Interactional Learning:

a study of how a local Social Service unit learnt to construct the interface of inter-sector collaboration prescribed by the Care in the Community legislation.

Morris G. Davies

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SUMMARY

Contemporary government policies for mixed economy service provision shifts the relational emphasis between public and private sector service agencies to a more collaborative form of interaction. This study seeks to gain an understanding of how such interactions can be formulated. The study particularly examines whether, prior to the event, organisations can learn how to interact with one another.

A case study methodology examines how one Social Services Locality Team undertook a multi-disciplinary training programme with Health Service, Local Authority, voluntary and private sector agencies in preparation for the implementation of Care in the Community. The case study uses an "actor oriented" approach focused by questions drawn from a conceptual framework constructed from current organisation, learning and interaction theory.

Data collected over an eighteen month period from a series of interviews, observations and documentary examinations is interrogated through contextually modified research questions to present an account of Locality learning in terms of "input processes", "outward evidences" and "indwelling changes". It is argued that learning is not solely limited to individual processes but is a legitimate process of organisational development. This challenges the entrepreneurial view that organisational learning is a risk driven mechanism aimed at continuous organisational transformation by showing that knowledge assimilated into organisational rules, procedures and systems creates a type of "learned organisation" that provides the stability and authority that empowers members to manage change.

The research findings, although highlighting weaknesses in the researched Locality's learning process, show that organisations can arrange their internal systems so that facilitative interactive mechanisms can be mobilised. It is therefore argued that pre-emptive learning for interaction is possible.

The study gives an additional dimension to the conceptualisation of organisational learning by showing that learning related to interagency interaction may prove more effective when emanating from the stable and authoritative platform of a "learned organisation".
ACKNOWLEDGEMENTS

I thank God for the many providences of health and strength that have enabled me to undertake this work. I humbly recognise that if there is any merit in it then all the honour is due only to Him for it is only the gift of God "that maketh room for man, and bringeth him before great men". (Prov 18:16) But any shortcomings can only be attributed to me for as Solomon so wisely stated "As clouds and wind without rain, so is he that boasteth himself of his gifts falsely" (Prov 25:14)

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<th>Abbreviation</th>
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<tr>
<td>AA</td>
<td>Administrative Assistant</td>
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<tr>
<td>AAD</td>
<td>Assistant Area Director</td>
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<tr>
<td>AD</td>
<td>Area Director</td>
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<td>ALTM</td>
<td>Assistant Locality Team Manager</td>
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<td>AMT</td>
<td>Locality Team Manager</td>
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<tr>
<td>CC</td>
<td>County Councillor</td>
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<tr>
<td>CM</td>
<td>Case Manager</td>
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<td>DMG</td>
<td>Departmental Management Group</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>HCO</td>
<td>Home Care Organiser</td>
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<tr>
<td>IAN</td>
<td>Integrated Assessment of Need</td>
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<td>JPG</td>
<td>Joint Planning Group</td>
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<td>LAO</td>
<td>Locality Administrative Officer</td>
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<tr>
<td>LPG</td>
<td>Locality Planning Group</td>
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<tr>
<td>LTM</td>
<td>Locality Team Manager</td>
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<tr>
<td>MCHD</td>
<td>Mid County Health District</td>
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0.1 An Explanation
When announcing a two year postponement of "Care in the Community" the Secretary of State said;

"...this will give statutory and other caring agencies a more than adequate time to prepare for implementation. It allows time to plan, time to organise, and time to learn together how best to provide an efficient mixed economy of care." (Clarke 1991 - Guardian report)

In examining the underlying assumption of this statement, this thesis presents an empirical study that seeks to answer the question "Can individuals and organisations learn to learn how to interact". It questions the notions of either the micro-centred "self-directed individual" (Brookfield 1986) or the macro oriented "Learning Organisation" (Argyris & Schon 1978; Senge 1990) being the agency through which learning and interactional activity is legitimated. It alternatively offers a rationale for a "learned organisation" that is made an incorporated entity through the "enmeshed abilities ... and artifactual" (Callon 1991:60) inheritances of past and present organisation members. It therefore offers a broadening of current understanding of interactional learning. This study is located in, and examines how, one Social Services unit prepared itself, through a co-ordinated learning programme, for the commencement of Care in the Community.

0.2 The Scenario
"Working for Patients" (HMSO 1989a) and "Caring for People in the Next Decade and Beyond" (HMSO 1989b) introduced governmental proposals for the reform and rationalisation of health and social care services in Great Britain.

These two White Papers describe a system designed to provide adequate care services which are easily accessible and locally available and, as the government claim, in giving better value for money, will provide a more cost effective and responsive service to those in need. Implementation is to be effected through new, coherent and co-
operative networks, co-ordinated by a "lead agency" which will harmonise the efforts of statutory, local authority, private sector and voluntary care providers. The lead agency role is delegated to county Social Service departments who will act as the single accountable enabling body and controller of the care budget. (HMSO 1989b)

The National Health Service (NHS) and Community Care Act 1990 confirmed the White Paper recommendations and enacts the policies of Care in the Community to be effective from 1 April 1993. The government states that this legislation has been specifically drafted to offer a flexible policy framework which facilitates local implementational freedom. By empowering, within specified parameters, local groups to set their own agreed objectives the government expects provider organisations to work collaboratively in offering Users' relevant and accessible care. The strategic thrust of Care in the Community therefore posits a radical shift from the historical and organisational divisions of health and mental care, social care, social support and preferentially purchased care. It espouses a more holistic approach aimed at providing Users with the in vogue "one stop" provision of all aspects of care in their own community setting. In the past, with some exceptions, the NHS, Social Services, local government, voluntary sector and private enterprise, provisioned care independently. Care in the Community aims to reorganise the activities of care agencies by making them directly responsive to the assessed needs of people and eliminating wasteful duplication of effort so that care can be targeted to where it is most needed. (From HMSO 1989b)

In the new jargon of Care in the Community the assessing agents are the fund holders who "purchase" services from the care "providers" through contractual and negotiated arrangements. This makes the system dependent upon the active participation of all care agencies for as the White Paper says, "no one organisation has all the resources that will be needed to implement the programme." Emphasis is therefore placed on a "New Context of Collaboration" between the NHS and the Social Services (HMSO 1989b:46) and the non-statutory providers which needs to be more permanent and participative than before.

0.3 The issue defined
The notion of interagency collaboration in caring is not new. Indeed, the White Papers suggest that new co-ordinated partnerships have the advantage of being able to build on a range of current collaborational arrangements. Current networks have mainly been built on formalised contracting and less formal grant aid and funding arrangements which elicit obligations (Butler & Wilson 1990:38) to service the
purpose of the funder. However it is well to consider that most existing care provision operates on loosely orchestrated concepts of acquiescent pluralism in which responsibilities have been voluntarily acquired or arbitrarily shared between the statutory, voluntary and private sectors according to their own perceptions of "existence", "possibility" and "ethics". (Clegg & Dunkerley 1980:409). Therefore it is more accurate to describe current collaborations as a sort of co-operative functionalism (Butler & Wilson 1990:37) that maintains the niche positioning of organisations rather than generating any inter-dependence between organisations.

Neither is the concept of caring for people in their own community a new situation. The 1960's moral rejection of institutionalisation (Ramon 1991:19) changed the direction of state policies by recognising people's fundamental right to participate in society as best as they are able. (Race in Ramon 1991:13) The then trend of adopting community approaches to broaden the scope of participatory democracy (Cockburn 1977:98) enabled the re-integrative policies of Community Care to come to fruition. (Ramon 1991:x/xi) This was seen as a re-emergence of the family principles, that Mrs Thatcher later extolled as foundational to a fair society. (Thatcher 1987) The White Paper (HMSO 1989b) therefore has some justification in claiming that Care in the Community is but another logical step in caring for people into "the next decade and beyond" (HMSO 1989b).

What is new however is that Care in the Community imposes a change to the care provision in Britain that requires a level of cross sectoral collaboration that is more formalised and controlled than has previously been experienced. This imposition invades the organisational domain by politically directing the type and pace of change thereby effectively removing the freedom of organisational management to determine the degree of change they wish to bring about. (Wilson 1992:10) The White Papers, in expecting the different parts of the statutory sector, together with the private and voluntary organisations to, voluntarily co-operate with the centrally appointed Social Service lead agency, seem to be devolving the obligation for care to a wider market. However the market is not an open one. As Hudson (1992:131) explains it is a controlled "quasi-market" environment wherein demand is determined, in this case by central assessment of need, and supply limited, by the distribution of funding from the centre. These institute a magnitude of alteration, that Pettigrew (1987:2) sees as being fundamentally different to the competitiveness of the economic and social situations associated with normal (sic) strategic changes. These changes will however strategically affect the inter- and intra-sectoral relationships in ways that will alter internal cultures and restructure external linkages. The way organisations cope with
this will be a crucial factor in any success that may or may not accrue to Care in the Community. For as Abrams' warns:

"neither the private or voluntary sector, whether formal or informal, is very amenable to being harnessed by the state to providing continuous care on statutory terms".

(Abrams 1978:6)

New relationships, as Taylor (1990:44) informed the voluntary sector, will require the adoption of new terms of reference to meet the "New Times and New Challenges" that lie ahead. In forging these new relationships organisations will not only have to identify what has to be changed and to understand why the changes are necessary, they will need to determine how they can implement them. Pettigrew's (1987:5) methodological model of change theory (Fig 1.) with its clearly defined contextual and perceptual dimensions is helpful in this respect. He explains:

"that broadly speaking, the "what" of change is encapsulated under the label content, much of the "why" of change is derived from an analysis of inner and outer context, and the "how" can be understood from an analysis of process" (ibid)

Pettigrew (ibid) and Whipp et al (1987:17) suggest that change results from the interaction between these strategic variables. However, in the case of Care in the Community it seems, as I have outlined above, that legislative prescription has so determined content and context that only the processes by which the changes will be effected are left to the discretion of participating organisations. It is argued that even this seems compromised as inbuilt competitive strategies (HMSO 1989b:22) "preclude the possibility of co-operation or alliances" (Wilson 1992:113) It is therefore essential for organisations and their members to grasp, as Whipp et al (1987:15) and Wilson (1992:7) say, that change is predominantly a perceptual phenomenon which needs to precede any re-alignment of skills, knowledge, beliefs and values to the different culture.

Whipp et al however, does not accept change as being solely rationalistic. (ibid:17) He suggests it is a learning and political process through which change is both experienced and implemented. The impact of change upon the societal construction of organisations, as Craib (1984:64) points out in a slightly different context, affects the "institutionalised actions [of organisational] role structure" and determines the
"role behaviours" of their members. *(brackets mine)* but this is only processually resolved by;

- organisations learning how to interact across the cultural and structural divide that currently separate them;
- individual members learning how to identify and adapt to new role structures.

However as Wilson observes "much 'pop' psychology has been revisited in an attempt to 'teach' the skills" (1992:12) of change, which in his opinion only reinforces the subordination of non-managerial staff, rather than developing the understandings that empowers people to participate in formulating change.

0.4 The Aim of this Thesis

This thesis aims to get away from the mechanistic and contingency theory constructions of change, that Pettigrew implies have been overdone (1987:5) and concentrate on the more creative processes of learning that empower organisations to handle change. In the rather flowery language of Senge this study sets out to discover how organisations and individuals expand their capacity to create (Senge 1990:14) the new environment of Care in the Community and develop "the invisible fabrics of interrelated actions" (ibid.:7) that are needed if effective networking is to operate.

The focus of this thesis is therefore organisational, for as the White Paper states, using Goffman's dramaturgical parlance(1969), the main "actors" in Care in the Community are the organisations of the NHS, Social Service, local authority, private and voluntary sector. (1989b:22). In agreement with Hindness I have no difficulty in accepting that organisations, in their capacity of being the locus of decisions and action (Hindness 1986:115) and controllers of "political strategies... and power" (Knorr-Cetina 1988:44), posses an identifiable entity that enables them to act in their own right. However, as much as organisations are seen as the main actors of the piece, it is individuals who constitute the supporting cast, stage management teams, lighting and sound technicians, wardrobe, casting, scripting, prompting, and 'star' players that give the organisation voice and visibility. It is through the acting (the agency) of its members that interaction is effected at the organisational level. Therefore organisational-actors depend upon individual players to learn the parts written for them, so that the 'play' can be enacted at all the necessary levels. It is after all as Bohman (1991:148) says, their properties, goals and beliefs, as much as those of the organisation, that are challenged, and will be modified, by these changes. Therefore,
individual and organisation do not operate on separate levels but are united in the singular practices of concrete experience. It is this that requires them to learn together how to operate within their allotted new roles. Therefore, the individual and the organisational strands are integrally part of the same phenomena. Even though, as Craib avers, that it is "too simplistic to consider them to be causally related" (1984:64), their interdependency is unquestionable even though the outcomes of one do not necessarily explain the other.

0.5 The Research Approach
This examination, whilst recognising that action is primarily effected through the membership, specifically looks at these learning and interactional functions in terms of organisational action. In deliberately seeking to steer clear of any purer sociological arguments, if such exist, related to micro or macro levels of social reality (Turner 1988:viii; Knorr-Cetina 1988:30) and psychological discussions about meaning and language (Bloom 1981), this study seeks the more pragmatic understanding of "how", rather than "why", organisations learn to construct and control the interactional interface. Consequently, and because this seems to be more practically applicable, the analytical approach of this study is predominantly socio-institutional and is viewed from an actor oriented perspective. This broader perspective allows the research to concentrate on accessing the dynamics of the social context in which the processes occur rather than becoming trapped in the mechanistic or psychological pursuit of individual actions. Likewise the organisational examination, whilst not entering into the modernist and post-modern debate, uses literature from both these theoretical perspectives to explain that their combination gives the broader picture of what is current organisational reality.

0.6 A Conceptual Framework
Any research process involves dealing with "multiple realities ... and diverse and discontinuous configurations of knowledge". (Long 1992:26) This notion prompts Wilson (1992:9) to suggest that "the primary task of any analysis is [therefore] to develop a framework" that enables this matrix of realities (Long:ibid) and epistemic communities (Knorr-Cetina 1986:16) to be identified, located and examined in relation to one another.(Wilson:ibid) As Wilson says, such frames can take many forms. It does seem in this case that the change model frame (Fig 1 above) is particularly helpful to this study. It not only enables the process to be contextually examined (Pettigrew 1987:5/6) but its perceptual dimension enable us to "identify the different category systems [that] permit the anticipation of future events" to be ascertained. (Arce & Long 1992:213).
It can be seen that the content, which Pettigrew defines as the "chosen strategy" (1987:5), is here clearly prescribed by the Care in the Community policy documents. These policies also determine that the scheme is organisation centred, but direct that the outward context is to be located in interactive networkings whilst accepting that each organisation's inner context is to be found in their own culture and structure. The process of change will undoubtedly emerge from the ways in which the legislation is interpreted and organisations mobilise their resources and systems to implement the scheme. However, as Whipp suggests (1987:17), at the heart of the processual element lays the learning processes that develop those dominating ideas and frames of thought that actually enable implementation to proceed. I therefore consider it legitimate, in the context of this study and recognising that other mechanical and political parts of the "process" are temporally ignored, to use this dynamic variable of learning as the process element.

From these notions a conceptual frame can therefore be constructed that helps to inform the research how the learning process can be undertaken in an organisational context directed at fulfilling the requirements of Care in the Community.

This conceptual framework is presented in Part One of this thesis with a separate account of each of the four elemental strands that are drawn together in a contextualised analysis to give an overview of the research environment. I use the indicators that emerge from this overview to define a set of initial questions that I trust will form the first component of my case study research design (Yin 1989:29) and provide those navigational markers that facilitate an informed entry to the field research.

In an endeavour to make this thesis more 'reader friendly' it is divided into two parts, with the first part explaining my thought processes prior to beginning the fieldwork stage of the research. I have come to regard this as the conceptual frame with which I entered the research arena and it gives the reader an indication of those biases, prejudices and mis-understandings I inadvertently brought with me. Part Two is my description of what transpired during the research period and presents an account of the method, fieldwork and analysis of a bounded case study.
Section one contextualises the interactional interface by defining Care in the Community in terms of the legislation that institutes it. This offers a rationalistic analysis of the proposals and describes the structures needed to implement the social processes of the scheme. As the scheme is not yet in existence this section reluctantly employs those "logico-deductive processes" that Cooke (1983:23) suggests are able, by examining the conceptual connections and implications, to express an informed assumption of "the processes in the real world". By this method I seek to show the sort of relationships that are likely to exist between the actor agencies and the Users and the contractual relationships that will need to exist between each other. I willingly accept that others are likely to interpret the legislation in a very different way, but my aim in presenting this explanation is to enable the reader to at least see where I am coming from. This is extended into an hypothesised account of the possible restructuring of care likely to occur under Care in the Community to provide a platform from which some of the emotive responses of caring professionals (Bamford 1990:xi) can be explained.

Section two offers a morphology of organisations which shows that contrary to Marxian and Weberian notions, where organisations were perceived as unitary typifications located in either a capitalist or industrial society, that each organisation is significant in its own right. (Morgan 1990:14) Whilst not necessarily subscribing to interpretive school, (Bittner 1974: Zimmerman 1970) definitions that organisations have no inter-subjectively shared meanings and values (Burrell & Morgan 1980:264) it is accepted that organisations are problematic conceptual constructs established around unique ideologies, cultures, strategies and rule sets, which themselves are impermanent, but which nevertheless mark the current reality of both modernist and postmodern conceptions of an organisation.

Organisational structures are not however solely determined by internal factors. As Ahrne (1990:29) suggests they are influenced by externalities such as their location in the "social landscape" and the economic and social "conditions of growth" that surround them. In the context of this study DiMaggio & Powell's (1983) concepts of institutional isomorphism are explored to show how the external forces of interactionism can become significant influences on organisational structures.

These concepts are further expanded in section three, which in seeking to harmonise some of the theories of social interaction with the more pragmatic managerial approaches attempts to construct a rationale which explains the social processes of interactive networking. I use the synergised constructs of Turner's social interaction
theory (1988) and the more structural theoretics of Giddens (1982) and Collins (1986), together with Giddens' notions of "ontological security" to identify the theoretical imperatives for personal interactionism. By using concepts from the socio-managerial and economic schools (Williamson 1975; Morgan 1986; Ahme 1990; Morgan 1990 and Mills & Murgatroyd 1991; amongst others) I show how organisation use similar principles to structure their interorganisational relationships. This suggests how dependency, regulation, control, and power linkages are ordered within networks so that they effect a stabilising response to the economic and social uncertainties that prevail in the operational environment. The fourth section of this theoretic frame will, by examining theories of learning, identify how people reorganise and restructure their own experiences (Dewey 1919:76) and in Kolb and Fry's learning cycle theory acquire a conceptual understanding through processes of reflection and testing. These self-directed learning concepts (Brookfield 1986:19) and the influencing societal constraints (Jarvis 1985:38) and acculturational pressures (Berry et al 1992:271) are further examined to see if their convergence can lead to the sort of 'learning organisation' that Senge (1990) suggests. (but is strongly denied by Morgan (1993).

