, and likewise that the service managers only rarely mentioned cases to their assistant directors. This raised questions about how DMT were aware of what was going on at the practice level, and how they knew that standards were uniform and high throughout the department. Essentially, DMT members acknowledged that issues of quality were a problem for them.

CONCLUSIONS

1) There had been almost no discussion about roles or expectations at any level in the department, and social workers received little feedback about their progress.

2) There is a clear division between the world of practice and the world of management, with social workers and team managers being left to deal with practice issues. The service managers have very little involvement with day-to-day fieldwork.

3) The gulf between practice and management is illustrated by the fact that team managers discuss few cases with their service managers, and likewise the service managers mention few to their assistant directors. DMT members were asked how they managed to be aware of practice standards if they rarely heard about individual cases, and

acknowledged that the issue of the quality of practice caused them difficulties.

4) There is a clear difference of opinion between social workers and team managers concerning the functions of supervision. Team managers regard supervision as an auditory process, whilst social workers consider that it should be supportive and facilitatory. Using different words, managers regard it as a retrospective management exercise, whereas practitioners emphasise its professional purposes of support and planning.

5) Social workers expressed strong and consistent dissatisfaction over the quality of their supervision. The social workers in one team were satisfied with their supervision, and were the only exception to this finding.

6) About half the social workers considered that they had little influence on departmental priorities and were dissatisfied with this. Service managers were equally divided about whether or not they had any influence on departmental planning, or prioritising.

7) Social workers continued to express considerable satisfaction with the lack of procedures, and with their levels of decision making, autonomy and discretion.

8) Several team managers acknowledged that they found it difficult to combine the roles of supervisor and manager.

9) Concerning fieldwork matters, there was no clear difference between the roles of team managers and those of service managers, with the latter stating that in their absence the team managers could make all necessary decisions.

10)With few exceptions, the results have been consistent irrespective of the particular team or office in which the interviewees worked. This suggests that the extant situation is the result of deliberate planning by senior managers, and indeed they confirmed that this was the case.

These findings continue to add weight to those of a) the pilot study, b) the questionnaire and c) the conclusions drawn from the previous chapter concerning duty work. To reiterate, the department has little formalisation of practice, and decision making is decentralised. The social workers have continued to express satisfaction with these aspects of their daily work.

The evidence that the department is different from those described in the literature is growing, as is the evidence that it conforms to Mintzberg's model of the professional bureaucracy.

CHAPTER 7: THE DATA CONCERNING RESPONSIBILITY AND ACCOUNTABILITY

INTRODUCTION

Academic writers are clear that social workers are responsible *for* individual decisions which they make but accountable *to* their organisation for these decisions. It has already been noted that Stevenson and Parsloe (1978) found their respondents, "Seemed to use the words "responsibility" and "accountability" inter-changeably." (p217)

The social workers in the pilot study had not so much used the words inter-changeably, as rather used the word responsibility in the senses of both "responsibility for" and "accountability to".

The questionnaire attempted to address these two issues, although given the lack of precision suggested above, it was difficult to compose a concise question which also had a clear and unambiguous meaning.

The chapter is divided into two parts.

Part One shows the relevant questionnaire results.

Part Two gives the interview data.

The chapter examines the apparent discrepancies between the views which the social workers expressed in the interviews, namely that they had a high degree of autonomy and discretion in their daily work, that it was primarily they who "owned" this work, and the view which they expressed in the questionnaire, namely that any accountability would be shared with their team managers.

To express this more bluntly, if the social workers have considerable autonomy and consider they own the work, how can they expect accountability to be shared with another person?

The traditional view of accountability in a bureaucratic organisation is different. The person at the top of the hierarchy is accountable for everything that goes on in the organisation (see for example Rowbottom, Hey and Billis (1974), Day and Klein (1987)).

In the light of the above, the chapter attempts to reveal how the different strata understand accountability to operate.

PART ONE: QUESTIONNAIRE RESULTS

(The following data are extracted from the fuller presentation to be found in earlier chapters.)

Section 2 asked social workers questions about elderly clients who were allocated to them. The results were as follows:

Overall, who holds responsibility for the work undertaken with your clients:-

You alone:	3
You and your team manager share this	15
Your team manager alone:	0
Other - please specify:	<u>1</u>
	19

If something were to go seriously wrong with one of your cases, who do you think would "carry the can" :

You alone:	2
You and your team manager share this	14
Your team manager alone:	0
Other - please specify:	<u>2</u>
	18

Section 3 asked social workers questions about children and families who were allocated to them. The results were as follows :

Overall, who is responsible for the work undertaken with your clients:-

You alone:	9
You and your team manager share this	20
Your team manager alone:	0
Other - please specify:	<u>0</u>
	29

If something were to go seriously wrong with one of your cases, who do you think would "carry the can":-

You alone:	6
You and your team manager share this	20
Your team manager alone:	0
Other - please specify:	<u>1</u>
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SUMMARY

As stated above, in the questionnaire the social workers expressed the view that should anything "go wrong" with one of their cases, they would share responsibility, and blame, with their team managers. This seems to be at odds with the views expressed in previous chapters concerning their levels of autonomy and decision making.

PART TWO: INTERVIEW DATA

In the interviews the main questioning areas were:

> Who do you think owns the work?
> Do you feel responsible for the work with clients?
> Who is accountable for the work with clients?
> How is accountability transferred from one person to another?
> Who would the organisation hold accountable if something were
> to go seriously wrong with a case?

All respondents up to and including the director were asked questions about all these issues.

Autonomy and Ownership of Work

* I would say it was mainly me. It is a difficult one to judge but in consultation rather than collaboration with the team manager." SW 3 level 3

* "I think I have learnt over the years that I have got to be confident in my own ability and get on with it and so I suppose I partly present like that so it does not particularly cause the team manager any concern." SW 4 level 4

* "...on a day-to-day basis I have normally got my own ideas of where I am heading in the long term work. We have got the autonomy in terms of all the interviews." SW 5 level 4

* "Well it feels like it is totally my decision (how often to visit). Even in child protection work I would make the decision about how frequently I was visiting. I am sure that if my manager felt very strongly that I was not doing enough visits that that would be stated. I might consult with the team manager about whether I should apply for Part 3 for somebody. But if I did an assessment for residential care, it would be my decision about whether I proceeded." SW 6 level 3

* "...the day-to-day actions and plans are mainly formulated by me alone."
SW 11 level 3

* "It would be better if we were given a clear instruction about our autonomy. I like the autonomy, I like being able to make my own decisions and not be having to go to a team manager for everything. I like to use my own initiative but it would be nice if that was actually stated." SW 23 level 3

* "(We have to ask for) permission to go out of the borough and for any reimbursement of expenses. We have tremendous freedom in ways other people in other jobs do not have freedom, yet the little nit picky things like they would not even conceive of letting us open our own post, like we can be trusted to come back and say I need £250 for somebody like this." SW 25 level 4

Team Managers

* "Of course you do not actually know what they are doing, when they are there, because they are there, because you are not with them, so it is total trust."

  Q Whose decisions are they?

"Ours, the two of us. 50:50." TM 1

* "Given their training, given their experience, given the acknowledgement by the department of their expertise, they require job satisfaction and job satisfaction is increased if you increased the individual's autonomy within defined limits." TM 3

* "It is probably mostly theirs. I should think theirs is the prime input, the major input."

  Q Who actually owns the work?

"I think the social workers do and I own it to a lesser extent." TM 4

* "If you are going to delegate then you have to say exactly what is being delegated, why and what power goes with that delegation. Like lots of organisations we talk about it but we do not do it in reality. I think it is about a cultural attitude."
TM 5

* "I think that they are joint decisions, between myself and the social worker, mutually arrived at, mutually agreed. Yes, I think they are mutually agreed, but I hope that both sides could own them, I do not think there have been many cases, if any, where I have said "this is what we must do, go and do it"." TM 7

* "They know that that is my line and they take it on board to. Yes, they do convince me in the end but I know what they tell me is selective and that is always a dilemma in supervision isn't it?" TM 8

* "They can decide their style of working off their own bat, within fairly broad guidelines, as long as they're confident about what they are doing with a family and why. In child protection work my role is to make sure that the child is not lost. If the social worker wants to adopt a family centred model, then that is fine, provided they do not lose the focus on the child." TM 9

* "Well I suppose at the end of the day I do (own the decisions)...but I see my role as a team manager to actually enable, to help develop social workers' decision making themselves. TM 10

Thus, the social workers consider that it is they who make decisions about their work, and feel that it is they who own these, whilst the team managers regard these as shared between the social workers and team managers.

Responsibility

Without exception, all interviewees, at all levels in the organisation, claimed to feel personally responsible for the work being undertaken with individual clients. Of course, the nature of the responsibility and therefore the manner of its expression varied according to the individual's position in the organisation. Almost without exception interviewees regarded the decisions they were required to make as part of their every day practice to be onerous and stressful.

We saw in the literature review that in the absence of rules the professions have to rely heavily on the personal sense of responsibility felt by workers.

Social Workers

* "I think even if it's conference and review decisions, it's you who are carrying the responsibility, you're having to operate it if you are the key worker for that child protection, you're the one that it's down to in the end." SW 5 level 4

* "Yes, I feel responsible, for myself I feel responsible. If you're thinking of the ultimate, of the old lady who's found dead on the floor or whatever, that reaches the newspapers, I guess it would be me who would be in the papers, backed up hopefully by the team manager." SW 9 level 3

* "I think I (am responsible). It's not him (team manager) who goes home and worries about the cases. I'm not saying that I do every night or sit up to 1 a.m. but if there's a particularly difficult case I'm the one who goes home with the thoughts and feelings and how best to resolve it, ticking over in your mind. I don't think he does any of that because as I say, I think his responsibility is hypothetical."
  SW 11 level 3

* "Suppose something goes wrong and it's spread all over the papers or it's on the t.v., it's *your* name and it is you that carries the can. It *feels* like you alone."
  SW 12 level 3

* "...the clients hold you responsible as well. I suppose what I'm saying is that I find it quite difficult to separate out all the different bits and to identify which bit is someone in the department holding me personally responsible or making me feel responsible; which bit is me taking responsibility or feeling responsible myself; and which bit is the client saying 'you're to blame'." SW 22 level 2

Team Managers

*   "I can't speak for the social workers but I'd imagine that they would feel very responsible for the work but I also have the feeling of being very responsible for the work. I suppose in a different way." TM 1

*   "It feels very uncomfortable. I have had experience of a highly complex case where senior managers saw things very differently from me, and I saw responsibility landing at my door as a manager rather than it being shared responsibility. And that's both unpleasant and uncomfortable." TM 5

Service Managers

*   "I think everybody feels responsible." SM 1

*   "I certainly find that I worry a lot about cases, child protection conferences where we make certain decisions which affect the life of a child, you're playing god, you just can't know. None of us can predict the future..."

    Q   You make it sound like a personal responsibility, even in the setting of a meeting.

    "Absolutely always. Especially as chair, because you have ultimate responsibility. Without doubt the most painful decision in social work is to take children permanently away from their parents, and however clear it is that that must be in the interests of the children, it is still a decision that haunts you." SM 3

*   "I feel that I am responsible...I feel I have a responsibility for trying to ensure that things don't go wrong. I've got a responsibility for good practice." SM 5

Senior Managers

*   "Yes I do. I feel responsible for the cases and the service offered by the division."

*   "I often do, whether that's appropriate or not, yes, I have a tendency to feel responsible. Not that it's all my fault, but yes, there is a responsibility attached to being assistant director."

*   "Oh yes, yes, very much so. I don't think any director seeing what has happened elsewhere could feel not responsible." Director

Who is Accountable?

There was no clear consensus from any level in the organisation about who would be held accountable if something were to go seriously wrong with one of the allocated cases.

* "Well, he (team manager) is ultimately responsible for it, but I take the responsibility of going to the client and making the plan with that client and then sharing it with the team manager. But ultimately, it is his responsibility." SW 10 level 4

* "...in principle we share responsibility." SW 11 level 3

* "...because the department does have quite clear expectations that the managers do carry responsibility for our work..." SW 13 level 3

* "It's difficult to think of something actually seriously wrong that I'd carry responsibility for." SW 15 level 2

* "I think lower down usually carries the can. A lot of these cases it seems the team manager and social worker carry the can when it hits the press." SW 18 level 3

* "Well I always think that what I do I have responsibility, and the team manager has the overall responsibility, but at the end of the day I carry the can."
   SW 27 level 3

Social workers were quite clear that they transferred responsibility from themselves to their team manager by the act of discussion.

Only one social worker put this in the context of the social workers' job descriptions.

* "Under the level 3 job description it's described as consultation...and the onus is on me to bring to the attention of my team manager cases where I feel I need to consult."

She had learnt this from personal experience:

* "...a complaint (was) received when I hadn't done something and my team manager was exonerated on the basis that as a level 3 worker I had access to consultation and therefore my team manager should not have been expected to know about this particular case, whereas if I had been a level 2 worker he should have known because he would have been supervising rather than me consulting." SW 1 level 3

* "There's got to be responsibility placed with the social worker to give the information to the supervisor. So I think that the giving of the information is me being responsible..." SW 2 level 3

* "Well you can work with a fair degree of autonomy but I feel that if I tell my team manager what I'm doing then that shares it." SW 4 level 4

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* "...(consultation) means I'm passing on some of the responsibility for the decision I've made and in that respect I'm covering myself, but I'm also confirming that the decisions I have made were reasonable." SW 14 level 3

Team Managers

Team managers had no common understanding of who would be held accountable in the event of a case going wrong. Opinions given were; the social workers alone, both the team manager and social worker together, the team manager if he had been told about the case, the team manager even if he hadn't been told about the case, as he should have asked/known.

* "They know you're accountable so they tell you, then it's on you not them...you can only be accountable if you know."

Q   And who do you feel is accountable?

"The manager, that's the way it is in local authorities, provided you've been told, and when things go wrong the social worker may go, but so would the manager." TM 1

* "I can't take responsibility (if I don't know). Well, can I? Yes, because I could be asking questions in supervision." TM 2

* "I think at the end of the day it's the social worker who will get blamed. As far as the media are concerned the person who gets the blame is the social worker and I've got tremendous sympathy for social workers because at the end of the day as far as society is concerned they carry the can..." TM 3

One team manager was also able to acknowledge that in the event of something going seriously wrong :

* "...in all honesty, I, in trying to safeguard my position, I am likely to look at the errors and the shortcomings of the social workers rather than admitting my own errors and shortcomings and that's going to be a natural instinct...I think (accountability) would sit with the person who genuinely made the mistake, no matter what you say, if the social worker lashed it up they would be the one that got it in the neck. Now I hope that I would support them in whatever way but I know from experience, not in this borough, that when an error was made it was the person who made it who really carried the can...I can't see the department backing us 101% even if we have made the most crass errors of judgement. No-one really knows until it happens and then you find out who your friends are." TM 4

* "I think that if you had a serious child abuse case in Sutton, then I think the individual worker at the end of the day would be the person that was held responsible...it concerns me that the whole ton of bricks would fall on the one person, the social worker, and I think that's to do with the culture that's around in

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this particular authority...I think the only way of passing on accountability is saying to somebody 'you're responsible for this and I'm responsible for that'. You can't abdicate responsibility merely by discussing." TM 5

*   "I would be (responsible)...automatically because I'm their team manager...and it would be my failings not having asked the right questions, not having established the right relationship where they could feel that they could say what was happening...Yes, if a wrong decision was made, I feel it's because I haven't asked the right questions...I've no illusions that I wouldn't be sold down the river."
    TM 7

*   "I think in terms of making an assessment it's a professional assessment the social worker makes themselves and I hear and maybe help to refine, but they're accountable for that and the decisions that are made on the basis of that I wouldn't see myself as accountable for. I would think the social workers are accountable."
    TM 8

*   "If I hadn't been involved in the situation until afterwards, then no, I wouldn't feel responsible for a decision made at the time...I don't see how I can be responsible for something that I don't know anything about until afterwards. No I couldn't be...I can only be accountable for the decisions that I know about."

Q   So do they transfer accountability to you by telling you about things?

"Yes, that's right, absolutely right. You only know about what you are told."
TM 10

Very similar findings were reported by Stevenson and Parsloe (1978). They too found much confusion about what accountability meant, and, expressing some surprise at their respondents lack of clarity, noted:

"Possibly they were unaware of the implications." (p 220)

More than a decade, and numerous tragedies and enquiries, later, these managers appear to be no more concerned than were Stevenson and Parsloe's.

<u>Service Managers</u> as a group were just as confused and uncertain as social workers and team managers.

*   "It's up to the social worker to notify the team manager, the team manager to find out what's going on in the team...and the service manager has to ask the sort of questions which will elicit the concerns in the team...so although I don't get involved in day-to-day work I would still expect to know about a difficult situation that may arise. I wouldn't expect to be kept in the dark about a situation that's getting a bit iffy and I would be extremely angry if I hadn't been told about such a situation, which then blew up in our faces. So everyone up to me is accountable."

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Q   Above you?

"Well I took a situation to my assistant director and he got quite hot under the collar...it discomforted him, because by telling him I involved him and he didn't want to know. I was flabbergasted."   SM 1

*   "I think the social worker first gets it in the neck, the team manager next and then the service manager...the director is overall responsible, so criticism goes his way, but if you look at all the cases where children have died, you'll remember the name of the social worker and perhaps the team manager, but nobody more than that." SM 3

*   "I think it's probably irrelevant whether I know about it, I'd still be accountable...I see myself as responsible for the service which is provided in this district, now I delegate that to the team manager and he then supervises the social workers but I still think that's my responsibility." SM 4

*   "I suspect that it will be the team manager (who would be held accountable)." SM 5

*   "I guess in the end it would be the assistant director's and my heads that would roll."

Q   And if the team manager hasn't told you about something, are you still accountable?

"No...I can only do as much as I can do. I can't check all the time that he's having supervision with all his social workers - or at least I don't check, I assume he is." SM 6

*   "I would obviously share it, but at the end of the day the director is the one who has to account for what happens. It's always the person at the top who goes or who takes responsibility." SM 7

* Q   Who would the organisation hold accountable?

"Me."

Q   Even if you didn't know about the case?

"Yes, because I should know about it...it is something I should have made clear, that my managers should tell me if there are problems."

Q   And if they don't tell you are you still accountable?

"I think I am."   SM 8

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<u>Senior Managers</u> were clearer that different levels were accountable for different things.

* "If a child is killed and that is through bad practice by the field social worker then I think to a large extent it is their responsibility. The rider to that is that they may not have had any influence over what had happened - they can't be there 24 hours a day...but if the social worker has done everything they could reasonably be expected to do, and has reported things to the team manager, then the matter can carry on up through the line and the responsibility may lie with me or the director. In some situations it might lie with the council."

