

1 THE LEADERSHIP AND MANAGEMENT OF LEARNING

This chapter explores:

- The policy context for workforce development in social care
 - The importance of the role of managers in social care in promoting professional and organizational learning
 - Theories about leadership and its contribution to developing a culture of learning in social care
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INTRODUCTION

In this first chapter, we will be setting the scene for the key topics explored throughout the rest of this book. The management literature has long established the importance of employee development as a managerial responsibility. However, some research indicates that few managers actually regard themselves as a key person responsible for facilitating learning (Ellinger and Bostrom, 2002). This may be because managers either lack skills in this area or perceive staff development to be a distraction from the 'real' work. Managers are often not rewarded or recognized for staff development activities or it is assumed that this is the sole responsibility of staff in their human resource or training departments. Arguably, all workers in health and social care have at least two learning related roles: first, in managing and engaging in their own learning, and secondly, in supporting the learning of others (Eraut, 2006). While managers would appear to have more direct responsibilities for managing the learning of others, we must also recognize that most learning is an important, albeit unrecognized, by-product of work itself and is the essence of professionalism. We know, for example, that only an estimated 20% of all learning achieved and relevant to the jobs that professionals and individuals do in social care occurs in formal educational and training settings. This leaves approximately 80% of

learning occurring in more informal ways (Eraut, 2006). These informal learning opportunities are in the majority work-based, largely unmonitored and not fully researched and the role of managers in capitalizing on this is crucial (Bryans and Mavin, 2003).

Any discussion about the leadership and management of learning has to recognize the importance of establishing a positive culture and how the quality of experiences for those working in social care environments are inevitably connected to learning, continuous professional development and effective change management. For example, addressing discrimination and promoting equality and diversity in workforce development is one important area within change management where solutions might not be clear-cut but have to be strongly connected to policy objectives and strategic actions. Attention to the pros and cons of the repertoire of diversity promotion strategies using learning and organizational development techniques is one step to promoting diversity (Butt, 2006). Secondly, current and future social, political and organizational contexts for practice are leading to significant changes in the employment conditions in social work and social care. These conditions are likely to become more fragmented and simultaneous with the demand to deliver more coherent, consistent and systematic approaches to high-quality services against clearly defined national service outcomes (Fook, 2004; Association of Directors of Social Services, 2005). Taking into account contemporary changes in both children and adult services at the time of writing (Department of Health, 2004a, 2005a) and other areas of the social inclusion agenda, it appears no longer possible to derive a long-term sense of professional identity from working within one particular organizational setting. The structure, and hence the culture, of organizations delivering social care services will inevitably change and evolve on a continuous basis. This raises questions about how we might learn to develop and reframe the essential skills, knowledge and values of social care to meet the demands of an also increasingly regulated and constantly changing environment. This must also be done in a way that suits or can be adaptable to other contexts when necessary. For example within interprofessional relationships and service delivery.

Throughout this text we will be constantly referring to the importance of evidence-based practice and practice wisdom and particularly how these and other forms of knowledge can be managed and utilized in social care. Partnership working is a constantly reiterated theme in public services and any strategy to promote partnerships at the strategic and local level has to recognize active support for learning alongside this.

The study of leadership and leadership development is based, as we will see in the latter part of this chapter, on the idea that public service leaders help to create and realize possibilities for the twenty-first

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century and that organizational learning and adaptation are part and parcel of any management development strategy (Skills for Care, 2005b). We are not suggesting here that attention to the leadership of learning can be made solely responsible for controlling or monitoring all the details of practice in an organization. If you are an educator, then you will recognize this common expectation from people towards your role in the organization, which carries with it an unspoken assumption that training can offer solutions to many dilemmas in practice. On the contrary, it will be asserted throughout this book that managers and leaders of learning themselves have a specific and integral role in enabling professionals and practitioners to think and act creatively and flexibly so that they can adapt their own abilities and take direct responsibility for developing and improving practice. It is also almost inconceivable to imagine that leadership development can evolve without the active participation of users in leadership and improving the lives of people who use social care services. The promotion of user participation and the role of users in facilitating learning through awareness, reflection drawing upon evidence, partnership working and evaluation is essential. In summary, while this text is aimed at managers and people with specific roles for learning and organizational development, this is a facilitative and partnership process. Predicting change in order to position your organization and the individuals within it to meet potential demands requires *everyone* to understand and engage in the process of individual as well as institutional learning. We will be drawing attention to the creation of learning opportunities and the use of supervision, appraisal and team work within 'communities of practice', while at the same time we will be looking at the more practical aspects of assessing work-based learning and the use of coaching and mentoring techniques.

In conclusion, learning within the organizational context implies approaches that include collaboration, interdependence and independence between those involved inspired by leadership. Before turning to look at how leadership theories can help us in this endeavour, we will first examine the policy context for workforce development in social care and the key principles underpinning these.

WORKFORCE DEVELOPMENT IN SOCIAL CARE

Social work and social care are a major enterprise in the UK with around £12 billion expenditure and a workforce of over one million

(Skills for Care, 2005a). Marsh et al. (2005) go further to state that it also plays a key role in fostering social coherence and represents a major commitment to a socially just society. Yet it is only since the turn of the twenty-first century that any real active scrutiny of who was working in the workforce as a whole, their backgrounds, skills, knowledge and training took place (TOPSS, 2000), resulting in the development of organizations such as Skills for Care (SfC) and the Children's Workforce Development Council (CWDC) to manage and oversee these strategic developments on behalf of the government. Across health and social care, the government and its employers have been working towards the development of an approach to a workforce strategy that promotes the well-being of users and ensures the best outcomes in their care and support. Irrespective of their employing organizational or professional position, staff will need to share a set of competencies so that workforce planning across all services is linked to improving services and allows for progression and transfer of staff as these develop. Finally, a coherent workforce development strategy is needed that it is supportive of the implementation of improved services (Skills for Care, 2005a).

