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### Abstract

Utilising data drawn from a study of a social service organisation, this article aims to understand the relationship between the rationale of organisational transformations and the professional status of social workers. It contains an examination of the original aims of Community Care legislation, its translation by management into processes of re-structuring and alterations in job specification, as well as the perspectives of those at the front-line of the organisation. This enables a theoretical consideration of organisational transformation and power and their relationship to the identity of social workers.

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**Keywords:** *Community Care; Identity; Implementation; Management; Organisation; Power; Professionalism; Resistance; Social Work; Transformation*

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### Introduction

- 1.1 This article examines public sector organisational change in terms of the nature and distribution of professionalism and power within one Social Services Department (SSD) in Southern England. To achieve this it incorporates evidence gathered during a qualitative study to illustrate the predominant effects of such transformations.
- 1.2 The article is structured into five sections as follows. The first section outlines the aims and methods of the study. Second, there is an exploration of the nature of organisational changes that incorporates a brief discussion of quasi-markets and the attendant cultural shifts considered necessary for their functioning. Third, there is a consideration of these changes in terms of the literature on the relations between professionalism and human service organisations as it applies to social workers. This provides a basis upon which to examine, in the next section on research findings, the effects of the organisational changes on the professionalism of social workers, as well as the consequences they engendered. The final section then examines these accounts in terms of the relations between organisational transformation, power and professionalism.

### Aims and Methods of Study

- 2.1 The research itself focused upon the effects of organisational transformations on workplace identities and practices. It thus sought to discover social workers' perceptions of their changing roles and powers, their understandings of policy changes and how these effected their daily working practices.
- 2.2 The SSD under study was a large county-wide organisation comprising, approximately, 8,000 staff employed in urban conurbations, smaller towns and rural areas. The research participants themselves were employed in a variety of both specialist and generic teams: for example, adult services, child and family, mental health and learning disabilities. Thus the range interviewed encompassed differences in geographical location and specialism.
- 2.3 The research incorporated a two-stage design, with data collected from the middle management layer of the organisation between February and September 1993 and the qualified social worker strata between June 1995 and February 1996. Twenty of each class of respondent were interviewed, in-depth. In addition, observations of management meetings and social work activities were completed, as was an analysis of documentation in relation to changes in policy and organisational structure.



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- 2.4 A combination of methods enabled a cross-check of information and an enhancement of understanding through an examination of a variety of contexts, sources and perspectives (Bryman, 1988; May, 1997). The data presented here is derived from the second phase of the research and so concentrates on the social workers' responses. More detailed findings from the initial stage have been presented elsewhere (see May and Landells, 1994).

### ◆ **Organisational Transformation: Quasi-Markets and Cultural Shifts**

- 3.1 To understand the relationship between organisational transformation and its effects on the professional identity of social workers, a brief discussion of quasi-markets and the 'cultural shift' which is thought necessary for their functioning at an operational level is required.

- 3.2 Changes in the socio-political climate have had a major impact on the functioning of organisations in general:

Dramatic changes in the realms of geopolitics, consumer and financial markets, technology, government policy and legislation, macro-economic stability and capital flows, corporate organizational forms and practices, and the politics of the environment are only some of the factors which continue to transform the world (Kiernan quoted in Greenwood and Lachman, 1997: p. 564).

- 3.3 Accompanying these changes in advanced capitalism, charges of inefficiency and ineffectiveness have been levelled against public sector human service organisations; a process enabled by the disintegration of a corporatist consensus (see Hay, 1996). More specifically, organisational change was then called for through the introduction of 'quasi-markets'. The accompanying rhetoric of 'consumer choice' would, at first glance, seem to provide an enhancement of autonomy for the professional social worker. After all, if there was to be a greater range of both public and private services from which to make a purchase, the social worker would, as the broker between client and service, have more power and discretion to make an expert choice based on the identification of client need. This proposition necessitates examination in the light of the implementation of the quasi-market system. For this purpose a brief description of their aims, as well as introduction into welfare organisations, is required.

#### **The Quasi-Market**

- 3.4 A clear suspicion on the part of the Right towards public monopolies informed the introduction of quasi-markets. Take, for example, the view of Patrick Minford who writes in relation to social services:

The only remedy is for production to be private and, simultaneously, for any residual monopoly power to be broken up, and protection to be removed; in short, simultaneous privatization and competition (Minford, 1991: p. 73).