* "If for example a case goes wrong because guidelines have not been written or reviewed, or the procedures haven't been made available or explained sufficiently, or information has been withheld, then I think there is a responsibility on senior management. If it's a matter of practice there's still a responsibility on senior management because the employment systems and supervision systems we operate ought to have identified where practice is weak. I am arguing I suppose for saying that the frontline worker needs as much protection and indemnity as possible, and the only thing for which they can be held personally liable and responsible is either a dereliction of duty or some other form of disciplinary offence, where they have failed to carry out instructions properly. In most other respects there's got to be responsibility on the organisation and the way it supports and guides its staff. So my answer has got to be qualified by the cause of the case going wrong."

* "Yes, I've always accepted that the buck actually stops with me."

* "There's no easy answer to that. I think the traditional view has been that it's the director, but if you look at the history of child abuse procedures and the enquiries it's interesting that the press and the enquiries themselves have levelled the blame at different levels throughout the organisation, there's no pattern.

* "There's two ways of answering that. One, is to say that I can't actually tell until I know what's gone wrong, because you will then find what bit of the system, what person, is responsible. The second is to say that it's a shared responsibility, and those two are linked together really. I am responsible for ensuring that there's a proper structure and system of supervision; procedures where appropriate; that we recruit and maintain sufficiently qualified people to do the job; and if I can't, then I put a red flag up and warn the committee. The service manager has their responsibilities, the team manager (theirs) and there's also an element of responsibility on the social worker, but that, I guess, depends on their skills and experience. It's likely to be shared." Director.

Who Would The Organisation Hold Accountable?

* "I wouldn't be looking for a scapegoat. I really hope I wouldn't be. I would be looking into why things went wrong, and if it was the fault of a member of staff I would take the appropriate action. But I wouldn't jump to the conclusion that

something had gone wrong, and that therefore there must be somebody to blame for this."

* "We do actually work for a very supportive council, I genuinely believe, and I think that they would not readily scapegoat anyone, and what is more likely is that an external enquiry would be far more accusing...I think it would depend very much on the circumstances. If the social worker was clearly at fault for having done something blatantly stupid then I think they would be blamed for that. If I had not done my job, and not told the committee that I couldn't, that I'd employed incompetent people, or that the procedures I'd put in were defective, then I think they would blame me."

SUMMARY

It is clear that at all levels in the organisation there is no shared understanding about who is responsible for what, who is accountable for what, and how accountability is transferred from one person to another.

One could ask, who benefits from this lack of clarity?

Perhaps part of the answer concerning responsibility was revealed by the social worker who said that she was reluctant to ask for guidance about the limits to her autonomy, because she was worried that she might be told that she did not have as much autonomy as she thought. Perhaps this level of informality helps the department to accomplish its work.

But responsibility *for* a decision or action, and accountability *to* someone for that decision or action, are inextricably linked. If social workers assume responsibility which officially they do not have, then it seems likely that it would be they who would be found at fault should a decision be considered poor.

Whilst the social workers' approach may have been pragmatic, they seemed to have some awareness of the perils, since they expressed some anxiety about their uncertainties over accountability, and about the fact that clarification was not available. They were also clear that clarification would have been helpful.

The social workers would no doubt have been even more concerned if they had realised that their understanding that they transferred accountability to their team manager simply by the act of discussion, was not shared by all the team managers.

Whilst the social workers expressed anxiety, following on from the words of Stevenson and Parsloe above (p155), in the event of a tragedy, and/or an enquiry, no doubt they would discover that the implications were considerably more serious than their level of anxiety suggested.

Thus, whilst the social workers gained some pragmatic benefits from the unclear limits to their responsibilities, from an objective standpoint the potential dangers for the individual worker appear great. In this sense it must be seen that it is managers who gain more from the lack of

clarity; the department's work is accomplished efficiently, but it is workers who put themselves at risk by possibly exceeding their authority.

Having gone through the process of supervision there is no clear consensus about who has actually made the decisions or about who "owns" the decisions. The social workers seem clear that they have the autonomy to decide on the frequency with which they should make visits to clients and also about the style of intervention which they should use. Most social workers also regard themselves as primarily responsible for the plans and decisions about individual cases, in "consultation rather than collaboration with the team manager". It will be seen in the next chapter that "consultation" is the word which is used in the social workers' job description.

Team managers on the other hand were less clear about who made the decisions. Some actively encouraged the social workers to make their own decisions as a matter of professional development and as a way of increasing job satisfaction. Others saw this as a shared effort, although the proportions in which they were shared varied somewhat.

CONCLUSION

The conclusions to be drawn from the data concerning responsibility and accountability are clear.

1)   There is a lack of clarity about who is responsible for making decisions. Social workers were generally satisfied about this.

2)   No-one is clear about to whom they are accountable, or for what. The low level of anxiety which the social workers expressed about this indicates a degree of short-sightedness, or perhaps optimism, since, whilst conceptually easy to separate "responsibility for" and "accountability to" in such a clear manner, in practice they necessarily co-exist.

3)   There is no shared understanding about, a) whether accountability can be transferred to another person, and b) if it can, the means whereby this is achieved.

Concerning all the above issues, there were only two instances where any consistent views were expressed within a sub-group. First, social workers were clear that by the act of discussing a case with their team manager they transferred accountability. Of course, whilst some team managers took the same view, many did not have this understanding. Second, DMT members were clear that they could not be held accountable for the individual decisions made by, for example, social workers. It was their view that accountability for these types of decision rested lower down the hierarchy, although they were no more clear than were other staff about precisely where accountability lay. Senior managers considered that these issues could only be determined after the event.

CHAPTER 8: ANALYSIS OF WRITTEN INSTRUCTIONS AND JOB DESCRIPTIONS

INTRODUCTION

Written material was examined for two reasons. First, to discover whether this could add anything to the data obtained from the questionnaire and interviews; and second, as described on p60, as a way of achieving a degree of triangulation, or confirmation of data.

STAFF INSTRUCTIONS

Sutton's procedures are termed "staff instructions" and are readily available to all staff. Whilst they are subject to updating and other amendments, this task seems to have taken a low priority after the departmental reorganisation, and there were no significant changes over the period of the research.

There was a total of 76 staff instructions contained in a folder. Of these, 58 dealt with matters which has no direct connection with the services provided by the field social workers. These 58 dealt with:-

Financial Matters - for example the recovery of charges, accounting procedures, ordering of furniture/equipment, maintenance charges in day centres, receipting and banking arrangements, etc.

Administrative Matters - for example annual leave, car mileage claims, staff vacancies, mail handling, filing systems, etc.

General Advice/Instruction - for example, economy in carrying out office procedures, giving up smoking, violence to staff, office conduct, attendance at training courses, building maintenance, the data protection act, etc.

This left a total of 18 staff instructions which could have a direct impact on field social workers and the services they provided.

Six staff instructions were predominantly guidelines concerning the law, each of which also contained some brief procedures. The six concerned:

access to children in care;
custodianship;
the court of protection;
secure accommodation;
guardianship; and,
private property of old and deceased persons.

The style and tone of the staff instruction concerning guardianship are typical of all six. The staff instruction opens with two sides of guidelines concerning the law, followed by a procedure. At the beginning of the procedure the staff instruction states: "it is suggested that

the following steps be taken in making a guardianship application:" There follows one and a half pages of procedures, which cover the people who should be consulted, arrangements for medical examinations, which forms to complete, who should be informed and where the forms should be sent to. The staff instruction finishes with a further page of guidelines concerning the law.

The main points to be made concerning these six procedures are:

1) that they are predominantly guidelines to the law rather than procedures;
2) where necessary and appropriate they do not shy away from giving explicit instructions to staff, but where possible the tone is more permissive and suggestive.

Three staff instructions concerned admissions procedures to various council establishments. These three staff instructions were unremarkable; they included the admission criteria for the establishment, the forms to be completed, and details of who would make the decisions concerning whether to admit or not.

There was one associated staff instruction concerning the safe keeping of clients' property following admission to a home or hospital. This staff instruction was unusual in that it opened with the following sentence: "the following staff instruction must be followed in every detail when dealing with the personal property of clients". There followed two sides of detailed procedures including the making of four copies of relevant forms.

Three staff instructions concerned financial matters: one concerned the calculation of payments to be made to foster carers which explained the (then) new arrangements to calculate enhanced rates; a second concerned the administrative action required to make payments to foster carers; the third concerned administrative procedures concerning the ongoing payment of section 1 money to families.

One staff instruction contained guidance to social workers and others concerning hypothermia.

One staff instruction concerned the supply of emergency gaz equipment to elderly people or families with children.

One staff instruction was a procedure to be followed following the death of a child in care.

One staff instruction concerned delegated authority to sign. The opening paragraphs of this staff instruction are quoted in full since in many ways they illustrate the issues and dilemmas which will be discussed in greater detail later in the thesis.

"The scheme of delegated authority to sign is based on two principles:

a)Decisions are delegated to a level where staff can exercise the fullest possible responsibility for carrying out their jobs, consistent with adherence to the department's and Council's policies.

b)Any member of staff with a delegated authority may refer a particular decision to her/his immediate line manager if she/he feels uncertain about the decision.

Conversely a line manager may, in exceptional circumstances, withdraw the delegated authority given to an officer under his/her responsibility in a particular case or for a period. Line managers retain the right to countermand a delegated decision.

It is stressed that these exceptions to delegation of authority will very seldom be exercised, but must none the less exist as delegation to officers from the director, of powers given to him from the Council, does not absolve the Director from responsibility for the decisions taken."

The points to highlight are:

1) that decisions are delegated as far as possible;
2) that staff are left to decide for themselves whether they wish to check a decision with their line manager;
3) that line managers can countermand their subordinates' decisions;
4) that the director has responsibility for all decisions taken by staff.

This staff instruction runs to over seven sides, and is divided into three parts. Part A deals with personnel matters, amongst other things, for example, attendance at courses, annual leave, appointments of staff, car mileage claims. Part C deals with general departmental matters, for example, declaring equipment surplus to requirements, maintaining inventories, registration of private and voluntary homes, ex gratia payments, the signing of letters.

Part B concerns client related matters and is of the most relevance to this enquiry. Part B gives 24 separate examples of delegation. Many of these are very specific issues which were not mentioned by anyone during the interviews with staff, for example an application to the court of protection has to be made with the authority of the director, the committee has to approve the marriage of a child in care, the deputy director has to agree to the adoption of a child in care on the recommendation from the adoption panel.

Five delegations are immediately relevant to this enquiry.

1) Team leaders can agree to the reception of children into care, in consultation with the child care planning officer unless the matter is an emergency.

2) Team leaders can approve decisions to apply for place of safety orders.

3) Social workers, in conjunction with fostering officers, can approve foster placements.

4) Area managers can approve the return of children home under supervision.

5) Team managers can approve payments under section 1.

(The staff instruction has not been updated to take account of either the departmental reorganisation or new legislation.)

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This supports the view that decision making is delegated further than suggested by the literature review.

The final staff instruction affecting field work services concerns children at risk. This staff instruction opens by acknowledging that its intention is only to draw attention to areas where the social services department has particular responsibilities, and explicitly refers social workers to the ACPC red book guidelines, stating that "social workers...are expected to have read (it) before social workers find themselves investigating an allegation of abuse". The ACPC "child protection guidelines" where revised in 1992 to take account of the new child care legislation and the HMSO (1991) publication "Working Together". The guidelines open by defining an abused child:

> "An abused child is a boy or girl under the age of 18 years who has suffered from, or is believed to be at significant risk of, physical injury, neglect, emotional abuse or sexual abuse, which the person who has custody, charge or care of that child either caused or knowingly failed to prevent. Furthermore, in the opinion of the professionals involved, further incidents are likely or significant harm to the child may be expected."

Therefore, "significant risk" of "significant harm" is taken to constitute abuse.

On a later page the guidelines state "as soon as an allegation of possible abuse is received in the social services department, the social worker...will...inform a senior officer of the situation as soon as possible."

Thus the child protection guidelines/procedures exist and are clear in their intention that social workers should consult immediately with their team manager when abuse is alleged or when risk is suspected. Social workers' ignorance of the procedures must therefore be a system failure.

JOB DESCRIPTIONS

The following passages are selected from the job descriptions applying to the different positions, and were supplied by the personnel section of the department.

Social Worker: Level 2 or 3

1. Accountable to team manager.
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3. Responsible for:-

Level 2
With supervision and advice is expected to manage a caseload and provide effective social

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work service to individual clients in relation to statutory duties laid down in the first schedule of Social Services Act 1970 (as amended), in accordance with departmental priorities.

Level 3
With access to advice and within normal arrangements for professional accountability, are expected to accept full responsibility for managing a caseload, in relation to statutory duties laid down in the first schedule of the Social Services Act 1970 (as amended) in accordance with departmental policies.

4. Responsibilities Include:

a. Practice
   i)   Maintaining and developing high professional standards when carrying out social work assessment and work with children and families.

   ii)   Keeping the team manager and members of the multi-disciplinary team informed of developments regarding individual cases.

b. Consultation/Liaison
   i)   Consulting and/or liaising with other professional agencies and/or voluntary bodies as appropriate

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Social Worker: Level 4

Accountable to team manager.

GENERAL PURPOSE OF THE POST

1. Responsible for:-

With consultation and within normal arrangements for professional accountability are expected to accept full responsibility for managing a caseload, in relation to statutory duties laid down in the first schedule of the Social Services Act 1970 (as amended), in accordance with departmental priorities.

2. Responsibilities Include:

1. Practice

   a)   Maintaining and developing high professional standards when carrying out social work assessment and ongoing support to clients.

b) Keeping team manager informed of developments regarding individual cases and consulting with team manager on matters which may have implications for the team or the department.

c) Provide specialist advice for other staff.

d) Consulting and/or liaising with outside professional agencies and/or voluntary bodies as appropriate.

e) Acting as deputy team manager within the divisional setting at specified times.

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3. d) The allocation of Section 1 Finance on their own caseload up to a prescribed limit (£50/family).

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Team Manager

GENERAL PURPOSE OF THE POST

1. To manage a team of social workers and a social work assistant based in an area office in order to provide a comprehensive social work service to children and their families.

2. To assist in policy information in the department in matters relating to services for children and families.

SPECIFIC DUTIES

1. Personnel

a) To lead, manage and supervise as their immediate line manager the social work team whose duties are outlined above.

b) To take joint responsibility for recruitment, appointment and disciplining of the social work staff in your team with the service manager (Children and Families).

c) To ensure that the above staff receive appropriate training and support and that the Authority's obligations are met through appropriate methods of standard setting and monitoring.

d) To prepare references for the above staff.

e)   To act as duty team manager.

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3. <u>Department</u>

a)   To be a member of the district management team in order to keep current practice and policy under review and to make recommendations for change.

b)   To contribute to new departmental policy and to be a member of working parties when requested.

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Service Manager

1.   GENERAL PURPOSE OF THE POST

a) To lead and manage the staff under their control.

b) To ensure that the range and quality of services delivered meet departmental standards.

c) To be responsible for managing effectively and flexibly the service budget.

d) To provide professional advice and guidance on client group to staff and to personnel outside the department.

2.   PRINCIPAL ACCOUNTABILITIES

<u>Staff</u>   .

a) To recruit, motivate, develop and supervise staff of their section so they can reach their full potential for the benefit of consumers.

b) To communicate, reinforce and consult with staff on agreed policies, procedures and good practice standards, so that they may perform effectively.

c) To promote and develop, with staff, an understanding of Quality Assurance, so that the quality of service provision may be maintained and improved.

d) To ensure that staff work closely with the Health Authority, voluntary and independent sector to provide a range of services which meet the needs of consumers.

e) To manage effectively and efficiently, within allocated resources, flexible, appropriate and consumer-led services for the client group.

f) To introduce systems to monitor and evaluate service performance against departmental standards and to respond positively to complaints.

g) With the assistant director, identify any shortfall in the range, quality and quantity of service delivery for input to the Head of Planning and Review.

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THE NATIONAL AGREEMENT CONCERNING THE GRADING OF SOCIAL WORKERS.

The following passages are taken from the 'purple book', page 31.

"The following scales shall apply as appropriate to social workers .....

1. Under close and regular supervision are expected to manage a caseload which may include all client groups and all but the more vulnerable individuals or those with complex problems.

2. With supervision and advice are expected to manage a caseload which may include the more vulnerable clients or those with complex problems and may be expected to accept responsibility for action in relation to the liberty or safety of clients in emergency situations .....

3. With access to advice and within normal arrangements for professional accountability are expected to accept full responsibility for managing a caseload which will include the more vulnerable clients or those with particularly complex problems in situations where personal liberty or safety is at stake......"

The paragraphs above relate to levels 1, 2 and 3 respectively. The level 4 grading available in Sutton is subject to a local agreement.

CONCLUSIONS

Staff Instructions

1) There are very few procedures which impinge directly on the social workers' activities with clients, which confirms the views expressed by the social workers.

2) Those which do directly affect this work are predominantly guidelines rather than procedures. Those of a procedural nature adopt an encouraging, permissive style if possible, but are clearly instructions if this is necessary.

3) The scheme of delegation states the intention to delegate as far and as much as possible; the research indicates that this has been carried through to a large degree.

4) In delegating, the director retains responsibility for any decisions taken. This must mean that the director is accountable.

5) Procedures concerning child protection are clear, and if social workers are not aware of them then this must be a failure of the systems for disseminating such information.

Job Descriptions and National Agreement

These will be analysed in later chapters.

CHAPTER 9: THE PROFESSIONAL BUREAUCRACY AND JOB SATISFACTION

INTRODUCTION

This chapter is divided into two parts.

Part One sets out to answer two questions. First, is the department an example of a professional bureaucracy? In order to answer this question a prior one is examined, what is the nature of any controls over the behaviour of the social workers?

Part Two returns to the question posed at the start of the research - can a link be established between the nature of the controls, and the social workers' expressions of satisfaction?

The discussion draws on the theory of social analysis to reveal the manifest, assumed and extant situations in the department, and describes how the extant position arose.

The chapter includes a more detailed examination of the day-to-day practice of the social workers, enquiring specifically into the decision making process, and who it is that controls this process. The process of information gathering - assessment - decision making is then discussed in more detail. It is suggested that more attention should be paid to the process of assessment as opposed to decision making. The various roles of the social workers and team managers in this process are discussed, and questions are raised about the lack of guidance from the department, and about the lack of discussion concerning negative decisions.

PART ONE: IS THE DEPARTMENT A PROFESSIONAL BUREAUCRACY?

In order to answer this question we need first to consider the evidence obtained by the research concerning the nature of control over the social workers in the department. Let us start by considering the data on the department's structure, using the analytic tool devised by the social analysts.