The Modernizing Social Services agenda (Department of Health, 1998) sought to raise the quality of service outcomes through increased regulation and integration of social care services. All service areas have since felt the impact of the government's agenda and target setting to improve standards in the workforce through increased quality, inspection and regulation. Because attaining higher-quality outcomes for users is related to the better training of those delivering services, a parallel agenda has sought to raise the quality of education and training through more rigorous regulation of the workforce. There have been a number of policy drivers and initiatives since the first National Training Strategy was developed by the Training Organization in Personal Social Services (TOPSS, 2000) to achieve this. Research has documented that 80% of the one million people working in social care, while working face to face with vulnerable people, had no recognized qualifications. The National Training Strategy (Department of Health, 2000) aimed to give a new status to those working in social care which fits the work that they do. As illustrated in Figure 1.1, a network and infrastructure of national stakeholders in workforce development have since combined to support workforce development across the sector and have developed different roles in setting quality standards, for example, through legislation, national service frameworks, a coherent qualifications framework, and the process of regulation, inspection and quality assurance in social care.

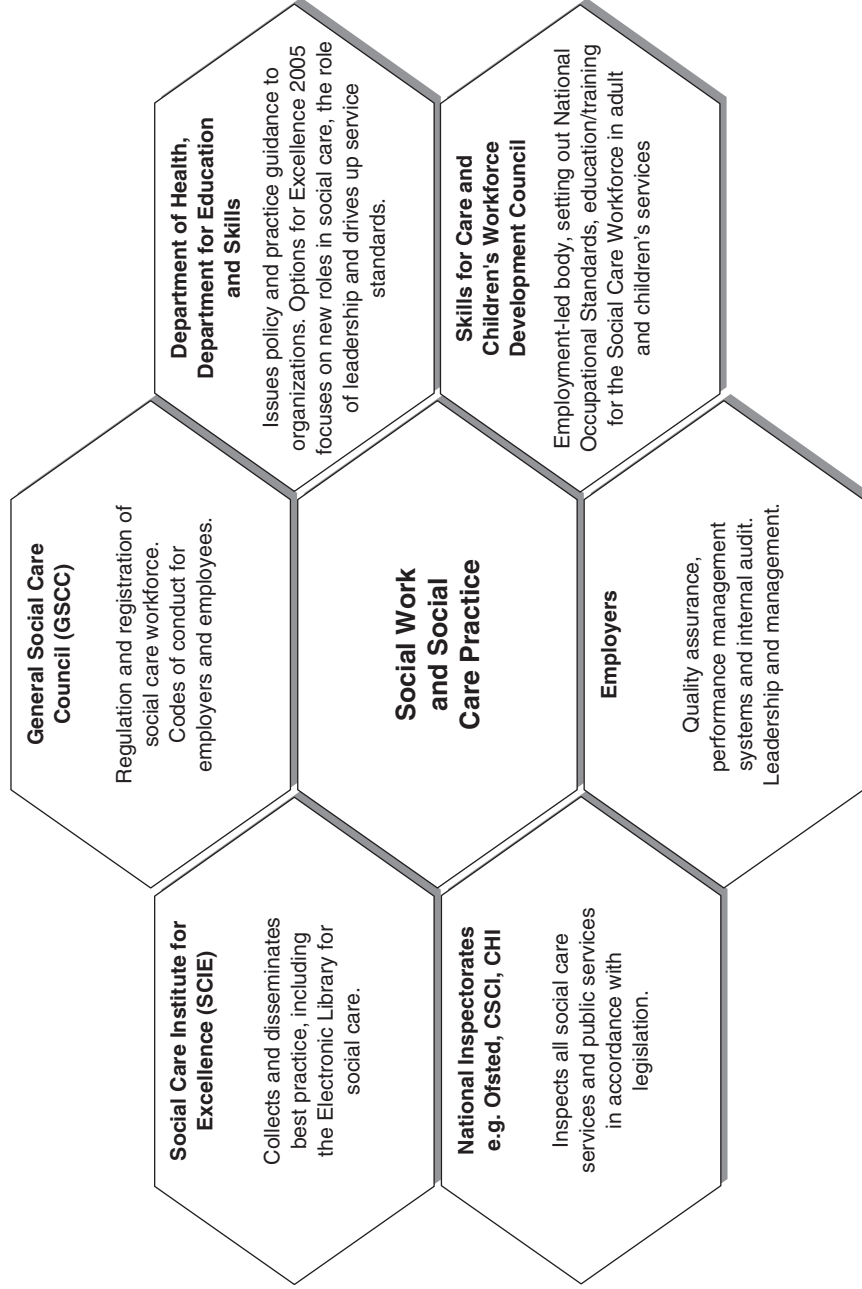


Figure 1.1 Key agencies and bodies impacting on learning in social care

Source: Hafford-Letchfield (2006: 44) Reproduced with kind permission from Learning Matters

As established earlier, learning is very much linked to change management and therefore people who understand how to facilitate learning can make an important contribution to the change process. Actively managing learning is also a way of ensuring a balance as well as a match between the needs of professionals with the goals of the employing organization. To achieve this, it is absolutely imperative that there is a close relationship between managers and those involved in learning which is mirrored throughout the organization. To achieve the dramatic step changes as well as the small day-to-day changes to meet the needs for new approaches to services, learning should be understood as more than just as a series of technical processes and issues. It must be supported by a range of other activities, such as supervision, appraisal systems, external and internal training programmes, and the use of reflective learning models, reflective practice and experiential learning are equally important. We will be exploring these more tangible aspects of learning in later chapters of this book.

Paragraph 3 of the GSCC code for employers states:

As a social care employer, you must provide training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge. This includes providing induction, training and development opportunities to help social care workers do their jobs effectively and prepare for new and changing roles and responsibilities. (www.gsccl.or.uk/codes_practice.htm)

This responsibility is linked to workforce development planning that is essential for effective organizational learning. The key components of such a plan include:

- A vision for the organization
- How the organization proposes to meet national targets and its own aspirations
- A clarity about access to opportunities which addresses equalities issues
- Definition of training partnership opportunities
- Clarity about the organisation's training priorities in the context of service requirements
- Expectations about the individual learner's contribution and responsibilities;
- Cost analysis inclusive of indirect or hidden costs
- Support structure for learners
- Underpinning accurate data, both local and national
- How movement towards development through knowledge management, practice/evidence-based training, mentoring and coaching is going to be achieved

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- Strategy for investing in training social workers
- Plan for quantifying and meeting practice learning requirements. (Association of Directors of Social Services, nd: 21)

At the time of writing, some of the most significant achievements in workforce development have been the establishment of induction systems for all new staff and the setting of targets for learning, for example vocational and professional standards, including making social work education based on a degree with a new structure for post-qualifying awards for social work. A number of strategic bodies have been established nationally and regionally which are employer-led in the form of regional planning committees and learning resource centres to take these strategies forward. These aim to facilitate networks between employers, government bodies, commissioners and education and learning providers, and set targets for performance and monitor progress. Improved workforce intelligence and collection of minimum data sets for agencies where social care is provided has meant that there is an acceptance by the sector that it needs to establish and maintain a competent workforce which requires excellence in leadership and management linked to how services should be delivered.