This construct is developed to show that, even though the personal learning process (Jarvis 1983:26) remains the key element, the separate determinism of individual and organisation are aggregated in such a way that both experience a "shift of mind" (Senge 1990:13) that manifests itself in a shared dynamic which integrates the learning of both into the organisational culture. It will be shown that Stenhouse's model (Fig 3) combines these notions in a way (1983:43) that opens up a new understanding of the concept of "the learning organisation. (Handy 1989:179) which I have called the Learned Organisation. Whilst it is not suggested that the epistemological assumptions outlined in this framework are offered as a positivistic solution (Burrell & Morgan 1979:5) aimed at preempting the reality of life that the research seeks to uncover I use these theoretic and contextual accounts in Section Five to develop a synthasised theoretical frame that identifies and formulates the questions that initially inform the field research programme. This conceptual frame acts as a sort of window that permits a contextual and perceptual view that enables the enquiry, as Rowan & Reason (1981:223) show, to probe beyond the surface of the public image to
discover the formative pressures that really influence the individuals and organisations involved in Care in the Community. As Yin (1989:29) opines, such questions are a critical part of an effective research design which reduces the potential for investigational confusion.

0.7 Part Two - The Research
The investigatory research programme which lasted from October 1990 to 1st April 1992 is described in Part Two. Section Six explains how the choice of research method proved quite problematic mainly because, like Femer (1989:4), "I was not sure at the beginning exactly what I was looking for". I recognised early in 1990 that I appeared to be sensitive to an issue which others, including many of the main actors, were only just beginning to become aware of. I had much encouragement to use one of, what I perceived at the time, the more "academically acceptable" methodological approaches and spent some time trying to fit the research to the method. I found myself falling into the error Stenhouse (1984) identifies of starting to examine only those phenomena that I could "fashion into interpretative statements" that fitted my particular framework. What I was looking for was an approach that allowed me to grasp the crucial patterns and key mechanisms (Villarreal 1992:248) that would lead to those contextual interpretations that Cronbach (1975:123) suggests are needed to describe what actually happened. It therefore seemed to me that a case study approach was the most applicable method for it allowed me to look at the full sequence of events whilst providing the opportunity, as Long (1989:248) describes;

"to highlight and analyse the processes by which social actors actually manage their every day social worlds and attempt to resolve certain problematic situations".

Section Six also shows how the case study allowed me to simply "follow the actors" and to examine their decisions and how they act upon them. (Long 1986:165) within their own local, or as Mitchell (1983:193) describes it, "bounded situation". The fact that case study methods are inherently linked with other phenomenological approaches (Gilbert and Pope 1984) confirmed its qualitative paradigm pedigree, that is essential to this research if the general principles of social organisation are to be seen in this particular specified context. (Mitchell ibid.)

0.8 The Ethnographic Account
What actually took place resulted from a complex coming together of the mechanisms of learning, individuals and organisations. In my attempt to untangle this and present the account in as clear a form as I can manage I accepted the advice of Torres who using the garlic bulb as an example suggests that one only gets the "richest essence"
when the skin is peeled away to expose each of the separate segments. (1992:93) Sections seven, eight and nine therefore contain the descriptive accounts of the mechanisms of training, the processes of inter-agency interactions, and the learning processes respectively. Each of these are inextricably related to each other but is a separate segment in the matrix of this particular experience.

The research generated a veritable mountain of notes and transcripts of some 111 one hour audio-tapes. This has been carefully sifted through, seemingly ad infinitum, to specifically select the most appropriate material to capture the social reality that existed throughout the eighteen months of the study. Whilst I made no conscious effort to analyse the situation during the data collection period, primarily because there was not enough time, emerging inadequacies in the original conceptual framework forced me into an iterative process, that I describe in Section Six, of slightly modifying the research questions so that they remained contextually relevant. Although I cannot claim that I was a non-judgmental observer, I made a conscious effort to select material only on the grounds of its value to the descriptive account. I have adopted a style that interweaves the conversations and documentation into the narrative....Firstly because the words and writings of the participants tend to be more informative than my own; and secondly because they add an authentic and authoritative dimension to the thick descriptive picture (Merriam 1988:168) I am attempting to present. What I hope this achieves is to enables you, the reader, to enter into the case experience and at least get a glimpse of the things I was privileged to experience.. If I succeed in that, then you dear reader, will be in a position to assess whether the analysis I present in the second part of Section Nine regarding the learning achievement of the Locality and the ability of the Locality to become a "learned organisation" is a valid interpretations of this phenomenon. You will also be able to determine whether the conclusion I ultimately arrive at through a process of learning from both positive and negative experiences answers the critical question of this thesis, "Can organisations learn to learn how to interact"?
Part One
SECTION ONE

1.1 Care in the Community

Initiated by the report "Community Care: Agenda for Action" (Griffiths 1988), colloquially known as the "Griffiths report"; described and detailed in two White Papers (HMSO 1989 a & b); and enacted in the National Health and Community Care Act 1990: Chapter 19, Care in the Community aims to enable people to live as independently as possible in the community (HMSO 1989b:9). The strategy is primarily to encourage "family, friends, neighbours and other local people [to continue to provide] the great bulk of care ... in response to needs which they [the families etc.] are uniquely well placed to identify". (HMSO 1988:5) The second task is to provide locally planned, easily accessible care services through coherent and co-operative networks formed by statutory, local authority, private sector and voluntary care providers. Local networks will be led by Social Services purchasing units, who as the accountable enabler will contract out assessed care requirements to both statutory and independent care providers. The lead agents are further encouraged "to make maximum possible use of the private and voluntary providers" (HMSO 1989b:5) whilst ensuring that the "mixed economy of care" functions within available resources.

1.1.1 Assessment

Emphasis is placed on personal assessment, to determine the best available way to help the individual (ibid.:18). Social Service Case Managers will; with the exception of people with exclusively health care needs who will continue to receive care direct from the Health Services, identify, assess, and review need and plan, secure delivery and monitor the care provision assessment for each User.

1.1.2 Funding

Social Services purchasers units will become the main fund holders which necessitates the phased transfer of central funds from the Department of Health and Social Security. Coupled with the role of assessment this makes "Social Service authorities the gatekeepers of social care" (ibid.:50)

1.1.3 Planning

The new planning approach requires Health and Social Services to work together around common purposes to establish joint planning at local levels. This may, as the Act provisions, require the transfer of staff from one service
to the other. (HMSO 1990:Sect 49) In redefining the notion of joint planning the primacy of the statutory services partnership is no longer considered appropriate in all circumstances (ibid:50) but they do share the main responsibility for planning but the forum is broadened to give at least consultative status to the voluntary and private sectors as well as carers and Users. Section 46 of The Act requires plans to be published for the provision of community care services in each area.

1.1.4 Structure

The major structural emphasis is the change from the concept of statutory authorities being the monopolistic provider to becoming the arrangers and purchasers of care services (HMSO 1989b:17). The process of separating the assessment function effectively develops a quasi-market model that is dependent on purchaser and provider agencies. This means that statutory and independent providers, whilst not being made subject to compulsory competitive tendering rules (ibid.:23) will indeed offer a directly comparable and therefore competitive service from which the purchaser can choose. The purchaser funding agents are expected to develop an increasingly contractual relationships with statutory providers (p23), voluntary bodies (p24) and the private sector (p27) based on quantified and specified requirements which will ensure that value for money is attained. They are also required to ensure that funding to voluntary organisations is "spent in a way that best supports sufferers, carers and relatives". (ibid.:58)

To ensure efficacy each authority is required to set up an external agency to monitor the effectiveness of local provision and to deal with complaints and appeals against the system. (HMSO 1990:Sect 50)

1.2 Implications

What does all this mean to the organisations and individuals? Obviously it means change. Change in practices and relationships requiring restructuring and redefining at both organisation and individual levels. This section seeks to assess what these changes, and their effects, are likely to be.

Any such assessment of future outcomes is inherently problematic but in agreement with Wilson (1992:7) I suggest that many organisational issues of change can be understood as perceptual phenomena and can be expressed in individual accounts and definitions of the situation. Such analysis however, should not resort to normative
recipe-book thinking (Wilson 1992:3). Rather, as the examples of the visionary constructs of Lewin's "force-field method" (Lewin 1951) and the historically contextualising approach of Pettigrew and Whipp (1991) show, deductive processes that define the perceived phenomena through logical connections and implication can be legitimately followed. (Cooke 1983:22) I do however accept that the assumptions and logic used are unlikely to be free from error, but at the very least, this analysis does provide a set of reference points that give a contextual dimension to the research questions. Ultimately, although not directly part of this study, it will be interesting to see if the empirical study validates or refutes the analysis.

1.3 Structural Contracting

The scheme seems to be presenting a unique but quite dichotomous relationship of, on the one hand organisations being partners in the planning process whilst, on the other hand, being directed into the formality of contracted arrangement. This seems to be fraught with problems. They seem to be being asked to serve as both client and contractor. If this actually happens, providers will find themselves in the untenable position of participating in the determination of local policy standards that they themselves are required to conform to.

The possible outcomes are therefore more likely to be

a. providers squeezed out of meaningful planning
b. providers represented at the planning table by a nominal voice
c. full planning representation but at a higher (say director) level

Whichever is the outcome participative local planning will tend to reduce at a rate directly proportional to the growth of contracting. This could reintroduce the sort of inflexible duality of informal and state care, which Hill and Bramley (1986:24) suggest has been the norm for care in Britain since the late 1940's and which Care in the Community is designed to change.

Taylor (1990:47) in comparing characteristics of voluntary organisations before and after a similar contractual dynamic was introduced into the American charity system warns these are the changes that are to be expected here because "government policies throughout the world ... are searching for ways of meeting need against a background of limited resourcing." In many ways her annual report seems to be just as apposite to statutory providers as it is to the voluntary sector to whom it was addressed, for they are in the invidious position of being just as dependent upon contract funding without having the option to opt-out. Her summary "The Shape of Change" (Table 1 below) presages a near quantum leap change between current and new practices that
organisational structures and the people they employ will not only change the internal environment but subsume local control to the financial power of the purchasing unit. Taylor points out grant aid funding is likely to become directly associated with, and dependent upon, contractual participation and therefore non-participation could starve organisations of funds which could threaten their continued existence.

The likely outcome is that some organisations, especially those involved with campaigning will remain fully independent and continue to serve the needy from public giving whilst others will become more reliant upon contractual funding and therefore become dependently tied into the system. They will contrary to Abrams assertion (above) become part of the statutory system. The alternative is that they will develop commercially so that the line between the private sector and statutory and voluntary organisations will become less defined. Organisational cultures will change with the possibility that in reality the private sector will effectively expand at a rate commensurate to a decline in these other sectors. New managerial and contracting
skills will be needed by purchasers and providers alike and considerable resources will need to be directed at monitoring and financial control functions.

The result of contracting is, as the White Paper says, to distribute funds to those who actually provide services, but it also has the effect of drawing providers into resource dependent relationships which causes the providers to relinquish service freedom for contractual conformance to prescribed services.

1.4 Assessment
Underlying the assessment process is another dichotomy emanating from, and generated by, the subjective values of those who have needs and the mechanistic objectivity of the resource controlling assessor. As Bradshaw's taxonomy (1977 - Table 1 below) shows, need is necessarily identified and defined from a number of differing perspectives.

Table 2.

<table>
<thead>
<tr>
<th>Category</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normative need</td>
<td>Professionally identified</td>
</tr>
<tr>
<td>Felt need</td>
<td>Personally experienced</td>
</tr>
<tr>
<td>Expressed need</td>
<td>Personal demands for care</td>
</tr>
<tr>
<td>Comparative need</td>
<td>Assessed to perceived standard</td>
</tr>
</tbody>
</table>

Bradshaw's Taxonomy

The White Paper in recognising this complexity, which Nies (1992:1) suggests comprises both the absolute and relative aspects of need, requires the assessment to be a fully consultative process involving assessor, professional prescribers, User and helpers to determine optimum packages. However the notion that all who have a competency to contribute to the assessment may be difficult to achieve. The system does not determine any obligation, or contractual arrangement, by which Social Service case managers are able to require external agencies to contribute to the assessment. It is difficult to see how, with the productivity oriented approaches of paying directly for work they do for each other (1989a:101), fund-holding doctors and hospital trusts will undertake this extra work free of charge. Case managers may therefore be forced to continue the pragmatic incrementalistic approaches currently operant instead of the desired holistic systems envisaged in the White Paper.

If this is the case then medical referrals for assessment are likely to be given precedence as it would be either a courageous or foolhardy case manager who would
ignore recommendation for prescriptive care from the medical professions. The assessment process is therefore likely to continue, as Bamford suggests, to be dominated by professional sapiential power (1990:).

The problem for case managers is exacerbated by the constraints upon the availability and accessibility of resources (Nies 1992:2). As they grapple with resource allocations they can be perceived (rightly or wrongly) as being more concerned with resource rationing than in being the objective assessor of need designed in line with individual needs and preferences. (HMSO 1989b:5) Potentially this can undermine User confidence in the assessment process, especially if resourcing does prove to be inadequate for local conditions. Many Care Plans indicate that a resource shortfall already exists in stating that existing funding is mainly bespoke to existing high need cases. Case managers will therefore be fortunate to escape the political pressures associated with care strategies that have to prioritise normative (politically essential) and comparative (politically sensitive) needs above personally felt and expressed needs.

The government also says there is "no purpose in assessing those currently cared for by the informal sector or caring for themselves". Consequently it appears that assessment will be restricted to those;

a. being referred from other professional sources,
b. needing to access the care resource for the first time,
c. transferring from the informal to the formal sector,
d. already recipients of formal care but requiring additional care or being considered for discontinuance of care.

Assessment is therefore unlikely to be the proactive function that will determine a full social audit of need (Percy-Smith 1992:29) but is likely to continue to be most responsive to those who are referred from other agencies and those who are in the know (Lawson 1991:78). Assessment has to face the reality that it is required to serve a system which functions in a supply directed environment whilst portending to offer a demand led service.

1.5 Funding
The White Paper details the cost of care services to be nearly £3.5 billion (at 1987/88 values) and residential care support a further £2 billion of which £1 billion is expended on private residential services. Together with other forms of care funding the total expenditure amounts to £7.3 billion per annum. This funding is to be distributed
through the revenue support grant¹ (HMSO 1989b:66) but moneys are not to be ring-
fenced¹ specifically for care expenditure.

Not-withstanding a commitment to maintain care expenditure the White Paper does
recognise that resources are constrained by budget criteria. However the government
does claim that costs can be reduced, firstly through the greater efficiency stimulated
from within the new competitive environment and also from the presumption that many
who need care are able and willing to contribute toward the cost. In combination
these two elements are expected to achieve the savings that will resource the
expansions in care provision and will enable an equilibrium between service price and
production cost (1992:131) to be achieved. It is difficult to see how such an outcome
will be achieved unless true market conditions (Fig 4) pertain where costs are
theoretically equalised around the conjunction of supply and demand.

![Economic Supply and Demand Functions](image)

However the quasi-market (Hudson 1992) situation generated by these new concepts
of interagency competition, presented as it is in an unproblematical form, fails to
recognise the inherent tensions that are likely to exist between purchaser and provider.
As Hudson explains (ibid.:140) the characteristic of market forces is relative
uncertainty as opposed to the relative certainty of a joint planned service provision.
This is likely to lead to providers seeking to reduce their uncertainty by entering into
relationships with other providers that effectively reduce competition. Alternatively
they may turn to aggressive sales strategies in an attempt to secure their own market
niche. As Hudson warns this could lead to disruption of trading relationships which
are harmful to providers and purchasers alike.

The economic reality is that quasi markets are quasi because they do differ from true
markets. In a way, the Adamian invisible hand of economic regulation is here replaced
by a more than visible central control seeking to normalise the disjunction that exists
between care supply and need demand. The relatively high cost of care supply and
the demand sides low ability to pay, seems to produce an inelasticity which will be difficult to overcome.

![Demand and Supply Diagram](image)

**Fig 5. Care Economy - Supply and Demand Functions**

The demand curve in Fig 5 shows that as the need for care increases the less Users can pay for each additional unit. The supply curve represents the cost of care which is seen to increase exponentially in relation to quantity. The graph indicates that the disjunction between demand and supply determines the level of subsidy needed to bridge the gap between what people can afford and what the cost of care really is. This means that ultimately the cost of care is not only dependent upon the efficiency of the local care provision but is equally determined by:

- a. User's financial circumstances,
- b. the quantity of care needed per User,
- c. the cumulative quantity of care needed in a locality.

### 1.6 Control of Care Resources

Care in the Community follows the pattern set in other government schemes such as Compulsory Competitive Tendering and Deregulation, by claiming it introduces the dynamics of efficiency, effectiveness and economy to ensure the delivery of a quality service. This is to be achieved by, reducing duplication of provision, making greater use of service specification, determining the desired outcomes, and prioritising service allocation to the greatest need. Provision will be effected by contractual processes, that I describe elsewhere (Davies 1992), that mean working within the narrow path of compliance that tends to subjugate performance to conformance, and satisfaction to utility. It equates maximum acceptable cost to minimum allowable standard and therefore limits the margin of operational independence and potentially jeopardises the job satisfaction of care providers. It militates against the expenditure of care resources unless there is a specified and accepted care requirement.
In the light of the aforegoing the control of resources within budgeted limits must be a priority for purchaser units. The rigidity of supply side funding means that increases in cost or demand will need a change in operational tactics. Two alternatives seem to offer themselves.

**Tactic 1.**
Care reserved for those with most need. The effect is that some potential Users will be rationed-out of the system. This may be economically tenable but could prove politically embarrassing.

![Fig 6.](image)

**Tactic 2.**
*Per-capita* care cost restricted to a maximar so that Users get a fair slice of the cake. Could prove politically expedient but is potentially medically and socially unviable.

![Fig 7.](image)

Budget induced preoccupation with resource control is likely as Bamford (1990:50) suggests to depersonalise the enabling authority role and focus medical, social and political attention on the economy, rather than on the efficacy, of resource allocation. This is likely to pose personal problems for case managers as they assume roles that distance them from the administration of care.