Departmental Structure The social analytic school (see for example Brown (1960); Jaques (1976); Rowbottom and Newman (1968)) describes different levels at which the analysis of an organisation can be undertaken. There are, as follows, four levels:

> the manifest situation is the situation formally described in official documents such as organisational charts, job descriptions, procedures;

> the assumed situation is the situation as it is variously assumed to be by the different individuals in the organisation;

> the extant situation is the situation revealed by systematic exploration and analysis;
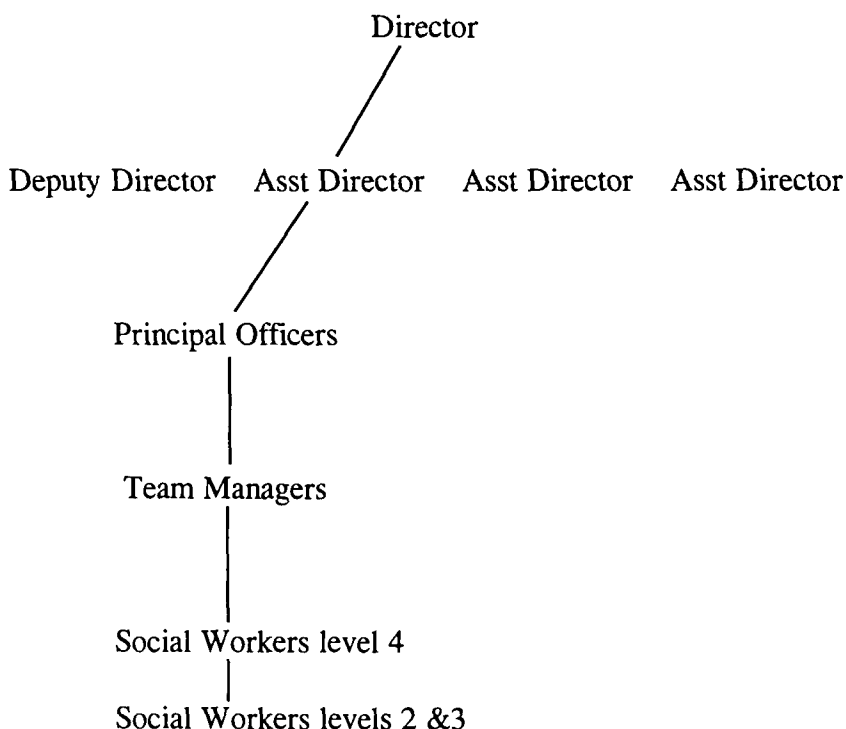
> the requisite situation is the situation as it would have to be to meet a given context of needs or requirements.

According to this typology when workers talk about their work practices they are describing the assumed situation rather than the extant. There is a potential here to veer off into a discussion about the nature or status of individuals' statements about their perceptions of reality. For the purposes of this thesis the fine distinctions are not helpful; we are concerned with individuals' ideas and beliefs about what they do and why they do it, and have used the interviewees' individual statements to build an account in ideal-typical terms of the extant situation. At other times individuals have been asked about what they think other people do; for our purposes it is these statements which constitute the assumed situation.

At the heart of the social analytic method was organisational change, and hence for its adherents the requisite situation was of considerable importance. We are here less concerned about organisational change, or about making prescriptive or normative statements about how the department ought to be structured. Important though these questions are, they are largely beyond the scope of this enquiry, and for other people to consider. We are therefore less concerned with the issue of the requisite structure.

We shall draw upon the above typology to inform the analysis of the department.

Manifest Structure   Sutton's manifest structure was available in the form of a traditional, bureaucratic "organisational tree". In outline it was as follows:

Director

Deputy Director   Asst Director   Asst Director   Asst Director

Principal Officers

Team Managers

Social Workers level 4

Social Workers levels 2 &3

The responsibilities of the deputy and assistant directors changed during the period of the research, as did the responsibilities and titles of those at the principal officer level. Social

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workers at level 4 could deputise for their team manager and are therefore shown above the level 2 and 3 social workers.

The traditional view of the meaning which can be attributed to an organisational chart such as this is given by Rowbottom, Hey and Billis (1974). It is a structure of successive managerial roles, with a managerial role being defined as one where, "A is accountable for certain work and is assigned a subordinate B to assist him in this work. A is accountable for the work which B does for him". (p11) It follows logically that in the role of the director of social services is vested "full accountability for all that takes place within the department". (p29) Accountability will be considered in the next chapter.

Extant Structure

The preceding presentation of the research data, the extant situation, shows clearly that social workers have considerable power both over determining the categories which define the work of the department, and over the process of decision making in individual cases. A number of decisions must be ratified by team managers, but this process tends to be an almost routine rubber stamping of decisions which have, in effect, already been made by the social workers.

The service managers confirmed that their involvement in day-to-day work, both duty and that which was allocated to social workers, was minimal. We have also seen that the service managers considered that they spent less time on the fieldwork aspect of their work than on each of their other responsibilities; that they considered that team managers were capable of making, and empowered to make, any necessary decisions; and that they had less concern about the fieldwork because of their judgements that the team managers were competent and experienced. The service managers acknowledged that on the rare occasions when they were called upon to make a decision they were in fact, like the team managers, only ratifying a decision which had already been made by someone else. Most service managers considered that they were closer to the departmental management team, DMT, than practice.

This means that we can now represent diagrammatically the extant organisation of the department, reflecting the strengths of the vertical relationships between the layers in the hierarchy.

The research also collected data concerning the horizontal relationships between staff at each level, ie social worker to social worker, team manager to team manager. Apart from the social worker to social worker relationship which is relevant at this point, these data will be discussed later when management culture is considered.

The diagram overleaf shows that there are very strong links between social workers, and strong links between social workers and team managers, but a weak link between team managers and service managers. In the language of organisational theory, the social workers and team managers have become "decoupled" from senior management.

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                          Senior Manager
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                               │
                          Service Manager
                               ┊
                               ┊
                               ┊
                               ┊
                               ┊
                          Team Manager
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                      ╱        ║        ╲
    Social Worker ════ Social Worker ════ Social Worker
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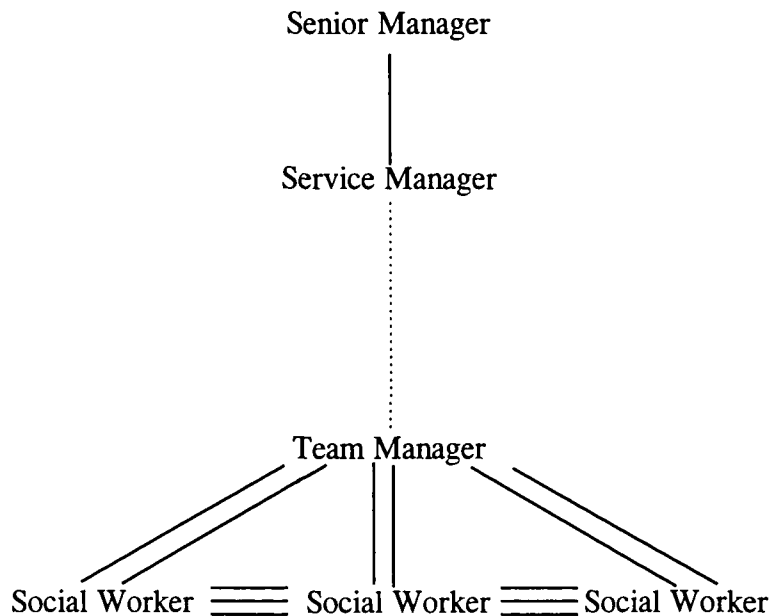
The social workers' practice.

Having looked at the overall structure of the department let us take a closer look at the practice of the social workers and managers, starting with their work on duty. As a referral is being taken the social worker is, over a shorter or longer period of time, making an assessment of the situation in order to categorise the person and their problem. All subsequent decisions, to do nothing, to receive a child into care, to make a visit, to consult a colleague or manager, are based on this assessment.

Weeks (1980) distinguishes between a "programmed" or "routine" decision or response, and a "non-programmed" or "unroutinised" decision or response. Of routinised decisions or responses Weeks writes "some decisions are almost self-instigating in that they are simply part of a broader work programme or production schedule", choice is "simplified by the development of a fixed response to a defined stimuli (sic)." (p191)

Routinised decisions arise from prior unroutinised decisions. First comes a new or unstructured problem (say, for example, what service is needed for a newly identified need? What form should the service take?). The solution to the presenting problem or question is unclear at the moment of presentation/asking.

Once the unroutinised answer is worked out then it is possible for subsequent decisions to be

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more routinised; someone can be charged with the responsibility of providing the service for people who meet certain qualifying conditions (eg the service will be provided to people over the age of 70, who live alone, and are housebound). When it comes to administering the service the decisions about whether or not an individual meets the qualifying criteria are less problematic and more routine. If a person meets the criteria then s/he gets the service, if s/he does not meet the qualifying criteria then s/he does not get the service.

Now Smith (1981) pointed out that there can be no such thing as a non-discretionary decision. Something you must do does not involve a decision; in order to make a decision there has to be a choice between two or more alternatives. Therefore unroutinised and routinised decisions and responses are not absolute categories, rather they are two ends of a continuum, along which is measured the discretion available to the worker. We wish to remain in the real world; of course in an absolute sense everyone is free to decide their course of action every minute of every day. A debate such as this is outside the parameters of this study, where we are, rather, concerned with people's normal behaviour in normal situations.

Howe (1986) adopts Weeks' dichotomy and uses it to make further sub-divisions of responses. Howe identifies four types of non-programmed responses. The first is where the worker is free from constraint, "the worker felt there were no limits placed on her practice". The remaining three non-programmed responses all involved situations where the worker felt free to act: "those in which the worker was free to understand and define the work, those in which the worker was free to deploy and practise her professional skills and those in which new or innovatory steps were taken...". It is not clear what the difference is between a situation where there are "no limits placed on her practice" and the other situations where the worker had "freedom to act". Despite the typology being based on non-programmed responses "only one example of practice that might be described as innovatory was met". (p69)

Non-programmed responses are for Howe those where "the work is...said to be under "professional" control". (p65)

Howe goes on to state that decisions can also be made with reference to the organisation and its designs; these are his programmed responses. He distinguishes between those decisions and responses which are formalised, meaning controlled by adherence to "rules, structures and resources", and those which are centralised, where decisions and responses are explicitly at the direction of managers. (It should be noted that the way in which Howe uses the terms formalised and centralised is rather different from the meaning attributed to them in this thesis.)

Programmed responses within centralised managerial control occur when the social worker "is instructed or directed to act in a particular way by a manager or a politician, her responses are explicitly prescribed and dictated". (p77) No examples of this type of instruction were mentioned by interviewees during this research.

Concerning formalised decisions Howe states, "by determining the formal rules, procedures and resources of the organisation, managers and politicians programme the kinds of responses expected in defined situations".

Howe's conclusion concerning programmed and non-programmed decisions and responses is that "key areas of practice were controlled by managers as they interpreted and operationalised the political and legal remits of the personal social services. Although the manner of practice was open to interpretation by field workers, control over the content of practice lay outside the purview of practitioners and rested with managers. Managerial control was most often exerted implicitly through organisational structures, formal procedures and the design of resources". (p94)

Howe found that work with elderly people and physically handicapped people was more programmed than work with children and families, and that in the latter there was a tendency for the degree of programming to increase over time, as workers increasingly used procedures, and managers became increasingly more likely to instruct social workers what to do.

Howe portrayed the recent history of social work as a struggle between practitioners and managers for control. His overall conclusion was that managers had won this struggle, and that they now effectively dictate the social work agenda.

Let us consider briefly whether Howe's three mechanisms of control can be applied to the data from this study.

It is difficult to say more about Howe's notion of control through organisational structures as he gives no example of its manifestation in practice, nor does he state with any clarity how the mechanism works.

Howe places considerable emphasis on procedures being a source of programming and control, and gives many case examples of this from his research. In Sutton it was not possible for managers to exert great control by this means, simply because there were so few procedures.

That managers are in a position to exert control by limiting resources cannot be denied; if no money is allocated for a particular service then clearly there will be no service. Howe's conclusions suggest a process which is rather more subtle than the simple and obvious denial of money. Some respondents talked about some issues which whilst not central to this thesis, are relevant to this particular point.

For example, Sutton had a system whereby a child care planning meeting was held prior to children being admitted to care. It was clear that in these meetings the participants' first concern was to reach a decision about whether the particular child required admission or not, and that only after this decision had been made did attention turn to the availability of a resource, ie the professional issue took precedence over the financial. In similar vein there did not appear to be any consideration about whether resources were available when considering whether or not to make section 1 payments.

In contrast to the above there were admissions to homes for elderly people, in which cases staff used comparison with other elderly people's situations as a yard-stick to gauge whether or not to complete admission papers, rather than any absolute criteria. Similarly, one team manager noted that decisions about the frequency of home care seemed to depend on demand at any particular time, rather than on absolute need.

At least for elderly people, these findings tend to confirm Howe's analysis that managers are in a position to control work by limiting resources, but concerning other client groups, and other control mechanisms, the data seem to contradict Howe.

Apart from this one exception, it is difficult to see the manner in which Howe's conclusion, that practice was by one means or another essentially controlled by managers, could be accepted as applying in Sutton. Using Kakabadse's (1982) terminology, the department is a task culture, rather than a role culture. The evidence is growing that the department may be an example of Mintzberg's (1979) professional bureaucracy, but before considering this particular question in more detail let us consider the process involved in reaching decisions.

The process of decision making.

Turning once more to the social worker in Sutton sitting at the duty desk as a new referral is coming in, let us look in more detail at what is involved in the process of taking the referral. Essentially the task involves gathering information, assessing that information and then making decisions about future action. These three stages are not discrete; whilst they will tend to operate in sequence, there will be considerable overlap between the stages, and repeated returns to a previous stage. In the process there may be a number of temporary holding decisions, or tentative decisions made pending confirmation or negation. Nonetheless, the process will always start with information gathering, and as far as work on duty is concerned, will end with a decision which has resulted in an acceptable level of stasis. The process can be illustrated diagrammatically, as follows.

gather information

assess

decision

gather information

assess

decision

gather information
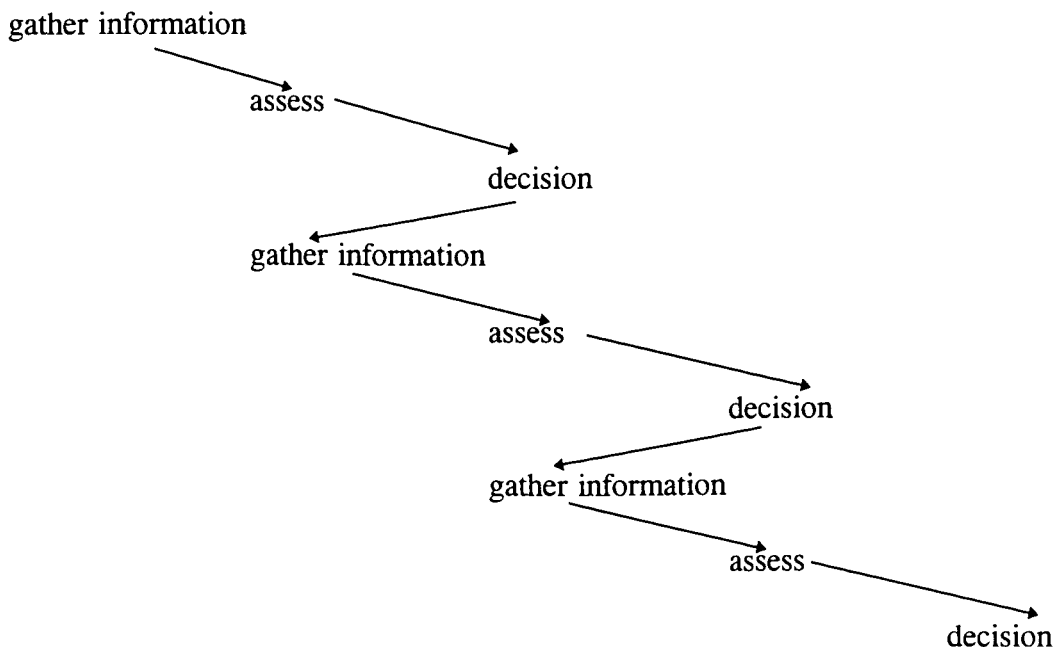
assess

decision

Sometimes this process will be comparatively straightforward, the assessment relatively obvious, the decision relatively easy. For example, if a child has been seriously injured in a

manner which is clearly non-accidental then the steps required to secure the child's immediate safety are comparatively straightforward; if an approved social worker and doctor are confronted with a clearly aggressive and hallucinating person with a diagnosis of psychosis, then the decision to admit to hospital will again be straightforward; or if a known client complains vociferously about his/her teenage child, but this is the latest incident in a long line of similar incidents in which no emergency action has been required, again the decision to take no immediate action may be easy.

The point is that in all these examples we are surely discussing not so much routinised decisions as routinised assessments?

If we present the above three scenarios in what is only a slightly different light, then each assessment becomes less obvious, less routine, and each decision correspondingly more difficult. No doubt these more onerous assessments are more illustrative of the norm for social workers than are the comparatively straightforward ones above.

For example, in the case of a child who is less seriously injured, and in ways which, whilst suspicious, are not conclusively non-accidental, the assessment is problematic. In the first scenario the goal was simple: protect the child. In the second scenario there will be competing questions and concerns. We are in the realm of risk assessment; the assessment of the severity of an anticipated event, and the assessment of the likelihood of the event occurring. The concern to protect the child, whilst it may well be, in the word used in The Children Act, "paramount", is still competing with the rights of parents, and the desire to promote family life, and all mediated by the assessment of risk.

Take the mental health problem, if no one is certain that the person is hallucinating, and s/he is being verbally rather than physically aggressive, then the assessment of the competing concerns becomes problematic; judgements are required about the risks to the individual's health and safety, about the safety of other family members, and perhaps also the wider community.

Or take the third example above, and paint exactly the same picture, except that the person on the end of the phone is not known; clearly with no past experience upon which to base an assessment and subsequent decisions, the issue becomes more problematic.

In each of these examples there is a safe, or at least safer, option. But the safest course will not necessarily be the best or right decision. We will discuss these issues in more detail later.

In each of these scenarios the final decision could be exactly the same as in the first three examples. Does the fact that the decision is the same in both cases mean that the decision is programmed or non-programmed? routine or unroutine? The point being that the attributes routine or unroutine, programmed or non-programmed are to be applied not so much to the final decision, but rather to the process of assessment. It is in the process of assessment, in the balancing of competing concerns and interests, competing risks and goals, that experience, skills, knowledge and judgements are utilised, rather than in the final decision. The final decision is predicated on the prior assessment; it could be viewed as an almost automatic consequence of that deliberation.

Let us look at the options available to a social worker when a decision is required.