- 3.5 The quasi-market system was actually introduced as a compromise to those such as Minford who argued that large public sector bureaucracies were unresponsive to client need. Its aim was to provide choice, accompanied by a more efficient use of resources, but not to be directly concerned with profit maximisation (see Le Grand, 1990). In the process 'consumers' were not to be the direct purchasers of the services but, in the case of social services, represented by 'care managers'. The term 'quasi' also arose:

because the purchasing power of consumers under these new arrangements is not expressed in terms of cash, but in the form of an ear-marked sum which can only be used for the purchase of a particular service (e.g. the budgets of fund-holding GPs) (Butcher, 1995: p. 116).

- 3.6 The initial phase of Community Care thus heralded the transposition of a market system of purchasing and providing onto previous service-delivery style SSDs.

- 3.7 The main focus of the White Paper on Community Care (Department of Health, 1989) concerned the need for local authorities to develop their lead agency role through the skills of enabling, rather than via direct service delivery. Thus the responsibility of the local authority was to create a market in social care through maximising the service delivery role of both the voluntary and private sectors (Means and Smith, 1994). Monopolistic public provision was to be provided alongside private and voluntary sector provision, with the enhancement of the latter being afforded through the ring-fencing of budgets (85 per cent of the social security transfer to local authorities was to be spent in the private and voluntary sectors. See Lewis and Glennerster, 1996: chapter 1).

**3.8** In the process a new ethos was introduced into social services via a separation between purchasers and providers of services. This was accompanied by organisational re-structuring and alterations in job specifications. Although there was national variability in the types of structure adopted by SSDs, the overall ethos moved from being providers to designers, organisers and purchasers of services (Pilgrim, 1993).

**3.9** SSDs were charged with developing a market in social care and subsequently to 'regulate that market through contracts and service agreements' (Means and Smith, 1994: p. 120). They were also expected to identify gaps in provision and to stimulate the filling of these gaps. In order for this to proceed, the Department of Health pointed out that contracting out services would require:

an improvement in information gathering systems and a more vigorous approach to management which is likely to require a clear distinction to be made between the purchasing and providing functions within a local authority (quoted in Means and Smith, 1994: p. 126).

**3.10** Furthermore, the White Paper stated that the assessment of need and the purchasing of services to meet such need, would have to be distinguished from direct service provision and that this separation should be reflected at *all levels* in the organisation. The Department of Health then commissioned Price Waterhouse to identify approaches to developing the purchaser-provider split.

**3.11** The SSD under study had made a decision to follow the third of three models identified by Price Waterhouse. This was:

Separation of purchaser/commissioner and provider functions at the local level. This model involves a series of separate purchaser/commissioner and provider teams operating under a combined management structure at the areas level... Care management teams would take new referrals, assess need and put together packages of care, taking account of resource limitations. They would purchase appropriate care packages from in-house providers or independent suppliers (Means and Smith, 1994: p. 127).

**3.12** In considering the overall catalyst for such changes, two writers on the implementation of Community Care note:

that the government's prime concern was to hold public spending and if possible reduce it. That did not feature as such in the guidance, but the need to make the most of the infusion of new money into local authorities' budgets did (Lewis and Glennerster, 1996: p. 12).

**3.13** In addition, of the three 'E's' of the government's Financial Management Initiative - efficiency, effectiveness and economy - it was economy that was consistently: "given priority over 'efficiency' and 'effectiveness' in the attempt to contain and reduce public spending" (Clarke et al, 1994: pp. 226 - 7).

**3.14** The overall result was an alteration in job specification in a very short period of time. As noted in first phase of the research (May and Landells, 1994), the potential for the co-operation of employees in these changes was deemed to be dependant upon their acceptance of an accompanying cultural shift in working practices and assumptions.

### **The Cultural Shift**

**3.15** The arrival of the quasi market into the public sector was accompanied by an alteration in public sector management styles, as exemplified in new organisational vocabularies (see Farnham and Horton, 1993; May, 1994; Pollitt, 1993; Taylor-Gooby and Lawson, 1993; Willcocks and Harrow, 1992). In organisational documents it became common to read of 'performance indicators', 'deliverables', 'targets', 'devolved budgets', 'organisational development teams', 'objectives' and 'evaluation schemes'. This process has been charted with reference to the National Health Service (Fox, 1991), probation service (May, 1991a; 1991b) and university sectors (Parker and Jary, 1995). The result was a proliferation in planning meetings, consultations and organisational development workshops, during which time objectives, performance indicators and targets were set, budgets drawn and new roles and tasks defined.