1.7 **Structure of Care Provision: pre-Care in the Community**
The structure of current care services tends to be a complex and somewhat untidy set of arrangements that have evolved in response to need demand rather than being planned as a coherent service. Fig 8, presents a synthesised model showing how care and perceptions of need are brought together to meet current care requirements. Even in this sort of arrangement financial constraints and bespoke commitments pressure authorities to prioritise formal sector care into high, moderate and low need sub-categories. Statutory provision, especially in social care, is augmented by significant contributions from local authorities and the private and voluntary sectors.
However, whilst some (a significant amount in real terms) non-statutory provision is directed at prescribed care, much is supportive of, and additional to, statutory provision filling particular niche positions and seeking to enhance quality of life for Users. The model also shows the significant contribution made by private and voluntary providers to the informal sector's stock of care. Much of this is responsive to self-financed User care, especially residential homes for the elderly and infirm and effectively reduces the incidence of care transfer between the informal and formal sectors.

Fig 8.

The "cone" represents the cumulative amount of care required to satisfy normative, felt, expressed and comparative need. The lower larger portion is predominantly serviced by the "Informal sector of care, and the smaller upper pinnacle the "formal sector".

THE CONE OF CARE
The adhocratic nature of the system has proved to be highly flexible and responsive to societal demands. For the most part decisions are made through a process of acceptance as opposed to delegated distribution. I therefore tend to see this as a sort of acquiescent pluralism where providers operate in the same field because of the Users they serve and not through any formalised interaction with each other.

1.8 The Possible New Structure of Care: Post-Care in the Community

The Care in the Community policy places emphasis upon controlled formal networks replacing the current informality with new contractual arrangements. Fig. 9. indicates

![Diagram](image)

**THE SHIFT IN RESPONSIBILITY**
that new roles will tend to cause non-statutory providers to shift resources from current commitments to meet their networking obligations. These are likely to become more targeted towards the centrally determined priorities for high and medium need Users than before. Resource allocation tactics (Figs 6 & 7 above) are also likely to mean that either the rationed-out group or the lower need partially funded group will effectively be jettisoned from the formal care sector into what can be described as a peri-formal group statutorily assessed but primarily informally provided for.

The White Paper considers this the legitimate return for continuance of the governmental funding of care in the independent sectors. Initially resources are likely to be drawn from those currently dedicated to further enhancing the quality-of-life of recipients by serving felt and expressed need. Private and voluntary organisations are also likely to find pressure rising to expand services currently directed at the informal sector to include those in the formal sector. This transference of resources to meet the socially and politically critical normative and comparative need of those not able to be independently supported is what Bamford (1990) calls the process of substitutability and is seen as the inevitable result of the constant pursuit of reducing cost and the desire to control how care is targeted.

Whilst the short-term imperative is to initiate the contractual system the long-term strategy seems to depend upon creating new structures by;

- a. floating off sections of the statutory care services as self financing units (HMSO 1989b:23)
- b. supporting and assisting the development of new non-statutory providers (ibid)

If such a restructuring is actually achieved the shift from formal to peri-formal will be accentuated. This seems to carry with it the danger that only prescribed health and mental care will remain in the formalised care sector thereby splitting the network into statutory (health) and non-statutory (social) care camps. Some may well suggest that this is the covert agenda (Harrison & Wistow 1992), but it is clearly diametric to the declared policy aims.

1.9 Summary
The essentiality of collaboration to Care in the Community is considered by government to be unquestionable. As the Social Services Select Committee (1990) observed;
"without collaboration ....we do not believe the mixed economy of social care will be able to guarantee that services are available wherever and when ever they are needed."

However this collaboration poses problems that are not going to be resolved without fundamental changes to the general structures of care and by the organisations and individuals serving in them. The contract culture introduces, as Taylor says (1990) new times and new challenges which cannot be equated to the less formal relationships of the past, neither will the necessary control systems permit the high degree of independence local authority, private and voluntary organisations have previously guarded. Allocation policies for grants and support funding will be directed to service assessed need monitored to ensure that money is spent in a way that best supports (HMSO 1989) local care plans. This heightened dependency is likely to coerce non-statutory providers to meet the more ubiquitous requirements of Care in the Community by moderating the sort of single issue focus associated with some voluntary organisations (Hill & Bramley 1986) and the bad risk exclusion policies (Titmus 1977) favoured by some private providers which tend to act as customer selection (or deselection) processes. Many care providers will not wish to join the networks on these terms. But with government apparently prepared to pull the strings of the £3.5 billion support budget, (Taylor 1990:26) plus the relocation of the residential support budget to the Social Services, it is far from certain how many can survive in their current form if they don't.

Collaborative networking is dependent upon the coming together of otherwise independent organisations. These organisations may well share the functional commonality of caring for people but one has to question if this is sufficient to meld them into the "seamless system of care" that is the vision of Griffith. To gain any form of entry to this issue we need to examine who or what these organisations are and how will they construct their interactional arrangements.
SECTION TWO

2.1 Organisation

Modernist conceptions of organisations being definitive functional stable associations of people pursuing commonly held objectives (Thompson & McHugh 1990) where divided labour is governed by the Weberian notions of administrative rules and managerial hierarchies has been at the centre of most organisational and managerial theory throughout the second half of this century. Weber’s typification of organisations as bureaucracies and his methodological concepts of ideal types (Gerth & Wright-Mills 1948:58) with their subtle forms of social domination, although criticised (Albrow 1970:ch3), proved the precursor of a number of organisation classifications (Gouldner 1954; Etzioni 1961; Blau & Scott 1963) which in recognising variant types (Champion 1975:65) corporately accepted organisations as sub-sections of society as definitive, as say, the church or the law. Marxian theory also typified organisations as dominant social mechanism located on one side of the class divide and exploiting labour by a process of role internalisation. (Burrell & Morgan 1980:264) This process "deskilled labour ... and concentrated power in the hands of [capitalist] management" (Braverman 1974:121).

Consequently organisations have variously been contextualised as being systems of power (Perrow 1970; Pfeffer 1981), or systems of production (Taylor 1911), or as social systems (Parsons 1937) of control. It is not clear whether the systems per se have created, or have been created by, the dominance of managerialism. However as March and Simon (1958:4) say organisations are mainly identified by the "high specificity of [managerial] structure and co-ordination which marks them off as coherent sociological units" responsive to the purposive, goal seeking direction of managerialism. Management practices and styles are also seen as central influences in most organisation behavioural analyses (McGregor 1960; Vroom & Deci 1970; Huczynski & Buchanan 1991) The rationalistic decision-making and objective determinism of management is considered by Burrell and Morgan (1979:219) to be a prime influence in locating most organisations in the functionalist rather than interpretive or radical paradigms of social theory.

Critics of functional and structural social theory, especially the interpretive school, (Bittner 1974: Zimmerman 1970) argued that such definitions are little more than common-sense assumptions. Burrell & Morgan (1985:264) record that they (the interpretive school) see organisations as problematic conceptual constructs and reject the idea that an organisation can have any inter-subjectively shared meanings, norms
and values of its own. Their nominalistic approach considers organisational structuralism to be ontologically incoherent with the notions that organisations are the ends, and not the means, by which individuals pursue their own objectives in engaging in collaborative activities in the routines of everyday life. They tend to categorise organisations as voluntaristic associations with indefinable boundaries, serving an undefined constituency, and relying on presumptively shared senses (Zimmerman & Weider 1970:294) of what they are seeking to achieve together.

David Silverman (1970 & 1975), whether intentionally or not, trod the narrow path of the paradigmatic divide between functionalism and voluntarism in synthesising these two disparate views into a seemingly coherent whole. He argued that an organisation is neither solely a functional structural entity nor a voluntaristic association, but that it is a unique experience of processual relationship that subsume the personal accounting of values and norms to a common authoritative account which both establishes and legitimates an organisational culture based on commonly acceptable objectives and the synergised values and norms of the individual members. This accepts that individuals create the rules, but having initiated them, these same rules become owned by the organisation and determine the structures and hierarchies that establish the recognisable reality and authority of the organisation. (Mills & Murgatroyd 1991:33)

Organisational theory, according to Clegg (1990:3), has however been so influenced by the "shadow cast by... modernism ... and the legacy of Weber" that synoptic consideration of organisations has been stultified. Too many saw, as Thompson and McHugh record, that:

"it was pointless to desire significantly different arrangements as all industrial societies were destined to converge into a single, similar type." (Thompson & McHugh 1990:14)

Their disagreement with such a concept and the recent liberation of organisation theory from the tyranny of paradigmatic dependency (Ahrne 1990:31) has gone some way in producing the more eclectic insightfulness that comes from the expanded theoretical and methodological pluralism (Morgan 1980:605), that some claim is postmodernity. (Jameson 1984:63)

New theoretic constructs are based in empirical investigation of organisational action which is not satisfied with conservative elements of managerialism but is concerned with growth of organisations and their power to shape their environments. (Ahrne 1990:32) Such postmodernist approaches seem to see the organisation as a disaggregated temporary coalition that has "no presence beyond the people who bring
it to life" (Morgan 1993:frontpiece), where the "dialectic of control between systems and actors" (Morgan 1990:8) determine a unique interaction between members that we identify as organisational culture. The central thrust of this more holistic approach moves away from modernist preoccupations with structure and behaviour as two separate elements to focus on the interactional tensions emanating from individual concern with maintaining a framework of "ontological security"! (Giddens 1982) and the organisation's need to reduce uncertainty and enhance control.

Glenn Morgan (1990) sees this duality manifested in a wider set of organisational dilemmas which he classifies as "democracy versus autocracy; co-ordination versus anarchy; plan versus market; and national versus multinational." (ch 7) These struggles with reality become the determinants of organisational climates and cultures rather than the modernistic rationalities stemming from the reification of organisational goals (Ahme 1990:31) and the economic control systems of hierarchies replacing markets. (Williamson 1970) Such a multifarious approach is also evident in, the metaphorical analysis of Gareth Morgan (1986). He invites us to internalise our thoughts to recognise the organisation as a complex, ambiguous, and paradoxical construct with potentially differing characteristics (metaphors) to overcome the fundamental crisis within their own turbulent environment. In a later work (1993) he sees this as a process in which organisational members continuously,

"create a relativistic, self organising approach to management ...
[to meet] the challenges of the Einsteinian world we now find ourselves." (1993:283)

Both Morgans' recognise that overlap exists between the notional elements in their own analysis. Glenn Morgan (ibid:238/9) indicates that this equips future organisation with a wider set of strategic choices to cope with long-term change. Clegg, although implying that the new organisational theory is not yet fully defined (1990:15), suggests that in practice postmodern organisations tend to be more organic, have de-differentiated job structures and are less rigid than their modernist counterparts. They work to niche consumptions and are organised around technological choice (ibid:181) which, in citing Heydebrand (1989), he suggests that the internalities of organisational structures are subject to a shift in the mode of administration that is:

"...computerised; its division of labour is informal and flexible; and its managerial structure is functionally decentralised, eclectic and participative, overlapping in many ways with non-managerial functions..."(Heydebrand 1989:327)

Organisations are not only internally determined. In mingling with other social groups (Ahne1990:3) organisations need externally attuned dimensions that enable
internalised structurations to intertwine with external, arenas of action (Alexander 1988:77) and imposed social controls (Alexander & Giesen 1988:270). Organisations exist in the turbulence of social progression and develop within the constraints of market requirements, resources dependencies, competition and locality. Ahrne metaphorically describes this external matrix as the social landscape (Ahrne 1990:22) wherein contingent action causes organisations to coincide and interact in ways not directly related to their inner logics. (ibid.:24) Such juxta positioning generates tensions that impact upon indogenous structurations in a modificational way but dichotomously also defines the social space that is the essential ingredient of differential development.

Whilst accepting in essence Jameson's (1984:63) vehement assertion that we are in the culture of postmodernism it is disconcerting, despite the theoretical veracity, to note how often postmodern organisations are explained in the hierarchical, regulatory and symbolic terms of modernism. Notwithstanding the conceptual insightfulness that postmodern theory provides, one has to question if postmodern interpreters have falsely divided the single phenomenology of rational modernity into two disparate and seemingly competing constructs. Put simply - is there such a thing as a postmodern organisation? - or are we simply witnessing a socio-economic progression within modernity which is

"nothing less than the abolition of work ... save for a management stratum ... freed to exercise uncontested control over the sphere of work" (Smart 1992:109)

giving organisational members the image of independency when in reality it is little more than a coincidental technological liberation from routinisation.

Even if postmodernism is only seen as a new way of thinking and observing actuality, Jameson's (1984:57) nihilistic interpretation that postmodernism has replaced modernism is not only difficult to accept but is ontologically untenable. It denies the persistence of modernism (Smart 1992:192) and posits as Harvey warns the "danger that our mental maps will not match current realities". (1989:305). To achieve a realistic understanding of the current organisational landscape (Ahrne 1990) we need to recognise, as Toffler says, that the "different waves [of modernism and postmodernism] can collide, overlap, ebb and flow one with another" (1983:27).

As far as this thesis is concerned this complex debate must be left to others better qualified than I to expound. Its relevance to this work is to emphasise that most recent organisational and managerial literature recognises that not only are
organisations not just paradigmatic variants of some standard typification but that there are disparate ways of perceiving their internal and external environments. We are now more aware that organisations whilst being the products of their own history (Berger & Luckman 1984:71) they are unique social entities comprised of specific citizenships (Morgan 1990:15) which can be many things at one and the same time. (Morgan 1986:321)

It is from this conceptual platform that the actors participating in the Care in the Community networks can be advantageously observed. But who are the actors and what are they like?

2.2 The Actors in Care in the Community

The White Paper (1988b) identifies the Social Services, Health Services, Local Authorities, private sector and voluntary providers as the participating actors. Such a concept immediately raises the question - can organisations be actors. This hinges on the complex arguments surrounding the methodological dichotomies associated with managerialist concepts of individualism and dualism, and with micro/macro sociology. (Long 1992:8) Long (1992:5) in recognising the organisational management notions (Berger & Luckman 1966: Pugh 1971: Huczynski and Buchanan 1985 & 1991) that organisations are social constructs built on the aspirations and behaviours of the individuals within them says that in essence any actor-oriented approach is intrinsically "grounded in the everyday life experiences and understanding of men and women." Morgan (1993:preface) is possibly more radical in espousing that "organisations have no presence beyond that of the people who bring them to life". Equally, some current strands of sociology (R.Turner 1978: Collins 1985: J.H.Turner 1988) in developing the works of Mead (1934) and Schutz (1932) and the later Garfinkel (1967) and Goffman (1974) notions suggest that micro-analytical concepts of individual interaction are the dynamic of, and not the result of, the social groupings implied in Parsonian macro notions of structured and systematised groupings (Turner 1988:3).

Whilst accepting as Long (1992:23) does that "the quintessence of human agency may seem to be embodied in the individual", single individuals are not the only agencies of action. March and Simon (1958:4) recognised organisations as sociological units and Ahrne suggests that the instituted hierarchies, rules, artefacts and symbols of those units(1990:37) develop the individualistic cultures that make the organisation an extra-individual entity. It is also evident that organisations co-ordinate individual input to corporately attempt to solve problems, harness power, monitor outcomes and act in
their own behalf (Hindness 1986:115) by using synergised "knowledgeabilities" and "capabilities" (Giddens 1984:5) that Long says are the principle elements of an identified agency. (Long 1992:26)

It therefore seems legitimate to identify the actors as the participating organisations. In doing this I am aware of the danger of presenting the relationship between the individual and the organisation in such an abstract or mechanistic form that it becomes more obfuscatory than illuminating. Any such tendency will be redressed in later sections of this thesis as I:

focus on the relations between individual actors and organisations on the one hand and the relations between different kinds of organisations on the other." (Ahme 1990:133)

However, for the time being, I will examine the participating organisations as actors in their own right. This first analysis is, I admit, far too brief and selective but only seeks to discover, in general concepts, the structural/cultural identities of the each of the types of organisation. This should facilitate the identity of those internal environments of organisations that because of their compatibility, or otherwise, either help or hinder the interactional process.

2.2.1 Statutory and Primary Health Services

Even though trust status and budget holding (HMSOa:1989:50) is designed to give hospitals (mainly a provider) and general practices (mainly purchasers) greater independence in service delivery strategic policy remains in the hands of central government. This is effected by government appointed NHS and Family Practitioner Policy Boards co-ordinating the local strategic response to population demand. Regional and District Health Authorities, by being the resource allocators and performance auditors (ibid.:Ch4), are effectively the prime administrative and financial functionaries. The remoteness of this higher level strategic management from care delivery units (see Fig 10.) leads to tight (Peters and Waterman 1982:15) rule laden centralised bureaucratic processes which often appear to lack connectedness (Perrow 1984:cp3) with the relatively "loose" (ibid) response directed decentralised operational systems.

Internally the pervasive influence is "professional and specialist". Hospitals and, to a lesser extent, Family Practices have separated administrative management from medical professional control but, as Bamford (1990) says it is still doctors who;

"stand unchallenged at the pinnacle of the structure, but their position derives from sapiential authority - the authority that comes from the
possession of exclusive knowledge - rather than a formal location at the top of a decision-making hierarchy (1990:131).

Fig 10

**Executive Management**
Policy and strategy
determining management levels.

**Operational Management**
Delivery management level

The medico professional group however, cannot be seen as a united entity. It is more like a disaggregated federation of conjoining functionaries finding common space only (Morgan 1990:140) in the person needing care. Structures therefore tend, in Perrow's terms, (1984:Ch3) to have tight managerial couplings but loose inter-technical and professional linkages.