The social worker can collect information and pass it to the team manager:

1. without any comment, for the team manager to make any necessary decisions;

2. with the social worker's assessment, for the team manager to make any necessary decisions;

3. with an assessment and an outline of the options available, for the team manager to make decisions;

4. with an assessment,the options outlined, and a recommendation, but still with the team manager left to make the decision;

5. with an assessment, and the options outlined, but in a way which assumes that the decision is all but made, with the team manager expected to rubber stamp this;

and finally, by-passing the team manager;

6. the social worker making the assessment, outlining the options, making a decision, and then executing that decision, without reference to the team manager.

Control over these various options is indicative of the power vested in the controlling person; the more steps controlled the greater the power. Conversely, the more steps which are devolved to other people, the more control and power are dispersed.

The social worker who can make a decision and act on it has complete power over that particular action (although of course all decisions are capable of review, and some may also be capable of alteration). But to cede decision making power to another person, say a team manager, does not automatically mean that all power and control have gone; even at option one there is considerable lee-way for the social worker about what information to include, and what to exclude, a fact to which team managers made reference in the presentation. At options two, three and four the thoughts of the team manager are being increasingly focused by the social worker towards a particular decision or action of the social worker's choosing. Once a path is started down it becomes increasingly difficult to change direction.

Decisions can be active (decisions to do something) or alternatively passive (decisions not to do something). If we remember the data concerning the use of section 1 money, the study found that negative decisions, that is decisions by a social worker that section 1 money was not an appropriate resource for a particular client, were not reviewed by a team manager, in fact they were not even mentioned. Other topics were not researched systematically, but social workers observed that, for example, their recommendations to take no further action, not to visit, not to allocate, were accepted with even less comment than their decisions to take positive actions. However, decisions not to take a course of action can be just as important, and sometimes more important, than positive decisions. Yet again this should focus attention on the process of assessment, and not simply on the final decision.

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Which of these available options do the duty social workers take, and, by implication, what controls are being applied to their actions?

If we look first at situations where there is perceived to be no risk, then social workers are clearly working at least at option four, and predominantly at five and six. Specifically, they are gathering information, making an assessment of the presenting situation, considering the alternatives available, and then either making decisions or recommendations to the duty team manager which they expect to have rubber stamped, or alternatively executing the decisions which they have made without reference to the team manager.

In cases where a child is perceived to be at risk the picture changes. Social workers are then working at option three or four, perhaps even lower.

We have seen that Sutton's child protection procedures state, "an abused child is (one)...who has suffered from or is believed to be at significant risk of physical injury, neglect, emotional abuse, or sexual abuse...", and that there is an instruction that the social worker has to "inform a senior officer of the situation as soon as possible".

Howe states, "departmental procedures...act as a potent determinant of the workers' perceptions, understandings and responses".

If half of the social workers sampled do not even know of the existence of the child protection procedures, then the procedures cannot be a "potent determinant" of their behaviour. Nonetheless the behaviour, that is to consult/inform/check was universal.

Social workers (and others) have found themselves castigated in the media and in enquiries both for their inaction, and for over zealousness. Given this publicity and attention one can easily understand the social workers' fears that they should not "end up in The Sun", and their desire to "play safe" by discussing referrals. There were other pressures to consider.

The social workers were clear that they had received no guidance from the department about what the department considered constituted risk, and also therefore no guidance about what constituted acceptable or unacceptable levels of risk. If the department were a traditional bureaucracy it would seem strange that it should issue an instruction to its social workers to inform a team manager when a particular situation arose, but then give no guidance as to what constitutes that situation. Again, the implication is that this is not a traditional bureaucracy.

The procedures, echoing The Children Act, talk of "significant risk" and "significant harm". Opinions about what constitutes significant risk would vary; one person might say that one in five was significant, another one in ten, another one in a thousand. What constitutes significant harm? A slap? A slap leaving a red mark for half an hour? A bruise for three days? Also, how do different people weigh a one in five chance of a minor injury against a one in twenty chance of a more serious one?

In the absence of guidance from the department, or elsewhere, how do social workers make these judgements?

The data show that social workers build up their picture of what constitutes risk from three sources; by talking to their social worker colleagues, from their own experience, and from common sense. The data also showed that this was the method whereby social workers learned what they should be consulting about, and also that the social workers obtained very little feedback from their team managers about either their progress in general, or their pattern of consultation in particular. Furthermore, no one appears to talk to newly appointed social workers about what is expected of them. Like Mintzberg's professionals, they bring their knowledge and skills with them to the organisation, and then experience and discussion with their peers builds up their detailed information concerning the mode of operating in the new agency.

This process repeats, so that social workers pass on to further new recruits the pictures which they have built up themselves. In short, the current knowledge and norms of behaviour of the particular team, office and department are reinforced and perpetuated, even though the personnel will change.

The point, as far as this discussion is concerned, is that since the department gives no guidance on these issues, the effect is to enhance the status of those who have to determine practice, that is, the social workers. In other professions it is the professional association which determines the standards of practice; the problem, which will be explored in more detail later, is that in the absence of both a strong professional association and departmental guidance, there are no fixed standards against which performance can be measured, and nothing to confirm that the practice which is passed from social worker to social worker is acceptable.

Smith (1981) notes, "decisions that are not routinised may provoke high levels of anxiety as social workers seek to avoid taking responsibility for the consequences of their discretion". (p53) The discretion is again not so much in the making of a decision as in the assessment of whether a particular case fits the unclear category. If it does fit, the social workers know (or believe, or think) that they should consult. Most persons in this position would choose to lower the levels of their anxiety by consulting more. It is possible that if some guidance were offered there would be less need for consultation, as well as less actual consultation.

Referring back to the questionnaire data, it will be remembered that the social workers expressed high levels of satisfaction with their patterns of consultation, whether this was required of them or not.

We shall see later that there is an officially acknowledged tendency to enquire into negative consequences, rather than to give credit for the greater number of positive outcomes, and that one result can easily be "defensive social work", see for example Harris (1987).

We have already noted that passive decisions are questioned even less than active ones, and also that negative decisions can have consequences of major proportions. Put together, these raise the concern that it is possible that negative decisions taken by social workers about the absence of risk are not being challenged by team managers, and that as a consequence the boundaries between what is acceptable and unacceptable never become clearly defined, or promulgated.

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Allocated Work

The way in which the interview schedule for social workers was designed has shaped the presentation of data, and in turn the flow of this discussion. For this reason most of the preceding discussion has concentrated on duty work, whilst later the emphasis will be on the work allocated to individual social workers. That said, much of discussion is equally applicable to both areas of work.

This is certainly true of the discussion concerning the level of control over the work. The consultation for ongoing allocated work is built in, taking the form of regular supervision with the team manager, as opposed to the duty system where consultation is largely left up to the individual social worker and team manager to work out on a rather ad hoc basis.

Again the picture presented by the interviews is clear; the social workers are operating at levels five or six. They assess, plan, and make decisions which they either put into practice without consultation, or which they discuss with their team manager, either to confirm their views, or to have them rubber stamped.

Again we have seen that, just as with duty work, the service managers have very little involvement with the day to day ongoing work.

The emerging image of the department

Interviewees noted the differences between their previous local authorities and Sutton, in a manner which was almost always favourable to Sutton. A service manager observed, in a manner which summed up the view of a number of other interviewees,

* "People coming in from outside comment that it's very different here. If you ask them what it is they are often hard pressed to say however. They'll make comments about it being much more relaxed, much more freedom to do your own thing in comparison with other (local authorities)." SM 7

This feeling of a relaxed department, allowing considerable autonomy, will be part of the culture which is passed on to new recruits.

SUMMING UP

This discussion has attempted to address the question posed at the beginning of this chapter, namely, "what is the nature of any controls over the behaviour of the social workers?" The main points to draw from the narrative are:

1) The department gives little guidance to the social workers about what is expected of them.

2) The social workers build up their understanding of their role from experience, talking to other social workers and common sense.

3) There are few procedures.

4) Social workers' assessments and decisions are rarely challenged or changed by managers.

5) Service managers are not very involved in day-to-day practice.

So we can conclude that managers do little to control the activities of the social workers. Control must come from the social workers themselves. The social workers in this particular department have considerable power to define the categories which constitute their work, and then to execute decisions based on their assessments of whether or not clients meet these categories. If control does not come from the department, then it must come from without; in this sense the control is professional.

We are now in a position to consider our main question:

IS THE DEPARTMENT AN EXAMPLE OF A PROFESSIONAL BUREAUCRACY?

The literature review examined Mintzberg's (1979) work on the structure of organisations, paying particular attention to his model of the professional bureaucracy. The literature review chose to concentrate on Mintzberg's work because the writer considers it to be the most convincing attempt to both synthesise previous work and produce theoretical concepts. This view is shared by others, for example Dawson (1992) calls Mintzberg's work "one of the more complex, more reflective contingency analyses" (p119); whilst Handy (1985) describes it as "an impressive review of the literature built around a new analytical framework". (p459) Therefore, to answer the question "is this department an example of a professional bureaucracy?" we shall extract the main features from Mintzberg's model and then compare the findings of this research against those features.

Training

Mintzberg asserts that professional people undergo a period of specialist training in colleges or universities, which is followed by a period of on the job training under the supervision of experienced and qualified colleagues. This period of training and experience results in the standardisation of skills and the indoctrination of values. The fully qualified and experienced professionals then bring the accepted standards and values of the profession with them when they join a new organisation.

Whilst there are alternatives, most social workers undergo a two year professional training course in a college of higher education. Sutton social services has a policy of recruiting only qualified persons to social worker posts. In social work there is no formalised system of a probationary period as a practitioner following training, but it is clear from the research that

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newly qualified recruits were provided with more frequent supervision and guidance than more experienced workers. Additionally it is relevant to note that social work students traditionally undertake placements in social work agencies as part of their training, which is similar to Mintzberg's period of on the job training.

The social workers did not mention training as an important means of skill development, although it was mentioned by the majority of team managers when they were asked for their views about the status of social work. What is clear from the social workers' interviews is the importance which they placed on the discussions which they have with their fellow social workers; in addition to these being their main source of information, they are a means of support, and give mutual reinforcement of opinions and values.

Experienced staff who joined the organisation were given little, if any, indication from their new team managers about what was expected of them. Team managers acknowledged that they had higher expectations of experienced staff. These features indicate that the organisation views qualified and experienced staff as professionals, bringing their standards and values with them when they join the new organisation.

The professional bureaucracy hires professionals and then gives them considerable control of their work.

This feature is clearly satisfied by the findings of this study. The social workers were clear that they enjoyed considerable degrees of autonomy and discretion, and considered that it was they who made most of the decisions concerning clients. These views were endorsed by managers at all levels in the department.

Professionals work independently of their colleagues and closely with their clients.

Whilst the social workers clearly place great reliance on their colleagues for support, information and opinions, which no doubt are influential, they are not *required* to change their behaviour as a result of these discussions; their behaviour therefore conforms to the independence which Mintzberg asserts. Similarly, most of the social workers' interactions with their clients will take place in private, away from the gaze of colleagues or managers.

The professional bureaucracy emphasises expert power rather than hierarchical power.

The evidence concerning this feature is mixed. The organisation is designed as a hierarchy and managers, being in a superior position, have the institutionalised power and authority to issue instructions to their subordinates. The evidence from the research was, however, clear; managers in the department use this power infrequently, and in fact no example of this was mentioned during the research. Their tactic was to be less authoritarian, for example the team manager who noted:

> * "I think my first approach is fairly creepy crawly. You know 'excuse me, but I do not think you have written down whether you have checked where the two

year old is' and see what sort of response there is...If you are getting into a disagreement about the relevance of certain areas of work, that is the uncomfortable bit and I guess that sometimes, if it is not madly important, then you can let it go having commented on it, and hope that the person remembers next time."   TM 6

The social workers in the study clearly acknowledged their colleagues' expertise and often preferred to consult sideways rather than upwards, (see for example the quotes on p108).

At the other end of the hierarchy the director pointed out that:

* "It is a peculiarity of the social services department that we have highly skilled, highly trained, very often highly experienced staff, at our front line."

An obvious point which is either ignored in the literature, or at best skirted around, is that managers in a social services department have usually trained and practised as social workers prior to taking on management responsibilities.

Howe (1986) in a work specifically looking at social workers and their employment in bureaucracies, raises the issue only towards the end of his book, noting that: "even though most managers are professionally qualified social workers, their skills and interests have shifted and been encouraged towards management based technologies and ideas." (p150)   Howe provides no evidence to support the assertion and does not address the issue further. Mintzberg does not really address the point; he addresses the notion of professionals taking on administrative work but not supervisory work.

Overall this feature would seem to be satisfied in practice, since the managers' reluctance to use their hierarchical power is in itself evidence that they recognise the power of expert authority.

Professional work is too complex and outputs too vague to standardise.

This issue was not dealt with directly, but the director made two comments which made his views very clear, and which summed up the views of many of the other senior managers.

* "We're putting some of our most skilled and experienced staff, if you like, at the bottom of the hierarchical tree, certainly directly in contact with clients, and you have to recognise that. You can't expect to have a system, a bureaucratic system, of rules and regulations, and apply it to that circumstance as you would to a member of staff dealing with housing benefit with a client, it's totally different. Also the interface between the social worker and client has to have so much discretion in it: it's a very personalised service, it's not somebody coming for a particular benefit or service where they either meet the conditions or they don't, it's very much an assessment, an appraisal, an interaction between the two, and we rely very heavily on the professional training and experience of the social workers, and I do believe that not only is it impossible to apply the same level of rules and procedures as we would for other local authority staff, but that it would

actually be quite counter-productive, because what you do with that is to eventually diminish the professional competence that people have, if you take away their discretion, their power to think and use their skills, by closely prescribing rules, then you don't get the quality of work in the end."

*   "The issue of quality is a puzzle for everybody - how you actually measure it. The Audit Commission haven't got it right, and I think we've got problems as well. First of all you have to decide what are the areas in which you want to maintain standards...Part of that is standardisation, although I think we'd be hard put to say what the standard is, but at least making sure that the council's and the inter-agency procedures are being complied with. I suppose those are the standards."

Assessment is crucial with complex presenting situations needing worker discretion.

This is clearly satisfied by the data.

Supervision is an inappropriate method of control.

This is the aspect of the model which is most difficult to reconcile with the data; the issue will be considered in more detail later.

Structural Aspects.

In addition to the attributes associated with professional work, Mintzberg also identified four structural aspects of professional bureaucracies.

First, he said that there will be a well developed administrative structure, whose aim is to support the work of the professional operating core; this accurately reflects the position in Sutton social services department.

Second, Mintzberg asserts "the technology of the organisation - its knowledge base - is sophisticated but its technical system - the set of instruments it uses to apply that knowledge base - is not." (p367) Mintzberg's point is that people who have to work with a sophisticated technical system inevitably become dependant upon other experts and therefore inevitably have to share power with these others. Certainly social work's technical system is weak; often no more than a paper and pencil.

Third, Mintzberg suggests that there will be a weakly developed mid-line of managers. He quotes the McGill faculty of management which had 50 professors and a single manager, its dean. This does not apply to the social services department; more usually team managers would be managing between six and ten social workers. It may be that this is not comparing like with like. The McGill faculty would presumably have had its lecturers and senior lecturers as well as its professors. Whatever the theoretical position, in practice much of the faculty's administration and management would surely have been undertaken by these mid-line managers.

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Mintzberg does not elaborate on the development of the mid-line, and in consequence it is difficult to say much more about any comparison between his model and the situation in Sutton. Thus, whilst we have noted that there are more immediate supervisors, the team managers, than at McGill, there are considerably fewer layers of management than found in many of the bureaucracies described by other writers.

Fourth, Mintzberg asserts that professional bureaucracies will exhibit both vertical and horizontal decentralisation. Vertical decentralisation refers to the extent to which decision making is devolved down the mid-line to managers, whilst horizontal decentralisation refers to the extent to which decision making is devolved away from managers and to operators. The research findings clearly indicate that social workers and their immediate managers both possess considerable decision making powers.

Conclusions - see end of chapter.

PART TWO: JOB SATISFACTION AND THE DEPARTMENT'S PRACTICE

It was noted earlier that studies of social workers' job satisfaction found that dissatisfaction tended to be expressed about resources, work pressure, over proceduralisation, centralised decision making, supervision and lack of influence on departmental policies. This research has something to say about all but the first two of these features.

In discussing the design of the research, two main questions were distinguished. The first, concerning the nature of controls over the practice of the social workers in this department, has been discussed extensively above. The second question asked whether a link could be made between these control features and the expressions of satisfaction already given by the social workers in the pilot study, and those anticipated from the questionnaire. This second question will be considered now.

Data concerning satisfaction were drawn from three sources; first, the questionnaire; second, spontaneous questions and answers during the interviews; and third, a specific question posed to social workers concerning any changes which they would like to make to their work practices in the future. This last question failed to obtain significant data, and the decision to drop the item from the interviews was taken after 14 social workers had been interviewed. This failure is of course very significant: interviewees were given the opportunity to suggest improvements, yet they had difficulty thinking of anything of any great moment, and there was no consistency between interviewees concerning the items which were mentioned.

Questionnaire Data

The answers to the questionnaire have been displayed at appropriate points in the presentation of data. The results are, generally speaking, clear. Whenever social workers were asked

questions which concerned either their decision making powers or constraints over their practice, they expressed overwhelming satisfaction with these aspects of their work.

Sections 1 to 3 on the questionnaire predominantly concerned practice, decision making and consultation. If all the respondents' answers to all these questions are combined then the following table emerges:

Very satisfied:	64
satisfied:	303
No strong view:	50
dissatisfied:	25
Very dissatisfied:	4
	446

Thus, out of a total of 446 responses there were only 29 expressions of dissatisfaction. In percentage terms we have therefore 82% of the responses expressing satisfaction, whilst only 6.5% express dissatisfaction.

It should be noted further that 18 of the total of 29 dissatisfied responses related to just two questions which asked social workers whether they failed to achieve their goals because of shortages of resources.

Putting this another way, there were only 11 expressions of dissatisfaction concerning non-resource issues.

Section 5 concerned the influence which social workers considered they had over general departmental issues, and is in marked contrast to the results above. Combining the responses to the three questions in Section 5 we arrive at the following table:

Very satisfied:	0
satisfied:	6
No strong view:	36
dissatisfied:	43
Very dissatisfied:	2
	87

These reveal: 7% responses expressing satisfaction,
52% dissatisfaction, and,
41% no strong view.

Interview Data

The interviews with social workers revealed two areas of practice with which the social workers were, in general, dissatisfied; these concerned the quality of their supervision and their lack of influence on departmental issues.

The interviews also revealed that the social workers were anxious about the uncertainty concerning accountability.

However, the social workers were in general very satisfied with any matters which could come under the headings of formalisation and centralisation; they were satisfied with their decision making power and their levels of autonomy and discretion.