However, the recruitment, retention and ongoing development of the social care workforce continues to be an enormous challenge fraught with difficulties and constrained by inadequate resources to realize this. Improving recruitment into social work, for example, needs a genuine commitment to enhancing the status of the profession, which in turn requires that government policies and public attitudes also reflect an ethical and positive approach to the sections of our society with whom social workers engage. McLenachan (2006) points out that this does not always occur in the context of campaigns and policies that marginalize and criminalize those in need of guidance, support and the resources to enable them to lead worthwhile, valued and independent lives. McLenachan cites the changing nature of the workforce as another key factor where discrepancies in pay and status have been highlighted by social workers within interprofessional teams, who feel that 'the professional status of the social work role is less valued and respected' (2006: unpagged). Strategies to enhance social work recruitment and retention therefore need to reflect the nature of the settings in which social workers now function and ensure that there is parity between professionals, in terms of pay, status and recognition.

In July 2005, the government announced a review of the social care workforce in England to be led jointly by the Department for Education and Skills (DfES) and the Department of Health (DH) to draw together

different strands of work in workforce development. The resulting *Options for Excellence* review (Department of Health and Department for Education and Skills, 2006) made recommendations to increase the supply of all workers within the sector, such as domiciliary care workers, residential care workers, social workers and occupational therapists. It also looked at measures to tackle recruitment and retention issues, improve the quality of social care practice, define the role of social workers (including training and skill requirements), and to develop a vision for the social care workforce in 2020 and a socio-economic case for improvements and investment in the workforce. Evidence gathered for this report suggested that a continuing high vacancy rate in social care included poor perception of those working in social care and a lack of quality career advice. The highest vacancy rate in social care was found in children's homes (15.1%) and in care staff in homes for adults with physical disabilities, mental health and learning difficulties (13.2%). Vacancy rates in social care doubles that of all types of industrial, commercial and public services employment, including teaching and nursing, yet demographic trends suggest that demands for social care staff will increase by 25% to meet projections for 2020.

To address these challenges, the government has identified a number of key priorities which will subsequently be addressed in the topics within this text:

- Appropriate support not only for new workers, but also for leaders and managers, in a way which values and shows commitment to their roles.
- Support for continuous professional development to enhance career progression. This support should be focused on practice-based learning and should not just be provided for professionals who require ongoing training to renew their registration.
- Career development and progression opportunities in addition to management ones with supported training programmes and induction.
- Effective supervision and systems for workload management as the norm. This is felt to be important in reducing absence brought about by stress and sickness and for improving staff retention.
- Leadership and management development strategies, including for those working in smaller organizations.
- The improvement of human resource management, for example through developing 'growing your own' initiatives.
- Following on from the Laming Report (2003) into the death of Victoria Climbié, the importance of drawing up clear lines of accountability and management to define roles and to avoid negative outcomes.

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- Extending registration to increase the accountability and professionalism of the social care workforce.
- Using commissioning as a tool to raise quality in the social care workforce. This should include ways of improving the skills of commissioners themselves so they can focus on outcomes of commissioning and workforce quality as part of the commissioning process. (Department of Health and Department for Education and Skills, 2006: 18)

How far these recommendations filter down to your direct workplace and impact on your own roles within the teams and services you work in will be discussed in more detail later on. In the meantime, we will now look at the role of formal learning as one of the many initiatives with human resource management strategies, starting with an overview of the National Occupational Standards and the national qualifications framework.

NATIONAL OCCUPATIONAL STANDARDS AND THE QUALIFICATIONS FRAMEWORK

National Occupational Standards (NOS) were designed to describe best practice in social care by bringing together the minimum skills, knowledge and values for each service area and level of employment within the social care workforce. NOS are used as benchmarks for learning within National Vocational Qualifications, (NVQs), the social work degree, and post-qualifying (PQ) awards as well in defining work roles and benchmarks for staff recruitment, supervision and appraisal. This process has enabled the development of a national qualifications framework, which is understood by and relevant to all staff and employers in social care. This framework ensures that employees are trained and developed as 'fit for purpose', and that they hold a portable, transferable and nationally recognizable qualification. This should prove effective in promoting career progression for moving into more advanced practice and across related occupations or working with specific service user groups.

Likewise, national leadership and management standards and social work post-qualifying awards at higher specialist and advanced levels have been instrumental in mapping the required competences for managers across all social care services linked to best or desirable practice (Skills for Care, 2004) (see Box 1.1). This qualification strategy is designed to support the expansion and coordination of integrated service delivery and you should make sure that you are familiar with the NOS that is relevant to your own service and the skills and competences that your staff need to develop to meet them.

BOX 1.1 THE PQ FRAMEWORK (GSCC, 2005A)



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This approach to developing staff focuses on the specific tasks done by staff and equips them with the technical competencies they need to perform to the required national minimum standards. One criticism of this approach is that it is highly instrumental, mechanistic and managerial (Jordan and Jordan, 2002). In relation to social work, for example, Jordan and Jordan (2002) suggest that state intervention via regulation and enforced mandates for education and training has the potential to reduce the scope for professional judgement or experienced creativity. A number of uncritical assumptions are thus concealed about how individuals learn and the resources available within an area with such specific competencies for training and assessment specific to each level. This can result in a hierarchy of roles and tasks connected with care and its management. A taken-for-granted approach in which awarding bodies and curriculum development authorities identify appropriate occupational skills and standards and train people in competencies appropriate to their work can amount to a general philosophy of how social care should be regulated. Jordan and Jordon (2002: 129) states that where this is seldom questioned, it forms an inappropriate basis for learning and does not address the need for more adaptable and effective practice.

