

**Innovation still needed?
Service user participation in social care services and
practice-led management**

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Abstract

This paper considers the extent to which the empowerment of service users to participate in, or become active in, the management of care services is possible without further innovation in the way services are delivered and structured. Can such innovations be successful within bureaucratic and target driven environments? To what extent can leadership based on social work and care values be part of management? Can service user voice about the management of services be sustained beyond tokenism and, if so, how? It concludes that committed and innovative management is needed and that inevitably the pivotal person may well be the first line manager.

Traditionally, management in human care services was seen as a 'top-down' activity, with the manager directing operations and making important strategic decisions for staff to implement, rather like a spider at the centre of a web of activity, controlling the whole and keeping the network together. Incrementally this view changed to one of the manager as the conductor of an orchestra who knew what was required and encouraged others to play their part to produce a coherent whole. However, studies increasingly identified more precisely how managers played a 'complex mix of personal, informational and decisional roles' (Mintzberg, 2003). These roles of managing people, managing activities, managing resources and managing information have become the core aspects of management taught and assessed on management courses and listed as competences for assessment in management awards (Martin and Henderson, 2001; Henderson and Atkinson, 2003; Seden and Reynolds, 2003).

One argument has been that 'managers manage' and that directing activities and making sure tasks are done is a discrete set of skills which does not require in-depth knowledge of the service area which the manager oversees. New Public Management initiatives attempted to introduce this model to social care services, at the same time as introducing consumerism, with the aim of reducing government spending. Management in the public sector, it was suggested, was too collegiate and too concerned with professional issues. Management would be better if there was:

A more bureaucratic model, one that placed more emphasis on standardising practice and on establishing clear performance targets for individual professionals

(Kitchener, Kirkpatrick and Whipp, 2003: 223)

However, as Kitchener et al. also identify (2003: 229) the attempt to 'subject professional work to bureaucratic regimes' met resistance in social work and allied workplaces. Managers and practitioners in social work and social care continued to argue that the empowerment values and ethics of social work and the unique characteristics of the work place, especially the sensitivities of work with vulnerable and disadvantaged groups, require a management which has direct knowledge of the business of social work and care practice.

Therefore, in the human services field, and especially in the social work and social care arena, questions have consistently been asked about how such roles are carried out in a field of practice which is concerned with the life events of other people. Complex human dilemmas form the basis of social work and care worker interactions with the public. It has therefore been argued that a management style responsive to these situations is required (Seden and Katz, 2003). Notably, the literature of 'participatory management' is influential in relation to human resources management (Pine and Healy, 2007) where the manager empowers the team to make decisions and carry them out. However, this model for participation can be hindered by other forces operating within care services. Writing of leadership and participatory management Pine and Healy (2007: 54) conclude:

This chapter has emphasised two themes: the nature and importance of leadership to the human services, and a focus on participatory models of management as particularly appropriate and effective in the social field. Participation is a model that fits with social work values and often improves service outcomes. However, it is important to acknowledge that there are forces in the current environment that may impede participation strategies and make it difficult to promote them in organizations.

In 2003, a model of management practice for a new course in ‘Managing Care’ at the Open University (Open University, 2003) conceptualised management in human care services as ‘practice-led management’ by which, drawing from a raft of previous literature and from their own research with first line managers (Henderson and Seden, 2004), the course team promoted this model for first line managers. This described a management model which:

- Grounds management activities in the complexities and realities of practice.
- Balances classical management theory, professional knowledge and practice wisdom.
- Prioritises best outcomes for service users.
- Combines the values and ethics of care with the implementation of law and policy.
- Engages with the human dilemmas and problems of care settings.
- Leads actively not reactively.
- Listens and responds to the agendas of service users and practitioners.