As mentioned above, the first 14 social workers interviewed were asked a specific question concerning any changes they would like to make in the future. This was seen as a way of eliciting problematic areas of work. The question was generally speaking unsuccessful, and so it was dropped from the interview schedule after this. Several social workers took the opportunity to express in more detail their wishes concerning the two issues just outlined, that is supervision and influence on departmental issues. Apart from these no clear preferences emerged. Issues mentioned included: not having a team manager at all, so that the individual social worker was totally responsible for practice; social workers and other staff being held more accountable for what they were doing; a regular slot to review progress; comprehensive information about resources for elderly people; information about what social services can offer; more discussions with peers rather than team managers. There did not appear to be any great strength of feeling behind any of the answers.

CONCLUSIONS: Part One

Mintzberg acknowledges that his structural configurations will not be found in their pure form. The main difference between Mintzberg's model of the professional bureaucracy and the situation found by this research is that supervision is at least a potential means of control, even if, at present, it seems that this potential is not realised.

We will consider this in more detail in a moment, but overall the conclusion is clear: the department approximates very closely to Mintzberg's model of the professional bureaucracy.

To have established this is an important step in itself, since, as described in the literature review, social work writers frequently bemoan the fact that social workers are employed in bureaucracies where their practice is constrained by the traditional bureaucratic mechanisms of formalisation and centralisation, rather than in professional bureaucracies where their practice could be much freer of constraints. Alternatively, some writers, like Howe (1986), insist that social workers cannot be employed in such organisations because they are not "real" professionals.

It only takes one example to disprove such assertions. We have now presented the evidence that it is possible for social workers to be employed in an organisation which approximates closely to Mintzberg's professional bureaucracy; there is therefore nothing in the nature of social work which makes it inherently unsuitable for such a style of organisation. We have described a department in which there is little formalisation, and in which decisions are largely decentralised: there are few written procedures, and decision making is concentrated at the base of the organisation.

The model exists, there is no reason to suppose that it does not work, and it could be adopted by other social services departments.

CONCLUSIONS: Part Two

The conclusions to be drawn from this are, for the most part, clear.

1) The social workers who were interviewed were consistent in their expressions of dissatisfaction with the quality of their supervision.

2) Approximately half of the sample answering the questionnaire expressed dissatisfaction with the degree of influence which they felt they had on departmental issues.

It is, however, the third conclusion which is central to this enquiry.

3) Almost without exception, both those who completed the questionnaire, and those interviewed, expressed satisfaction with their decision making powers, and with their levels of autonomy and discretion.

We have now established that the department was an example of a professional bureaucracy. As such the department had little formalisation or centralisation, and the social workers were satisfied with these aspects of their work.

The discussion now moves on to consider how such an organisation dealt with the issue of accountability.

CHAPTER 10: THE PROFESSIONAL BUREAUCRACY AND ACCOUNTABILITY

INTRODUCTION

We have now shown that the social workers in this particular department had considerable freedom over their activities, considerable decision making powers, and few rules or procedures governing their work; the previous chapter concluded that the department was an example of a professional bureaucracy. The discussion now turns to examine how a department which operated in this fashion dealt with the issue of accountability. More specifically, can an organisation with low formalisation and centralisation ensure that its workers are accountable for their actions?

To whom, then, are social workers accountable?

A working party representing social workers and social services directors produced a report, BASW (1980), which distinguishes a number of different lines of accountability for social workers. The working party details: personal accountability, defined as "a matter of personal integrity and being true to one's own standards and values"; professional accountability, defined as "a responsibility to see that colleagues remain professionals", which the working party recognised as being undeveloped in social work; accountability to non-employing organisations; accountability to the public; and finally, accountability to the employer.

The report goes on to argue that employees have accountability towards the objectives of their employing organisation, but makes a plea that;

> "Professional employees, however, should expect to have discretion delegated to them to enable them to apply their knowledge and skill...Delegation of discretion and respect for professional opinion do not, however, detract from accountability to the employer. On the contrary, they provide the conditions in which the employee can be accountable to the employer, not for following fixed rules, *but for the exercise of his professional judgement.*" (emphasis original)

This passage indicates that BASW, which is of course the social workers' professional association, is in agreement with Rowbottom, Hey and Billis (1974) who concluded that "the situation of social workers in SSDs is one of exercising delegated discretion rather than professional autonomy." (p100) BASW not only locates social workers at the bottom of a managerial hierarchy with a line of accountability running up the hierarchy, but also suggests further lines of accountability radiating out to a number of other bodies.

Day and Klein (1987) differentiate between accountability and answerability; "If accountability in the strict and strong sense carries with it the implication of ultimate sanctions...then the softer notion of answerability does not necessarily have this overtone." (p34)

Rowbottom (1977) notes, "(accountability) implies the presence of a judge somewhere in the situation...armed with 'hard' institutionalised sanctions - the right to affect such things as pay, promotion, continued employment or professional membership - as opposed to the 'softer'

sanction of generalised approval or reprobation possessed by all with whom the performer works." (quoted from Kogan (1986) p26)

Given that there are clear differences between these two concepts there would seem to be no good reason for conflating them into one. For the purposes of this thesis we shall adopt Kogan's (1986) narrow and hard definition of accountability as,

> "a condition in which individual role holders are liable to review and the application of sanctions if their actions fail to satisfy those with whom they are in an accountability relationship." (p25)

If we now reconsider the list of accountabilities which BASW ascribes to social workers it becomes clear that it would be more accurate to regard these as lines along which feelings of moral responsibility can flow, the force of these depending on a range of variables, not least the receptiveness, perhaps even vulnerability, of the individual social worker. Adhering to the definition above, they are lines of answerability not accountability.

The literature review outlined Johnson's (1972) examination of professions as structures of power within occupations. It will be remembered that he distinguishes: the *collegiate* profession, in which the members of the occupation exercise considerable power, for example, it is they who define the processes and outcomes of the work, Johnson cites law and medicine as examples; the *patronage* professions, in which power is exercised between the occupation and those who pay directly for its services, he cites accountancy and architecture; and the *mediated* professions, in which a mediator, increasingly a state agency, acts between the occupation and the users of the service, Johnson cites social work and nursing as examples.

The literature review noted that these structures were ideal types, and as such represented a range of possible configurations rather than mutually exclusive categories. From this typology it is immediately possible to locate the main potential sources of hard sanctions as the profession itself, the users of the service, and the employing organisation. These in turn relate to the three main models of accountability identified by Kogan (1986) whose work, although primarily concerned with accountability in education, can be applied to social work. Kogan describes professional control, consumerist control, and public or state control,

The Professional Control Model is, as recognised by BASW above, undeveloped in social work. Where it does operate, as in medicine and law, the state has granted the professional associations the right and power (ie authority) to evaluate performance and impose certain rewards and sanctions as deemed appropriate.

Consumerist Control places power in the hands of the users of a service. Where the relationship between provider and user is direct, as detailed by Johnson (1972), the basis for this is contractual, with the user having the ultimate sanction of taking his patronage elsewhere. The example Kogan gives in the field of education is the American experiment with vouchers which parents can use to obtain for their children the education of their choice.

Public or State Control is characterised primarily by the existence of a management hierarchy, and is the system applying in local government in general, and social work in particular.

Johnson, Kogan, and indeed all the other writers considered in this thesis, identify that for social work as currently organised, the accountability model applying is that of public or state control exercised through a management hierarchy.

A definition of a managerial hierarchy was given on page 171 and bears repetition here. Rowbottom, Hey and Billis (1974) defined a managerial hierarchy as "a system of roles built upon successive layers of managerial relationships". In turn a managerial role or relationship arises "where A is accountable for certain work and is assigned a subordinate B to assist him in this work. A is accountable for the work which B does for him". It follows that "a hierarchy of full managerial roles has the characteristic that the person at the top carries as clear and unlimited accountability as is possible for the work of all those beneath". (p259 - 261) Thus while the director has this final accountability, it is accepted that in practice he/she cannot personally provide all the necessary services, and so these have to be delegated. Nonetheless in theory *all* the work is the director's, and consequently the director also retains accountability.

Work does not have to be organised in this particular fashion. Kogan writes, "An accountability system can put as much emphasis on individual discretion as on authority conveyed by prescription...Yet accountability is defined by the prescriptions." (p36) Thus the details of who is accountable for what can vary according to the prescriptions of the particular accountability system - this becomes a matter for empirical investigation.

Kogan notes that the head teacher, read director of social services, can be both senior manager and "leading professional", and that "formal lines of hierarchy may be criss-crossed by collegial styles and non-hierarchical and collegial structures." (p34) Kogan asks whether "the leading professional element can countermand that of the accountable manager", the answer both for education and social work is "no". He asserts that the dominant relationship should form the basis for analysis, not the modifications.

In social services departments the theoretical situation concerning accountability is clear: social workers are accountable to their managers and ultimately their director, but precisely what they are accountable for, and how this accountability is established, can vary according to the particular prescriptions of their department.
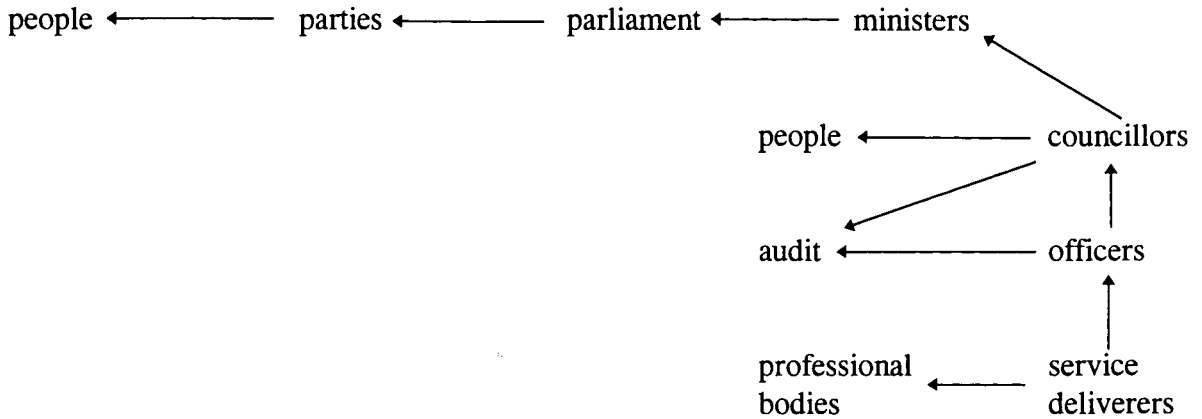
As stated, these are matters for empirical investigation, and therefore the preceding presentation of data will form the basis for the discussion which follows concerning accountability in this particular professional bureaucracy.

Day and Klein (1987) draw a distinction between political accountability and managerial accountability.

"Political accountability is about those with delegated authority being answerable for their actions to the people, whether directly in simple societies or indirectly in complex societies. Here the criteria of judgements are, themselves, contestable and reasons, justification, and explanation have to be provided...In contrast, managerial accountability

is about making those with delegated authority answerable for carrying out agreed tasks according to agreed criteria of performance." (P26-27)

The model of accountability which they outline for local government is as follows:

people ◄——— parties ◄——— parliament ◄——— ministers
                                                            people ◄——— councillors
                                                            audit ◄——— officers
                                                          professional ◄——— service
                                                          bodies   deliverers

Thus social work is subject to both forms of accountability; managerial through the hierarchy, and political through politicians to the public.

Day and Klein see two problems which are directly relevant to this enquiry. First, they note that "any concept of accountability in service provision based on a notion of the hierarchic delegation of clearly defined tasks...would seem to run up against the phenomenon of 'street-level bureaucracy': the ability of those at the point of delivery to control the information which feeds into the hierarchy of accountability and further, to define their own policies and actions." (p18) (The works of Lipsky (1980), and Pithouse (1987) relate to the above passage, and were covered in the literature review.)

Second, noting the growth of professionalism in the twentieth century, they point out that "Central to the notion of professionalism is the assertion that what defines a professional is precisely the fact that he or she is accountable only to his or her peers." (p19) It is the profession which sets the objectives and rules which govern individual practice, and which thereby controls the language of evaluation.

They conclude;"Professional accountability is not integrated into the system of political or managerial accountability. It effectively breaks down the circle of accountability." (p19)

When Day and Klein turn their attention specifically to the issue of accountability in social work, they find that their model applies imperfectly. First, they conclude that "members of the social services committee saw themselves predominantly accountable to their clients...(there was not) much stress on the textbook form of accountability by elected members to the voters." (p223)

Day and Klein suggest that this is perhaps not too surprising given that social services

"exist largely to deal with people who either cannot, or do not, vote, that is children, the very elderly, and society's casualties."

Second, they draw a distinction between accountability for individual actions, and for overall performance. They suggest that social workers "can be called to account by the managerial hierarchy when their decisions are disputed or end in disaster", ie individual actions, but that the hidden nature of much social work practice, and the fact that "no two social workers would respond in exactly the same way to the same set of problems" makes them "largely unaccountable for what they do routinely".

This is, they conclude, "accountability for individual actions rather than for performance." (p204-206)

They also found that the members whom they interviewed were "confident about their ability to exercise control, this was because they put the emphasis primarily on the control of process." (p224)

We will return later to the specific concerns raised by Day and Klein.

For What Can One Be Called To Give An Account?

The issue of accountability only tends to become controversial when there are bad outcomes. In social work there is a clear tendency to assume that a bad outcome must be the result of a prior bad (wrong) decision.

MacDonald (1990) in a series of articles in which she takes issue with Hollis and Howe (1986, 1987, 1990) argues convincingly that this approach is wrong: "...poor outcomes are neither necessary nor sufficient indicators of wrong decisions. Bad outcomes may signal the need to review pertinent decisions, but the criteria for assessment should not be the outcomes, but the appropriateness of decisions given the information available at the time..." (p527) The articles are focused on cases of child abuse in which children have been killed, but the arguments can be applied to decision making generally in social work.

MacDonald quotes the report of the panel of enquiry into the death of Jasmine Beckford to show that "even when writers expressly distance themselves from a misuse of hindsight" they still fall victim to an appeal to outcomes in their adjudications. Thus the Beckford report can assert;

> "We are entitled to judge a person's actions by reference to what was and should, reasonably, have been in his or her mind at the relevant time. We are not entitled to blame him or her for not knowing, or foreseeing what a reasonable person would neither have known nor foreseen. In assessing whether a reasonable person would have known or foreseen an event, we are entitled to have regard to what actually happened, though, of course, the fact that an event occurred does not mean that a reasonable person would necessarily have known that it would occur or would have foreseen its occurrence. But the fact that it did occur (and was not an Act of God but the result of human action or

inaction) gives rise to a presumption - either that there was knowledge that it would occur, or that foresight would have indicated its likely occurrence." (p32)

MacDonald argues that any enquiry, that is from formal external enquiries to informal internal questions, should focus instead on the decision making process, noting that "if the best possible decision is made, then even if a bad outcome occurs, it is morally correct". (MacDonald notes that the word morally adds little to the argument.) (p543)

The alternative view advanced by Hollis and Howe (1990) is that "if Jack is killed, there will be an explanatory causal narrative not at all resembling a lightning strike...to be a reasonable professional is to be morally accountable for judgements both when they turn out as expected and when, pure chance apart, they do not." (p548) This begs the questions; what counts as chance, and what therefore is not chance? The point being that hindsight enables investigators to assert plausibly that there were causal connections which led to particular outcomes, and which could/should have been seen by practitioners. But making causal connections after the event, even if this is done accurately, is not the same business as making accurate predictions.

We all know, for example, that smoking cigarettes increases the chances of an early death from a variety of illnesses. But this actuarial knowledge does not lead to an ability to predict that smoker A will die from heart disease, smoker B from lung cancer or smoker C will die in her sleep at 95 years of age. It is only after the deaths that causes can be attributed.

This is the essence of risk. If there is certainty there is no risk; or more pointedly, if there is any gap in knowledge, or any degree of uncertainty, then there is inevitably a degree of risk.

MacDonald urges that enquiries should focus on decision making. We have seen earlier that the process of decision making is rather more involved than it appears at first sight. The following steps can be usefully identified:

The Assessment of the case or situation

The Goal - what are people trying to achieve?

The Decisions - what is/are the best way(s) to reach the goal?

The Actions Required - to implement those decisions.

The Outcome - did it work? Was the goal achieved?

The process can "go wrong" at any of these stages, and a worker could be called to account for their actions, perhaps even their thoughts, at any stage.

MacDonald points out that there is a requirement to balance the risks to the child with the risks of intervention. She notes that it is possible "to assert yes, there is a possibility that this child might be abused, but the probability is so low, and the costs of removal (costs to the child, that is) so high, that it is inappropriate to institute care proceedings." (p532)

Social work is about risks. It is inevitable, it is axiomatic that, in taking risks there will be bad outcomes. Risk assessment has two core features, the actual outcome or harm, and the likelihood of the event occurring.

In many social work decisions the choice is not so much between a good and bad outcome, but rather between gradations of bad, balanced by their probability. Removing a child perceived to be at risk is not a "good" outcome, the negative consequences will probably be serious. Likewise, a compulsory admission to hospital under the Mental Health Act cannot be seen as an unambiguously good outcome.

The law is beginning to recognise this. The Children Act 1989 now places a duty on social workers to determine that moves to institute care proceedings are based on the principle that this action is better than taking no action. Likewise, the Mental Health Act 1983 requires social workers to sign a declaration "that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need."

The point is that in taking risks it is inevitable that there will be bad outcomes. If we measure outcomes rather than process, and at the same time there is a tendency to enquire only when an outcome is bad, leading to negative consequences of some sort for those identified as at fault, this will encourage defensive social work, see for example Harris (1987). We have already discovered an understandable tendency for social workers to "play safe" where risk is involved; it is reasonable to suppose that there will be a similar tendency for social workers to avoid any possible negative consequences associated with bad outcomes, by taking the safest, rather than necessarily the best, actions.

We have also seen how social workers can select material which supports their assessments when they present situations to others for decisions. There is a well known saying that it is better for nine guilty people to go free than for one innocent person to be convicted. How many children should be wrongly placed on child protection registers, or provided with accommodation, in order to correctly safeguard the one child who is in reality at serious risk? If it is intolerable to have one bad outcome arising from decisions to take no action, is it equally intolerable for a wrong, but safe, option to be taken? Or, because this is safe, is it therefore acceptable?

There are only two groups of answers to these questions. The answer must either be none or a statistical figure. If the answer is none, that *no* wrong decisions can be made, then we seek perfection from social workers which we do not look for from others. Sheldon (1987) observes, "mistakes by surgeons, airline pilots, soldiers or policemen are held to be different in character. They are seen to result either from a complex technical procedure gone wrong, or from forgivable lapses in the face of threats which few of us would like to face." (p18)

The Audit Commission (1986) was aware of these problems:

"unfortunately, performance tends to be negatively observed, so that, for example, a small number of disastrous (and sometimes fatal) events are brought to light whilst the degree of success for the vast majority is not reported". (p19)

The Audit Commission "is concerned with the economy, efficiency and effectiveness of local authorities services". (1985, foreword) The Commission (1986) noted that, "evaluating the effectiveness of services is difficult because of the varied nature and extent of clients' needs, abilities and skills, as well as their self-reliance and family support." (p10)

Concerning children, the Commission emphasised this point with bold print:

"Child care is a particularly difficult subject for reliable performance indicators and extreme care is needed in using indicators, especially in making comparisons between local authorities". (p19) (bold omitted)

Having indicated the difficulties, the report proceeded to outline a number of outcomes which can be used as indicators of performance. For example: "How long do different client groups have to wait before receiving a visit from a social worker?"..."How does this compare with other areas/other local authorities?"..."How does expenditure...compare with other SSD's?" Concerning process, the report's only offering was that team leaders and higher management should be reviewing decisions and plans.