This tends, despite the resource controlling function of management, to support both the conventional and professional notion that the cultural ideology of the NHS is firmly rooted in the domain of healing (Stacey 1990:28). However, the organisational climate of the NHS cannot just be understood in cultural terms alone (Stacey 1988:2). It can only be fully examined in the system of political economy (ibid:30) in which it operates. Currently the climate appears to be dominated by the drive to maximise output from available resources (Bamford 1990:117) which seems to contradict the ideological function of a medical service providing universally free care at the point of delivery (Stacey 1988:117). Such tensions are partly offset by the confederational nature of Regional Health Authorities (Handy 1985:212) and the tendencies for medical professionals to creatively interpret rules to permit the sentimental linkages (Morgan 1990:140) of care of be maintained. However, the shared perceptions that constitute the organisational climate (Reichers & Schneider 1990:22) are derived from the delicately balanced conflicts arisings from managerial administration and medical probity.
2.2.2 Local Government

Local authorities occupy a unique position in the decentralised functions of government. As Byrne (1986:1) explains their position is strategically different from civil service deconcentration, quangoesce functional decentralisation and even regional devolution, for they have:

i. a political legitimacy derived from being an elected body that vests them with a power of general competence (Clarke and Stewart 1991:67) to undertake their local representational role;
ii. a legal efficacy, as Morris (1990) explains, emanating from centrally delegated statutory powers;
iii. a "social mandate", as Brooke says that gives them "a general commitment to the welfare of their areas which extends beyond their statutory functions." (1989:v)

Local government, as part of the British democratic plurocracy, pursues their role through the dual structure of political representation and executive administration (Byrne 1986 p54) in which elected membership and appointed management (Redcliffe Maud 1969) separate the policy-making process from its concomitant implementation. (see Fig 11)

Fig 11

[Diagram of the structure of local government]

Elected members, working within the prescribed "Conduct of Local Authority Business" (Widdicome 1986) impose a form of bureaucratisation that determine "personnel policies, financial limitations, and publicly accountable managerial systems [specifically] designed to reduce risk and share responsibility". (Bamford 1990 p17) The special internal structures of power associated with bureaucratic
hierarchies (Gerth & Wright-Mills 1948:159) and matrix managements is considerably diffused by the institutional separation (Meyer & Rowan 1977:358) of departmentalisms which focuses attention on those lateral functional linkages that create the "sense of organisation ...and common interpretations of situations" that Astley and Van de Ven (1983:247).suggest is essential to effect co-ordinated action. Local councils therefore tend to involve other local organisation in some decision-making processes (Jones and Stewart 1985:5), and by grant aiding others, (Morris 1990:Ch 8) produce a sort of eclectic corporatism that leads to cultural inter-dependence rather than organisational independence.

Morris (ibid) shows that local government structures are however tightly drawn around an awesome set of ground rules that determine external and internal relationships. These boundaries shape individual action into highly cohesive groups that Mills and Murgatroyd (1991:37) argue lowers individual autonomy, moderating the effects of any emergent professional or specialistic power from the officer cadre.

Traditional roles of local authority administration are now challenged (Clarke & Stewart 1991:8). The stable environments of years of incremental growth constructed on the assumption that local councils possessed the self-sufficiency and direct control to provide local services (Clarke & Stewart 1989:3) is no longer acceptable to central government. As Brooke (1991) propounds the perceived future role is of an "enabling authority" operating, as the Secretary of State requires,

"in a more pluralistic way than in the past, alongside a wide variety of public, private and voluntary agencies. It will be their [local council's] task to stimulate and assist these other agencies to play their part instead of, or as well as, making provision themselves." (N.Ridley 1988)

The emerging role, as Clarke and Stewart (1991:Ch 4) argue, appears to be oriented to local government rather than local administration, wherein the contract dynamic divorces direct service provision from the regulatory and representative role.(ibid :69/70) Whilst financial policies seem to make local councils more accountable to central government, heightened local perceptions of councils being expression of local choice and local voice (ibid:1964) involves them in a local "citizenship" that, as Simey says, causes them to adopt the moral responsibility for the way in which control is exercised (1988:16) and establishes a climate of openness between the governed and those who govern.
2.2.3 Social Services

Social Service departments are a relatively new phenomenon only being commissioned in the Seebohm Report (1968) and instituted as part of the 1974 local government reorganisations. They are part of the local government structure but most of their functions are statutorily determined by central government. In dual authorities they are County Council departmental partners with education and law enforcement, but are politically and economically separated from the District Council controlled housing, residential and day-care services and grant aided voluntary organisations.

Seebohm espoused a despecialisation that - labelled practitioners as generic social workers - holistically involved in "responding appropriately to social problems which involve individual, family, group and community aspects" of the work.(Seebohm 1986:172) This has led social work to concentrate more on the adequacy of family and community support work (Hill & Bramley 1986:123) and to become involved, against their will, in social control and providing a service of last resort (Webb & Wistow 1987:205) rather than acting as the altruistic impulse of society. (Bamford 1990:xii) Bamford suggests that this results in "social workers [becoming] brokers of shades of grey often seeking the lesser of two evils for those with whom they work."(ibid:4). Social care is therefore often stigmatised as being inferior to private care(Hill & Bramley 1986:54) and lacking the efficacy and primacy of medical knowledge (Stacey 1988:132).

Even though Barclay sought to infuse a professional specialism into the social service, firstly the dissent of committee members Pinker and Hadley (Barclay 1982:258 &226) and secondly staff preoccupation with the task in hand stifled this initiative leaving the service lacking a strong professional identity. (Bamford 1990:x) In some senses this was compensated by logistically decentralising the care operation from the administrative centre into locality, neighbourhood, or patch teams.(Hadley & McGrath 1984) This team approach instituted a sort of corporate democracy breaking down demarcation barriers (Currie & Parrott 1986:45) giving credence to consensus, as much as specialist prescription.

The internal environment of Social Service departments tends to be as Meyer and Rowan (1977:355) suggest, determined by central rule systems that are sufficiently generalised to empower local teams to determine their own technical processes to meet external demands. Vertical linkages are therefore loosely drawn, being more supportive than directive. Economies of scale are dissipated and efficiency and
tight co-ordination and control become problematic. (ibid: 354). This can lead, as Brooke (1989:52) identifies, to lateral links with local Health Services and voluntary providers appearing closer than their internal linkages.

Externally the culture is ideologically located in social care but resource scarcity and an expanding demand limit the service to basic care needs (Davies & Challis 1986:221) perpetuating the second-class status of social care. (Bamford 1990:163). However, and rather dichotomously, by using their powers of planning and policy formulation (ibid:109) Social Services departments still tend to shape social values rather than serve them. (Morgan 1990:151)

2.2.4 The Private Sector
Possibly because managerial and behavioural sciences dominates the organisational literature capital enterprise, except in macro organisational forms, is either speedily glossed over (e.g. Mills & Murgatroyd 1991:109) or relegated to the small business sections of business study disciplines. It often appears that organisation literature, in its predilection for takeovers, larger markets, management efficiency and support for vastness (Schumacher 1973:225) simply forget the relevance of smallness. Such an omission, as Cowling (et al 1988:16) recognise, is unfortunate as it gives an imbalanced impression of the capitalist economy and fails to show the variety and disaggregation that exists in the business sector.

Current statistics show that approximately 80% of the 1.8 million private firms employ less than 5 people. (DOE 1992a:48/9) even though they only employ 23% of the 18.2 million private sector workforce (DOE 1992b:1.2). This represents a considerable turnaround in the fortunes of small business and their influence on the economy and the social structures of work from the 1971 Bolton Report which estimated there were 1.25 million small enterprises and they were in permanent decline. (p75) Latest figures also confirm that in the last twenty years all firms have reduced staffing levels. (DOE 1992:48 table 4) In addition to constituted organisations some 400,000 people are registered as self employed (DOE 1992b:table 2:1) many of whom operate as sole trading firms. Only 1.3% of all firms employ more than 100 people but they account for 75% of the total trading value in todays economy. (DOE 1992a:48 table 4)

An understanding of the complexities of business enterprises constitution is not essential to this thesis. It is sufficient to recognise that firms are classified according to their liabilities, or limitation thereof, in regard to their "legal status,
the way they raise capital, and the way they are controlled [owned]" (Beardshaw & Palfreman 1990:49). Fig 12 indicates the types of business in Britain's economy.

Fig 12

Trading organisations
- Sole traders
- Unincorporated associations e.g. partnerships
  - Incorporated by Parliament
    - by Special Act
      - Public Corporations
        - local authorities
    - by general Act
      - Some companies
      - Some local authorities
  - Incorporated by Royal Charter
    - Industrial and provident societies
    - Co-operative societies

Source: Beardshaw & Palfreman 1990:49 Fig 3.1

Although there are some exceptions, internal structures tend to be simply formed and lean staffed (Peters and Waterman 1982:ch 11). Whilst management is seen to be the economic dynamic of any business (Drucker 1955:20) and is supremely responsible for the economic results (ibid:19) management per se is not necessarily a sign, or a guarantee, of efficiency. In smaller business the apparent tight controls and operational flexibility gained from owner-management can be jeopardised by the critical dependency on the skills of the one individual. (Chisnall 1987:9) Such highly centralised management often fails to define employee roles (Cowling et al 1988:253) and fails to set up the rules of knowing (Mills and Murgatroyd 1991:1) that liberate employees to independently contribute. Structures tend therefore to be flat spider web (Cowling 1988:253) systems autocratically or paternalistically controlled from the centre by the owner-manager whose primary desire is to secure personal independence and satisfaction. (Golby & Johns 1971:5) Larger business attempts to structure itself in those efficient hierarchical forms that vest power, authority, influence and leadership in line management.(Graham 1991:xix) However specialisation and a recognition that simplicity (Peters and Waterman 1982:306) is somehow intrinsically bound up with smallness (Schumacher 1973:228) leads to departmental decentralisation. On the one hand this liberates the entrepreneurial "doers" (Graham 1991:9) to develop the competitive culture of innovation (Peters & Waterman 1982:12) and risk (Kiam 1986:3) but tends inevitably, as firms get bigger, to invoke an administrative response in the form of subsidiary matrixes, according to Peters and Waterman, that dilute priorities and paralyses action.(1982:307)
Private business operates in combative markets but few commentators accept conventional notions that business is only interested in making profit. (Beardshaw & Palffeman 1990:27) As Drucker succinctly states business is about service. (1955:66) That service includes product development, quality delivery, market domination and growth. (Beardshaw & Palffeman 1990:28/9) They also say, seemingly contrary to the more guru-ish schools that advocate high risk (Kiam 1986) and change chaos (Peters 1989), that stability and survival are main business objectives. It is worth noting Robbins' comment (1983:283) "in the battle between change and stability - bet on stability".

Business is purportedly directly responsive to market opportunity, by offering product and locational flexibility and mobility. As functionaries in the competitive economic market they are constrained only by limitations on private capital investment, product/service development and depth of market penetration. (Cowling et al 1988:222) Their internal environment is dominated, as Beardshaw & Palffeman (1990:28) describe, by the production process, production cost and production distribution with all that entails for hard and soft (Peters & Waterman 1982:11) resource procurement. Few doubt the Adam Smith (1776) notion that it is private business that creates national wealth, or that business growth per se is a good thing. However expansionary zeal and the need to cover marginal opportunity to trade exposes the supply oriented private sector to the threat of marginal over-production and/or over-investment and making firms vulnerable to any downward shifts in international and nation economic well-being. Private business is therefore a tenuous occupation. Something like 65,000 new firms start-up each year, matched by a similar number of failures, most in their first year of trading. (Artis 1989:261)

2.2.5 Voluntary Organisations

The voluntary sector is comparatively as diffuse in size, shape, numbers and types of organisation as the private sector. But despite these similarities voluntary organisations are fundamentally different (Ahme 1990:54) to others in the capital and civil society. As Morgan (1990:151) explains internal relationships tend to be driven by unpaid member corps values and external reaction to client group needs rather than by employed management objectives. The culture therefore is, as Butler and Wilson suggest (1990:51 in summarising Pettigrew 1979), "dominantly moral, self-reflexive, democratic, participative, and altruistic". These values, rather than market forces, become the guides and constraints to organisational structure, strategy, and product/service activity.
Structures are also determined by a series of dependency/interdependency continuum that can involve, local/national (Ahrne 1990:57); financially supported/independent(Taylor 1990:27-8); campaigning/service delivery (Handy 1988:12); general/specialised (Butler & Wilson 1990:69); competition/co-operation (Williamson 1975; Thompson 1967:33/6); giver/receiver (Butler & Wilson 1990:58); dimensions.

i. local/national continuum

The spatial dimensions between organisation and the controls exercised within their domains determine the quality of organisational interactions. (Ahrne 1990:56) Because of this Ahrne suggests that voluntary body are territorial dependent. (ibid:57) Unlike capital organisations voluntary associations cannot move away from either the operative membership or the dependent recipients. At the local end of the continuum organisations tend to be small, often constituted around kinships (ibid:53) to local needs (ibid:61), immobile (ibid:57), and self funded. Nationally Handy (1988) identifies two types of organisation - federal or shamrock structures. Federational structures have local independent groups associated with, but independent of, a high-profile federal centre. Managerial "energy and initiative tends to come from the parts with the centre being the residual body" for administration and maximisation of public profile. (Handy 1988)

Shamrock structures have three structural leaves joining only at the centre; the Professional centre, Contractual Fringe and the Voluntary labour force each dependent on the other but having a distinctive organisational shape of its own. Line and lateral links between leaves creates the allusion, if not an actual reality, of volunteer member participant democracy.

ii. financially supported/independent continuum

The old adage of those who pay the piper calls the tune appositely pictures the potential threat to voluntary organisations independence. As Taylor (1990:26) note approximately 50% of the £9 billion of financial support to the voluntary sector is statutorily provided. Such large allocations tend to lead to governmental monitoring

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processes (Morgan 1990:153) that draw organisations into a sort of neo corporatist (Butler & Wilson 1990:18) alignment with state services. The effect is to increase external pressure on organisations (Fig 13) and to exercise controls that can result in loss of independence.

Single issue groups tend to elicit funding from those sympathetic sections of the public who maintain support so long as the organisation remains true to the cause. Trust beneficiaries, self help and locally funded groups seem to sustain the highest levels of independence. (Taylor 1990:48/9)

The ideological dimension of this continuum is specifically about what organisations are formed to do and how are they managed. (Handy 1985:122) In a later publication Handy (1988:14) says that campaigners "are led rather than managed". Charismatic, high profile leaders, or the leader group Zeus figures according to Handy (1985:124), tend to operate from loosely linked administrative cores with a large, often national or multi-national, affinitive membership. As Blunt (1989:22) suggests, membership trust and belief is, to an extent, dependent on the ideological values that leaders politicise from within the organisation. Role relationships are therefore mainly extra-organisational (Clegg 1990:202) becoming manifest in political and conflictory activity and coalescing around public events associated with the
cause. At the other end of the continuum service delivery organisations are peopled by Dionysian (Handy 1985:122) altruistic contributors oriented to the requiting of perceived needs of the recipient group Formal member affiliation is therefore selective and specific to task needs. (Ahne 1990:133/5) but experimental action and changing requirements generate an adhocracy which leads to loosely coupled structures. (Handy 1988:109) Actions tend to be reactive to demand and oriented to recipient betterment.

The generalist - specialist dimension is often more determined by market demand, production processes, geographical location (Hucsynski & Buchanan 1991:435), technological knowledge and availability, finance, and organisational flexibility (Wilson 1992:119) than by any planned strategy. It is also, as Butler and Wilson (1990:69) imply dependent on the presence, or non-presence, of key specialist staff.

"Voluntary organisation tend to see themselves as single product businesses" (Handy 1988:108) ...but exigent needs of the recipient group become an impelling influence to move away from original specialisms. Larger organisations tend to maintain single product identity by:

- "departmentalisation" - Butler & Wilson (1990:69) use the principles identified by Simon (1956) to suggest that departments are determined by process, by product, by client, by area.
- "decentralisation" - by staff function or by specific project (ibid) and Handy sees this are functional delegation to the periphery.(1988:115)

Handy also suggests that specialist - generalist flexibility is achievable by federational structures grounded in the fundamental belief of subsidiarity.(ibid:116) Herein the residual central core encourages general diversity whilst enabling component peripheral parts to "stick to the knitting" (Peters and Waterman 1982:) of their own chosen (Ahne 1990:61) locational and product speciality.
In free societal market terms (Hayek 1944 & 1960) this continuum is about individual liberty (competition) and organisational dependency (co-operation). The spontaneous order of the market according to Hayek (1944:21) obviates the distortions imposed by organisational presumptive planning by the sovereignty of demand controlling supply. However in a capitalist society as Williamson (1975:21/7) identifies, the bounded rationality and limited opportunism of individuals creates the complexities and uncertainties (Morgan 1990:170) that cause failures in the societal market which is redressed by the efficient transactionalism (Williamson 1975:125) of organisations competing in economic markets and hierarchies. In this sense organisations become agencies of exchange (Clegg 1990:65/6) where the larger and more diffuse they become the more competitive they need to be to secure their share of scarce resources (Handy 1988:108/10).

Competitive organisations therefore have to deal with the limitless uncertainties (Meyer 1987:224) of having to compete for investment, labour and, through their service product, for recipients (clients). Alternatively, according to Thompson (1967), organisations can adopt co-operative strategies with those significant other agencies with whom they would be differently embroiled in open markets to stabilise the transactional environment. Thompson suggests that co-operative strategies include (p33/6):

- **Co-optation** - involving supporters, Users, suppliers and competitors in some of the strategic managerial and specialistic functions of the organisation.
- **Contracting** - formal negotiated agreements between the organisation and those external and internal others who provide goods and services to the organisation.
- **Coalescing** - joint ventures with others in undertaking specific activities.

Location on this continuum is determined, as Miles and Snow (1984:10) explain, by "organisations achieve[ing] strategic fit with their market environments". They go on to suggest that prospector (competitive) organisations tend to traverse the continuum as
commitments lead them to become defenders of their markets by adopting stabilising (co-operative) strategies.

v. giver/receiver continuum

Whilst Butler and Wilson (1990:58) explain this as an aspect of dependency they also recognise it as a fundamental supply and demand dilemma.

"because of the separation between givers and receivers ...we need to consider both these aspects with the expectation that strategy might be more influenced by the input rather than the output side."

As Handy reminds us (1988:7) "the voluntary world is in the gift economy". Voluntary organisations are dependent upon people giving money to support activities, people giving time and skill to implement activities, and people giving support to serve the givers and implementers. (ibid:8)

Organisational management is therefore cast in the role of broker (Butler & Wilson 1990:3) with the expectation that receiver benefit is maximised and organisational administration cost is minimised.

Whilst this creates organisational opportunity to function (Ahrne 1990:72) it is dependent upon retaining giver sympathy and receiver trust in the organisational processes. This delicate balance becomes an effective determinant of the shape and size of voluntary organisations. For inflexible giving sympathies constrain organisations within their original specialisms (e.g. - local Dial-a-Ride) whilst wide response to high profile appeals facilitate generalism.(e.g. - Telethon, Bandaid etc.)

These dimensions are not mutually exclusive in themselves or to the voluntary sector. But they not only locate voluntary organisations within national and local socio-economic landscapes (Ahrne 1990:25) they show how the goals of both member and recipient material gain (Morgan 1990:151) determine organisational structures and practices. The complex variants of this analysis show that any typification of the voluntary sector is almost impossible. It is sufficient to accept
with Butler and Wilson (1990:1) that they are distinct and unusual forms of organisation that range in size and structure from near bureaucratic international organisations to single issue local groups more akin to family kinships than formal operational units. (Ahme 1990:57) The flexibility and innovation which enables them to identify and fill niche openings in the market (Taylor 1990:46) is of inestimable value to the economy of care.