**3.16** Writers on Community Care policy have characterised these changes as inducing a greater overall fragmentation in the delivery of care, alongside a decentralisation in administration, but a centralisation in the control of resources (Walker, 1993).<sup>[1]</sup> The overall aim was:

the replacement of the existing bureaucratic hierarchy with one dedicated to 'process'. Instead of being a comfortable reward for past efforts, management posts and their occupants should be continuously reassessed in terms of fulfilment of targets and achievement of strategic objectives (Langan and Clarke, 1994: pp. 79 - 80).

**3.17** A shift towards fluid and adaptive organisational structures occurred, alongside the engendering of maximum employee commitment to the goals and practices of the organisation; all of which was accompanied by new procedures and the development of quality standards in order to create what became known as the 'culture of the consumer'. The rationale being that:

the consumer...can exert pressure on providers to improve the quality of services...  
Performance indicators monitor the progress and compare the performance of different delivery agencies. League tables enable the users of service to compare the performance of competing delivery agencies (Butcher, 1995: p. 158).

**3.18** During the first stage of the research Tim Yeo (then Under Secretary of State with Responsibility for Care in the Community) attended a conference in the area and spelt out the aims of Community Care (9th February, 1993). The 'culture of the consumer' was to permeate social services. His message was clear: large public sector bureaucracies had been unresponsive to clients' interests and needs. Government policy was now explicitly designed to make sure that social services: 'meet individual needs' and not fit 'individual needs into existing services'. This process, he added, did not allow for the opportunity to embark on: 'some huge empire building exercise', but to place 'the interests of clients first and foremost'.

**3.19** In sum, an alteration in the political economy of organisational functioning was coupled with the introduction of a new culture, the justification for which was underpinned by effective needs provision for clients to be delivered via a quasi-market system. Accompanying this was the rhetoric of greater choice and quality of service, alongside the enhancement of social work skills for the assessment of client need. Yet within a climate of budgetary constraints, there was also the potential for the curtailment of these very factors. Before moving on to the research findings, however, it is first necessary to situate these changes in terms of the literature on professionalism in human service organisations.

#### **Professionalism, Human Service Organisations and Social Work**

**4.1** The potential of the above changes to enhance the decision-making skills of care managers fits into what is known as the 'trait' approach to professionalism. This holds that professionals have a number of key identifiable traits, one of which is autonomous decision making, underscored by a distinct, theoretical, expert knowledge base (see Greenwood, 1957; Etzioni, 1964; MacDonald, 1995; Witz, 1992). Nevertheless, it is commonly held that the autonomy of the professional social worker may be in conflict with administrative systems that possess distinct rationales (Glastonbury et al, 1982).

**4.2** Autonomous decision making, unhindered by pressure from both managers and clients, may well be an ideal closely defended by public sector professionals. In practice, however, it has long been a problematic ideal to attain (Hall, 1969; Johnson, 1972; Lipsky, 1980). As such, it is more accurate to define social workers as 'bureau- professionals':

Autonomous professionalism was never a serious possibility for social workers, partly because of the drive towards state managerialism, but also because of limited market opportunities. What in fact emerged was a hybrid form of organization for social services which was reflected in the Seeborn report and incorporated in the reform of local government in 1974. This form we have called bureau-professionalism (Parry and Parry, 1979: p. 47).

**4.3** In considering this definition and its applicability to social workers, autonomy may be defined as the ability to make decisions free from either client pressures or an employing organisation (Hall, 1969). From this we can say that autonomy will be exhibited in accounts of actions along two distinct dimensions. First, from the client and second, from the employing organisation (Forsyth and Danisiewicz, 1985). Yet the 'bureau', or 'state mediated' professionalism (Johnson, 1972) of social workers does not appear to enable them to approximate autonomy in either of these two dimensions. The gaining of autonomy from an accountable, state held organisation, does not appear to be a realistic prospect. In addition, the practice of social work is directly informed by an ethos which either aims to assist, or in the case of much work with children, protect, the client. The work is thus guided and informed by the needs of the client.

**4.4** Where close interactions occur between the social work professional and client, the client may be said to co-produce the 'expert' knowledge. A recognition of this induces professional organisations to form 'downstream alliances' with clients so that they can regulate and secure access to this expertise. In turn, this impinges on the professional's control of the knowledge itself and on their subsequent power over clients (Greenwood and Lachman, 1997).

- 4.5 At the same time there is also the possibility that increased monitoring of professional activities by reflexive institutions, whose aims are to improve strategic effectiveness and operational efficiency, are self-defeating. The gains made in these realms do not necessarily outweigh the loss of power of the expert, around which the organisation is centred. Therefore:

expert power and control is an unstable and contestable outcome of the interaction between social constructions and structural constraints as they respond to the dynamics of economic, technological and cultural changes within advanced capitalist economies (Reed, 1997: p. 574).