Six years later the Audit Commission still concentrated on outcomes. Concerning community care the Commission noted, (1992 a): "...quality measurement is at a very rudimentary stage but is developing fast...A particular focus for the future will be to improve measures of outcomes so that the impact of all the changes on the well-being of users and carers can be assessed". (p35)

Likewise the Commission (1992 b) in searching for indicators for the Citizen's Charter for social services, concentrated on statistical information: "How many people are given help to live in their own homes? How many are cared for in residential homes?"(p15)

Why not apply the same logic to the areas of social work mentioned above? If we do not seek perfection, then surely we have to state the acceptable rate of failure. So if an authority has 100 children on its child protection register, it might be acceptable for one child's name per year to be registered unnecessarily. Likewise, the acceptable failure rate could be, say, that one child on the register will be killed by its parents in any five year period.

That is the logical conclusion of an approach, an attitude, which concentrates on outcomes.

It must surely be more sensible and appropriate to place the emphasis on the process of decision making. If, at each stage, the participants were required to ask themselves, "Do we have sufficient information to reach a decision? Have we reached the best decision?", there will still be bad outcomes. It is only by pushing the boundaries of knowledge that we can make progress. If the decisions made were the best possible given the current state of knowledge, then bad outcomes can be seen as one way of increasing knowledge, such that there will be better decisions and fewer bad outcomes in the future.

We shall return to the issues of process and outcome again later, but for now the discussion turns to consider accountability as it applied in Sutton's social services department.

Accountability, Supervision and Personal Development

In social services departments the most usual means whereby the agency establishes the individual social worker's accountability is supervision.

Stevenson and Parsloe (1978) note that: "...social workers use the word supervision in a peculiar way. In everyday use the word implies a relationship between people in which one has the authority and the responsibility to 'over-see' the work of one or more subordinates...When social workers use the word they are referring to a process of consultation about cases and methods of work. Such consultation may, but does not necessarily, involve checking of work by someone in a senior position...(it almost always implies) a process which provides support, advice to be considered but not necessarily acted upon, and further professional development."

They add that individuals in their study held differing views about the nature of supervision, some regarding it as an advisory matter, as above, others regarding it as a clear issue of a manager over-seeing their work; "...between the two there was much confusion and ambiguity." (p200)

On the same page the writer of this particular chapter, Parsloe, explains her view that: "Supervision must have two main purposes; to establish the accountability of the worker to the organisation and to promote the worker's development as a professional person. Since accountability is concerned not only with whether a task is performed but also with the quality or standard of the work, the two purposes of supervision are practically and conceptually interwoven."

We have seen that the normal bureaucratic techniques used to control employees are the formalisation of behaviour through rules and procedures, and the centralisation of decision making. It could be argued that a manager's task is more straightforward in a formalised and centralised organisation. If it is managers who make the decisions then there does not have to be any checking of social workers' decisions, and establishing accountability in terms of adherence to a procedure or rule makes compliance or non-compliance clear.

The preceding presentation showed that whilst there is no exact or absolute means of measuring formalisation and centralisation, by any reasonable standards Sutton's department has very few written rules and procedures, and, whilst it could no doubt go even further, it has also devolved considerable decision making powers to front-line social workers and their immediate line managers.

Our main question concerns how a department, already identified as a professional bureaucracy, deals with issues of accountability. Is there an inherent conflict between the social workers' freedom to practise and the need for agency accountability? or has the department found some way of reconciling these apparently conflicting concerns?

But referring again to the passage quoted above from Parsloe, it is clear that accountability and individual development are "interwoven". Supervision not only establishes accountability, it also has an important role in individual development, and, since this is a study of professional practice, we are also concerned to know more about this aspect of supervision.

Reviewing the large literature on supervision, Betts (1993) identifies four separate functions which it performs. These are:

1) <u>Managerial</u> The managerial functions include, "quality control and upholding agency standards, mediation with other agencies, ensuring an increasing plethora of procedures are adhered to, the setting and evaluation of objectives and staff assessment. The managerial function has become central with the growth of managerialism." (p9)

2) <u>Educative</u> This function "focuses on developing supervisee skills, insight and self-awareness. It is concerned with the direct transmission of knowledge and information to practitioners." (p9)

3) <u>Supportive</u> This aims to enable "staff to cope with the ever increasing stresses and anxieties of social work". (p9)

4) <u>Professional</u> This is similar to the supportive function in that it is predominantly dealing with the emotions engendered by social work, but instead of the main focus being the worker's feelings and needs it concentrates on the client's requirements.

It is the managerial function which establishes accountability to the agency, whilst the other functions are more concerned with the individual worker and his/her development.

Betts' research enquired into the supervision of child protection cases in an inner London borough which he identifies as formalised, and which he implies was also centralised, noting that the borough was a "bureaucratic, managerialist setting". (p 32)

In such an organisation Betts found an "...almost tunnel-vision emphasis on managerial requirements and procedural correctness". He goes on to argue convincingly that these have "largely driven out professional, educative and supportive conceptions of supervision, despite the clear desire for these as articulated by the social workers in this study". (p76)

In many ways this sums up the argument which prompted this research in the first place. Social workers are employed in bureaucracies where they have little decision making powers, and where they are supervised to ensure that they follow rules and procedures laid down by managers; "In this system, social workers are skilled labourers, but not professionals", conclude Glastonbury et al (1982). (p46)

Now let us turn to the ways in which these issues were dealt with in a professional bureaucracy. Following the format of the previous chapter, let us start this discussion by considering the *manifest,* the *extant*, and the *assumed* situations.

Accountability - the manifest situation

We have seen that the job descriptions of social workers, team managers and service managers do not lay out unambiguously the responsibilities attaching to each tier of the hierarchy, neither do they unambiguously spell out the various accountabilities.

Whilst overall the various job descriptions exhibit some ambiguities, they also contain some clear statements which constitute the manifest situation. Thus, for example, social workers are explicitly "accountable to team manager(s)", team managers have to "lead, manage and supervise" their staff, service managers have to "report to assistant directors".

There was also no ambiguity about this matter in the staff instruction concerning delegated authority to sign, which, as we have seen, stated "...delegation to officers from the director, of powers given to him from the Council, does not absolve the director from responsibility for the decisions taken". This means that in Sutton the manifest situation is that the director is accountable for all decisions taken by staff in the department.

Sutton is not alone in holding this manifest view, for example Day and Klein (1987) quote an interview with Wally Harbert the then director of Avon County social services department and president elect of the Association of Directors of Social Services, as follows, "the social services director is actually responsible for the day to day work that goes on in his department, unlike the area medical officer, say, whose role is more to do with planning and looking at services across the board. He has no responsibility for the daily judgements of the clinical staff as I have for my social workers". (p201)

Sutton's manifest situation accords with the definitions given by Rowbottom, Hey and Billis (1974), and is also therefore an example of the public or state control model of accountability.

An Alternative Manifest Situation

The passages taken from the job descriptions of various staff, and outlined in chapter 8, reveal some of the problems of the traditional view of accountability in a managerial hierarchy.

Much of the relevant wording results from national agreements made to end the social workers' strike in 1979. Glastonbury et al (1982) quote from a report of the NALGO special local government group meeting on 26 January 1979. The wording of this report was accepted as part of the national conditions of service (the "purple book") with one important, or at least ostensibly important, qualification which will be outlined in a moment.

According to the report, level 2 social workers would be those who: "with supervision and advice are expected to manage a case load...". This wording is reproduced exactly in the national conditions of service, and in turn is repeated in Sutton's level 2 job description. The point being that the level 2 social workers are obliged to have supervision and take advice.

The report goes on to say that level 3 social workers are those who: "with access to advice are expected to accept full responsibility for managing a case load...". When this appeared in the national conditions of service the wording had changed to the following: "with access to advice *and within normal arrangements for professional accountability* are expected to accept full responsibility for managing a caseload...". It is the second set of words which is used for level 3 job descriptions in Sutton. Sutton's level 4 job description follows the same pattern; "with consultation and within normal arrangements for professional accountability are expected to accept full responsibility for managing a caseload...".

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The first point to make is that these passages are ambiguous - open to interpretation. The words accountability and responsibility are both used. An organisation delegates levels of discretion down through the hierarchical layers, making incumbents responsible for certain actions and decisions. The corollary to responsibility is that the worker can then be called to account for the manner in which the responsibilities have been discharged; it is in the nature of accountability that it concerns actions which have already taken place.

What then is the level of discretion delegated to social workers at levels 3 and 4? The answer is clear, it is "full responsibility for managing a caseload". The word managing is open to interpretation, but the fact that the worker is expected to accept *full* responsibility indicates strongly that the intention behind the word managing was that it should be seen as an all embracing concept. If a narrow interpretation was applied to the word managing then it would not be possible for the worker also to accept **full** responsibility.

The statement has two qualifications. As mentioned, the full responsibility is conducted "within normal arrangements for professional accountability". The normal arrangements whereby social workers can be called to account for their work, or alternatively where their accountability to the organisation is established, is through supervision. The second qualification is that the level 3 social worker has "access to advice", presumably including advice obtained during supervision, whilst the level 4 social worker can "consult".

Thus the phrasing could be re-written as follows: "The level 3 (4) social worker is expected to accept full responsibility for managing a caseload, can be called to account for his/her actions and decisions through supervision, and has access to advice (may consult)."

The phrase "and within normal arrangements for professional accountability" really adds nothing to the original meaning; at first sight it appears to dilute the responsibility of the social worker, but in fact it does not, since the normal arrangement(s) is supervision.

Summary We have therefore two manifest situations: in one the director is accountable for all decisions made in the department, while in the other the social workers have full responsibility for managing their caseloads, and are accountable to team managers for this.

These two manifest situations would appear to be irreconcilable; either social workers are responsible and accountable for decisions, or the director is. The manifest situation of team managers, service managers and assistant directors is even less clear. The ways in which the staff of the department tried to make sense of this confusing position moves the discussion to the extant and assumed situations.

Accountability - The Extant and Assumed Situations

Introductory comment

The reality of accountability can only be established for certain when the account rendered is judged insufficient, and sanctions are imposed. No examples of this were encountered during

the fieldwork, and so the reality remained unknown, both to the researcher and also, it would seem, to respondents.

Under the heading "extant" we shall place the practical ways in which staff sought to establish accountability. Under the heading "assumed" will be found two concerns. First, a summary of the staff's assumptions about accountability - what the concept meant to them; second, a summary of senior managers' observations about what they thought managers below them were doing in order to establish accountability.

<u>Extant Situation</u> The presentation of data showed that the team managers said that they held regular supervision sessions with their social workers, although the social workers themselves indicated that in practice supervision was rather less regular than suggested. The department had not laid down any guidelines concerning the frequency or duration of formal supervision between team managers and social workers, and there was some variation about both.

Most social workers were clear that they approached supervision with their assessments of cases clearly worked out, and usually with clear ideas about the actions they intended to take; they viewed consultation as a means of confirming or "fine tuning" decisions which they had already made.

The team managers confirmed that they had little part to play in the assessment of cases and also that the plans for each individual case were mainly made by the social worker prior to supervision.

Surprisingly, the social workers and team managers agreed that supervision made little difference to the social workers' assessments and decisions. It was concluded that supervision was primarily a means of checking regularly the competence of the social workers rather than a means of facilitating their work.

What was actually involved in this auditory process was rather more difficult to discern. Reviewing the answers given by the team managers, they saw their task as being to check that the social workers' plans were acceptable, that the social workers were not "way off beam" as one team manager put it - they used phrases like, "a chance to test out what they've done", and, "ensuring that things are done that need to be done". They achieved this check by running through the cases regularly, in some instances in every supervision.

It was this type of supervision - "going through a computer printout" - which was the basis for one of the main elements of the social workers' dissatisfactions. Supervision was, they considered, "too management oriented".

Most team managers also said that one of the functions of supervision was to ensure that procedures had been followed; the problem with this is that the research has clearly shown that one of the main features which distinguished this department was that it had few procedures. The fact that the team managers said this implies two things. First, it suggests a feeling of unease at the lack of a yard-stick by which to measure and check performance; as previously stated a manager's task is easier with rules and procedures. Even those managers who favoured an "un-proceduralised" environment, displayed some discomfort with the reality.

Second, it suggests that team managers understood the need to establish accountability, even if they did not use the actual word. They were managers, and they used supervision to obtain from their social workers an account of their actions.

Assumed Situation As mentioned above, if not tested, assumptions must remain assumptions. The range of assumptions held by staff at all levels in the organisation suggests considerable confusion. Jaques (1976) suggests that such uncertainty can lead to paranoia, and indeed the research found that the social workers expressed anxiety about these issues, although their concerns were not shared to the same extent by managers. That these concerns had not been discussed within the department can probably be attributed to the fact that there was no evidence to suggest that managers exercised their authority with any relish or regularity.

Many interviewees, and certainly a majority of managers, recognised that in practice accountability for everything could not rest with the director; they understood that the extant situation *had* to be different. It only takes one example to demonstrate that this manifest accountability would be difficult to sustain in practice. If the director of social services is, as stated, accountable for *all* decisions taken in the department, then logically the director must, perhaps with others, perhaps alone, suffer any sanctions.

So if a social worker decides that a client needs to be given information, but then proceeds to give the wrong information, will the director be admonished? And if so, should this be alone? or with the social worker? and what about the intervening managers?

This highlights one of the main problems; if a social worker is accountable for an individual act, but the team manager is also accountable for the social worker's act, and the service manager is accountable for the team manager's act and so on up the hierarchy, then the effect is that no one person is accountable for anything. Except of course the director, who is accountable for everything.

Whilst many respondents recognised the problem, there was no coherent or consistent view of how accountability would be realised in practice, and staff held, and acted upon, widely differing assumptions.

Thus some respondents considered that social workers would be held accountable for any errors, some thought it would be team or service managers, others thought both, yet others thought that everyone up to the director would be held accountable. There was also no agreement about whether accountability could be transferred from one person to another, and if so, how this should be achieved.

One could ask, who benefitted from this situation? The answer could be that everyone benefitted. We noted at the end of chapter 7 the social worker who was concerned not to ask the limits to her discretion for fear of being told that she had less than she had been using in practice. By the same token other less confident, or perhaps less competent, social workers could have been using the lack of directives as the rationale, excuse would seem too harsh a word, for seeking confirmations from team managers. The evidence overwhelmingly does not support the latter option, but it is possible that this applied to a small minority.

Similar points could be made regarding the team managers, whilst the service managers and senior managers enjoyed the benefits of a contented work force, which successfully completed the department's work.

Perhaps the sharper question is, who stood to lose from the situation? We have just noted, that in the absence of guidelines the social workers and team managers could have been called to account for their actions at any time, and been told that they were not acceptable; the same argument could be applied to the service managers and in theory to the senior managers. Put bluntly, if managers do not say what they want from subordinates then they can always say that they wanted something different from that which was given.

The only views held with a degree of consistency were, first, that social workers believed that they transferred accountability to their team manager by discussing cases with them, and second, that senior managers maintained that staff at different levels were responsible, and thereby accountable, for different things. A minority of service and team managers also expressed this view.

We have noted that it is perfectly possible for a managerial hierarchy in the public accountability model to apportion responsibilities in this way, and then hold incumbents accountable for the discharge of their different responsibilities. The problem for Sutton was not that this is theoretically impossible, it was rather that there was a gulf between the manifest, the extant and the assumed positions which led to unnecessary confusion and anxiety.

The Senior Managers' Assumptions can be summarised briefly. First, like other managers, they referred to procedures as though they existed in great number, suggesting the same discomfort with their lack. Second, they assumed that service managers were more actively involved in the day-to-day running of the fieldwork teams than was actually the case. Third, they thought that both team managers and service managers were more actively challenging, and changing, the decisions of the social workers.

DISCUSSION

This discussion sets out to answer the following questions. Did this professional bureaucracy manage to establish the social workers' accountability, or was there an inherent conflict between professional practice and managerial accountability? If accountability was established, how was this achieved?

Before turning to these main questions, there were some points which arose from the discussion of accountability by Day and Klein (1987) which need to be addressed.

First, Day and Klein note that accountability in an organisation based on a managerial hierarchy runs into the problem of "street-level bureaucracy", (Lipsky (1980)). That is, "the ability of those at the point of delivery to control the information which feeds into the hierarchy of accountability and further, to define their own policies and actions." (Day and Klein, p18)

The data of this research support the notion that this is a problem in establishing accountability, and it was noted as such by a number of managers. That said, it should be viewed as a problem of the routine work, rather than the exceptional. In the event of a tragedy there is ample evidence that subsequent enquiries can impose sanctions on those whom they judge accountable.

Turning to the second part of the quoted passage, concerning the workers' ability to define their policies and actions, again there is ample evidence to support this. Perhaps the clearest example was obtained during the pilot study when an area manager had instructed that an unqualified worker could not provide counselling, so the social workers simply wrote that the client needed someone to talk to, whereby she was given the work. Other examples can be found in previous chapters.

We have already begun to address Day and Klein's second point, that accountability in social work is for individual actions or decisions rather than overall performance. Day and Klein hint at the complexity of this distinction when they note in parentheses that overall performance is "the pattern of activities or the sum of decisions taken". (p204) If this is accepted then it makes their distinction between individual actions or decisions and the pattern or sum of these, difficult to sustain, since if the social worker is accountable for each individual action which makes up the whole then he/she must thereby be accountable for the whole, even if this has to be achieved by looking at the individual actions or decisions one after the other. But performance in social work, like most other activities, is not simply the sum of individual decisions, rather it has to include the notion of skills, which whilst they may be enhanced by training, have more to do with inherent individual propensities. In social work these would include, for example, the abilities to make clients feel at ease, to gather information, to empathise.

As with all activities there will be excellent practitioners, moderate ones and poor ones. The team managers in this study accepted that there were differing levels of skill among the social workers, and likewise the senior managers accepted that different team and service managers had their particular strengths and weaknesses. Accepting these differences, and taking them into consideration when apportioning work, is not the same as the individual being unaccountable. Whether or not it is fair for workers to receive the same pay and conditions of service when their different abilities mean that they are undertaking different levels of work is beyond the scope of this particular thesis. In any case, the team managers considered that their perceptions of individuals' abilities broadly coincided with their level, and also therefore their level of pay. To sum up then, the data do not support Day and Klein's view; individual social workers had to give an account of their actions, and in order to progress through the levels had to satisfy managers of their overall performance ability. In Kogan's terms the team managers possessed "hard" sanctions.