2.3 Summary
As I said earlier this morphology is limited to conceptual and general structural/cultural identities of each organisational group. I have not attempted to follow any specific taxonomic formulae (e.g. Leavitt Diamond or McKinsey’s 7-S framework; Peters & Waterman 1982:10/11 or Scott & Meyer’s 1983 technico-social typology) or to place them in a particular social paradigm. (Burrell & Morgan 1979) I have loosely followed

Table 3

<table>
<thead>
<tr>
<th>Form of Primary Affiliation</th>
<th>Health Service</th>
<th>Local Government</th>
<th>Social Services</th>
<th>Private Business</th>
<th>Voluntary Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Affiliation</td>
<td>Appointed Board Members</td>
<td>Elected Members</td>
<td>Employed Managers</td>
<td>Owners</td>
<td>Members</td>
</tr>
<tr>
<td>Voluntary specialist and professional employment</td>
<td></td>
<td>Voluntary employment</td>
<td>Voluntary specialist employment</td>
<td>Voluntary employment</td>
<td></td>
</tr>
<tr>
<td>Policy Making Process</td>
<td>Provision planning by Central Government</td>
<td>Council and Committee</td>
<td>Statutory and Committee</td>
<td>Service and productivity by owners</td>
<td></td>
</tr>
<tr>
<td>Primary Power Structure</td>
<td>Dissaggregated Professionalism</td>
<td>Political</td>
<td>Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tasks and activities</td>
<td>Specialist Health care</td>
<td>General</td>
<td>Specialist social care and control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>Tight linkages in professional hierarchies</td>
<td>Tight departmental hierarchies</td>
<td>Core focus administratively tight, Locality, loose and democratic</td>
<td>Mainly tends to automatic with flexible rules</td>
<td>Democratic with loose participation</td>
</tr>
<tr>
<td>Spatial Connection</td>
<td>Strategically located</td>
<td>Statutory control and locality dependent</td>
<td>Domain oriented and static.</td>
<td>Market mobile</td>
<td>Loose but domain immobile</td>
</tr>
<tr>
<td>Funding dependency</td>
<td>Government budget allocation</td>
<td>Government grants, local rates and earnings within standing spending assessment</td>
<td>Local government budget allocation</td>
<td>Private capital investment</td>
<td>Private gifts and public grants</td>
</tr>
<tr>
<td>Market share</td>
<td>Universally available within resource allocation</td>
<td>Locally available within powers to set</td>
<td>Market of last resort</td>
<td>Economic exchange of market demand</td>
<td>Additional to other providers</td>
</tr>
<tr>
<td>Level of technology</td>
<td>High and specialist</td>
<td>High but general</td>
<td>Shared with HS and LG</td>
<td>Limited to immediate needs</td>
<td>Few high, most low</td>
</tr>
</tbody>
</table>

Source: following model by Ahme (1990:59)

Characteristics of organisational sectors

47
Ahme's broad brush approach of identifying those diverse social processes and phenomena (1990:24) that characterise organisations and militate against, or facilitate, their mingling on the multifarious canvas he calls the social landscape. (ibid:23) For clarity I offer a tabulated summary, based on Ahmes characterisation (ibid 59), but join with his caveat that I do not see these necessarily as the most important properties in describing the nature of each organisational sector but only as those seemingly most apposite to the aim of this thesis.

2.4 Postscript - Institutional Isomorphism
Like the adage says no man is an island, neither do organisations operate in a vacuum. They constantly mingle (Ahne 1990:23) in formal and informal ways and metaphorically intermingle as a result of the voluntaristic movement of employees between organisations. Similar statutory rules pertain for all organisations (e.g. Health and Safety at Work Act 1971; Employment Protection [Consolidated] Act 1979) and require similar responses to implement them. (Meyer & Rowan 1977:357) DiMaggio and Powell (1983) posit that organisational systems and structures are influenced by such association from which;

"powerful forces emerge that lead them [organisations] to become more similar to one another" (1983:143)

They label this concept "Institutional isomorphism" (ibid:150):

"this process of homogenisation is isomorphism ...[which as] a constraining process forces one unit in a population to resemble other units that face the same set of environmental conditions".(ibid:143)

Table 4.

<table>
<thead>
<tr>
<th>Results from:</th>
<th>Associated with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coercive</td>
<td>Co-operation and Co-optation control processes to counter risk and dependency</td>
</tr>
<tr>
<td></td>
<td>(Thompson 1967:34)</td>
</tr>
<tr>
<td>Mimetic</td>
<td>Inter agency collaboration (Thompson 1967:33) and relationships with individuals</td>
</tr>
<tr>
<td></td>
<td>(Ahne 1990:49)</td>
</tr>
<tr>
<td></td>
<td>especially when involved with movement between organisations</td>
</tr>
<tr>
<td>Normative</td>
<td>Contractual associations and processes (Thompson 1967:35) and common technologies</td>
</tr>
<tr>
<td></td>
<td>(Wood 1982:14)</td>
</tr>
</tbody>
</table>

**Isomorphic influences and practices**

They suggest that market competition and political power (ibid:150) are the dynamic isomorphic influences and become effective through coercive, mimetic, and normative
(1983:150) mechanisms. Many others subscribe to this notion in separate ways. Table 4 indicates how these isomorphic mechanisms can be liberated by other managerial processes enabling them to influence the organisational systems and cultures.

It is not suggested that given time all organisations will be of one pattern. These isomorphic pressures have to battle with, and often lose out to, strong ideological drives for independence and self determination. The relevance of this concept lies in the fact that organisations are not just competing forces in a confused and alienating terrain (Ahrne 1990:23) but are interacting agencies whose cultures and structures, whilst primarily determined by internal ideologies, are influenced and constrained by association with other organisational and institutional forces.

It is therefore in the interaction of organisations with each other that the significance of their individual characteristic becomes manifest.
SECTION THREE

3.1 Interaction

Organisations, as we have seen, differ one from another but internally they have to be creations of shared meanings and understandings which become the reference points of any organisational activity. (Morgan 1992:11) One of the main challenges posed by Care in the Community is how will organisational members create meaning from those exogenous influences imposed by the inter-organisational networking (HMSO 1989b:23) implied in the new context of collaboration. (ibid:49) Ahme highlights the problematic of this concept in firstly warning that "interactions between different entities [organisations] should not be confused" (1990:60) with the permanent, routinised formulations of internal structures. (ibid:51) Secondly in agreeing with Mann (1986:1) that "societies are not unitary, ... not systems, ... not, totalities" Ahme describes organisational society encounters as the intertwinnings or minglings of independent agencies

"not tied together at the top ... but living their own lives, pulling and striving in various directions trying to master their environment."

He therefore sees interactions as non-permanent, and negotiable and says that "if organisations start a co-operation intended to become permanent, then it is a merger". (ibid:40) Ahne's work does suggest that organisational interactions need to be constructed from different criteria than those used in internal integrative mechanisms.

As Child (1984:ch 5) reminds us from the bible "If a house be divided against itself, that house cannot stand". (Mark iii:25). He explains, by citing Thompson, (1967:) that organisations tend to seek integrated wholeness experientially through mechanisms of standardisation, planning and mutual adjustment (Child 1984:127) and through co-ordinated and group modes of action (from Van de Ven et al 1976) inexorably formulated into elaborate systems of rules and procedures based on past best practices. (ibid:127) These are very much social and behavioural approaches located as Williamson (1975) suggests in the hierarchies of organisations as opposed to the markets of external transactionalism. They differ quite markedly from the political and economic imperatives that underlie external strategy corporations between organisation through mechanisms such as co-optation, contracting, and coalescing. (Thompson 1967:33/6)

Clear definitions between these approaches are difficult to identify as people tend to act according to their own interpretation of meanings which themselves are the
product of their own society. (Craib 1984:73). It therefore seems that we need to understand the interactive processes of the "people who construct the social world of organisations" (Benson 1977:2) and the structures that influence those processes. Giddens (1984:25) says we need to recognise that "agents and structures are not two independently given sets of phenomena, a dualism, but represent duality". I therefore tend to agree with Turner (1988:10) that whilst it is perfectly reasonable, in an apparently organisation-dominated age (Etzioni 1970:1), to directly examine interaction as a macrostructural system, the underlying fundamentals of interaction can possibly be most fully interpreted as a human phenomenon and in microsociological terms.

3.2 Social interactional theory

Turner (1988) defines interaction in the sociological construct of the organisation of individuals rather than in psychological notions of human behaviour. (p14) From this perspective he suggests that interactions have three processual constituent elements: (Fig 14 motivational, interactional, and structuring processes.(p15)

![Diagram of interactional theory](image)

Using this elemental frame he synthesising the pioneer work of Simmel (1907), Mead (1934) and Schutz (1932) and the later works of Goffman (1967, 1971 & 1974), Garfinkle (1967) and Habermas (1970,1979) to develop models of interaction that although complex (ibid:114) collate the previously disaggregated literature into a coherent and insightful account.

3.2.1 Motivating

He agrees with Berry et al (1992:11) that interaction is a voluntary dialectic relationship crucially determined by forceful conceptions of self. (p.200) He argues that interactions are dynamic phenomenon entered into through some shared motivation to interact and, in citing Giddens (1984:50), shows them to be sustained or altered through processes of cognitive reflexive monitoring.(p.201) He identifies self as the central energising force of interactions which is constantly seeking a platform of consistency to
maintain given levels of self-esteem.(p.44) Giddens suggests that this is the natural response, (1991:37) or the emotive anchors, that individuals trawl to achieve ontological security.(ibid:36) He further explains that this security is created from trust and confidence that is "connected in an essential way to the interpersonal organisation of time and space".(ibid:38)

3.2.2. Interacting
A prime concern for people is therefore to define their space and function within relationships by tentatively taking or making roles for themselves (R.Turner 1968:21/3) and thereafter seeking confirmation by signalling to, and interpreting the signals of, (Mead 1938) the other parties. As the simplified version of Turner's model (1988:114) shows [Fig 15], role definition is pivotal to any continuation of an interaction and is critical to the development of any mutual action. Turner sees these roles achieving a structural shape, in Goffman's (1971) dramaturgical terms, as the interactionists prepare the stage by adopting spatial positions and using those support props which allow roles to be rehearsed into ritualised and framed actions.(Turner 1988:107/8) "Staging therefore becomes the manifestation of emerging interaction and becomes the norm so long as the action remain as an acceptable routine. The reflexive monitoring loops provide reinforcement and protection signals (Turner 1988:92) enabling roles to be re-examined and intended action to be evaluated and confirmed as well as identifying any unintentional consequences. (Giddens 1984:5) Interaction thereby becomes a filtering process, retaining the acceptable whilst discarding unintended non-beneficial elements.

Fig 15.

![Simplified Composite Model of Interaction](source: J.H.Turner (1988:114 Fig 8.1))
3.2.3 Structuring

Collins (1986) suggests that people look for exchange gains from interactions. He suggests that people tend to structure their interactions in terms of their positive feelings toward the relationship, which he generically labels emotional energy; and in evaluating those "symbols of approval", status recognition and positioning within the group, that equate to cultural capital. Monitoring therefore uses these personal value dimensions in seeing if the outcomes of an interaction satisfies their given or assumed expectations.

3.3 Interactional Structure

In his determination not to "build bridges...[across] the micro-macro gap" (1988:134) Turner convolutes the identified structural determinants of rules, routines (Giddens 1984:72) and rituals (Collins 1986) to fit his structural process (see Fig 13) in rather bland notions of common definitions of situation and shared cultural orientations. He seems to minimise the influence that social structures have on interpersonal processes (Turner 1988:141) and maximise the voluntaristic independence of self within any interaction.

"What makes interactionism unique is the emphasis on self and its effects on needs to make a role and to define a situation so as to reinforce those dimensions of self that individuals see as particularly relevant. ... social structures will [only] be sustained to the extent that it enables people to maintain positive self-evaluations about those dimensions of their core and peripheral self that they see as important."

This ethnocentric approach, whilst perhaps retaining a micro theoretic purity, seems unconvincing. Even whilst recognising that interactions endure over time and space (ibid:203) he sterilises interaction from political and social dimensions thereby denying it a practical dynamic and application. This differs markedly from the internally referential character of social life and the self that Giddens espouses (1991:149) and presents only a minimal self divorced from any standardising effects (1991:196) that result from intensifying administrative control and power systems.(ibid:149) Riegel (1976:690) and Berger and Luckman (1967:153) indicate that individual identity is shaped by the roles and attitudes we adopt from significant others within ones own society. Berry et al (1992:19) suggest these are dynamic cultural transmissions (1992:17) which shape and direct self through intra-societal (enculturation) and inter-societal (acculturation) influences.
3.4 **Enculturation and acculturation**

Whilst some seem to ascribe perfidious social (Jarvis 1985:5) and political (Durkheim 1984:310) connotations to culturative processes their influence in the ways interactions are effected is now widely accepted. (Mills & Murgatroyd 1991:63) Berry identifies that both internal and external influences act as culturative agents. (Berry et al 1992:9) Enculturation is the internal learning process which can be passively acquired from the pervasiveness of the "encompassing or surrounding ...culture" (ibid:19) or be the direct result of didactic messages of what their society needs them to know.

"The end result (if enculturation is successful) is a person who is competent in the culture, including language, rituals, values, and so on."

Berry *et al* (1991:19) Brackets original

Acculturation is primarily a relearning process initiated by change influences that emanate from interaction with other cultures.(ibid:271) The depth of acculturation is determined by interactional closeness and varies between the adaptive processes of integration, assimilation or even separation or a conflictionary marginalisation. (ibid:282)

3.5 **The micro-macro bridge?**

These acculturative experiences cause modified values and norms to emerge that can only be considered as those of the society, or the network of societies, and not necessarily those of the individual. They set the interpretive rules that Giddens suggests, in his structuration theory, cause predictable routinised interactions which develop the fixity of institutions (1984:72) that enables organisational society to be constructed. Equally, although he compromisingly (with his colleague Turner) talks in meso-structural terms, Collins' (1986) notion of "interactional ritual chains" is so focused in group structures and exchange theory payoffs that they can only be interpreted in terms of the organisational environment in which they happen. Therefore we see that whilst interactional cognition is indisputably vested in the individual, interactive action is initiated and developed within, and by, the populations that make up societies and organisation.

The value of Turner's work lies in the clarity of the processual framework and explanation of the motives and mechanics that define individual participation in the interactive process. (1988:14/5) But it is the macro oriented analyses of Giddens (1984; 1991), Collins (1986) Goffman (1967) amongst others, that build the bridgehead between the theory and practice of interaction. Thompson and McHugh (1990) summarise these points most succinctly in saying:
"The construction of identity and the social milieu within which individual identity exists is dependent upon interaction with others and through others with self. Subjectivity, then, is mainly a product of intersubjective processes and is constructed through the negotiation of social rules and conventions." (1990:308)

3.6 The Practice of Interaction.

Morgan (1990:17) suggests that these conventions establish organisational sets of disciplined relations that permit and require individuals to perform tasks assigned to them. Whilst many see the willingness to contribute in this way in behavioural and motivational terms (Maslow 1943; McGregor 1960; Pugh & Payne 1977; Lee & Lawrence 1985) Etzioni's typology, (1961:12) seems to offer the cause and response duality that Giddens says is the essence of organisations. (1984:25). Etzioni suggests that contribution is a product of individual involvement and authoritative power. He presents authoritative power as the moulding and regulationary enculturative dynamic that produces the fitting behaviour required in the work arena. (Thompson & McHugh 1990:316) This identifies three strands of the power base as being: coercive power based on the potential to sanction, remunerative power based on resource control and distribution, and normative power based on the manipulation of symbolic rewards.(1961:5) Individual involvement is manifested in three reactive modes: alienative response resulting from disaffection with organisational aims and methods, calculative response stemming from a pragmatic acceptance of exchange values, and moral response dependent upon perceptions of compatibility of organisational and personal values. Whilst this schema invokes some criticism (Clegg & Dunkerley 1980:145ff; Morgan 1990:19) it indicates how relationships are affected by the opposing factors of organisational power and member compliance. Etzioni argues that organisational effectiveness is optimised when congruence exists between the two (1961:21), or as Thompson and McHugh opine, "when control of performance and behaviour of the individual is consistent"(1990:314).

What this seems to show is that individuals, contrary to Turner's model (1988:114) are not free to take or make their own roles, neither are roles formulated as a neutral consequence of an actors status, position or skill (Thompson & McHugh 1990:318) but are specific and interdependent products of management action. Conventionally managerial actions become formalised in rule sets (Mills & Murgatroyd) which as dimensions of organisation life (1991:1) or the mechanisms of enculturation (Berry et al 1991:19), pattern roles and determine role boundaries. (ibid:31) These same rules can subsume individual interpretations and become the focal referents of interactional cognitive monitoring processes. Rules can therefore become a sort of reificational mechanism giving organisations an image of auto-dependency, (Morgan 1986:240) and
a notion of being a world unto itself, (Mills & Murgatroyd 1991:34) and not as
Morgan (1993: frontpiece) posits later that an organisation has no presence beyond the
people who bring it to life.

"organisation become more than the sum of its individual members' actions
and thought: the organisation has a culture, values and belief systems
which are in turn expressed through interactions and customs.
Organisational members construct their rules concerning their own
individual actions within the organisation in terms of their understanding
of this culture and its related customs, values and belief systems. In this
way, organisations are more than the sum of the rules of those who
constitute the organisation."

(Mills & Murgatroyd 1991:35)

In this scenario and contrary to some organismic open systems notions (Blau & Scott
1963) organisations become closed unitary systems wherein individuals and groups are
not entities in their own right but only act in behalf of the organisations as agents or
sub-groups, being both answerable to, and dependent upon, the organisation. Whilst
accepting Morgan's metaphorical imagery of people being the strategic termites
(1993:42) who effect organisational purpose the organisation is not constrained by the
exits and entries of individuals (Ahne 1990:37) for it is the organisation itself that
facilitates transfer of goods and services to those outside its own boundaries (Ahne
1990:33). Williamson argues that these transactions are made either in markets or
hierarchies. (1975) Even though his thesis appears to be sociologically untenable
(Perrow 1986:242; Morgan 1990:176 - *arguments I do not consider essential to this
work*) it offers an interesting insight into the how and why of organisational interaction.