- 4.6 Given these unstable and constable conditions and the nature of social work professionalism, a number of questions are begged. These are: how are traditional roles and forms of organisation changing in the face of new legislation? Are they legitimised as before, or has this process been eroded as a result of new policies? Finally, how are professionals reorganising to cope with changes and what are the processes involved in these transformations? (adapted from Greenwood and Lachman, 1997).
- 4.7 Further light can be shed on these questions by focusing upon the accounts of social workers. These can also enable an understanding of how and under what conditions, utilising what resources, such transformations are introduced and managed in everyday practice? This, in turn, permits a consideration of their consequences for the professional status of social workers. It is to these subjects that the article now turns.

### Perspectives on Change from the Front-Line

- 5.1 As noted above, the SSD under study decided to adopt Price Waterhouse's third model of Community Care implementation. The implementation of this took place through five processes. First, the establishment of 'care management'. Second, the setting up of what became known as the 'Organisational Development Team' (ODTs). Third, the drawing up of quality standards by a policy team, which included a process of 'accreditation' for service providers. Fourth, the monitoring and evaluation of work performance and finally, as part of a system of need prioritisation for clients, the introduction of a four-fold classification system.
- 5.2 This latter aspect was an important component in altering the focus of social work intervention in terms of meeting the needs of individuals for which the responsibility rested with one person - the care manager. In the process of implementation, management produced policy papers whose colour signified whether they were part of a 'consultative process', or viewed as 'policy': that is, whether they were 'open' to negotiation, or 'fixed' in policy. These were coloured green and white, respectively.
- 5.3 A resulting confusion over the terminology that surrounded the process of organisational transformation led to a 'glossary of definitions' being produced. In this glossary, 'care management' was defined as:

A way of tailoring help to meet individual assessed need by placing the responsibility for co-ordinating and evaluating the services they receive with one person ('Glossary of Definitions', April 1992: p. 10).

### On Becoming And Practising As A Care Manager

- 5.4 We asked social workers to reflect upon this new role in terms of their experiences of working at the front-line of the organisation.<sup>[2]</sup> The following replies were typical of the responses we received:
- I don't see myself as a care manager, I see myself as a social worker. Whenever I write letters I always sign myself as 'X, Social Worker', not Care Manager.
- 5.5 Another person related this to changes in organisational structure according to the purchaser-provider split: 'I'm told I'm a purchaser; I resent the term; I also resent the term 'care manager''. When asked 'why'? She replied: 'Because I'm a social worker...when they said "you're a care manager", I don't feel it's appropriate because I'm not *managing* care at all' (original emphasis). Another compared her current situation to past expectations and added: 'I hate the terms "Care Manager" ... it sounds like somebody who should be working in Tesco's'.
- 5.6 There appeared to be a disjuncture between occupational self-identification and the formal organisational representation of the role through Care Management Guidelines. In pursuing this during interviews, this person expressed the tension in terms of her interactions with clients:

you are generally the best person to do the work, because you're the person that's seen the child, done the investigation of the crisis and you're the person that the child's really...

got a lot of trust in. So the idea of care management, that you do assessment and the care plan and write it up for other people to do the work isn't what happens and it's a lie really because it's not what goes on.

- 5.7** Here the respondent is clearly identifying with the 'old' role of the social worker, as opposed the 'new' one of care manager, in terms of the pragmatics of everyday practice. This conflict was manifested in the following exchange through an increase in paperwork that detracted from what is was to be and act as a social worker:

R: I do get fed up and I think the paperwork can go hang, the people are more important. And then you get someone coming in and saying 'you haven't done your SS1P and you haven't done your care plan and you haven't done your SS610', you know, and you think for goodness sake.

I: What you're saying is that you still provide some sort of 'old' social work?

R: Yes, yes I do, I go out, I mean I just go out and see the people and talk to the children and get involved with them because that is far more use than just referring them on.

- 5.8** In the following account, a social worker links the role of 'care manager' to general policy issues and their consequences for the de-professionalisation of social work:

It worries me really because anybody can pick up the phone, I mean I've got colleagues in my office who are unqualified and they can pick up the phone to another professional and say 'I'm so and so's care manager' and obviously the person the other end doesn't know their status and that worries me somewhat. Obviously with the more complex pieces of work, not that my colleagues are... unable or what have you, it's just that we're all lumped together and I feel that our qualification as a professional is being undermined by this new care management umbrella.