Day and Klein's third point about accountability was that the members whom they interviewed all considered that they were in control of the process of social work. As far as fieldwork is concerned this is not supported by our data. The presentation showed that service managers had very little involvement with cases, let alone senior managers, the director or members. No members were interviewed, but unless they had a route whereby they could bypass senior managers and go straight to social workers or team managers then there was no way that they

could have known about the process of fieldwork. No such direct contact was mentioned by any respondent.

The last point concerned the way in which professions broke the chain of accountability by being accountable only to their peers. We shall delay consideration of this point until later.

Was accountability established?

Both social workers and team mangers described supervision as predominantly retrospective; the team mangers were concerned to check that their social workers *had made* decisions which they, the team managers, considered to be acceptable, in the period since the last supervision. If we remember the definition of accountability on page 190, then it is clear that the social workers' supervision is a "review" of their work; they were rendering an account, although no respondent viewed the process in quite such a stark manner. There were no examples of sanctions being imposed, but the organisation certainly had the authority to impose these, although whether it was the team managers who had this authority themselves remained untested.

In the absence of rules and procedures this process of checking things out constituted the establishment of accountability. Although the process appears to have a markedly different tone from that found by Betts (1993), the intention is the same. Our questions can therefore be answered simply. Yes, the department established the social workers' accountability; the department's professional nature did not pose insoluble problems with this.

We have, however, already noted that supervision is not only concerned with establishing accountability, it also has professional functions. The social workers in this study expressed considerable dissatisfaction with their supervision, and used similar words to those in Betts' work to describe this.

The discussion now takes two separate lines, which initially appear paradoxical. The first strand examines the professional nature of the accountability which the team managers established, whilst the second looks at the social workers' dissatisfaction at the lack of professional elements in their supervision.

Developing a professional perspective

Looking at the general ethos of the department we can gauge the perspective from which managers approached their supervisory and other tasks. From top to bottom there was a fundamental belief in the professional nature of the social work task, and also in the professionalism of the social workers. We have seen that the director was clear in his view that procedures were largely inappropriate for social work, indeed he considered that proceduralisation damaged performance. In the absence of written procedures the department relies on the oral transmission of the "ways to do something". So social workers talk to social workers, or a team manager when they don't know "the Sutton way" of doing something; remember the senior manager who was told to "ask aunt Nelly".

The team managers see their task as primarily "checking and ensuring that things are done that need to be done", but from where do they get their notions of what it is that needs to be done? (It is important to note that we are here talking about two separate issues; in the absence of procedures there are Sutton's "ways of doing things", whilst the "things which need doing" related more to requirements which stem from the nature of the social work task itself, rather than a local mechanism.)

There is a prior question to ask; from where do the social workers get their ideas? They were clear that the prime influences were experience, talking to other social workers about cases, and common sense. Team managers were not seen as an important source of behavioural norms.

Social workers, team managers and service managers were all asked questions about whether any guidance had been given to them concerning their new role when they joined the department or obtained a new grading or promotion. There was scant evidence of any guidance being given. We then saw how social workers made their assessments, plans and decisions, which were all but rubber stamped by team managers. Social workers and team managers agreed that supervision made little difference to the way work was undertaken, and team managers did not challenge the social workers' assessments or decisions. Service managers acknowledged that they had little part to play in the day-to-day work.

So we have a clear commitment from the department as a whole to the professionalism of the social workers, and team managers who in supervising the work of their social workers have to measure that work against their own perceptions of the social work task, given that there are few procedures, and that they receive little guidance from the department.

Given that the team managers appear neither to challenge, nor have any obvious impact on, the assessments and decisions which have already been made by the social workers, it would seem reasonable to suppose that whatever yard-stick the team managers are using must be shared with the social workers. This suggests that there must be some shared perception of the nature of the social work task.

Managers have been given the legitimised authority to impose their views about appropriate conduct on workers. The degree of consensus between team managers and social workers could be seen as an expression of the strength of the profession's technology. Whilst it is the department which has the authority to impose sanctions, the value base resides outside the department; in this model of a professional bureaucracy, the standards or norms against which an individual social worker's performance was measured were professionally inspired.

In this sense it is as though accountability is being established to some, admittedly ill-formed, conception of professionalism shared by the social workers and team managers, but given institutional force in an ostensibly traditional managerial hierarchy. It was noted earlier that writers have glossed over the fact that managers in social work predominantly have social work experience, meaning that the language of evaluation is controlled by the profession. We shall elaborate the point in a moment.

If social work's professional association, BASW, the British Association of Social Workers, were stronger then social work would be in a position to resemble more closely the situation

of the more established professions, where accountability is to the professional body. As it is the position in Sutton appears to be a staging post between traditional bureaucracy and profession.

Two of the attributes generally accepted as evidence that an occupation has the status of a profession are that the occupation sets the standards of performance, and then has the power of disciplining practitioners. It could be argued that Sutton had ceded the former whilst clearly it retains the latter.

The Paradox is that whilst the value base underpinning both practice and supervision was professional, it was the lack of any active professional element to the supervisory process which led to the social workers' greatest dissatisfaction. They considered that supervision was "too managerial", by which they meant that they had to discuss too many cases, and each one only superficially.

Social workers were consistent in stating that supervision failed to consider the emotional impact which the work had on them (supportive function); many also complained that they had little if any opportunity to discuss the dynamics of their clients' family relationships, or their clients' interactions with them as workers (professional function); they were clear that they wanted more questioning of their work, to be "pulled and stretched".

Let us examine some of the pressures on team managers to see whether we can explain this apparent paradox.

Managerialism and team managers

The 1980's were characterised by a rise of what has been termed "managerialism" (Pollitt (1990)) or the "evaluative state" (Henkel (1991)). The themes of economy, efficiency and effectiveness were promulgated in numerous official documents. For example, The Audit Commission (1985) states in the first sentence of its foreword that it "is concerned with the economy, efficiency and effectiveness of local authorities' services", and these themes are clearly evident in the Commission's later publications, (see for example (1986), (1992a), (1992b)).

The Social Services Inspectorate has adopted similar concerns, and states that one of its purposes is to, "promote quality standards, (and) improve effectiveness and efficiency..." (1993).

In Sutton, there was local political commitment to devolving responsibilities, including financial, as far down the organisation as possible, whilst at the same time encouraging a corporate, strategic approach to the development and administration of the borough's services.

Two effects which these disparate pressures had on managers in general, and team managers in particular, are crucial to understanding a) how the gulf between team managers and service managers developed, and b) the rather passive attitudes of the team managers towards the social workers' practice.

The first effect was that management was pulled up the organisation. Senior managers were facing demands to operate more corporately and strategically, whilst service managers were intended to be managers of services and were not therefore intended to be involved in day-to-day work; they were seen as closer to DMT and policy development than they were to practice matters.

A number of interviewees, including senior managers, described the service managers as the "pivot" or " fulcrum" around which the department operated. But the whole point of a pivot is that the two sides should balance; once the pivot moves towards one of the ends then disequilibrium results. With service managers pulled towards DMT, a management vacuum was created, and the only group left to fill this was the team managers, who were therefore pulled away from their social workers, and into a more managerial role. In tune with the increasing emphasis on management, the old "team leaders" had been renamed team managers in 1988.

This process was made more easy by the lack of clear boundaries between the various layers in the hierarchy, and the ambiguities, even overlaps, in the job descriptions of the team managers and service managers. We have seen that there was considerable uncertainty amongst social workers and team managers, and also between team managers and service managers, about their various responsibilities.

We have seen how the team managers' job description states that the team managers have "to take joint responsibility...with the service manager" for a range of tasks including "disciplining" the social work staff in their team. This is the same person who has to supervise the social workers; is this the appropriate backdrop for a supportive, educative, supervisory relationship?

Team managers have to "lead, manage and supervise" the social work team, whereas service managers have to "recruit, motivate, develop and supervise staff of their section". Team managers have to ensure that "the Authority's obligations are met through appropriate methods of standard setting and monitoring" whilst service managers must "introduce systems to monitor and evaluate service performance against departmental standards".

Team managers "contribute to new departmental policy" whilst service managers have to "communicate, reinforce and consult with staff on agreed policies..." and "with the Assistant Director (identify) any shortfall in the range, quality and quantity of service delivery...". The team managers' job description makes no mention of budgetary responsibilities, but it was planned that budgets would be devolved, and team managers were offered training on financial matters and budgeting.

Thus it was possible, perhaps inevitable, that the team managers would begin to undertake managerial tasks which had previously been associated with the old area managers, becoming in the process less involved in practice. Every minute spent on these tasks was a minute which could not be spent on practice matters.

The second effect concerned managerialism and was marked by, among other things, a growing emphasis on the need for managers to measure; measure performance, measure effectiveness,

measure efficiency. Guidance came from the Audit Commission about how this was to be done, and one message was clear; when measuring, concentrate on outputs or outcomes. For example, the Audit Commission (1992a) states "a particular focus for the future will be to improve measures of outcomes". (p35) Other examples of this were given earlier.

If a manager has to be concerned with "economy, efficiency and effectiveness", and has to concentrate on outputs and outcomes, then the corollary is that s/he will have less time to concentrate on process.

There was another pressure on team managers, that of the department's culture.

Departmental culture

When applied to countries, regions of countries or particular groups of people, the word culture is readily appreciated as an important concept which aids description and discrimination. Recently the concept has been used to assist with organisational analysis, see for example, Handy, (1976); Morgan, (1986); Clegg, (1990). In this thesis the concept is introduced for one specific purpose, namely as a way of showing how behaviour becomes firmly established and difficult to change.

There have been many definitions of the word culture. McLean and Marshall (1991) give the following: "The collection of traditions, values, policies, beliefs and attitudes that constitute a pervasive context for everything we do and think in an organisation."

Coopey (1989) noted, "culture is not something an organisation has, but what it is".(p27) We have already noted the clear perception of staff that the professional culture of Sutton social services made it a satisfying place to work.

Dewane (1989) undertook research into why people chose to stay or leave Sutton social services department. His findings pointed "to a stable workforce". (p52) Using a target group of all qualified social workers who had been employed by the department for more than a year (ie he included managers) he found a median date for qualifying in social work of 1976, with 75% of respondents qualifying more than 9 years before his study. He also found that 86% had been employed with Sutton for over 4 years.

A total of 27 social workers were interviewed in this study, of whom 20 had more than 4 years' post-qualifying experience. 14 of the total had been employed in Sutton for more than 4 years. We can confirm Dewane's view; this is an experienced and stable group of workers.

One of the most surprising findings from this research was the uniformity of the social workers' answers to both the questionnaire and the interviews. If there had been differences which could be traced back to individual teams or offices then these could have been related to the local managers. The fact that such differences were not apparent suggests that the general culture of the department was sufficiently strong to overshadow the effects of individual managers. The implication is that the general culture was moulded by the senior managers' beliefs and wishes for the department, and that collectively they were able to put these into effect.

We have therefore a department which, at all levels, emphasises the professional nature of its task, and of its staff. Because of these beliefs the senior managers have deliberately avoided the proceduralisation of the social workers' practice. In the absence of written procedures, the norms of behaviour, and the "ways of doing things" are generally communicated orally. Also linked with the professional orientation, team managers encourage the social workers to consult with their peers. As a result of this oral tradition the culture of the department tends to self-perpetuate.

We have seen that individual social workers build up their norms through a combination of, predominantly, experience, talking to other social workers and common sense. As knowledge, confidence and expertise develop, newer recruits will in their turn seek guidance from these more experienced colleagues. We have also seen that the work force is both stable and experienced.

Dewane (1989), notes that an employee is said to pass through three different phases in employment". The first is the "induction crisis", which is followed by the "transition" phase during which working routines are established, problems are sorted out and increasing identification with the organisation occurs. Finally there is the last phase of "settled connection".

It is clear that a new recruit to the department, even a new team manager, would need to be both extremely forceful and confident, if s/he were to challenge successfully the existing norms. More probable is that the new recruit will adapt to the existing norms, become assimilated and in turn help to initiate newer recruits.

One of the team managers observed:

* "We've just incorporated three new members of staff in the team, and I hope that they would very clearly understand the ethos of the team, both from what I've said and other team members have said. The ground rules need to be established very quickly."
   TM 7

The vagueness about responsibilities and accountabilities, and lack of guidance concerning practice and practice standards were some of the elements which went to make up the department's culture. Unless very certain of their ground this would have further undermined any desire to challenge the social workers' decisions.

We have therefore identified four influences acting on team managers. First, the strength of the professional values which they shared with the social workers, which made challenge largely unnecessary; second, the vacuum caused by the service managers' move away from practice, which in turn pulled the team managers away from practice; third, the pressures arising from managerialism, which caused team managers to concentrate on outcomes and outputs at the expense of process; fourth, the strong departmental culture of professionalism, which led to new recruits being quickly absorbed into "the Sutton way" of doing things and which both made challenge difficult and increased still further the shared values.

Therefore, two of these influences on the team managers were managerial and made it more difficult for those with a practice orientation to continue to be supervisors rather than managers, whilst also making it easier for those with a managerial orientation to concentrate on management. The remaining two were professional influences, and made team managers reluctant to challenge the social workers' assessments and decisions.

So a mixture of managerial and professional forces combined to help bring about a style of supervision which almost all social workers, across the department, found deeply unsatisfactory.

The result was that the social workers in this professionally oriented department made criticisms of their supervision which were essentially the same as those made by social workers in a traditional department.

SUMMARY

The chapter opened by adopting a hard definition of accountability, based on the presence of meaningful sanctions. A hard definition helps to draw a distinction between accountability and the softer notion of answerability.

Accountability only becomes an issue when the account rendered is judged to be unsatisfactory, and in social work this is often because of a "bad" outcome. In social work there is a clear tendency to assume that a bad outcome must be the result of a prior, bad (wrong) decision. We argued that enquiries should focus on the quality of the decision making process rather than outcomes.

Risk is an inevitable feature of social work, and bad outcomes are equally inevitable. If enquiries focus on outcomes then this can only encourage defensive social work, which is not the same thing as good social work. It is, for example, always going to be safer to remove children from their parents when there is an element of risk, or to admit someone to hospital compulsorily if there is any risk attached to not admitting. But these safe outcomes will not always be the result of correct decisions.

Conversely, if, following a bad outcome, we were to ask, "was the decision correct, on the basis of the available evidence?", the answer may be "yes". But from this particular experience we may increase our knowledge and understanding, and learn how to make ever better decisions in the future.

The discussion then turned to examine the way in which a professional bureaucracy dealt with the issue of accountability. Could the department eschew both formalisation and centralisation, but at the same time establish the workers' accountability? The discussion focused on supervision since this is the means whereby accountability is established in social services departments.

The conclusion was clear. Team managers regarded supervision as the means whereby they confirmed that their social workers were working satisfactorily. It was for them a process of retrospective audit. So, yes, the department established accountability.

But supervision has other functions, and the social workers were highly critical of the quality of the supervision which they received. They considered that supervision was too management oriented, that their team managers did not challenge their decisions and that they gave them little support. Essentially, the social workers emphasised the professional and prospective functions of supervision.

Thus a paradox was revealed. Whilst the value base underpinning both practice and supervision was professional, it was the lack of any active professional element to the supervisory process which led to the social workers' greatest dissatisfaction.

Four influences acting on the team managers were identified. Two of these were managerial, and pulled the team managers away from practice and towards a managerial perspective. Two were professional and made it difficult or unnecessary for the team managers to challenge the social workers' assessments or decisions.

The result was that the dissatisfactions which the social workers expressed about their supervision were the same as those expressed by social workers in a traditional department.

CONCLUSIONS

This chapter set out to answer the question, "can a professional bureaucracy establish accountability?" Although it is clear that in practice there were considerable problems with the way in which the department used supervision to do this, it is equally clear that accountability was established.

The chapter has discussed some of the pressures acting on managers, and shown how these affected their supervisory relationships. Now that the issues concerning responsibility, accountability and supervision have been brought into the open, the task of remedying the difficulties does not seem insurmountable.

CHAPTER 11: SUMMARY AND CONCLUSIONS

INTRODUCTION

This chapter returns to the key questions which originally prompted this research, goes on to give a brief summary of the data which relate to these questions, and then gives the main conclusions which were drawn from these data.

The chapter is only a brief overview of the issues relating directly to the key questions of the study. The research revealed a number of other issues and concerns, which, whilst important, did not pertain to these central questions. Details of these will be found in the main body of the text, particularly in the summaries and conclusions at the end of each chapter.

SUMMARY

This thesis is based on research into the practice of social workers in a local authority social services department, and it is therefore a specific example of the issues surrounding the employment of professional people in bureaucratic organisations.

The literature review in chapter 1 showed that when professionals are so employed, problems are likely to arise as a result of the professionals' need for autonomy and discretion, and their organisations' need for control and standardisation.

Organisation theorists identify the professional bureaucracy as a model which can overcome many of these problems. In this model it is acknowledged that professional people achieve the necessary control by internalising the norms of behaviour during a lengthy period of training, and they are therefore allowed to work largely free of rules, procedures and managerial or administrative involvement.

The literature which focuses specifically on social work is clear that social services departments do not operate as professional bureaucracies. Rather they achieve control and standardisation by the traditional bureaucratic methods of formalisation, the standardisation of behaviour by written rules and procedures, and centralisation, the standardisation of behaviour achieved by pulling decision making up the organisation. Studies on social workers' job satisfaction consistently conclude that formalisation and centralisation are sources of dissatisfaction.

Having made the rules, a management hierarchy uses supervision to ensure compliance and uniformity. The process of supervision also establishes the individual social worker's accountability to the organisation.

A pilot study, covered in chapter 2, was designed in order to investigate the extent to which social workers were subject to formalisation and centralisation, and to enquire in more detail into their dissatisfactions.

However, the social workers interviewed in the pilot study stated that the department had not formalised their work through a plethora of procedures and instructions, and also revealed that they had considerable discretion and powers of decision making. In addition, the social workers expressed general satisfaction with the organisation of their work. Clearly there was a gulf between the conclusions reached by previous studies and the findings of this pilot study.

The pilot study had investigated only a small number of social workers, and it was decided that its results merited further investigation with a larger sample. The implication of the pilot study was that this particular department was different from the norm, and the research would therefore have to take the form of a case study. The research design and methodology were discussed in chapter 3.

The pilot study data indicated that the department might be an example of the professional bureaucracy model described by organisational theorists. In order to investigate whether this was correct, several questions were isolated. If the department did not use formalisation and centralisation to control its workers, what did it use instead? How did managers ensure that standards were uniform and high?