3.7 Interaction in Practice
In practice individual and organisational interactions, as Thompson and McHugh
(1990:308) suggest is subjectively constructed and can be seen as the rational product
of capacity, opportunity, and security. The capacity to interact is determined by the
range of identity (Clegg 1990:7) adopted to match the actor's relative autonomy or
relative dependency to its operant environment. Long (1992:32) explains that
interactional capacity is vested in the agency of those individuals and sub-groups who
posses the knowledgeability and capabilities (Giddens 1987:11) to represent their
parent body. Agency however, is not idiosyncratic. (Clegg 1990:13) Agents are
empowered within the institutionalised frame (ibid.) to provide the tactical and
strategical dimensions that enable those decisions to be taken (Hindness 1986:115)
which make interactions meaningful. This broadens the identity and scope of the
organisation enabling it to deal with the multiple realities emergent from the conflicting
social and normative interests prevailing in a multi-interactional environment.
Opportunities are directly linked to the markets served and the styles and types of negotiations undertaken. Williamson says that markets are the environments in which individuals and organisations engage in transactions (Williamson 1975:2) of exchange. He describes them as being opportunistic (ibid:25) and competitive (ibid:26) and are only constrained by the bounded rationality of the transactional parties. (ibid:21/2). This implies that they are economically rational but as Meyer says they pose unlimited uncertainties (1987:224) and create a form of social chaos that is anathema to organisations seeking to make sense of, and rationalise the environment in which they operate. (ibid:226) The market transaction centres on the object or subject of exchange rather than on the interacting parties. The market actor therefore presents an economistic one-identity self (Clegg 1990:7) to the relationship which tends to make market interactions transitory and potentially unstable.

Williamson says, in following the thoughts of Chandler (1962) that organisations overcome this problematic and seek to secure a degree of stability by integrating strategic elements of the market into themselves (1975:287) and then trading within their own administrative hierarchies. However, most organisations reduce risk and uncertainty in less acquisitorial ways by simply seeking to stabilise their relationships with others whom they habitually deal. Such interrelational frameworks tend to be built upon negotiated arrangements and contracting processes (Clegg 64/5) and are effected by organisational members linking at differing levels around delegated functions. (Morgan 1990:182) From these emerge rules and procedures, which themselves produce administrative linkages. Even though the organisations are not formally tied together at the top (Ahrne 1990:55), and therefore cannot have an official hierarchy, the fact that unresolved matters at operant link levels have to be referred and dealt with at higher level link points, give them the appearance of a formal structure and produce the artefacts and symbols which characterise Williamson's' internalised hierarchies. (1975:25)

Ahrne says these interactions are better comprehended in terms of networks, (1990:41) for irrespective of the formality of linkage arrangements, individuals remain responsible only to their parent organisation and co-operational ventures remain, in essence, no more than collaborations of independent bodies and exist only for specific purposes, at certain times and in certain places. As Callon explains from his empirical study (1986:203) networks are negotiated more around the actors margins of manouvrability than they are about permanency. He also noted that networks, out of practical necessity, are composed of representatives and therefore the network's strength and sustainability is dependent upon the legitimacy and efficacy of the representing agency.
Networks are therefore perceived as temporary arrangements for as Ahrne warns, if co-operations become permanently structured then a merger is effected (Ahrne 1990:41) as the parties become vertically integrated into a new larger organisation. (Clegg 1990:128 citing Williamson 1975)

Some express networks in systemic forms or as macro-units but this seems to ascribe to them a degree of permanency and a soundness of structure that they do not have. As Ahrne says (1990:55) "they [organisations] are not tied together at the top ... they lead there own lives" and more often than not are involved in more than one such network. Organisations do however borrow from the personal perspectives of interaction in recognising that network participants are cast into role positions. Their lower or higher role (Etzioni 1961:21) is dependent on how power is shared and how amenable they are "to the nature of the affiliation, the degree of subordination, and the performance obligations" (Ahrne's 1990:51) required of them. Because of this;

"interactions between organisations within and across sectors are different processes. Within sectors organisations interact with the same kind of power resources and compete for the same goals, it is fairly easy to see who is winning and who is losing and also what the gains and losses are. ... Interaction across organisational sectors, on the other hand, is often confusing and unpredictable. Different kinds of power resources are set against each other and the organisations involved do not have the same goals. It is an interaction that is often contested and even considered illegitimate."

Ahme 1990:139

In these cases the different rule sets of the organisations often conflict, tending to prevent common rules of participation being established. The network therefore becomes a weakly linked "open system" (Morgan 1986:45) only partially holding together and as Ahrne says (1990:45) is likely to "rapidly dissolve into the environment"

Practical organisational interaction therefore involves a sensitive and complex matrix of contractual and negotiated arrangements and networkings which are effected through the agency of its members and sub-groups. The difficulty of dealing with organisational interactions is that these processes must first of all be comprehended (Ahrne 1990:141) from within the organisations. Likewise the relationship between individual, agency and organisation needs to be learned and understood.
SECTION FOUR

4.1 Adult Learning Theory

Bigge argues that if people are to cognitively and consciously interact (1982:9) they will require more than a mere willingness to adapt. They will need to make those "enduring changes ... to personal insights, behaviour, perceptions or motivation, or a combination of these" (ibid:1) that Bigge says characterise the learning process.

Indeed as Dewey said, it is this very process of learning that enables people to "reorganise and restructure their own experiences" (1919:76) to make them compatible with the contemporary situation of their environment. However, to accept the notion of learning as a given, as Brookfield (1986:25) suggests, is too simplistic. Learning activities and learning styles vary so much (ibid) that single definitions such as Gagne's (1970:3), tend to omit as much as they include and differ markedly from others.

"learning is a change in human disposition or capability, which can be retained, and is not simply ascribable to the process of growth."

Understanding learning theories is fraught with dangers and complexities. (Rogers 1986:42) It is too easy to present learning only in terms of description of the psychological aspects of learning, prescriptive programmatic schemes of learning, or critical analyses of the theories of learning. (Tennant 1988:1&2) However, despite the high level of "division and uncertainty ... [surrounding] various current learning theories" we can as Rogers (1986:42) says "stand back and look at them in terms of general principle".

The literature seems to identify these general principles in two distinct strands of theoretic opinion, firstly between adult and pedagogic learning (Knowles 1978, 1984; Tough 1979; Jarvis 1985, 1987, 1988; Brookfield 1986; Tennant 1988) and secondly between the types of learning and the processes of learning. (Rogers 1986:45 also Bigge 1982; Jarvis 1988:) As this thesis is concerned with the learning processes of a specific group of working adults I intend only to examine the adult element of the first strand. The second strand is presented to show two scales, or theoretic continuum, which on the one hand classifies learning theories into the two broad families (Bigge 1982:9) of behavioural response (Skinner 1973; Gagne 1970; Bandura 1971) and cognitive appreciation (Bigge 1982; Brookfield 1986, 1987) and on the other hand learning is considered to be in a dialectical relationship with society which, Jarvis (1985:38/40) classifies as either liberal or radical, or conformist. (Rogers 1986:18/20)
4.2 Adult Learning

The principal presupposition of most adult learning theory seems to centre on the notion of the adult as a self-directed learner (Tennant 1988.7). Tennant goes on to say;

The term [self directed learner] is constantly used in journals, monographs and texts in adult education ... it evokes associations with a cluster of terms such as "learner-centeredness", "independent learning", self-teaching", autonomy", freedom" and "needs-meeting", all of which are enthusiastically embraced within the emerging ethos of adult education". (ibid)

Brookfield (1986:2) in agreeing with this also says that adult learners engage in purposeful exploration, they learn in group settings, and their learning is influenced by their past skills and knowledge's. These reflect the earlier work seen in Tough's "key elements of self-directed learning" (1978:197) and Knowle's "life-long learner" model (1972:163). Current orthodoxy therefore tends to accentuate the voluntaristic nature (Rogers 1986:43; Brookfield 1986:9)) of adult learning showing "adult learning as a wholly joyous experience, a flowering of latent potential". (Brookfield 1986:97)

These notions are understandable in the light of research findings, but as Tennant suggests most research has been subject to those social, political and historical biases (1988:53) that mainly locate research amongst proactive learners. Freire's liberational notions are the notable exception in challenging the myths of false elites, (1974:81) by what he calls the conscientisation of learners, but his findings tend to be minimised either because they are perceived to be grounded in Christian/Marxian perspectives or that his Brazilian peasant research group are atypical of Western adult learners. However the failure to recognise the disorienting milieu of the learning arena or the progressive discrimination that Mezirow (1977:159) say learners show toward learning experiences does tend to invalidate some of the self motivational theories. They also tend to ignore that meaningful learning might involve painful confrontations (Brookfield 1986:97) as the learning activity is found to "be an unsettling, painful struggle in which glimpses of insight alternate with confusion, uncertainty and ambiguity". (ibid:22)

Notwithstanding these concerns, the self-directed learner is central to the Knowlesian (1978) concept of andragogy that Jarvis says has "acquired the status of an established doctrine in adult education". (Jarvis 1984:32) Knowles (1978:53ff) submitted that the natural process of maturation differentiated adult from child learning in four specific ways;

i. adults are self-directed
ii. adult experience is a rich resource for learning
iii. adult learning is needs related.
iv. adult learning is problem centred

Even though Knowles proffered these as a set of assumptions they have, whilst simultaneously being subjected to considerable critical discussion (see Jarvis 1988:98/100 and Brookfield 1986:95/101), been used as a base reference for further theoretical construction. (see Mezirow's Charter for Andragogy 1983:136/7: and Brookfield's 1985 Self-directed learning) The evaluative framework of the Nottingham Andragogy Group (1983) extends Knowles' concepts to associate learners even more closely to the notion of self direction and moves it into a wider educational thesis by adding a new facilitative and shared teaching dimension (1983:45) wherein learners negotiate their own learning processes.

The central theme of Tennant's "Psychology of Adult Learning" (1986) is the nature of the relationship between the person and the social environment. He comes close to Rogers' (1986:45) humanist learner process in emphasising how the self-motivated adult assumes "an integrity or autonomous dynamic which makes it largely independent of the social environment". (Tennant 1986:3) In a way this seems to support the notion that the aim of adult education, as defined by Kidd (1973) for example has become accepted as the starting point norm, rather than the desired outcome, of adult learning.

i.e. "the purpose of adult education ... is to make of the subject a continuing 'inner directed' self-operating learner" (Kidd 1973:47)

This tends to imply that adults are psychologically unconstrained and as Knox (1977:469) says "can learn anything given time, persistence, and assistance" but this should not be confused with the environmentalist extremes of social learning (Rogers 1986:55) that appear to ascribe an ability to learn through, and from, any passive, active or interactive stimuli, - a point that is challenged below.

4.3 Types of Learning - the Behavioural Pattern
Indeed it is this point that Watson (1913) challenged in suggesting that psychology should be redefined as the study of behaviour (Tennant 1986:107) For as the later work of Pavlov (1927) and particularly Skinner (1938, 1953) suggest, behaviour is not so much an expression of cognitive values but a conditioned response to external deterministic stimuli.
"It does not matter that the individual may take it upon himself to control the variables of his own behaviour ... he does this only because he is the product of a culture which generates self-control or cultural design as a mode of behaviour.

The Skinnerian theoretic of "operant conditioning" with its undergirding reward and punishment control systems remains valid, but as Rogers (1986:49) opines, is likely to bring forth avoidance learning and stimulus anxiety as much as it is to develop proactive behaviour. Possibly it is this that permits Thordikian notions of trial and error learning (1913) to still find a constituency in current behavioural thinking. (Rogers 1986:50, Bigge 1982:53) Notwithstanding this the responsive element remains a central feature of behavioural learning theory. At the other end of the behavioural learning hierarchy (Gagne 1974:44) learning is just as dependent upon similar forms of stimuli to reinforce and routinise (Bandura 1977:314) personal and environmental interactions. Bandura (ibid:310) says that it is by observing other people's interactions that learners are influenced to weigh the consequences and thereby become vicariously regulated in their own behaviour. Bandura develops these notions into a social learning theory, (1977) that Rogers (1986:50) suggests is the highest strategy of all, wherein interaction between external circumstances and personal determents (Bandura 1974:867) produce learning stimuli that direct individuals to model behaviour upon some constructed notion of acceptable type and/or moderate behaviour conjointly with their interdependent actors.

The unifying factors at both extremities of the hierarchy are twofold. Firstly that learning processes can be predetermined by setting behaviour objectives (Tennant 1988:115) and secondly that in some way behaviour is measurable and observable (Bigge 204) Compelling as these may be to the corporate trainer, Brookfield's warning (in a slightly different context) is apposite;

"These assumptions can easily lead to a technological interpretation of learning that is highly reductionist ... leading practitioners to equate the sum total of adult learning with instrumental learning; that is learning how to perform at an improved level of competence in some predefined area" (Brookfield 1986:99)

In looking at behaviour from the humanist perspective Saddington (1992:38) expounds that learning is a process of discovery and experimentation. This leads to the sort of broad church of experiential learning that Henry suggests leads to the quality of do-ability as well as know-ability. (1989:28) She accepts the validity of Kolb's (1984) learning cycle (fig 16) theory but suggests, as far as experiential learning theory is concerned it fails to relate closely enough to behavioural "goals and outcomes". (1989:27) She suggests that the process should be sequential (ibid:28) progressing
from goal to outcome. Tough (1979) and Morgan's (1983) research in learning projects appears to support such a line but Tennant (1988:104) argues that whilst he considers the model not validated and not generalisable to all learning environments the cognitive aspect of Kolb and Fry's (1975:41) reflective and conceptualising elements create the dialectical tensions that take it beyond the boundaries of one learning style and make it a model for the complete learner.

What is not clear, either in Kolb and Fry's explanation or Henry's work, is what they mean by a concrete experience (Kolb & Fry 1975:41). Jarvis (1987:6) rather succinctly talks about apprehension of the experience, but MacKenzie (1990 p19) offers a more useful clarification in explaining that an experience needs to be that which fully and openly involves the learner in a multi-perspective reflective and observational interaction with the experience. However radical behaviourists refute such a construct and suggest it to be no more than a link in the causal chain of behaviour. (Skinner 1953:279) Modern behaviourists seem to equate experience to the mechanisms of the conditioning process (Bigge 1982:72) therefore for many, the concrete experience of Kolb's model can be little more than a set of stimuli.

Henry, in a later work, (1992:188) seems to accept this limitation and in using a broader perspective expands the notions of creative capability through lateral and analogical thinking to construct a model (Fig 17) that seems to embrace not only most of the range of behavioural learning styles, but impinges on many of the cognitive styles as well. By including elements of action learning (McGill et al 1989:ch 12) and decision-making and problem solving (Henry 1989:35) the model clearly indicates the compatibility and juxta-positioning of both cognitive and behavioural aspects of learning as applied in its practical mode.

Whilst theoretic clarity is aided by differentiating between the behavioural and cognitive broad families of learning (Bigge 1982:12) Henry's work shows the difficulty of seeing them so clearly defined in the practical context. As Rogers indicates (1986:45) the difference may be brought about more by the teaching/facilitating objectives than by any learning requirement.
4.4 Cognitive Learning

I am indebted to Rogers who in defining cognitive learning as, "the active engagement of mind in relation to the matter under consideration" (1986:47), minimises the psychological aura and clarifies the rather etheric language that tends to surround this theory. Such action says Bigge (1982:9) "becomes a process of changing [a person's] insights, outlooks, expectations or thought patterns" impacting upon their conceptual self even though there may be no immediate behavioural manifestation of the learning. It is as Gagne metaphorically describes the mental equivalent of physical digestion and respiration (1970:4), it is not assimilating information but synthesising it into conceptual understandings that establish new thresholds of knowledge. It not only gives an expanded potential for behaviour but a different attitude to life situations.(ibid:237) This seems to imply that cognitive learning becomes an eclectic process where, rather than acquiring units of knowledge (1974:230), the sum stock of knowledge is reconstructed to incorporate new knowledge. This aggregating notion borders on Herbartian constructions of apperception (in Bigge 1982:39) and Dewey's (1916:84) notion of the mind being a totality of all its contents.

Jarvis (1988:93) in commenting on Freire's approach highlights the proactive connectedness of the social environment and the individual. This suggests that the individual learns and receives information from the socio-cultural milieu whilst at the same time being the agent to act upon that socio-cultural environment in order to change it. This interaction has the potentiality of a self perpetuating process as passive (Tennant 1988:4) and active socialisation and re-socialisation develops a normative state of praxis. (Freire 1972:96) From a slightly different perspective and
in citing Bloom (1956) and Gagne (1975), Rogers implies that cognitive learning is a progressive function linked to maturation and societal dependency. Horn and Cattell (1966 cited in Tennant 1988:66) indicate that cognitive development in the adult remains comparatively stable but the balance between younger adult's fluid intelligence and the more acculturated crystallised intelligence of older people does vary. The comparative innovative flair of younger people finds a compensatory balance in a widening of the moral dimensions toward learning associated with older people. (Kohlberg 1971:215) Much of this results from the ecological and cultural context in which the learner has to acquire competency. (Berry et al 1982:110) Witkin (1978:42) perceives this as the field of perception and says that learners are to some extent either field dependent or field independent. In common with Ferguson he sees field dependence allowing the environmental situation to prescribe what shall be learned (Ferguson 1956:121) whereas independence allows self to determine the process and subject of learning.

However field independence does not mean that no learning imperative beyond self exists. Witkin defines independence as a learning field that is discrete from its organised background (1971:24) but the imperative to learn may spring from the surrounding environment. As Brookfield (1986:7) and Jarvis (1988:17) amongst others say, learning is initiated from personal trauma and societal change which create deficiencies in individual's stocks of knowledge that can only be remedied by acquiring relevant new knowledge. Maslowian (1968) concepts of meeting need, especially the utilitarian need to perform in their social role (Tennant 1988:23), and a concern with self-actualisation or the achievement of psychological growth (ibid:15) become the imperatives to learn for many. In a more pragmatic vein and whilst agreeing with Brookfield that notions of educational addictiveness are theoretically untenable (1986:6) I do subscribe to the conventional wisdom that suggests that educated people often want more.

4.5 The Process of Learning - The liberal - radical division
The foregoing indicates the central nature of individual and social environment interaction to the style of learning. However, in turning our attention to the processes of learning, it soon becomes apparent, as Tennant says (1988:123), that "tensions between the ethic of individualism and the spirit of collectivism" create a dichotomy at the point of interaction.

Although many (Silverman 1970; Burrell & Morgan 1979, Jarvis 1985) argue against social order theorists, that conflict exists between the desire of autonomous man to be
liberated from external constraint and society's radical requirement for control and order (Dawe 1970:207/8), educational theorists have identified liberality and radicalism (Jarvis 1985:38/40) or "conformity" (Rogers 1986:19) as the two patterns of the educational process. It is tempting to simply equate the liberal-radical divide to Witkin's (1978) field independence and dependence theories. However, whilst there are correlations, it can be seen from Brookfield's (1986:41) explanation, where he says "Field dependent learners are extrinsically oriented, responsive to external reinforcement, aware of context", etc. and "field independent learners are analytical, socially independent, inner directed" and so on, that Witkin's ideas relate to the nature of the learner and not the nature of the educational process of learning.