- 5.9** At the mezzo level, the cultural shift and organisational changes necessitated a transformation epitomised by the SSDs strategic managers' stated requirements for flexibility, adaptability, commitment and control within the organisation. In terms of social work skills, however, this had a particular effect:

I feel more de-skilled as each month goes past. The skills that I have is direct work with children and families...and I'm really being asked to be a business manager more and more.

- 5.10** These criteria are now considered in terms of the intended 'fit' between the devolving of responsibility for care management and the pursuit of organisational goals. The overall purpose in the implementation of policy was to capture a devolved responsibility for actions within organisational systems and structures, themselves designed to attain specific goals and so maximise efficiency and effectiveness.

### **Devolved Responsibility and Changing Roles and Tasks**

- 5.11** With regard to changes in structure for the purpose of introducing flexibility, those who were previously called 'social work supervisors' were divided up into either practice supervisors or team managers. The role of the team manager was defined in the following manner:

To assume the full range of managerial responsibilities to ensure the needs of clients are assessed effectively and that the care of those clients is secured, delivered and maintained in a way which balances the need for cost effectiveness with care packages most beneficial to clients, within available resources (finance and people) (Establishing Care Management - Phase 2. 10/3/93).

- 5.12** The role of the practice supervisor, on the other hand, was to:

Contribute to professional practice excellence through the provision of casework monitoring, consultation and development (Establishing Care Management - Phase 2. 10/3/93).

- 5.13** These alterations in job specification were thought to allow for greater integration between professional and managerial matters; particularly given Tim Yeo's call for 'new opportunities for managerial decisions at the sharp end' in health and social service organisations.

- 5.14** In asking about the effects of these change on working practices, the increase in organisational flexibility

and adaptability were not emphasised, but decreases in levels of discretion were noted alongside an exacerbation of differences between the ends to which people were working. In the following extract, a social worker compares her current experiences in a team managed according to the new ethos, in relation to her previous appointment:

I think the newer managers are...just better in tune with care management and all the rest of it, but they seem much more on the ball you know, the paperwork has to be, you know, really tight. They are really working to the book, because I suppose I come from a team where things were flexible, you know 'get the people seen' you know, 'catch up on that later'. I think the emphasis has changed and I think a lot of workers have found that quite hard to adjust to.

- 5.15** Another person expressed a similar experience to the above, but in terms of the identity of the team manager in comparison to her own: 'I always felt X (Team Manager) was one of us, whereas the managers we've got now I feel are up there (points to ceiling) and we're down here (points to floor)'. In this context, interviewees spoke of the effects of role changes on organisational communication:

I think they're (the new Team Managers) being encouraged to be apart and to get all their information from the practice supervisor as opposed to being a presence ... it's put a block on communication.

- 5.16** Reported decreases in communication, flexibility and adaptability, were compounded by perceptions that social workers were bereft of much of the professional support they had received under the old structure:

I've very little confidence in consultation or sharing, it's all about 'you will do'. The last example is the cost cutting exercise we've had...Senior Management Group (SMG) has seen it as a success because there's been no compulsory redundancies, but it's devastating to us - we've lost a Team Manager, we've lost a massive amount of support, we're having to chase around for Team Managers that are all over the place. They must be run ragged and it makes you quite wary of your own practice 'cos in some cases you need a bit of support now and then and that's not there any more...I think for SMG (Senior Management Group) the cost cutting exercise was seen as an end in itself, but that was a beginning for us...all that makes you feel you're not coping with the work any more.

- 5.17** A mental health social worker noted how the new role of practice supervisor could be translated in terms of a new managerial ethos. She then alluded to her own experiences in order to substantiate this observation:

There's a new layer (practice supervisors) and the new layer is personified by X who is business like in her approach, so the personal support and clinical supervision I felt I benefited by from Y (old supervisor) has been lost.

- 5.18** In the course of applying strategies of performance enhancement through the monitoring and evaluation of work, as well as alterations in job specifications, the organisation was viewed as becoming more formalised. This was regarded as negative in terms of its effects on front-line support systems and its consequences for diverting attention from what were regarded as 'core' elements of practice:

It worries me if I've got lots of visits on a Friday afternoon because I know there's no way I can get the paperwork done 'til Monday, and then if a crisis happens on Monday, you're looking at Tuesday or Wednesday. So I try to plan my day so that I do all my visits in the morning so that I come back and do all my paperwork in the afternoon. But if you've got more than three or four visits then you're snookered, that's in a day, because you just can't cope with the amount of paperwork you have to do for those visits and the phone calls coming in and crises happening and what have you.