However in 2003, it was also clear that, as Pine and Healy suggest, there are aspects of social welfare policy which may impede such strategies. The impact of managerialism was being felt acutely in agencies. Despite the best efforts of managers who were trying to work in participatory ways, the ‘top down’ agenda for economy and efficiency implemented through the new public management, and the associated managerialism, was making it harder for social work and care professionals to preserve their professional values and autonomy while acting in management roles. This development has been written about extensively (for example, Clarke and Newman, 1997; Waine and Henderson, 2003; Dent et al., 2005; Milner and Joyce, 2005) and is summarised by Harris (2007: 20, 21) who describes the impact of private management ideas on public social services as follows:

As far as social services are concerned, the relevant dimensions of new public management are its emphasis on contracting out service delivery from the public sector to the private and voluntary sectors and applying ideas drawn from private business management that focus on securing more economic and efficient services (Hood, 1991; Karger and Stoes, 2006). Underpinning these dimensions is new public management’s privileging of managers, rather than professionals, and an insistence on manager’s ‘right to manage’ in order to improve performance and bring about change, with a ‘high degree of prominence placed upon the achievement of targets, the attainment of pre-ordained service levels and a high degree of emphasis placed upon efficiency’ (Milner and Joyce 2005, p.489

As Harris identifies (2007: 33) managerialism, taken together with the emphasis on service users as ‘customers,’ means the expectations placed upon first line managers can be both ‘inconsistent’ and ‘contradictory’. New public management has therefore been much questioned (Dent et al, 2004) and debated, as its impact on human care services can be experienced as oppressive and flying in the face of discourses of service user choice and participation. Henderson and Seden (2004) found that front line managers were struggling to reconcile the demands of centrally driven ‘top-down’ initiatives and targets with their perceived professional role of supporting staff and empowering service users. They felt that more work in implementing new initiatives was expected of the management role, and at the

same time work with service users was also changing. These comments, cited by Henderson and Seden (2004: 47) are examples of first line manager concerns:

I worry that I will lose that I came into social work for because the management task becomes so difficult (first line manager).

Keeping up with government agendas and quality standards as well as managing the work is a challenge (carer's project manager).

It's as if we're driven by a machine that actually records information at the expense of service users (first line manager).

We seem to be performance managed to death these days, rather than having realistic targets to aspire to (first line manager).

The managers were trying to practice in a 'participatory' and empowering way with their teams and service user groups, alongside the demands of implementing new policies and procedures at the same time as managing changes in the composition of teams and the means of delivering services. The managers interviewed were committed to their social work values and the drive to empower both their staff and service users, through involvement and consultation.

By 2008 it is likely that these managers will still be experiencing change in their agencies and experiencing themselves in a pivotal role between service users, their staff and their own line managers, 'the jam in the sandwich', as one manager described it. Since 2003 in all public services there has been yet more change in legislation and the environments for delivering services. In particular there has been continuing emphasis on partnerships and 'joined up' services. At the same time, issues of assessing, unmet need, intervening and allocating services in an environment of under resourcing remains core to the social work business. Managers may also have been finding that more emphasis is being placed on 'leadership' in their agencies, as literature and policy makers revisit the debate about the extent to which management and leadership are coterminous.

Pine and Healy (2007) identify situational and transformational leadership as integral to participatory management. Lawler (2007) discussing the role of leadership in social work services, suggests that it can be seen as a further development of the managerial agenda or alternatively as a factor which promotes professional autonomy and challenges managerialism. He suggests that what leadership contributes to social care settings depends on how it is understood and that this may not always be clear. He concludes therefore (2007: 137) that 'leadership' can be utilised to 'pursue different aims.' He writes:

This new leadership may be seen as an attempt to imply greater individual freedoms within a practice more constrained than before, from this perspective, leadership would thus appear increasingly constituted as a part of management rather than professional practice. There are implications for organization and practice if leadership is perceived in this way. If it is seen as an additional managerial instrument it might be met with resistance. However, if the developmental and encouraging aspects receive greater emphasis, and is seen as respecting and building on social work values and existing skill. It has a far more positive prospect.

Given the influence that managers and their management style can have on the culture and practices in their organisations, especially at team and service delivery level (Brody, 1993) it

would seem important that the practice-led and participatory manager embrace the latter style of leadership, which it can be argued derives from professional training, experience and practice.