4.6 Liberal process
Most liberal processes place the voluntaristic learner (Saddington 1992:38) and not the subject at the centre of the system (Jarvis 1985:38/9) enabling and empowering the learner to pursue its own interests. Consequently teaching regimes tend to be facilitative and motivational, (Brookfield 1986:9) respecting the autonomy, self-direction and self-developmental values (Lukes 1973:45/52) of the learner and fully involving the learner as a partner in the disciplined planning and negotiating process. (Rogers 1986:20; Brookfield 1986:207) This means that subject delivery does not control the pace but, as Brundage and Mackeracher (1980:35/36) espouse, enables both the pace and timing to be dictated by the learner. This notion is also applicable to content material. Content is contextualised and broadened to suit end outcome requirements enabling the learner to identify those skills needed to function within its context. (Lefkoe 1985:45) This leads to what appears to be the epitome of the liberal process - learning how to learn. (Rogers 1986:19; Morgan 1986:84) Bateson (1986) entitled this as deutero-learning, mainly it seems to overcome the unfortunate syntactical arrangement of this term. This hasn't achieved any widespread use but his insight that deutero-learning is an organismic process has proved valuable. It is this that gives the learner true educational independence and the confidence to questions ones own learning and it makes "honest expression of differences in an atmosphere where challenge and dissension are acceptable parts of the educational process". (Brookfield 1986:14)

The sort of elitism that such educational individuality prospers, whilst invoking much criticism (Saddington 1992:38), gains enhancement from Brundage and Mackeracher's (1980:26) assertion that liberalised learners are more concerned that they learn in "the direction of their own idealised standards ... than meeting the objectives of others". However, it is well to note Brookfield's (1986:8) more pragmatic approach that notes,
that even in liberal circumstances most people seek validation of their learning through some form of external accreditation. Paradoxically, however, this formal certification imposes the very conformity education liberalists seek to avoid.

4.7 Radical Process

Radicalism or as Rogers (1986:19) prefers to call it - conformity, which seems a more apt term, places emphasis on the content and control of learning (Tennant 1988:151) and therein gives priority to subject discipline and the teaching process. In a sense it becomes the manifestation of a social order (Dawe 1970:207) that prevents the individual from pursuing his own interests. (Jarvis 1985:38) The foundation of externalised conformity seems to stem from three political strategies:

i. the ideological notion of equal education for all, (Jarvis 1985:40)
ii. eliminating misdirected effort through macro-economic processes of learning and teaching co-ordination, (Lovett 1983:109)
iii. individual and societal propensity for prescribed standards in acceptable subject matters. (Elliott 1972:11)

This implies that learning not only needs to fit the political aspirations of the learners (Lovett 1983:144) but primarily must satisfy the significant third party - i.e. the state, organisations and standards bodies, - who intrude into the learning encounter. It is this third party who sets the agenda and objectives which Rogers (1986:20) observes defines the planning and resource allocations for learning. As Jarvis argues individual learning is constrained by social structures (1985:38) by education from above policies that aim to prepare the individual to meet the perceived needs (ibid:60) of the body it serves.

A second strand of radicalism is personal conformity. This emanates from the perception of what is acceptable behaviour within the social setting. (Jarvis 1987:3) Herein individuals are socialised into their sub-cultures (ibid:43) consciously subsuming their own values by temporarily internalising the values and norms of the society they serve for the duration of the interaction with that society. (Tennant 1988:128) This form of subjugation to social structure hierarchy (Brookfield 1986:94) enables the individual to avoid sanction or rejection. (Bigge 1982:162) In a way this is a form of unidirectional acculturation (Berry et al 1992:274) that facilitates integration but may do little to enhance the belonging rituals (Collins 1981:986) or reduce the stress of adaptation to society norms. (ibid:284) However the system of socialisation that Ott (1989:4) explains, appears to be a reciprocal acculturative process in which the individual absorbs the rules of the social system until those rules
become the self-motivational forces that induce voluntary replication of the social system values. This appears anathema to Jarvis (1985:5) who seems to see this as an invidious and unacceptable

"reflection of the social order ... which enculturates [man] into a social system, its values, meaning systems, etc. and that all his actions merely reflect that which has been imprinted on him".

Radicalism is however seen by many, (Mills & Murgatroyd 1991, Ott 1989) as no more than setting the generic rules for creating (Mills & Murgatroyd 1991:55) purpose within a social environment. To that end it is seen as a political process. On the one hand, according to Mezirow, it is seen as subjugatory, inducing learners into cultural dependency (1983:125) so that they learn the culture of a specific society and then become trapped in it, whilst on the other hand it is regulatory, directing people to learn what society needs them to know and enabling them to;

"avoid the autocracy which undermines any democratic sensibility...[by being taught] much of the best of what has been handed down through the centuries of intellectual contest and co-operation" (Lovett et al 1983:144)

This is fundamental to the synergising processes that, Mills and Murgatroyd (1991:34) argue, enables societies to become more than the sum of their individual members action.

4.8 The conceptual framework of learning
Using the thoughts of Jarvis (1985:4), in quoting McCullough (1990:158), and in deference to the foregoing, one has to pose the questions; is this the form and substance of adult learning? - are these the systems and processes of learning? The answer to that has to be yes. Learning is not simply a theory, not a "mere air permeating the environment", (ibid) but as Tennant (1988:5) confirms it is a "constant interaction between the developing person and the social environment [where ] both are active in the process ...that is why it is a dialectic process". Learning is contentious and constructive, it is liberational and conformist and in affecting individual behaviour and intellect it empowers individuals to become agents of their own society. (Jarvis 1985:108)

The theoretical compilation above has only presented the extremes of the axés of learning type and process. At best this only marks out the boundaries of the complex field of learning opportunity which is currently available. Fig 18 is an attempt, using only the limited range of work presented above, to show the extent and diversity of these opportunities in a summarised format.
The fact that few summaries of learning are attempted, is testimony to the complexity surrounding the nature of their dynamic interaction. However, despite Rogers' view (1986:45) that a correlation between types and process is inherently over-simplistic, it is felt that by combining them together with the theories of learning a useful framework emerges which may assist in identifying some of the learning situations in the later research. I hasten to add that this is not just a utilitarian exercise for the clear distinction that exists between type and process does indicate that a loose conceptual field is generated by their interaction within which most theories of learning can, as Rogers also recognises (ibid), be legitimately located. and identified. However it is necessary to realise that both type and process axés have the fluid dynamic characteristics of the society in which they exist. Consequently whilst theoretical styles can interact throughout the length of the axial spectrum (Rogers 1986:45) the level of emancipation (Mezirow 1981:6), and thereby their position on the axés, is determined by who - (individual or society) - effectively controls the societal and cultural political forces. (Jarvis 1985:103) The theories above have consistently referred to a rather anonymous society. But, as Etzioni (1970:1) reminds us, our society is an organisational society wherein organisations can be seen to be restricted economic and cultural systems within a more unrestricted social society. (Hobbes in Silverman 1970:45) We therefore need to examine how learning is undertaken in organisations.

4.9 Learning in organisations

Much of the organisation literature tends to treat learning as one of the disaggregated components of the general disciplines of organisational behaviour (Huczynski & Buchanan 1991) or organisational development. (Cowling et al 1988) But as Erickson (1975:12) suggests learning is more than an individual process. It is the way a person constructs meaning and is a function of the developmental stages and tasks (ibid) they experience in the organisation. Burgoine (1985:51) identifies three such stages of organisational learning. The first level, - command of the basic facts - is
about the assimilation of information and specific knowledge related to the role function. This is often a temporary memorisation of current data (ibid) and learning the shared meanings of the common language. (Mills & Murgatroyd 1991:39) It also involves specific discipline knowledge's needed in the defined role. The learning is therefore of an enculturative nature designed to connect individuals into the system (see Argyris & Schon 1978) by specifying and defining prescribed personal boundaries. (Mills & Murgatroyd 1991:36) The second level concentrates on developing the abilities and attitudes needed by the organisation. (Burgoyne 1985:51) This is primarily initiated as a strategic response to institutional needs for critical knowledge/skills and to cope with changes (Cumming & Huse 1989:478) that create ability deficits. (Gleeson 1990:208/9) It includes encouraging a motivated and proactive attitude (ibid:52) toward the work and instituting rule sets and systems that elicit appropriate, and dissuade individuals from adopting unacceptable, behaviours.(Wilson 1992:28) Much of this learning is acquired through the means of experiencing work routines, the acceptance of implicit group norms (Ketch, Crutchfield & Bellarchy 1962:6) and through formal training mechanisms (Gleeson 1990:192) that together comprise a portfolio of staff development, which is specifically directed at achieving goal-oriented organisational ends (Graham 1991:105). An emphasis is placed upon people motivation through systems of enhancing the quality of work life(Cowling et al 1988:232) and improving economic performance. (Keep in Storey1989:105) Most commentators recognise this as a main plank in line management training programmes. The third level of learning is the expanding of the first two levels and the deepening of the acculturative process into corporately directed actions aimed at instilling strategic thrust (Peters 1987:322), developing organisational conformity (Cowling et al1988:125) and cohesion (Osbourne & Dvorak 1984:43), and mitigating organisational conflict (Mills & Murgatroyd 1988:155) so that the organisation can achieve a cohesive stability.

The initial thrust of enculturation is toward the individual. It teaches the "multi-dimensional rule matrix ... which permits and supports effective functioning within the organisation ". (Mills & Murgatroyd 1988:66) It empowers and enables people to maximise potential and gives substance to personal expectations. It also, as Stenhouse (1983:43) implies, unites the separate determinism of individual and organisation around the myths, metaphors and symbols that are the organisation in a way that is favourable to creativeness. The processes of enculturative and acculturational learning are therefore significant features of organisational membership but they are only part of the prime organisational objective which is to achieve "mastery of the
technical tasks and unique procedures and language associated with their organisation" (ibid:66) so that the purposes of the organisation can be effectively pursued.

This is not surprising. In most modernist organisational and management literature the self-interest of the organisation has been accepted as a given and never been seriously questioned. It was possibly the work of Peters and Waterman (1982), despite its management bias, that initiated a more postmodernist perspective of seeing organisations in terms of flexible dynamic collections of people, wherein the people are as much the organisation as they are its members, acting as a whole culture(1982:12) in pursuit of shared, not imposed, values. Even a cursory examination of their methodological framework, which is known as "McKinsey 7-s Framework" (Fig 19.), and has in their own words, become a useful way of looking at organisations (ibid:11), shows that it is not by chance that shared values occupy the central position. They felt that the universal ownership and belief in these values generated that intensity you can feel (ibid:16) which initiated the innovatory, active, and adaptive characteristics observable in excellent companies (ibid:12).

To an extent they moved the goalposts of analysis from the structurally mechanistic and organismic construct of Burns and Stalker (1966), through the deterministic approaches of the Aston school (Astley & Van de Ven 1983:247), to the very threshold of, what Mills and Murgatroyd (1988:55) call, the systems model of the mutual interaction of people and organisation. Analysis became more centred on looking at organisations as entities of regular social practices, (Giddens 1984:25) and of arenas of interaction between people and systems. (Morgan 1990:7/8)

4.10 The Learning Organisation
It is from this platform that attention has turned to the concept of the learning organisation. (Handy 1989; Senge 1990) Handy rather cautiously, keeps a foot in both modern and post modern camps, in his proffered optional definition of the learning organisation by saying it is "an organisation which learns and/or an organisation which encourages learning". (1989:179) Morgan however, whilst
studiously avoiding the term learning organisation, is more specific and answers his rhetoricaquestion of can organisations learn (1986:87) affirmatively. He metaphorically describes the organisation as a brain able to sense, monitor and scan significant aspects of their environment,(ibid) and capable of engaging in single and double loop learning. This accepts Simon's earlier thesis (1947) of organisations being information processing, decision-making, and design units.(ibid:81) Morgan accepts that organisations need to be designed as learning systems(ibid:105), but in agreeing with Argyris (1982) and Schon (1983), recognises that in practice, there is a gap between "espoused theory" and "theory in use" (1986:90). Learning organisations will therefore need to adopt an upside-down (Handy 1989:189) perspective which;

"Instead of placing emphasis on the need for 'solid', 'literal', 'foundational' 'objective truth', we need more dynamic models of understanding, that show how knowledge results from some kind of implicit or explicit 'conversation' 'dialogue' 'engagement' or 'interaction' between the interests of people and the world in which they live".(Morgan 1993:279)

Morgan says this materialises when " individual change becomes social change [and] when a critical mass of people begin to push in the same direction", (1993:275/6) and when the enhanced capacities of people become aligned within the organisation. (ibid:frontpiece)

Such a holistic approach is a quantum departure from previous academic and conventional wisdoms which espouse that only persons can learn. (Brookfield 1986:24 & 1987:60; Jarvis, 1987:36) But as an approach based on integration of individual and organisational goals (Thompson & McHugh 1990:279) it is conceptually parallel to the holism of "change culture" (Kanter 1983; Peters 1987) and total quality management (Crosby 1989; Robson 1989) initiatives currently being taken up by many bodies.

It is the work of Senge(1990) that attempts to flesh out the conceptual frame. However his work is highly anecdotal and borders on what I have come to call - managerial gurism. Despite this, his visionary framework does have some existence in many current organisational practices and its different perspective does constructively inform the learning organisation debate.

4.11 The Senge Model of Learning Organisations

He identifies five critical disciplines, from the experimentation and research of hundreds of people.(ibid:14)
i. **Systems thinking** - the conceptual framework that sustains the interactive environment which initiates and stimulates inquisitive thinking.

ii. **Personal mastery** - the spiritual foundation that fosters reciprocal commitment between individual and organisation.

iii. **Mental models** - the ingrained assumptions that firstly focuses critical thinking on the current situation as the starting point for future development.

iv. **Building shared visions** - the genuine vision of everyone so that work has a common identity and a common purpose.

v. **Team Learning** - determinedly seeking dialogue and discussion to come to the best common action.

Senge sees these as the components of technology that are currently converging to provide the vital dimensions in building organisations that can truly learn. (1990:14)

This is further developed (summarised below -Table 5.) to show that each discipline has both a practical and theoretical dimension and states when success is achieved that the organisation has arrived at a state of being a learning organisation.

**Table 5.**

<table>
<thead>
<tr>
<th>Systems thinking</th>
<th>Personal mastery</th>
<th>Mental models</th>
<th>Building shared visions</th>
<th>Team learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practices</td>
<td>using patterns</td>
<td>making choices</td>
<td>testing assumptions</td>
<td>aware of current reality</td>
</tr>
<tr>
<td>Theory</td>
<td>internal interaction</td>
<td>balancing tension</td>
<td>inquiry and advocacy</td>
<td>shared vision</td>
</tr>
<tr>
<td>State of being</td>
<td>inter-connectedness</td>
<td>connectedness</td>
<td>truth and openness</td>
<td>common purpose</td>
</tr>
</tbody>
</table>

Source - (Appendix 1: Senge 1990:373/7)

Central to Senge's thesis is the concept of "Metanoia" - a shift of mind. (1990:14) It transcends economically driven survival learning, and goes even further than change related adaptive learning, it is "generative learning - through which [we] recreate ourselves ... we become able to do something we were never able to do before". (ibid.) Even though he uses rather ethereal language he is, in a way, expressing the same concept as Morgan (above) in saying that learning, rather than being an adjunct to organisational operations, needs to be at the centre of all operations.

**4.12 The Learning Organisation" Questioned**

It seems to me that Senge is advocating the sort of "autopoiesical system"¹ that Morgan (1986:235/40) describes as a closed system having the features of autonomy,
circularity and self-reference. (ibid:236) Much of Senge's thesis has the internalising flavour and concentration on wholeness of that the Autopoiesis theory advocates. (ibid:239) However, what is not clear, is how is the system regulated? Does it depend upon universal participation or is it specific to critical groups within the organisation? If the latter what unifies the learning hierarchy to the other members? Is the learning organisation concept limited to those managerial and professional strata that determine policy and practice? If not, is this possibly a democratisation too far? If all are involved in the reflexional and monitoring process, will not decisions be delayed and learning stultified? These questions open up lines of enquiry that are beyond the scope of this work but they may be useful to further research when (if) this type of learning organisation is identified as a reality.

4.13 The Organisation as a Learned Actor
Senge's vision of organisational learning being a converging of components of technology (1990:14) does seem to offer a legitimate way of seeing the organisation as a learned actor. For it is in pulling together various functions and facts that management arrives at those informative moments of truth (Mills & Murgatroyd 1988:47/53) that give new insights and identify new reference points (Harré et al 1985:88) for action. I therefore coin this name learned actor, not just to differentiate it from other connotations of the term learning organisation, but because it appears to me to describe the organisation as a functionary in its interactive social landscape. (Ahrne 1990) Organisations have acquired intelligence from the converging components bequeathed in the form of knowledge, skills and attitudes from past members that become reified in current rules, regulations, systems and procedures. This is dynamically enhanced by the converging knowledge of its current membership. That membership not only learns from the organisation but, as the implication of Mills and Murgatroyd's notions of organisational shaping (1988:36) show, their learning capacity effectuallly causes the organisation to learn. This gives the organisation an ability to adapt and evolve (Morgan 1992:17), to deal proactively with chaos (Peters 1987:xii) and to be able to struggle against its unpredictable and potentially hostile environment. (Ahrne 1990:40) Therefore it becomes, by inference, an informed entity - in other words a learned organisation.

Whilst it is important to remember that an organisation has no presence beyond that of the people who bring it to life (Morgan 1993:frontpiece) and that it is people who learn (Brookfield 1986:60) it is just as critical to be reminded that much of adult learning is undertaken for the benefit of, and on behalf of the organisation. (Tennant 1988:41/46) Therefore, as much as individuals are empowered to become agents of their own
society, (Jarvis 1985:108) in practice they naturally and spontaneously act in ways that reproduce the character and style of the organisation. (Morgan 1993:10) Stenhouse explains this is the intellectual storing up (1983:42) of both cognitive and behavioural (ibid:44) intelligence that, when applied in a learning context is activated in response to motivational stimuli from self or the society group (or more correctly the symbolic symbols of the group) which itself (ibid:23) is influenced by the prevailing specialist culture (ibid:29) of its own society. (see Fig 20.) Stenhouse describes his symbolic systems as being those languages, values, laws, taboos and icons which become the tools of learning and the dynamic of creativity and conformity of a culture, (ibid:44)

This of course is no more than what others have previously said that learning is an interactive process between self and its environment but Stenhouse seems to go one step further. He not only acknowledges that learning "transmits the culture" (ibid:34) that becomes the behaviours and enhancements of mind in people, but goes on to show that outward transmissions of such behavioural actions are generally compliant to, and informative of, the societal culture in which they take place. In other words he builds into the cycle the sort of automatic acculturative behaviour change identified by Berry et al. (1992:280) This is challenging to those subscribing to the notion of learning independence but as Berry shows the dominant relationship tends to be the culture-behaviour linkage rather than the behaviour-self bond. (ibid:281) It also seems to me to satisfy the conventional wisdom that lies behind the adage "When in Rome, do as the Romans do". Therefore in looking at the concept of organisations being "learned actors" it seems that Stenhouse's model shows a reciprocity between individual and society that, with some corporate terminological amendments, can be legitimately applied to fit the organisational dimension. In doing this (Fig 21) I suggest that motivation is the same as organisational purpose on the premise that both are the driving force or the raison d'être of action. I accept that organisational drive also emanates from market competition, emotive public pressures and political ideological strands that are not explicitly articulated in formally stated objectives but would argue that they are similar in nature to external stimuli experienced by individuals. I add the Organisational to intelligence and define it as the historiographical (the stored up) and current stocks of knowledge skills and attitudes that are enmeshed and operant in the systems and processes of organisational operation.