- 5.19** In pursuing this issue during interviews, the relationship between quality and quantity - commonly translated as meeting the needs of a number of clients within the parameters of budgetary constraints - was seen to place a particular onus upon the spheres of discretion in which social workers operated. The result being:

We are expected to negotiate (prices) and we are being sent on a negotiating course. It's like going into Marks and Spencer's for something that costs five pounds...'well, I'll give you three!'...and of course, what you do, you beat down the price. So, okay, there you are, you're a skilled negotiator, you've been on a course, you've beaten them down. What sort of service are they now offering the clients?

**5.20** The climate of a 'new realism' was evaluated in terms of its effect on patterns and outcomes of interactions with clients:

I can understand why we've got limited budgets. I mean yes...we can't be all things to all people, but it seems to me that if you're setting up procedures which say this is the tack that we should go down, if you know damn well that you're restrained by budgets you're leading people into false aspirations and false hope.

**5.21** The above account illustrates not only how professional autonomy was in increasing tension with financial constraints and new procedures for extracting formal accountability, but its consequences for the quality of clients' lives. Indeed, with budgets circumscribed, the type of service a client received depended upon the time in the financial year, rather than the application of social worker expertise to an individual service requirement within given financial parameters: 'It's always hard after Christmas 'till April, to get money'. Nevertheless, these situations were anticipated by senior management and thought to be alleviated by a system of 'priority categorisation' according to which clients were placed in categories A to D. The following person reflected on this system of categorisation in relation to his recent practices:

We used to sort of manipulate people into a category A position so they can receive a service. A lot of it depends on how you view a category A client. I mean we very much take into account the carer's perspective and the way of looking at it that if you didn't provide respite for this client then the situation would break down and then there wouldn't be a carer and then the client would be a category A. We looked at the thing very broadly to try and get people the services whereas other districts worked a lot tighter...I think that again depends on your Team Manager.

**5.22** Some respondents, therefore, felt able to preserve degrees of autonomous working via a manipulation of the system. At the same time, social workers reported having to negotiate for cash for individual cases with their Team Managers. This process led to unintended consequences in terms of an anticipated component to everyday decision-making:

**5.23** As I say I've done much more applications to charities and stuff than ever I have done before, because I think nine times out of ten it's not worth bloody asking 'cos you know you won't get it, so let's try another means.

**5.24** Evaluations of the present situation in terms of the past were routine features of the accounts. Nostalgia for a sphere of discretion was referred to which not only provided social workers with an identity, but a purpose for their occupational activities. The following exchange illustrates this point:

R: you did sense that you had considerable status in the old days. There were lots of messages around to reinforce that unconsciously. There were bigger offices, you had more space, you were regarded as professional, you could phone up anyone from, er, the police to a solicitor to a GP and I'd say 'good afternoon I'm the social worker for so and so' and you would have the person's attention and you knew that you had some kind of value in society. And now, I just sense that people say 'oh yeah, social worker' and they start looking at their watch and they don't see you as having any real influence and your professionalism is no longer taken seriously.

I: Why do you think that they feel that you don't have any real influence now?

R: Because they seem to sense that your assessments are very constricted by budgets and when you get teams that are forced to stack statutory child protection cases when there is evidence of actual physical abuse and those cases go unallocated because of stacking. I mean your name is mud really and I've seen that happen in teams. I've walked into teams with lists of cases unallocated from the previous team meeting and I say 'how old are those lists?' and people say 'three weeks' and I'll look at the blurb on the list and it'll say 'child with non-accidental injury discharged from hospital'.

**5.25** This points towards a disjuncture between what had been promised by policy and what resulted because of budgetary constraints. Concerns around this issue were epitomised by the following remark:

I think in terms of social work it started to become quite restrictive because initially you could be so creative, do all these wonderful care packages that we were all supposed to be doing, and then suddenly, the reins came in and choice and creativity went out the window.

**5.26** A fragmentation and questioning of occupational purpose was the result for the following respondent:

You don't talk to your colleagues any more, you communicate through forms. There's a hierarchy that's built up and growing, it feels like there's a massive weight, it's getting harder and harder to get to people, okay, individual departments in here are creating their own boundaries...' this is what we do and what we don't do'. You don't know what the hell they are, so you're having to double guess all the time. You've got agencies out there which are far more governed by grants...it's incredibly difficult now to try to tap in and try to refer people on. What's your responsibility then? You just stop your bit and pass it on, it's a minefield, it really is, it's just an absolute mess.