The emphasis on developing specific occupational standards for specific roles has also diverted attention from the issue of the transferability of knowledge and skills which is an essential and valuable tool for employability in new roles as future practice develops. For example, in 2005, the Children's Workforce Development Council (CWDC) and Skills for Care launched a 'Sector Qualifications Strategy' which specifies the current and future qualifications (Department for Education and Skills, 2005b) and broader achievements needed by the sector to respond to the whole systems approach to meeting children's needs within *Every Child Matters* (Department fo Health, 2003). While this is progressive, it will require much information, analysis and activity by the organizations involved to examine what it means to be 'occupationally qualified' and to be effective in meeting the seven outcomes for all children's services. Equally problematic is how people following vocational qualifications will acquire the necessary knowledge base to develop their practice, since vocational qualifications have tended to be seen as performance assessment systems, rather than learning and teaching systems (Higham et al., 2001) and highlights the need for a model of learning which promotes partnership between academic and vocational awards within a skills escalator approach (Department of Health, 2002b).

BOX 1.2 REFLECTION BREAK

How far do you agree with the above critique and how successful do you think that learning using competences and the above type of task-specific model has been in improving standards or generating more reliable or flexible forms of care and support services?

As we have seen, broad changes in the economic, social and political context of social care inevitably requires specific changes in both the labour market and notions of occupations, professional expertise and education and training for the parallel transformation of social care. It is therefore crucial that, if professions are to survive and change in the current climate, those affected and those responsible for leading learning understand the nature of the changes that are occurring. We have seen above that as services become more fragmented, intensified and specialist, professional practice may become more programme-based. This may result in skills and knowledge becoming conceptualized in relation to specific services, rather than in terms of generic professional orientations (Fook et al., 2000). Primary responsibility for educating and training its workforce lies with employers who work closely with its partner agencies, sectors and organizations. Within the organizational context, employer and employee responsibility for training and development lies at all levels within social care organizations: for example at a strategic level, to devise an appropriate staff development strategy; at an operational level, where line managers have a responsibility for identifying staff development needs, plan how they should be met and take responsibility for implementing and evaluating the action arising from the plan; and finally at an individual level, staff must also play an active part in their own training and development.

According to Gould (2000), at the heart of organizational theory is the problematic concept of learning: what it means, how it relates to organizational structure and behaviour, and whether there are any real differences between the concept of 'organizational learning', defined as the processes through which learning takes place, and 'the learning organization', defined as the characteristic of an organization that learns. Gould identified the two fundamental premises underpinning these concepts. First, that individual learning is a necessary but not sufficient condition for organizational learning. Secondly, that the learning experience is more pervasive and takes place across multiple levels within the organization. We will be exploring these ideas further in Chapter 2.

THE ROLE OF MANAGER IN DEVELOPING THE SOCIAL CARE WORKFORCE

We referred earlier to the many issues affecting recruitment and retention of staff in social care organizations (Skills for Care, 2005a). We also saw from some of the recommendations coming out of the *Options for Excellence* report (Department of Health, and Department for Education and Skills, 2006) a clear indication for the role of managers in providing quality support to staff and users as key to taking this forward. According to one study done by the Audit Commission (2002a), quality support should incorporate five core characteristics: consistency and fairness; acceptance and respect; integrity and honesty; reliability and trustworthiness; empathy and understanding. Managers at all levels need to continue to develop greater levels of skills, including new ones, supported by a management development strategy, to respond to the changing policy environment within which social care is delivered. Likewise, practitioners need to be able to confront and engage in day-to-day dilemmas to avoid demoralization caused by constant organizational upheaval and to manage conflict effectively (LyMBERY, 2004). The government's vision for social care requires a major culture and mind-set shifts from the social care workforce so that empowering and partnership approaches can be developed. As stated earlier, these shifts will lead to the relocation of many social work functions and joining together of social care with other agencies, namely education, health, housing, criminal justice and the independent sector, and are powerful factors currently impacting on learning cultures. The development of evidence-based practice in social work and social care has also been seen as a means of shaping interventions and the modernization of social care (Marsh et al., 2005).

Underlying this development is the assumption that the best quality evidence for practice is easily available and applicable to different settings. However, this concept needs to be carefully examined given the highly mechanistic and bureaucratic procedures that exist within some organizations delivering social care (Dominelli, 2002). As we will see in Chapter 3, there is a plethora of different organizations and stakeholders involved in its planning, delivery and regulation as well as in the support of social care education. As a result, learning and development can be confusing and piecemeal. Secondly, in order to be of maximum value, learning has to be managed and properly resourced. Eraut's (2004: 111) exploration of whether 'we are learning to change or changing to learn' highlights how the change process often tends to be regarded as a political and administrative process rather than as a learning process in itself. Less attention is therefore given by managers in learning how to facilitate change through the many different clusters

of activities for which they are responsible. Employee development is but just one of the activities and is not always at the top of a manager's agenda or a priority in change management. In conclusion, strong managerial, professional and political leadership is needed to reassert the central importance of learning in social work and social care practice and is often cited as a key determinant of high-performing organizations (Skills for Care, 2004). At both a national and local level this will also be based on power sharing with users and carers (SCIE, 2005).

The leadership of learning is a complex activity which involves those responsible being able to navigate through overwhelming demands for learning as well as unlearning knowledge and skills because of new developments or changes in the organization or wider social policy environment. These learning curves or 'rollercoaster' experiences are an inevitable part of professional life for which managers and staff are not always adequately prepared. It has been shown, however, that managers who use a wide range of leader behaviours are viewed as more effective than those who use a more limited range (Ahearn et al., 2004). To illustrate this, we will now turn to look at theories of management and leadership in order to familiarize ourselves what is meant by these terms and what leadership as a concept can offer to learning in social care.

WHAT DO WE MEAN BY MANAGEMENT AND LEADERSHIP IN SOCIAL CARE?

If leadership is a key to improving organizational performance, then by implication, leadership development within organizations responsible for delivering social care services is equally critical. An overview of the generic literature on leadership shows that while leadership and management are often linked together, there has been a growing interest in *leadership* as opposed to *management* (Ribbins, 2004) and there are literally thousands of studies presenting various viewpoints and definitions of leadership (Clegg et al., 2005). Considering the relevance of classic leadership theories and their transferability to the context of social care can be useful to help us understand how leaders think and act. At face value, leadership appears to be a simple sphere of interest, but we will see when we review the different leadership theories that confusion and contradictions arise from differences of opinion about what leadership is and how useful it is as a concept. Nor is the implicit assumption that leadership is an important component of organizational performance necessarily substantiated by empirical evidence (Lumby et al., 2005: 12). Leadership has been studied from a variety of perspectives, including the different traits, behaviours and situations

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that inform leadership theories and the development of concepts such as *transformational* and *charismatic* leadership. So let's start by having a look at how useful these theories and concepts are to us in the social care context.