However the contradictions of the policy climate which both constrains and presents opportunities for service user involvement in managing services remains. So, how can service user involvement in services, and the management of them, fit in with these complex and contradictory trends? The growing literature suggests that, from a service user perspective, involvement is critical, and government guidance supports this. First, service user views in children's and adults services are seen as essential in shaping and evaluating services and second, there is a strong rhetoric of service user information, consultation, participation, ownership and control in policy documents. Research studies have also documented service user views across service user groups. However there remains a long way to travel from the rhetoric to the reality when professionals remain largely (apart from moves into direct payments) in charge of financial and human resources, and are working to targets defined by government. While listening to what people say is a key feature of public policy, implementing this effectively is a complex task (Connelly and Seden, 2003).

Further, just asking service users what they want, or asking them to evaluate what they have experienced, is not the same as involving them in the active management of services. As argued by Seden and Ross (2007: 302) this move needs a change in the whole ethos and philosophy of management along more participatory lines. It will, for example, be very difficult for the concerns of service users to be effectively heard where the professional team are not already empowered by participatory management approaches at service delivery level, even though, as Pine and Healy (2007) illustrate, participatory models can be effective.

Many initiatives are already happening to make service user involvement real and meaningful, as they both participate in and shape managing services. For example, in the NHS, patient involvement in clinical governance is being considered (Sang and O'Neill, 2002). To achieve a patient centred, or service user managed, approach to delivering services requires a communicating and networking approach to management activity. In social work the lead has come from particular groups in adult services:

*In adult services, the lead has come from services created and controlled by service users, who have come to be known as 'survivors' of services (Read, 2003) and also from personal assistance schemes where individuals directly pay care workers. Additionally such 'survivors', particularly in mental health services, have taken up paid employment in the social care field. This makes them pivotal in seeing the issues, but again there are dilemmas, as Beresford and Croft (2003) comment:
... involving service users in service management needs to be approached in a holistic and strategic way. This must be recognised if broad based and systemic involvement is to be achieved. Two components seem to be essential if people are to be able to get involved effectively and if all groups are to have equal opportunities for involvement. These prerequisites are access and support. Both are needed.
(Beresford and Croft, 2003, p. 27)*

(Seden and Ross, 2007: 202)

Many questions arise about the roles of service users on management boards. Can their participation be equal if there are power imbalances? How can service users be effective unless they have both training and support, for example with child care or transport? How can service users be supported where service providers are tokenistic and exclude or sideline them

in practice, especially where their views run counter to the prevailing policy or organisational focus? Again it is difficult for managers and other professionals to achieve this, in partnership with service users, if they themselves feel disempowered by top down management styles. Often service user involvement is more effective at a local level and especially in the voluntary sector. For example:

An exercise in establishing a quality assurance system for a parent and toddler group was undertaken by a voluntary agency. The group was funded and supported by the agency but the parents attending were responsible for activities and fundraising for outings etc. so it was felt that they should participate in the exercise. Parents were asked, "What is important in deciding how good the group is?" They identified many indicators in common with staff, such as safety and good quality play, but also, based on their own experiences, highlighted the importance of the atmosphere in welcoming new people, and in making sure disabled children and their families were made to feel comfortable. As a result of this, parents wrote a 'welcome' handbook; some took on responsibility for befriending new families and undertook training in listening and helping skills. They also demanded that a member of staff was always available at sessions and that regular review meetings were held.

(Seden and Ross, 2007: 212.)

A further issue is the extent to which there is a 'glass ceiling' for service user involvement, influence or control, especially in the larger and bureaucratic organisations. Often those workers who represent service user or carer groups can feel intimidated and find it hard to have a voice in large partnership committees and structures. Therefore there has to be concern that participation, involvement and management by service users may stop at their encounter with social workers and middle managers.