**5.27** The above data is unusual in that the voices of front-line service delivery personnel in the policy process are frequently omitted from strategic considerations. Why? Because they are viewed as an impediment to effective policy implementation. However, seen in terms of the situated activities of social work on a daily basis, they are pragmatic responses to difficult and demanding working environments.

**5.28** Although an expression of loss of autonomy was manifested overall, social workers still reported being able to salvage some spheres of discretion from the 'old' ways of working, whilst inventing some new tactics to circumvent current restrictions. In view of these observations, the final section turns to a theoretical understanding of the consequences of organisational change on working practices and the relations between power, resistance and identity.

### **Power, Professionalism and Organisational Transformation**

**6.1** The above accounts illustrate that organisational change in the SSD under study had a multiplicity of complex ramifications unforeseen by those who were responsible for implementing the changes. In particular, whilst devolved budgeting and a purchaser-provider split had clear consequences for working practices, there were also spheres of discretion in which social workers operated that provided for the persistence of what are regarded as 'old' forms of practice. This was manifested in terms of a concern with the quality of client well-being through frequent contacts and support, to the detriment of a focus upon 'process' as required by new forms of practice.

**6.2** In considering these concerns, writers seeking to understand the de-professionalisation of social work have noted that current changes signify a procedural mentality that constantly alludes to process in terms of numbers of persons who go through the system, in contrast to concerns with the quality of the client's *experience* (Dominelli, 1996). To this must be added both the speed and nature of the changes. From this point of view, it is not surprising that the Audit Commission referred to managers of the new system as the 'Bolsheviks' of a 'community revolution' (see Harris, 1996). After all, it was they who were charged with winning 'the hearts and minds' of staff, implementing policy changes and thereby taking the lead in challenging outdated structures and vested interests. This required:

the replacement of the existing bureaucratic hierarchy with one dedicated to 'processes'. Instead of being a comfortable reward for past efforts, management posts and their occupants should be continuously reassessed in terms of fulfilment of targets and achievement of strategic objectives (Langan and Clarke, 1994: p. 79 - 80).

**6.3** Flexibility and adaptability are central to these aims, together with the incorporation of social work staff not only into a new management structure, but a new organisational culture.

**6.4** In terms of the two dimensions of autonomy (from the client and from the organisation), we find in the above accounts a clear identification with the client. In addition, criticisms of the changes run alongside the attempt to adhere to 'old style' practices within what remain of 'spheres of discretion' (May, 1991a). Yet it has been suggested that in terms of professionalism, social workers could never enjoy autonomy from the employing organisation. The question is therefore begged: why do we find these allusions to past practices in terms of creativity, rather than constraint?

**6.5** It is not unusual to find, in organisational research, allusions to past working practices as symptomatic of a nostalgia that fosters a sense of value in the face of current discontents: "The discontents of today... find partial but effective consolation in gentle reverie of yesteryear" (Gabriel, 1993: p. 133). This leads to what Yiannis Gabriel calls the 'nostalgia paradox': that is, people's recollections of a past that is now lost forever. In the above accounts, however, there appears a 'double paradox' because autonomy from the employing organisation was never a realistic prospect for social workers. Despite this, such allusions are clear, as are concerns with de-skilling.

**6.6** What induces this effect and renders current concerns different from those of the past, is the speed and nature of these change against a background of attacks on the power base of social work professionalism that stem from a number of sources. This, in turn, affects the ability to resist what are perceived to be the more negative consequences of organisational transformation.

**6.7** Historically, social work sought to construct its professionalism based upon the casework method.<sup>[3]</sup> This provided for the idea of 'expert' diagnosis for which the practitioner received training. A knowledge base was then developed as a key aspect of the establishment and furtherance of these claims to expertise. However, social work found itself subject to a two-pronged attack to which it was particularly vulnerable. As Shaw puts it:

professionals, whilst attending to technological aspects of their work, typically ignore the wider social issues. In this respect they are vulnerable to deskilling and erosion of control over their work (Shaw, 1987: p. 775).

**6.8** The profession was sandwiched between two forms of critique: exogenous and endogenous. First, as we have seen, there have been profound transformations in the purpose and process of organisational functioning stemming from changes in governmental thinking. Second, there arose a series of critiques from within the profession itself. Broadly speaking, these suggested that social workers, through bracketing the political consequences of their work, functioned as an arm of the State. These were coupled with studies demonstrating that the exercise of their professional discretion led to injustices for clients (for example, see Bean, 1976; Brake and Bailey, 1980; Corrigan and Leonard, 1978; Wilding, 1982).