THEORIES ABOUT LEADERSHIP

TRAIT THEORIES

Ideas about leadership put forward by trait theorists originated from a series of psychological studies which identified certain characteristics, qualities and attributes in people based on physical, psychological and demographic variables such as gender, ethnicity, intelligence or personality. Critiques of this approach contest the idea that some people are superior or possess inherent leadership traits. Instead, they argue that emergent leaders are the product of other influences, such as the norms and culture of an organization. Further, the failure to recognize these other influences can lead to discriminatory practices in leadership development and through the impact of leadership itself. In social care there are many studies highlighting the institutional effects of certain types of leadership, particularly higher up in the organization hierarchy (Liff and Dale, 1994; Davidson, 1997; IDeA, 2004). Barker (1997) suggests that leadership development should be based on the relationships that occur within the leadership situation in response to particular issues or challenges, implying a form of leadership which is more context-specific and situational. For example, a leadership role might be taken by a person progressing an improvement or change in response to legislation or feedback from users and carers and builds on the recognition of their expertise, experience or interests as well as the need to drive or implement significant change. Therefore the characteristics of a leader might emerge as a result of an individual's opportunities, experiences and behaviour rather than from an inherent ability or natural flair, as the case study in Box 1.3 illustrates.

BOX 1.3 LEADERSHIP AND DIVERSITY – A CASE STUDY

The Improvement and Development Agency (IDeA) commissioned a study to examine the career prospects of different groups of people working in local government. It sought to find out why some groups were under-represented at senior levels of management and the nature of any discrimination experienced. A survey of more than 10,000 white, black and minority ethnic male, female, disabled and non-disabled managers asked

(Continued)

them about their level of education, career satisfaction, level of supervisory support, access to training and development, the quality of feedback offered to them, their interaction with colleagues and whether they felt included at work, and their desire for career progression, among other aspects of their jobs.

Findings found that white males were significantly more likely to have a professional qualification or undergraduate degree. Black and minority ethnic managers were found to be generally better educated academically. As with female managers, they were more likely to have obtained a master's degree. However, they received less supervisory support, training and development opportunities and high-quality feedback than white managers. They also believed that despite their abilities, they would not be given leadership responsibility without appealing to those in positions of power. Female managers were found to be at a lower level of management overall than male managers, despite the fact that they were significantly more likely to engage in a variety of career strategy behaviours. Disabled managers did not exhibit any greater or lesser interest in progressing within their organization compared to non-disabled managers, yet they were also at a lower level of management overall.

The findings conclude that diverse groups of managers will continue to face barriers to their career progression until organizations effectively commit to managing diversity fairly and consistently.

Source: iDeA (2004)

BEHAVIOURIST THEORIES

The behaviourist school have studied behaviours exhibited by leaders and suggested that styles of leadership can be adopted based on two key underlying behaviours: first, an orientation or concern towards people which builds on developing good communication, interaction and relationships with others; and secondly, an emphasis on the task at hand, or to the more 'technical' side of work. Blake and Mouton (1985) note how leaders' behaviours are ranked according to these two dimensions. Depending on whether one is more focused on concern for *people* or *production*, this then determines whether one is an *employee* or *job-centred* leader. These two styles can be adjusted depending on the requirements of the situation and can contain extreme, middle-of-the-road or maintenance positions. The origins of debate about managerialism in social care, which emerged through the 1980 and 1990s, illustrate these tensions.

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Managerialism is led by the belief that efficiency, value for money and getting more from less could also be delivered by stressing the customer or consumerist approaches to social care within a strong hierarchy and performance management culture (Dominelli, 2002; Harlow, 2004). Managerialist approaches value the knowledge and expertise of management itself, which dominates and supersedes professional expertise or specialist knowledge and practice. Likewise, professional staff are expected to take on more managerial-like tasks within the organization. Management in the personal social services has always been unique through its emphasis on human relationship issues and its tradition of supervision, care for staff and more cooperative or humanistic approaches. According to Walton (2005: 598), managerialist approaches are more preoccupied with tasks such as 'drafting specifications and contracts for commissioned services, overseeing and monitoring contracts, providing a wide range of additional information for audit, inspection and central government, drafting proposals for targeted allocations from central government for diverse projects and services and managing budgets'. These approaches can significantly divert staff away from a more unique approach necessary for effective social care. Within this context it is not surprising that managers have little time for learning and staff development.

Behaviourist theorists on leadership also draw on theories of motivation and stress the importance of recognizing motivational factors which underline the way in which employees relate to the vision, values and goals of the organizations in which they work. McGregor's theory of X and Y management contrasted two assumptions about what motivates people at work (McGregor, 1960). Theory X assumes that people inherently dislike working requiring leaders (who are usually remote) to take decisions, be directive and control those involved. Managers subscribing to Theory Y, however, assumes that people enjoy being given responsibility, are self-directive and that the role of leaders is to facilitate and collaborate with them. These contrasting approaches can be observed in the tensions experienced between central control and local decision making in social care organizations today and represent one of the features of how we might experience opposing styles in leadership and the different organizational cultural contexts for learning.

SITUATIONAL AND CONTINGENCY THEORIES

When discussing the notion of effective or ineffective leadership in social care, we often refer to the influence of social, political and economic contexts in which leadership develops, and this is where situational and contingency theories can help. Situational theorists believe

that leadership emerges in certain situations, such as a crisis or event where leadership is required. Underlying contingency theory is the notion that leadership is all about being able to adapt and be flexible to ever-changing situations and contexts, and this focuses more on the interactions between those that lead and those that follow. Adair (1983) believed that a leader also has to balance three different needs in approaching a task: the needs of the task itself, the needs of the group or team working on the task and the needs of the individuals within the group. Attention to detail within all three aspects should help leaders structure their approach to a new situation and do a thorough job.