But the overarching question concerned accountability. However varied their views on other matters may be, all commentators are agreed that social workers are accountable to their employers, not their professional association. Writers are also clear that in social work it is the process of supervision which establishes this accountability.

How then could a department operate as a professional bureaucracy, allowing practitioners considerable autonomy, discretion and decision making powers, and at the same time establish the workers' accountability through supervision? Had the department found some way to overcome the apparent contradiction, or were the problems irreconcilable?

Whilst supervision was going to be a central issue for the research on account of its role in establishing accountability, it assumed even greater importance because this was a study of professional practice, and supervision is also acknowledged to have an important role to play in professional development.

It was decided that three research methods would be employed: a questionnaire, interviews, and documentary analysis. The questionnaire was completed by 30 social workers, and interviews were conducted with 27 social workers and 23 managers. The data obtained from the questionnaire and interviews were laid out in chapters 4 to 7, whilst the documentary data were detailed in chapter 8.

The data confirmed that there was little formalisation or centralisation of practice. While there were few procedures, there were some, and it was found that social workers were so used to an *un*proceduralised environment that they were very uncertain about whether procedures existed or not. For example, only about half of the social workers interviewed knew of the

existence of procedures concerning child protection. This is high profile work, and it was noted that if the social workers did not know about these particular procedures then there was no reason to suppose that they would know about any procedure. This finding raised a question about how information, including rules and procedures, was communicated to staff.

The data concerning procedures applied to both the duty system and the ongoing work of the department, but to avoid repetition this issue was confined to chapter 4, which dealt with work on duty. On duty, in cases where the social workers did not identify risk as an issue, they made their assessment of the situation and worked out a plan of action before consulting the team manager. In these cases social workers regarded consultation as a means of confirming the assessments and plans which they had already made. The team managers confirmed that the social workers consulted them only infrequently, and indeed that they encouraged the social workers to consult each other. The social workers claimed that they received no feedback about whether or not they consulted team managers appropriately.

When resources were required on duty, social workers had to obtain a team manager's approval, but again the process was seen as one which simply confirmed decisions which had already been taken by the social workers.

Thus the team managers were involved in the process of duty, even if this involvement was not great. For their part, the service managers stated that they had almost no involvement in duty, even seeing their involvement in matters of child protection as minimal - being kept aware of things, rather than involved.

Chapters 5 and 6 concerned the ongoing work which was allocated to individual social workers. It was found that the social workers received almost no guidance either about their role, or about what was expected of them, when they joined the department. Likewise they received no guidance when they moved through the different social worker grades.

The data indicated that the social workers and their team managers held widely different views about the function of supervision. For social workers the main purposes were: to obtain a second opinion about cases, to obtain new ideas about cases, to obtain backing for decisions which they had already made and to receive the emotional support which they felt they needed to accomplish their work.

It was clear that most social workers approached supervision with their assessments of cases clearly worked out, and usually with clear ideas about the actions which they intended to take; they viewed consultation as a means of confirming or "fine tuning" *their* decisions.

The team managers considered that the main purpose of supervision was to check that their social workers were continuing to make appropriate decisions on their cases. Despite the virtual absence of procedures, many team managers (and also other managers) said that an important part of supervision was advising social workers of procedures, and ensuring that they were adhering to them.

Both social workers and team managers agreed that supervision made little difference to the social workers' assessments, their plans for cases, or their decisions. It was concluded that

supervision was primarily a means of checking the competence of the social workers rather than a means of assisting them with their work: it was auditory rather than facilitatory, retrospective rather than prospective. In other words, the main function of supervision was managerial not professional.

The social workers stressed the importance of the professional aspects of supervision, and claimed that these needs were not met by their team managers. Social workers expressed consistent and deep dissatisfaction with the quality of their supervision. (Social workers in one team were satisfied with their team manager's supervision, but they were the only exception to this otherwise uniform finding.)

Many of the team managers and service managers did not have a clear perception of a distinct role from each other. The service managers considered that in their absence the team managers could make any necessary decisions. In the light of this, the service managers' statements that they had little involvement with the day-to-day ongoing work, and that when they were called upon to make decisions they were, in fact, merely ratifying decisions which had already been made by others, were understandable.

The service managers described themselves as being mid-way between the world of practice and the world of DMT, although for their part the DMT members considered that the service managers were rather closer to DMT. With the service managers having so little involvement with practice, and only rarely mentioning cases to their assistant directors, DMT members acknowledged that the issue of quality was problematic.

The conclusion drawn from this was that, in the language of organisational theory, the social workers and team managers had been "decoupled" from the rest of the organisation.

Whilst the social workers expressed degrees of dissatisfaction with various aspects of their work, most notably supervision, they expressed clear and consistent satisfaction with the lack of procedures, their levels of discretion and autonomy, and with their powers of decision making.

Chapter 7 displayed the data concerning responsibility and accountability, and addressed an apparent discrepancy between the views which social workers had expressed in their interviews, that they had considerable autonomy and decision making powers, and that it was primarily they who "owned" the work, and their view, expressed in the questionnaire, that accountability was shared with team managers.

The conclusions drawn from the data were: that there was a lack of clarity about who was responsible for making decisions; that no-one was clear about to whom they were accountable, or for what; and that there was no shared understanding about whether accountability could be transferred to another person, and if it could, the means whereby this would be done. This lack of clarity enabled different staff to hold different and mutually incompatible views from each other, and also enabled individual people to hold views which, as above, were objectively inconsistent.

Chapter 8 analysed relevant documentation, and provided an additional source of verification for the views expressed in the questionnaire and interviews.

The data analysis and discussion started in chapter 9, which attempted to answer two questions. First, "Was the department operating along the lines of the professional bureaucracy model described by organisational theorists?" In order to answer this, the discussion had first to return to consider one of the questions which was outlined earlier in this summary, "If the department did not use formalisation and centralisation to control its workers, what did it use instead?"

The conclusion was that managers did little to control the activities of the social workers, either by direct instruction, by the use of procedures, or through offering new insights in supervision. If control did not come from the department, it had to come from the social workers themselves, and in this sense the control was professional.

This, and the data concerning the department's practice which have just been summarised, were then compared against the features which Mintzberg (1979) distinguished as characteristic of the professional bureaucracy.

The conclusion was clear. The department approximated very closely to Mintzberg's model of the professional bureaucracy.

The second question addressed by chapter 9 was, "Were the social workers satisfied with the way their work was organised, specifically, were they satisfied with their levels of autonomy, discretion and decision making powers?" Answering this involved less discussion, since the data were self-evident. Almost without exception, both the social workers who completed the questionnaire and those interviewed, expressed satisfaction with their decision making powers, and with their levels of autonomy and discretion.

Having established that the department operated as a professional bureaucracy, chapter 10 turned to the issue of accountability, specifically, "Did a department with low levels of formalisation and centralisation manage to establish the social workers' accountability?"

The conclusion was again clear. Team managers regarded supervision as the means whereby they confirmed that their social workers were working satisfactorily. It was for them a process of retrospective audit, and so, yes, the department established accountability. We noted above that the issue of quality was a problem for senior managers because they had no regular contact with practice issues. The team managers regarded supervision as their means of ensuring quality, although it has to be acknowledged that we have collected no data which could indicate whether or not standards would have been considered high by any absolute criteria.

It was again noted that in the absence of departmental guidelines and procedures, the yard-stick by which performance was measured was professionally inspired.

Senior managers had a fundamental belief in the professional nature of social work, and also wanted to recognise and promote the professionalism of the social workers. This thesis has shown that there were some unanticipated consequences of this which caused some difficulties

for staff at all levels, but essentially Sutton was an example of a social services department which was operating as a professional bureaucracy, where the social workers were satisfied with their levels of autonomy, discretion and decision making powers.

And so we can conclude by repeating the answers to the three central questions which formed the basis for the research and this thesis.

FINAL CONCLUSIONS OF THE THESIS

It is possible for social workers to be employed in an organisation which operates as a professional bureaucracy, that is, with little formalisation or centralisation of behaviour. There is nothing in the nature of social work which makes it inherently unsuitable for this type of organisation.

Social workers employed in such an organisation expressed satisfaction with their levels of decision making, autonomy and discretion.

A department operating as a professional bureaucracy can still establish its workers' accountability. There is no inevitable conflict between the professionals' need for autonomy and the agency's need for accountability.

ADDENDUM

The fieldwork involved in this research was conducted over the period autumn 1988 to summer 1992.

Since undertaking the fieldwork, the face of social work has changed as a result of a number of pressures. The same results would not necessarily be obtained in Sutton were the research to be repeated.

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APPENDIX 1: THE QUESTIONNAIRE

SECTION ONE

The questions in this section concern your work on duty. If you do not do duty, please go to section two.

1a) When you have assessed a new piece of work concerning an elderly person, where there is __no__ immediate risk, do you discuss the situation with the duty team manager:-

         i)   Every time
         ii)   Usually
         iii)   About 50:50
         iv)   Not usually
         v)   Never

1b) If/when you do discuss, is this:-

         i)   A requirement
         ii)   Your choice
         iii)   Other

Please describe your views on the situation your last two answers describe.

1c) Satisfied
      No strong view
      Dissatisfied

2a) When you have assessed a new piece of work concerning an elderly person, where there __does__ seem to be immediate risk, do you discuss the situation with the duty team manager:-

         i)   Every time
         ii)   Usually
         iii)   About 50:50
         iv)   Not usually
         v)   Never

2b) If/when you do discuss, is this:-

         i)   A requirement
         ii)   Your choice
         iii)   Other - please specify

Please describe your views on the situation your last two answers describe.

2c)   Satisfied
        No strong view
        Dissatisfied

3a)   When you have assessed a new piece of work concerning a child or family, where there is <u>no</u> immediate risk, do you discuss the situation with the duty team manager:-

    i)   Every time
    ii)   Usually
    iii)   About 50:50
    iv)   Not usually
    v)   Never

3b)   If/when you do discuss, is this:-

    i)   A requirement
    ii)   Your choice
    iii)   Other - please
               specify

Please describe your views on the situation your last two answers describe.

3c)   Satisfied
        No strong view
        Dissatisfied

4a)   When you have assessed a new piece of work concerning a child or family, where there <u>does</u> seem to be an immediate risk, do you discuss the situation with the duty team manager:-

    i)   Every time
    ii)   Usually
    iii)   About 50:50
    iv)   Not usually
    v)   Never

4b)   If/when you do discuss, is this:-

    i)   A requirement
    ii)   Your choice
    iii)   Other-specify

Please describe your views on the situation your last two answers describe.

4c)   Satisfied
     No strong view
     Dissatisfied

5)   Overall, what are your views about the requirements to consult, and the availability of consultation on duty?

     i)   Satisfied
     ii)   No Strong view
     iii)   Dissatisfied

6a)   Once you have completed a piece of work on duty, do you make a recommendation about further action:-

     i)   Every time
     ii)   Usually
     iii)   About 50:50
     iv)   Not usually
     v)   Never

6b)   If you do make recommendations, are these followed:-

     i)   Every time
     ii)   Usually
     iii)   About 50:50
     iv)   Not usually
     v)   Never

6c)   Please describe your general views on the situation your last two answers describes:-

     Satisfied
     No strong view
     Dissatisfied

SECTION TWO

These questions concern elderly clients who have been allocated to social workers.

1a)   Once you have visited an elderly client and made your assessment, do you discuss your assessment and proposed course of action with your team manager:-

i)   Every time
ii)   Usually
iii)   About 50:50
iv)   Not usually
v)   Never

1b)   If/when do you discuss, is this:-

i)   A requirement
ii)   Your choice
iii)   Other - please specify

Please describe your views on the situation your last two answers describe.

1c)   Satisfied
        No strong view
        Dissatisfied

2a)   If you do discuss your assessments with your team manager, does this change your assessment:-

i)   Every time
ii)   Usually
iii)   About 50:50
iv)   Not usually
v)   Never

Please describe your views on the situation your last two answers describe.

2b)   Satisfied
        No strong view
        Dissatisfied

3a)   Who is responsible for deciding how frequently visits should be made?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3b)   Who is responsible for deciding to arrange domiciliary services?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3c)   Who is responsible for deciding to arrange day care?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3d)   Who is responsible for deciding to arrange admission to residential accommodation?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

Please describe your views on the situation your last four answers describe.

3e)   Satisfied
        No strong view
        Dissatisfied

4a)   Do you fail to achieve the desired goals for a client because of resource shortages:-

i)   Every time
ii)   Usually
iii)   About 50:50
iv)   Not usually
v)   Never

Please describe your views on the situation your last two answers describe.

4b)   Satisfied
        No strong view
        Dissatisfied

5a)   Overall, who holds responsibility for the work undertaken with your clients:-

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

Please describe your views on the situation your last two answers describe.

5b)   Satisfied
        No strong view
        Dissatisfied

6a)   If something were to go seriously wrong with one of your cases, who do you think would "carry the can":-

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

Please describe your views on the situation your last two answers describe.

6b)   Satisfied
        No strong view
        Dissatisfied

SECTION THREE

These questions concern children/families who have been allocated to social workers.

1a)   Once you have visited a child/family where there is <u>no</u> immediate risk, and have made your assessment, do you discuss your assessment and proposed course of action with your team manager:-

i)   Every time
ii)   Usually
iii)   About 50:50
iv)   Not usually
v)   Never

1b)   If/when do you discuss, is this:-

i)   A requirement
ii)   Your choice
iii)   Other - please specify

1c)   Please describe your views on the situation your last two answers describe.

       Satisfied
       No strong view
       Dissatisfied

2a)   Once you have visited a child/family where there is reason to consider that there is immediate risk, and have made your assessment, do you discuss your assessment and proposed course of action with your team manager:-

i)   Every time
ii)   Usually
iii)   About 50:50
iv)   Not usually
v)   Never

2b)   If/when do you discuss, is this:-

i)   A requirement
ii)   Your choice
iii)   Other - please specify

2c)   Please describe your views on the situation your last two answers describe:

       Satisfied
       No strong view
       Dissatisfied

3a)   Who is responsible for deciding how frequently to visit children/families?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3b)   Who is responsible for deciding to use section 1 money?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3c)   Who is responsible for deciding to receive children into care?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3d)   Who is responsible for deciding on recommendations to courts or case conferences?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

3e)   Please describe your views on the situation your last four answers describe

        Satisfied
        No strong view
        Dissatisfied

4a)   Overall, who is responsible for the work undertaken with your clients?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

4b)   Please describe your views on the situation your answer describes

        Satisfied
        No strong view
        Dissatisfied

5a)   If something were to go seriously wrong with one of your cases, who do you think would "carry the can"?

i)   You alone
ii)   You and team manager discuss and agree this
iii)   Your team manager alone
iv)   Other - please specify

5b)   Please describe your views on the situation your answer describes

        Satisfied
        No strong view
        Dissatisfied

6a)   Do you fail to achieve the desired goals for a client because of resource shortages:-

i)   Every time
ii)   Usually
iii)   About 50:50
iv)   Not usually
v)   Never

6b)   Please describe your views on the situation your answer describes.

        Satisfied
        No strong view
        Dissatisfied

SECTION FOUR - omitted as too few respondents completed this section.

SECTION FIVE

This section concerns general departmental issues.

1a)   How much influence do you think you have on departmental policies?

i)   A great deal
ii)   Some
iii)   Very little
iv)   None

1b)   Please describe your views about your answer.

        Satisfied
        No strong view
        Dissatisfied

2a)   How much influence do you think you have on departmental priorities?

i)   A great deal
ii)   Some
iii)   Very little
iv)   none

2b) Please describe your views about your answer.

Satisfied
No strong view
Dissatisfied

3a) Generally speaking, do you think you are consulted about departmental issues:

i)   A great deal
ii)   Some
iii) Very little
iv)   none

3b) Please describe your views about your answer.

Satisfied
No strong view
Dissatisfied

Thank you for taking the time to complete this questionnaire. I will want to discuss your answers in more detail during the interview.

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

APPENDIX 2: THE INTERVIEW SCHEDULE FOR SOCIAL WORKERS

(a)   On duty, what tasks can you undertake on your own?

        Ask for examples.

(b)   What do you need to consult with the team manager about?

        At what stage in the process of assessment-decision making do you consult?

        What is the purpose of consultation, eg for permission, to clarify thoughts, for information etc?

        Why do you consult, eg because you have to, your choice, etc?

        How do you know when to consult, eg procedures, verbal instructions etc?

        Check out awareness of procedures.

        Where do the norms of behaviour come from?

        Do you get any feedback concerning consultation?

(c)   Can you tell me what part the concept of risk plays in your decision about whether to consult or not.

        Where do you get your ideas about risk from?

        Push hard!

(d)   Has the frequency with which you consult changed as you have become more experienced?

        Does this reflect the level of the interviewee?

Section 1 money.

        Whose assessment, and whose decision, and have these ever been altered by consultation?

Differences between team managers.

Supervision.

What is supervision?

        What is the purpose of supervision?

How frequent is supervision?

Whose agenda?

Does the interviewee value supervision?

Does supervision ever change an assessment or decision?

Who owns the work of social work?

The role of the child care planning process.

Accountability.

Who feels responsible?

Who is accountable?

Who would the organisation hold accountable?

Influence on departmental issues.

APPENDIX 3: THE INTERVIEW SCHEDULE FOR MANAGERS

<u>TEAM MANAGERS</u>

What is your role when acting as duty team manager?

What do social workers ask you about?

How do they know what to ask you about?

      Are there guidelines/instructions?

Do different social workers ask about different things?

      Would you expect this?

Do you think more should be delegated to social workers?

What do you talk to your service manager about?

      Are there guidelines?

What sort of response do you get from your SM?

Should more be delegated to you?

      Decisions? Resources?

<u>Supervision</u>

What is the purpose of supervision?

What actually happens in supervision?

Whose agenda is supervision?

What is your role? eg endorsing decisions, changing decisions etc.

Can you be a manager and a supervisor?

      Any problems with this?

<u>Responsibilty/accountability</u>

Who would "carry the can" if something went wrong?

      If you knew about it/didn't know about it?

SERVICE MANAGERS

An overview of your job

What is your involvement in duty?

Ongoing work?

Decisions re clients, what do you have to get involved in?

What do you get involved in?

What do social workers, team managers talk to you about?

What do you talk to AD about?

Supervision, of team manager? and of you by AD?

What do you delegate? Is it you delegating, or the organisation?

Who is responsible? Accountable?

What control do you have over resources?

Role in policy development?

Budgetary control

Where are you between practice and DMT?

DMT MEMBERS

Who is responsible for the day-to-day work?

The role of SWs, TMs, SMs?

How do social workers know when to consult?

How do social workers know about procedures?

How do you issue instructions?

What is the purpose of supervision?

How are standards maintained across the department?

(remember that TMs and SMs said they don't talk about cases)

Should you know about cases?

Rsponsibility. Accountability.

Management culture.

Policy development, who? what?

Give feedback re data from other staff. Highlight relevant issues. Get comments.