**6.9** Given the above, a reduction in the 'dispositional power' (May, 1998) that social workers can mobilise in defence of their interests resulted. This has been further eroded by those who were once social workers becoming the 'Bolsheviks' of the community revolution. This breaks down a simple distinction between managers and professionals and provides the 'technicians of transformation' (May, 1994) with an important cultural tactic in the process of organisational change.

**6.10** Quite simply, operational managers reflect the new order by challenging outdated beliefs in the old via, if necessary, allusions to their own past experiences. Speaking of what is in the 'best interests' of the client through knowledge by acquaintance, at the front-line, is thereby limited in terms of its ability to affect changes in policy. In addition, by producing new posts, such as the team manager whose purpose is one of budgetary control with devolvement of support for practice being made to the practice supervisor, the form of power employed is seen as productive as well as repressive. New roles and rationales are produced in the process and with that, the form of power and possibilities for resistance are also transformed:

What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse (Foucault, 1980: p. 119).

**6.11** These observations do not imply that respondents were engaging in false representations of a by-gone era. Instead, these accounts represent narratives that provide not only for occupational identity, but also purpose. These take place in the face of changes whose consequences are seen not only as deleterious to client well-being, but also contradictory in their effects on practice. Therefore, they represent the modes through which identity is both organised and unified (Harré, 1998).

**6.12** It is also clear from the accounts that these social workers are not 'capitulated selves' for whom the new culture is a 'totalizing culture' that influences all aspects of their identity and practice (Casey, 1995). Within remaining spheres of discretion, provided for in the ambiguity of policy and the resultant inability to fully determine the 'how' or actual day-to-day performance of tasks, they constituted a sense of purpose that was recognised to be in tension, if not outright opposition, to administrative edicts.

**6.13** In the above sense, these accounts are symptomatic of episodic power. This is defined as referring to protests, or conflicts over the content of ideas, which may or may not be generally normatively oriented, to what are seen as undue encroachments upon the purpose, nature and conduct of work (May, 1998). Thus, they are rationales for resistance. These cannot be read as generalised struggles that are informed by interests that span time and place, but may be thought of as fights against power in general. To this extent they too have transformative potential. As Foucault puts it:

if the fight is directed against power, then all those on whom power is exercised to their detriment, all who find it intolerable, can begin to struggle on their own terrain and on the basis of their proper activity (or passivity) (Foucault, 1989: p. 81).

**6.14** The overall effect of the implementation of these changes is to re-politicise areas of work that were formally regarded as being amenable to intervention by supposedly neutral and technical expertise. Social workers are implicated in the re-constitution of objects of political intervention because the means for their solution can never be fully determined by formal transformations in organisational functioning. Because of unintended consequences and resultant conflicts, to be a professional social worker is never fixed, but always in the process of *becoming* (Johnson, 1993).

## Conclusion

- 7.1** As movements in power occur at every level in reaction to all aspects of the new policies and processes charted in this article, there exists the possibility for unintended consequences at every twist and turn. The changes had the effect of de-professionalising social work, despite the rhetoric of providing for 'managerial decisions at the sharp end'. At the same time, these transformations produced new opportunities and identities for those who were prepared to embrace the new ethos.
- 7.2** These transformations produced specific forms of resistance. These were manifested in accounts of action that served to constitute identities and practices that, in turn, existed at various levels of tension with managerial and governmental intentions. This was enabled through the inability of administrative edicts to fully determine the actual performance of work in what are complex, human service organisations.
- 7.3** This is not to suggest that the introduction of quasi-markets, devolved budgeting and performance measures did not effect working practices, produce conflicts and frustrations and even lead to redundancies. It is, however, to suggest that there are limits to what Foucault (1991) has termed the 'appropriation of discourse', or Ritzer (1996) the McDonaldization of society. Therefore, we say that resistance is the direct result of the exercise of power, whilst the rationality that informs organisational change may find itself questioned by a new sets of practices and rationales that were never envisaged by its technicians of transformation. In the process there is the potential for the development of new forms of identity in social work practice.

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## Notes

<sup>1</sup> For a more detailed understanding of the legislation and guidelines see Lewis and Glennerster (1996) and Pilgrim (1993).

<sup>2</sup> This group will be defined as 'front-line workers' because they are in daily contact with the people for whom the organisation is meant to serve (see Lipsky, 1980; May, 1991a).

<sup>3</sup> For example, Mary Richmond's (1917) book 'Social Diagnosis', originally published in 1917, was reprinted 16 times up to 1964.

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