Contingency leadership theories have made an important contribution to the evolution of leadership theory and can easily transfer to the social care arena. Contingency theory takes into account the *context* of leading and the nature of the work being led. It considers the internal working environment and the external economic and social environment (House, 1995). A perspective shared by many organizational theorists is that work environments are inherently political. The acquisition of 'political skills' will help managers become more adept at using their interpersonal and information management skills to more positive effect (Ahearn et al., 2004). Mintzberg (1985) defines political skills as the ability to effectively understand others at work, and to use such knowledge to influence others to act in ways than enhance one's personal and/or organizational objectives. By working with and through others, managers can become more effective at networking, coalition building, and creating social capital. Leaders who network are therefore in a better position to secure more resources for their units and are more valued by their teams. Their accumulation of friendships, connections and alliances allow them to leverage this social capital to then facilitate change within a climate that encourages learning for service improvement (House, 1995).

MODERNIST AND POSTMODERNIST LEADERSHIP THEORIES

More recently, the whole notion of leadership has been critically questioned and challenged by arguing that there is no such thing as leadership *per se*. Leadership is perceived as a socially constructed concept which only exists in accordance with what people within an organization perceive it to be (Boje and Dennehey, 1999). In social care, substitutes for leadership can be found in one's professional experience. Professionals who possess a high level of expertise are one of several members of a team who may be involved in decision making, goal setting, performance measurement and evaluation, and will hold responsibilities for determining the way in which issues are dealt with in an organization.

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Therefore, leadership is less likely to be prominent in situations where there are high levels of trust, shared responsibility, interdependence and support, and likewise in jobs with highly formalized and routinized procedures where people work with less supervision and support.

Some of these ideas are strongly related to the notion of empowerment in social care and originate from social democratic practice and anti-discriminatory and anti-oppressive practice which aim at enabling people to overcome barriers in achieving life objectives and to gain access to the support they need (Payne, 2005: 295). These ideas are also in tune with the principles of lifelong learning. As a real substitute for leadership, the process of empowerment enables steps to be taken to address the power inequality inherent in subordination. For example, many practitioners develop strong professional relationships of mutual trust with some of their colleagues. These relationships contribute to their professional identities, provide important emotional support and lead to considerable informal mutual learning (Eraut, 2006).

Empowering managers will be concerned with motivating individuals and teams to achieve more towards organizational objectives by granting them greater independence from managerial control. This is not an easy concept to promote within the public sector, where legislative and regulatory responsibilities can take precedence. A true learning climate is one where managers' primary task is to facilitate experimentation from experience. Mistakes are allowed and there is no such thing as a failure. However, in health and social care we have many examples from extensive public inquiries and media criticism where a blame culture emerges. This inhibits openness, risk taking and the ongoing reflection necessary for learning and communicating this vision to others. Allowing people or professionals to participate in planning, through representative consultations and mutual self-help using empowerment, will inevitably lower their reliance on or need for leadership. In this scenario, boundaries between leaders and followers become blurred and leadership skills and responsibilities are dispersed or shared throughout an organization. Emphasis is instead placed upon the *process* of leadership as an alternative to the attributes or style of one particular person or persons. These are concepts that we will build on throughout this text, particularly in relation to service users as leaders and the leadership of staff in developing others within the workplace environment.

DISPERSED OR DISTRIBUTED LEADERSHIP

This leads us to consider the theory of dispersed or distributed leadership, where leadership is described as an entity shared through the

organization and is an idea that continues to gain interest and validity in postmodernist thought (Boje and Dennehey, 1999). In theoretical terms, distributed leadership means that multiple sources of guidance and direction, related to the expertise in an organization, are made coherent through a common culture. This type of leadership may lend itself or be an aspiration in some social care organizations, where tasks and goals are shared and based on a common framework of values and where the members of the organization work together to pool their expertise. Essentially, it is defined as leadership which 'concentrates on engaging expertise wherever it exists within the organization rather than seeking this only through formal position or role' (Harris, 2003: 13).

Distributed leadership is therefore largely equated with team working and collaboration. It can contribute towards an ideal culture for learning and is strongly influenced by the professional cultures and subcultures which have helped to shape each practitioner's identity and the organizational or departmental cultures in which the team is situated (Eraut, 2006). It is often enacted as a distribution of responsibilities to meet operational needs rather than as an aspiration to the distribution of power in itself. Size and complexity of an organization may be one factor which affects its ability to distribute leadership effectively. If you are not familiar with the concept of organizational culture, this can be defined as the deep, basic assumptions and beliefs that are shared by members of an organization which are often hidden and unconscious and represent the way in which an organization perceives itself and its environment (Schein, 1997). Put simply, culture is learned, shared and transmitted based on a combination of assumptions, values, symbols, language and behaviours that manifest the organization's norms and values.

Although many features and practices in social care are framed by national, organizational or professional regulations, pathways or guidelines, their usage, meanings and practical detail are usually subject to interpretation within the culture in which they are implemented. While work cultures provide a major source of practice expertise from which most participants can benefit and leadership can emerge, they can also sustain outmoded practices, ineffective ways of working, and negative attitudes towards learning (Eraut, 2006). This relates to the final form of leadership described within this section, the notion of *abdicated* leadership. Abdicated leadership refers to a situation where the absence of leadership leaves people with a lack of direction and decision making, resulting in a poorly motivated work culture where conflict or indifference thrives (Martin, 2003).

BOX 1.4 REFLECTION BREAK

Choose two perspectives or theories of leadership from the above explanations which you found most accorded with your own thoughts, beliefs and values. What are their strengths and weaknesses? Make notes on how and why you think you agreed or disagreed with them or how these might be applied to your own practice setting.

LEADERSHIP AND LEARNING

Researchers have long attempted to understand the determinants of effective leadership and, following the above exercise, hopefully you were able from your own experiences to identify with some of the aspects of both classic and modern theories of leadership. One theme among much of the research is the idea that leadership behaviours and actions are important determinants of organizational effectiveness and it seems reasonable to conclude that to be successful, leaders must be concerned with both task- and people-related issues in the workplace (Mastrangelo, 2004). The task of leadership is often expressed as being able to motivate people to achieve outcomes that benefit the individual, the team and the organization. Hopefully you will recognize that we need to have a balance between all of these. Attention to a range of issues was illustrated in a study undertaken by the Audit Commission in 2002 of why staff leave social care. It identified six key influential factors:

- The sense of being overwhelmed by bureaucracy, paperwork and targets.
- Insufficient resources leading to unmanageable workloads.
- a lack of autonomy.
- Feeling undervalued by the government, their managers and the public.
- An unfair pay structure.
- A change agenda that feels imposed and irrelevant. (Audit Commission, 2002a: section 3)

Within social care, leadership also makes a significant contribution towards collaboration and collectivist approaches by promoting the principles of social justice within communities and society. Boundaries between leadership and followership can also become blurred and make

way for the leadership roles taken by users and other professionals during the learning and development processes (and which will be more fully explored in Chapters 3 and 4). Whether you are a leader or a follower, or both, these principles should underpin the commitment of people working in social care and their personal and professional commitment to update their knowledge, advocate on behalf of users and to critically examine their practice. Signing up to this is embedded in the General Social Care Council's *Codes of Practice* (GSCC, 2002):

Code 6

Be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills. (www.gsc.org.uk).