At an individual level, the introduction of Direct Payments in 1997 has arguably provide the potential framework for disabled service users to participate more fully in the choice of their own care and the purchase of support. However, it has also been the case that the take up of Direct Payments has been patchy and may have been used primarily by the most articulate and advantaged users of services (Leece and Leece, 2006). Nonetheless, this initiative and the emergence of 'individual budgets' to pay for care and support offer models of devolution of resources to service users which may have increased flexibility and widened the scope for service user management of services. This level of participation, which may be a variant of consumerism, allows for a participative approach based on individualism which stands in operational parallel to the collective approaches also mentioned in this paper. Person centred planning for learning disabled (an other) people, perhaps operating independently of the public sector, will need a culture which:

Includes the importance of valuing staff as well as service users, the devolution of resources and responsibilities through non hierarchical management, the promotion of competence through staff training and development and the promotion of communication through advocacy and systems of total communication

(Cambridge, 2008: 101)

For management, whatever the model used to promote service user choice and participation with any service user group, the message and challenge remains the same, creating an effective non-hierarchical model of management, which takes account of the values of social work and the views of service users in needed, a practice-led management.

Conclusion

This paper has outlined some of the contradictory trends in management in social care services which impact on the participation of service users, and professional and first line managers, in decision making and activities. It has argued that participatory and practice-led approaches to management and leadership are more likely to result in effective service user participation than other models. In a managerialist environment, first line managers find themselves at the critical interface between senior management, practitioners and service users, and many have become effective at juggling these separate strands of activity which are impacting on their workplaces. There is no reason why practice-led and participatory management cannot continue to be attempted within broadly managerial contexts. Given the varied training that managers in social care settings experience, or indeed the lack of it, a mixed economy of management and leadership style is inevitable.

The challenge for those managers who take seriously the involvement of service user perspectives and contributions is to analyse the opportunities and constraints in their own situation and then plan for change. Knowledge of the particular environment can be taken together with knowledge from the literature being developed by academics, practitioners and service user groups who are developing ways of achieving service user participation and leadership which is effective. There are examples of models from experience, for example Pine and Healy (2007). Seden and Ross (2007) suggest from their study of practices in various family support settings (where attempts were made to make information, consultation and participation and user-control of service provision a reality) that if service users are to be active in managing services the following is helpful:

- *A consultative, participative, model of management, which is 'bottom-up' not just 'top-down', is essential, both within the particular setting and within other organizations to which it relates;*
- *Time is needed to consider roles and responsibilities carefully and to discuss and explore them.*
- *Support and training will be needed.*
- *Dilemmas and challenges are inevitable and need care, commitment and flexibility.*
- *The desirability of service users being active in management is clear, but there are pitfalls caused by power imbalances that cannot be ignored or underestimated – rather they are to be acknowledged and 'worked with'.*
- *The danger of rhetoric without reality, and tokenism, is ever present, and has to be constantly under review.*
- *Working models for service user activity need to be robust, but subject to constant revision, and there is no neat pro-forma approach.*
- *Communication that is open, honest, and at levels where both parents and paid staff can make sense of it, is the bedrock of practice. Working out a mutual sense of meaning and purpose, where understandings are frequently checked out, is needed to make partnership work.*

However, there remains plenty of scope for further innovation, in addition to the literature and developments in practice. There is also a need for further awareness raising and lobbying. One way forward may be that suggested by Postle and Beresford (2007: 155) to help people themselves achieve change and not do it for them, through connecting discourse of growth and change in user involvement with those of political participation:

By helping groups of people using services to build their capacity, social workers can work in emancipatory ways which have the potential for empowerment.

Frontline workers in their turn need to be empowered by their frontline managers to work for social justice within welfare structures. There is a developing literature for empowering and participatory management in social work and care services but much effort is needed to keep that alive in managerialist contexts. This includes the development of individualised care plans and individual budgets.

Perhaps one of the positive outcomes of new public management is that it has, by putting certain constraints and targets around social work and care activity, defined for many managers the differences between participatory and non participatory approaches to delivering services. By creating tensions and dilemmas for managers it has perhaps also enabled them to defend their social work values, professional autonomy and ability to innovate.

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