A significant feature of leadership is a willingness to challenge rigidity or narrow thinking to develop new perspectives and this means that anyone within the organization can take on this role as long as it is recognized, encouraged, facilitated and supported.

TRANSFORMATIONAL LEADERSHIP

As we have already established, leadership theories are very much associated with change and organizational development and are an essential ingredient in being able to achieve transformation. Mezirow (1991) was a key observer on how learning transforms the way we think. He differentiates between *transformational* and *informational* learning. Informational learning occurs when we change the amount we know about something based on our acquisition of knowledge alone. However, learning that involves us in changing the way we think about things will also challenge our frame of reference, and if we are successful in this, can lead to our thinking and feelings being transformed. This is what is known as transformational learning. Transformational learning in the literature is associated with leadership because it is essentially about taking control of your own life as a key to making transformations (Senge, 1996). Our capacity to make transformations or develop our ways of knowing have affective, interpersonal and moral dimensions. Individuals who learn through critical reflection and who are able to make personal transformations are well equipped to translate this into achieving action and results in a wider context through a leadership role. Transformational leadership is one of a number of different approaches to leadership styles described in the literature and Table 1.1 summarizes three most common key leadership styles.

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Table 1.1 Characteristics of leadership approaches: transactional, charismatic and transformational

Approach	Description
Transactional	Transactional leaders build on trait, behaviourist and contingency theories and pay attention to all the necessary and critical management functions, such as clarifying the roles and tasks and allocating work through the exchange of rewards and sanctions. They adhere to organizational policies, values and vision and, are strong on planning, resource management and meeting schedules, but do not cope well with major change or managing the change process.
Charismatic	Charismatic leaders create the impetus for change and have a motivating effect upon others. They are able to create a grand and idealized vision. They unify people towards that vision and foster conditions of high trust.
Transformational	Transformational leaders inspire change and innovation and are the opposite of transactional leaders because they deal mainly with abstract and intangible concepts like vision and change. Key factors in successful transformational leadership have been identified as concern for others, approachability, integrity, charisma, intellectual ability and an ability to communicate, set direction and manage change.

Source: Clegg et al. (2005)

FOLLOWERSHIP, POWER AND INFLUENCE

In social work and social care there is an increasing impetus to use reflective practice as a method of learning for continuing professional development. In the previous section we identified that reflective practice has the potential to be transformative, resulting in changes in professional practice and society. This only occurs when underlying power relationships are identified, challenged and redirected (Sandars, 2006).

It may also have occurred to you while reading this chapter that throughout history there have been leaders whose influence has not always been positive or desirable. An understanding of the appropriate use of power and authority in social care is influential in the way in which those being managed or led will respond. One much discussed aspect of leadership, which is said to differ from management, is the ability of some people to get others to do things above and beyond rewarded effort, which is not purely dependent on sanctions or the use of power and authority. This is attributed to the followers' expression of beliefs and emotions towards certain ideas or people who possess a greater influence over them. It is this influence that is often described as the *essence* of leadership and, according to Popper (2003), is essentially an *emotional* influence or a process which moves a group or groups of people in some direction through non-coercive means (Kotter, 1988). This emotional influence, or 'emotional intelligence' as it is more commonly

called, is thought to carry great significance in accounting for excellence in work performance. As stated earlier, while these characteristics can also be used negatively, 'socialized leaders' (Howell and Trost, 1989) are motivated by a sense of responsibility or through the influence of social structures which form the basis of empathy, giving, and the need to relate to the emotions of others. Working in social care can trigger stress and anxiety because we are often working with very difficult and challenging situations. Goleman (1996) identified the ability to understand oneself and others, including competence in self-awareness, self-control, empathy, listening, conflict resolution and cooperation, as characteristics of someone who is emotionally intelligent. Emotional intelligence helps us to cooperate and work together within highly emotional interpersonal relationships to achieve better conditions for change.

These characteristics are very much in tune with the ethos of social care and embodied in its national leadership and management standards (Skills for Care, 2006b) and GSCC *Codes of Practice* (www.gsc.org.uk). Good social care managers are said to possess distinctive qualities. They:

- inspire staff;
- promote and meet service aims, objectives and goals;
- develop joint working/partnerships that are purposeful;
- ensure equality for staff and service users driven from the top down;
- challenge discrimination and harassment in employment practice and service delivery;
- empower staff and service users to develop services people want;
- value people, recognize and actively develop potential;
- develop and maintain awareness and keep in touch with service users and staff;
- provide an environment and time in which to develop reflective practice, professional skills and the ability to make judgements in complex situations;
- take responsibility for the continuing professional development of self and others;
- demonstrate an ability to plan organizational strategies for workforce development. (Skills for Care, 2004)

These principles explicitly have a 'people' emphasis. Ideas about transformational leadership are useful in critical periods when an organization needs more intensive development. Transformational leaders are those who: 'broaden and elevate the interests of their employees when they generate awareness and acceptance of the purposes and mission of the group, and when they stir their employees to look beyond their own self-interest for the good of the group' (Bass, 1990: 20). Management researchers have begun to pay particular attention to the concept of

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self-awareness and its effect on individual and organizational outcomes and have found that individuals who are self-observant and more self-aware are also likely to have a positive impact on an organization's culture (Atwater and Yammarino, 1992).

DIFFERENCES BETWEEN MANAGERS AND LEADERS

By now you will have realized that managers and leaders are quite distinct in their role and functions (Kotter, 1988). Management is mainly to do with planning and organizing whereas leadership is associated with creating, coping and helping to adapt to change. Management is about implementation, order, efficiency and effectiveness, whereas leadership is concerned with future direction in uncertain conditions (Boydell and Leary, 1994). In conditions of relative stability, management suffices, but in conditions of complexity, unpredictability and rapid change, leadership qualities are required. There is no doubt, however, that while these two functions are distinct, there is an overlap between them and the development of managers and leaders needs to be an integrated process, set in its organizational context and shaped by the particular challenges facing an organization at any one time. Within this process, managing learning is a central task and, according to Salaman (1995), cannot be achieved as a separate and discrete activity from either management or leadership. Integrating the management of learning as a core task in organizations may well help to place learning on the mainstream organizational agenda. Users own feedback has highlighted the importance of leaders and managers knowing how to 'show the way, keep people on board and together, listen to customers, make change happen and get results through the best use of people, money and other resources' (Skills for Care, 2004: 1). As we will see in Chapter 3, whatever the focus, effective leadership and management are essential to manage the increasing complexity of social care arrangements, which often entail managing staff from different professions and disciplines across integrated and multi-agency settings within a range of partnerships. From this we may conclude that staff support and development are integral to achieving good services and implementing social care objectives.

LESSONS FROM THE LEADERSHIP LITERATURE

In the section above we have looked at the main theories about leadership and management in social care and identified factors which provide the appropriate conditions for leadership development in order for

learning and subsequently change to be supported. Leading others often means being out front and providing direction, particularly in defining a common purpose or, as it is mostly described, a 'mission', 'vision' and 'philosophy'. Providing, implementing and managing a systematic process of learning is also critical to the success of leader direction. Ensuring this process is effective requires the confidence of each member in the organization. Staff need to know how their job contributes to the overall effort as well as towards continuous service improvement. These assumptions are what lie behind the government's drive towards 'workforce development' in social care (Department of Health, 2000). Organizations need to develop cultures and structures that will encourage leadership and management capability as well as being proactive in working with the diversity of staff, users and carers in promoting social inclusion (Skills for Care, 2004).

Hopefully so far, this chapter will have provoked you into considering how this fits with your own current role? Whether you are a manager, practitioner or in another significant role, our politicians, policy makers and the public have rightly called for better knowledge, skills and evidence in the workforce to underpin the modernization of welfare. Resources cannot be targeted or used wisely without those involved in delivering them having a better knowledge of which ones are effective in meeting the requirements of people in need (Marsh et al., 2005). Nor can the different stakeholders work effectively together unless they share a commitment to developing the workforce and, through evidence-informed practice, developing a shared understanding of how to achieve better outcomes for people through those working for and with them. Awareness and understanding of strategic influences can help those of you who are contributing towards developing learning and development and your understanding of how this activity is linked to achieving improvement and better outcomes in service delivery in a way that builds on the job satisfaction and cooperation of those engaged in the process.

CHAPTER SUMMARY

Developing the capacity of the workforce has to consider the range of qualifications required and which award schemes are appropriate to the social work and social care workforce which link with professional qualifying training and continuous professional development. The capacity to produce knowledge in social care and evidence to inform practice developments are a further strand of workforce capacity development which also needs to concern itself with how research literacy is an integral part of professional education and learning. Fook et al. (2000: 242) highlight a number of challenges for learning and organizational development in

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the current climate, where it is suggested that professional skill and knowledge is devalued, disaggregated and decontextualized so that it can be measured and evaluated. The representation of professional knowledge in terms of managerial, rather than professional, discourse can lessen professional autonomy and control and distances professionals from sources of policy and decision making. Fook et al. also remind us that competition between different professional groups potentially increases and dominates boundaries between them, resulting in a shift to the aggregation of skills for specific programmes rather than orientations of value bases and approaches.

These challenges force us to look at the knowledge hierarchy differently. We have to make a commitment to all stakeholders within social care by researching and developing knowledge from the perspective of the practitioner and the user/carer and by having the courage to conceptualize our practice in professional rather than in managerial terms. As we have seen, the ever increasing external scrutiny, regulation and performance management in social care do not always sit comfortably with its core values and the learning process. The use of leadership to reassert the importance of learning in social care and social work practice can help staff and stakeholders to be more critically reflective and seriously pursue the aspirations laid down by national standards and the *GSCC Codes of Practice* (GSCC, 2002). Social workers will have to develop their practice in the face of political, professional and organizational environments that can enable as well as and disable progress (LyMBERY, 2004). The dilemma is deceptively simple: how can a more progressive form of practice be developed within the drivers for workforce development in a way that makes much of its rhetoric a reality? This responsibility sits with the individuals in an organization and their commitment to develop knowledge, skills and practice along with users, carers and other significant people who, with the appropriate support and encouragement, can take a lead role in the development of social care workforce.

According to Uttley (1994: 191), professions have a kind of pact with the state in that many depend on state patronage to maintain elite positions. They are socialized to comply with employing organizations. Some of these issues came up when we looked at the different theories about leadership and leadership styles. You may have concluded that the more repressive the environment, the more attention is needed to be able to adapt current conceptualizations of the skill and knowledge required to be effective in new situations. The domination of a managerialist culture, curiously, can in fact encourage practitioners to be more critically reflective, whereby locating the source of this domination creates a local dialogue about how to achieve change. If you are a leader or manager of learning, you will appreciate that managers' and professionals' objectives are not necessarily dissimilar in their mutual

need to record and develop practice. Shifting the debate and defining professional identity in terms of meaningful systems that transcend the day-to-day workplace will enable all those involved to frame their knowledge and skills and acknowledge commonalities of professional practice. This means striving to become an expert practitioner, no matter what level in the organization you are operating in, and consciously reflecting upon practice in its widest sense.

Recommended further reading

Vivien Martin (2003) *Leading Change in Health and Social Care* (London: Routledge) provides a practical guide to change management drawing on leadership, management and change management theories, tools and techniques.

Web-based resources

Skills for care (www.skillsforcare.org.uk) – an organization responsible for raising standards for adult social care in England by ensuring qualifications and standards for training are constantly developed and adapted. Through its regional committee structure, Skills for Care coordinates a network of statutory and independent sector employers in all aspects of social care alongside representatives of service users, informal carers, staff associations and education and training providers.

Children's Workforce Strategy (www.everychildmatters.gov.uk) – the Children's Workforce Development Council (CWDC) aims to improve the lives of children and young people by ensuring that people working with them have the best possible training, qualifications, support and advice. The strategy developed in 2005 aims to develop an integrated qualifications framework for the Children's Workforce in partnership with all stakeholders concerned.