The Learning Cycle
Source: Stenhouse (1983:43)
I only change the title to "Cumulative learning" to differentiate it from individual learning. However it should not to be construed to mean the sum of all types of member learning, but is specifically limited to that encultured and perceived acceptable learning that is transferred from the individual to the system. (Coleman 1990:32) This is dependent on the depth of "encultured engagement (Berry et al 1992:275) and can vary from the restricted rational choice made by utility maximising individuals (Turner 1992:313), to the unconstrained participation of, the not so euphemistic, organisational man. (Thompson & McHugh 1990:221) This has been established in the empirical work of Sandler (1982 - quoted in Mills & Murgatroyd 1988:67) who saw that many seek the least cost (in terms of emotions and cognition) route to the fitting-in and getting the job done whilst others will seek constantly to reconcile all aspects of their behaviour to make them a part of their own work identity.

I change Stenhouse's symbolic systems to the new title of Rules of Agency Engagement. For as Stenhouse says symbolic systems are both calculuses of reflective thinking and the logical aspects of culture. (ibid:43) and seem compatible with Clegg's (1990:7) capacities and mechanisms of agency. Both see this function in terms of shared meaning, conformity and as determinants of practical experimentation. (Stenhouse 1983:44 and Clegg 1990:7/8) In this sense they become the implicit and explicit rules sets, moral valuation and real and imaginary perceptions of status and reputation that members call upon in their interaction with outside others. (Long 1992:26/7) They are possessed within the language and traditions of the organisation and seem to act, as Stenhouse (1983:42/5), as the filter of all inward and outward dialogue.

Similarly, just as the culture of the Stenhouse's model (ibid:43) is the individual's interactive arena, my environmental milieu is the "social landscape" in which agency and organisational interaction is comprehended and undertaken. (Ahre 1990) It therefore seems to me this adaptation of Stenhouse's model is a legitimate way of looking at organisational learning.
4.14 Summary

The theoretical and assumptive constructs described above present current versions of individual and organisational learning that, because they tend to ignore other influences, seem slightly too antiseptic to operate in the real world. It has been argued that both internal and external cultural forces exist that cause learning, or at least the manifestation of learning, to be modified to meet the exigencies of the prevailing situation. It is therefore suggested that in the context of organisational life learning itself becomes an institutionalised discipline primarily undertaken to benefit the organisation. It is also suggested that despite the fact that "much of organisational life is taken up in repetitive tasks ... and is dictated as much by habit as by thought" (Mills & Murgatroyd 1991:47) sufficient key groups proactively operate within the culture to enable the organisation to store up an intelligence that informs the learning processes of individuals and develops the capacity to effectively become a "learned organisation".
SECTION FIVE

5.1 A Conceptual Framework
The preceding four sections, by seeking to ascertain the nature of Care in the Community; describing the disparate cultures and structures of the participating organisations; examining the concepts and practices of interactionalism; and explaining what learning processes can be considered; shows something of the complexity of the conceptual frame of this issue. But it is, as the thoughts of Jarvis (1987:16) suggest; in this sort of phenomenological and interactional milieu that understanding of the learning processes can be gained.

Section One showed Care in the Community is designed to achieve operational effectiveness through inter-organisational relationships that adopt a collaborative network approach to providing care. In also positing a visionary account of the way care may be administered it shows that such changes could elicit emotional responses that challenge the implementation process. Section Two, in showing the diverse natures of organisations, indicates how complex the task of structuring these networks is likely to be. Metaphorically it appears to be like attempting to join five jigsaws together to form one picture! Difficulty may be experienced, not only in joining the parts, which are likely only to "fit where they meet", but in seeking to identify the picture and eliminate any confusion and discordance. Much will therefore depend, as Section Three indicated, upon the participants discovering effective strategies of adaptation to reduce the complexity of this environment and organise behaviour (Arce & Long 1992:213) so that it facilitates the required level of interaction. The way the networks are formed is therefore crucial. This is of special concern to the Social Services lead agency for their position at the hub of interaction means they must learn how to deal with all the other organisation. Section Four, by expounding some of the principles of learning theory indicates how members and organisations can, through learning processes, acquire the knowledge, skills and abilities needed to co-ordinate and control the new interactional environment. Whilst I accept Jarvis's claim that "learning is a phenomenon in its own right and should be studied as such" (1987:8), in this instance, as the sections above show, the conceptual frame can only be conceived in terms of the structure and strategies of the networking environment and they become both the imperative and catalyst of the learning process.

5.2 Structure
The importance of the network structure has already been confirmed by the Select Committee (1990) when they unequivocally announced that Care in the Community
can only provide the mixed economy of care if the collaborative frameworks are put in place.

What is of particular interest to this study is how they will actually be structured and how that will affect the processes of participant agency and their effect on the implementation of Care in the Community. Section One and Three have described how the White Paper calls for two seemly distinct modes of collaboration. Firstly in the planning of local services, and in particular the drafting of the annual care plan (HMSO 1989b:41/3) the notion of partnership and co-ordination (ibid:42) and shared objectives and responsibilities (ibid:50), imply that structures are to be democratic in nature. Purchasers and providers are to participate as comparative equals at their particular level of operation. As Fig 22. indicates, planning will take place at a number of levels, possibly, policy at executive level, strategic at the point of resource allocation, and operational at the local level. Much will depend upon the type and level of representation that is effected by the participant organisations. As Marsden et al (1993:144) note "network strength depends not only on the relationships between representatives ... but the legitimacy of their representation".

Fig 22.

Secondly, collaboration is seen in predominantly contractual terms (ibid:22) where specification control and monitoring seem to be the determinants of the interactional relationship. In the more formal arrangements, the purchasing agency (social services) contract statutory and non-statutory bodies to provide defined services at a given cost. Less formally negotiated arrangements seem to hinge about grant funding allocations that expect recipients to meet agreed targets of provision.

In these situations the Social Service purchaser is at the centre and seems to be the only one actually involved in networking. Providers simply have a dual directional link with the lead agent and no effective relationship with each other. These linkages
are likely to be effected at different levels, possibly coterminous with those in Fig 22., thereby zoning the operation, resource allocation and decision-making, into levels of discretionary action rather than interaction. These two structural models therefore present an ambiguity that may be easier to identify than to resolve. For, if the contractual mode takes precedence, then power and choice are asymmetrically conferred to the Social Service purchaser, who by inference, must also become the dominant partner in the planning mode structure. On the other hand, the planning mode portends to distribute power and choice symmetrically to all the partners. This would suggest that the Social Service partner could only adopt a first among equals role in the contracting mode.

These notions pose the questions of:

- How will the networks be structured?
- How will the networks recruit representatives? - and will this preclude some organisations from being represented at some levels?

This in turn focuses attention on the processes of participation associated with the structuring and raises such questions as:

- How are the structural linkages created? - what is the level of voluntarism, compulsion/coercion or exclusion related to participation?
- How do participants shape their own parts in the process? - what discretion is given to the lower level zones?

The close relationship of these two questions is evidenced in Dworkin's pointed remark that:

"discretion is like the hole in the doughnut, it only exists as an area left open by a surrounding belt of restriction" (Dworkin 1977:52)

But as Child (1972:22) opines, discretionary constraints and opportunities are implicit in structurally determined systems. However they, like the structure itself, are also materially affected by the political determinism of strategic choice (ibid:6) exercised within the organisation.
5.3 Strategy

Wood (1979) and Silverman (1970) suggest that strategic choice is usefully viewed as being the variable internal processes that intervene between the environment and the organisational structure. (Wood 1979:350) In regard to Care in the Community, it is yet uncertain which actors will direct the strategic thrust or whether this will work toward developing hierarchical or democratic structures of network. This is important for, as Brooke (1989) argues, collaborative success at street level (1989:54) can only be built upon those genuinely shared aims at the strategic level (ibid:48) that permit control to be vertically devolved to levels below the "established rapprochement" so often evidenced at executive levels.

This view tends to strengthen the structural argument but also indicates a need for strategies that permit multi-agency linkages that are tailored to an equitable dispersion of power and responsibility, rather than a structuralistic compliance to prescribed rules and procedures. If this means delegating agency freedom to individuals and groups then organisations have to find ways of coming to terms with new sets of strategic attitudes within their organisations and in their interaction with each other. As Section One implied, statutory bodies will need to ask how can the "iron cage" of bureaucracy (Clegg 1990:29) be adapted to more flexible relational systems. At the same time non-statutory organisations will need to examine how the self running of voluntarism (Darvill 1978:31) will react to, and be prepared to be disciplined into, a more controlled collaborative environment?

Even if this is resolved, as Brooke warns there is no guarantee of collaborative success as this is rarely achieved by any set of rational actors (ibid:46) who subscribe to differing organisational "objectives and cultures". (ibid) He ascribes this firstly to "the interesting inability of organisations to interact successfully at middle management level". (ibid:54) Secondly, Brooke points to the difficulty of maintaining organisational relationships that are voluntaristic and dependent to a large extent on individual agency. As Section Three showed, the strategies employed by organisation in assuming their roles and function is of critical importance and will effectively determine the control of independent actors in relation to performance and fulfilment of key tasks. (ibid:53) As John Storey (1989:42) notes, collaboration ultimately depends upon high commitment, high quality and flexibility. When these are impaired or absent, discontinuities in personal interactions, that challenge individual's goals, perceptions and values (Brooke 1989:42), are likely to emerge which can result in disaffections and/or struggles for greater power. This is why, as Arce and Long found (1992:213), the prime concern for a sound strategic mission is to allow "actors [to]
reduce the complexity of their environment and organise their own behaviour" in a way that contributes to, not disrupts, the strategy of collaboration.

This study seeks to identify and examine the strategies adopted by the participants to achieve collaborative success and to discovered how these affect the way individuals construct their relationships. This suggests the following questions;

- How is the agenda for participation formed? - which group/s determine the strategies for participation?
- How are roles, tasks and standards defined to the actors? - and by whom?

5.4 The Process of Learning

The conceptual framework is therefore identified in two inter-related contextual strands.

i. firstly the structural positioning of the organisations within the network,
ii. secondly the strategies that shape the interactions of organisational members and determine the levels of agency between the organisations.

They establish the environment which necessitates learning and determines what needs to be learned. This seems rather a bland statement but as Bigge argues, and as Section Four showed, if members are to cognitively and consciously interact (1982:158) and organisations are to become participative learning systems(Morgan 1993:105), it will require more than a willingness to adapt. Personnel will need to make enduring changes to personal insights, behaviour perceptions and motivation which are compatible with the contemporaneous situation of the new collaborative culture. This will require learning systems that go beyond mere eclecticism into a reorganisation of perceptive and organisational skills which restructure the operant insights of organisations and individuals. It is going to need the reciprocal interactive processes (Bandura 1974:867) wherein the trauma of change is discerned as a definitive experience and as Kolb suggests is capable of being transformed into conceptual knowledge. Such learning needs to precede the outcomes, for as Kolb implies, this is the integral part of the continuing process that seeks to remove obstacles to perspective clarity and develop systems that cope with, rather than ignore change.

"First is the emphasis on the process of adoption and learning, as opposed to contents and outcomes. Second, that knowledge is a transformation process, being continuously created and recreated, not an independent entity to be acquired or transmitted. Third, learning transforms experience into both its objective and subjective forms." (Kolb 1974 p38)
If this is achieved, then possibly the all-too-common dysfunctional pleasantries, that Brookfield identifies (1986:14), as so often resulting in people "slamming shut their minds in other peoples face" (Brew 1965:325) may be prevented and realistic organisational interaction may be permitted to operate.

This raises a plethora of questions regarding, what is to be learned?, - where is learning undertaken?, - who will provide the input and facilitation?, - how is learning monitored?, - and so on. Whilst all these will undoubtedly be apparent within the field study it seems to me the principle question to emerge from this framework forces us to enter an apparently under theorised aspect of this issue by asking the critical question:

- Can individuals and organisations learn how to interact prior to the event?

We have to ask, if learning is the dialectical process that Tennant (1988:5) says involves the person and the environment then, if the environmental "experience" is not present, or its effects not clearly known, can "learning" take place, or is only an unproven theoretical perception achieved. Similarly, both learning (Kolb 1974:44; Bandura 1977:313; Bigge 1982:161) and interaction theorists (Giddens 1984:5; Turner 1988:92;) espouse that experiential feedback reinforcments are essential elements of the learning processes. This directs us to take heed of Jarvis's observation that:

"... severe difficulties are presented to the learner if he is unable to integrate his new knowledge with that which he has already, so that he may develop an attitude that suggests he is reluctant to change" (Jarvis 1983 p81)

If this is the case we need to ask:
- How is feedback achieved prior to experiencing the interaction?
- How will the disorienting dilemma, that Jarvis (1987:79) identifies as the gap between a persons stock of knowledge and experience of the "socio-cultural milieu [the interaction] be transformed to order?"

The field research programme is designed to examine these learning processes within the interactions that transpire between organisations from different sectoral cultures. Therefore the first five questions present a tentative framework through which this examination can begin to look at this interactive environment. The remaining four question direct attention toward the learning processes that are operant within that environment. This conceptual frame is deliberately constructed with the express aim
of being the means of the investigation (Yin 1989:20), by posing these sharper and more insightful questions (ibid) in the belief that they will facilitate a more focused access to the research field. The questions are not an end in themselves and are not meant to convey any suggestion of an answer to the Care in the Community phenomenon.

As I noted in Section Four, one of the pinnacles of achievement is learning how to learn, I believe this study enables us to develop insights into how people and organisations - learn how to learn how to interact. I also believe it will inform current theories, from a bottom up perspective, by showing how this is effected in a cross cultural environment.

5.5 Postscript
Whilst preparing this conceptual framework it has been disquieting to observe the comments of Ahrne (1990) and Morgan (1990), amongst many others, that seriously question, from different perspectives, the assumption that cross sectoral collaborative networks can actually be formed.

"Interaction across organisational sectors ... is often confusing and unpredictable. Different kinds of power resources are set against each other and the organisations involved do not have the same goals. It is an interaction that is often contested and even considered illegitimate. When organisations from different sectors interact they usually make demands on each other ... in order to make it [the other] do things it would otherwise not do." (Ahrne 1990:139)

"Interorganisational linkages ... may be concerned with overcoming economic uncertainties through resource dependency and product/service exchanges [but] ... the hidden agenda behind networks ... is that of power. In particular more powerful organisations seek to ensure reproduction of their own power by shaping and controlling the actions of other organisations in their environment." (Moorage 1990:180/3)

Whilst bearing these, and many other warnings in mind, this study remains determined to examine the inter-relationships as they exist, and not as some say they should be. And as Berry et al (1992:338) conclude it does after all carry the promise of contributing to our insights about the learning processes of organisations and their applications in an inter-organisational context.
Part Two
SECTION SIX
Methodology

6.1 "Expurgation"
Upon reflection I have to admit that the start of my research was rather inauspicious. Like Ferner (1989:4), "I was not sure at the beginning exactly what I was looking for", or how to go about finding out. But unlike Ferner's "sensitivity to the research" (ibid) my lack stemmed from the much more insensitive and immodest notions of believing that one could very nearly be framing the answers whilst still trying to identify the issue. In a way I was cocooned in the misbelief that, because I had become sensitive to what I perceived to be an issue of importance, all the answers would be simply available to any programme of informed observation. Propitiously I was soon to be disabused as my first small steps on the journey of this research quickly showed that my initial thoughts were presumptuously naive, simplistically ambitious and methodologically untenable. A valuable but salutary lesson, that I trust has enabled this researcher to undertake this study with a similar degree of sensitivity and openness as that advocated by Ferner (ibid).

6.2 Methodology - a further caveat
Many writers endeavour to purify (Gleeson & Mardle 1980:127) their research by entering the debate of types of possible approaches as a sort of apologetic (ibid:128) for the methodology employed. Others, as Cohen and Manion (1989:36) suggest in citing Rex (1974) and Bernstein (1974), seek some new approach that enables them to redefine the nature of enquiry. Apart from a short explanation, that doesn't question methods but shows my dilemma at dealing with the choice of method, I determined to take Gleeson and Mardle's (1980:128) advise to steer clear of spuriously debating the various possible approaches and direct my attention to the object of the study. This does not mean that the methodological description I offer below is without an explanatory rationale. I attempt, by using the methodological theory developed by others, to see so far, as the Einsteinian credo says, by "standing on the shoulders of those who preceded me". Therefore I do not attempt to add anything to the theoretical debates surrounding the various elements of the method. I am convinced that if what has already been written fails to satisfy the method sceptics (Villarreal 1992:247) what I have to say would lamentably fail to assuage their criticism.

Thus I present my research approach by interweaving those parts of the descriptive material that inform and affect the method with some of the wealth of current methodological knowledge. My aim has been to provide a logical and clear account
of the way the research was structured and undertaken and to present the validatory evidence of contextual and methodological linkages and correlations that makes the method credible to you the reader. (Note: I have adopted a style which presents conversational extracts in a smaller italic print with the hope that this will help to differentiate between the empirical and analytical evidence.)

6.3 Selection of the Methodological Approach
Initially my search for a research method was influenced by earlier studies that inured me, to some extent, to accept the individual as the locus of learning (Jarvis 1987:36), decision-making (Hindness 1986:115) and organisational creation. (Morgan 1992:10) My predilection was thus to look from ethnographic, phenomenological, and even at one stage, psychological perspectives at people interviews and survey methods of enquiry. However, for the purposes of this research, these approaches seems as Elster (1985:18) says to reduce the "social phenomenon ... to being explicable in ways that only involve individuals", and that Stenhouse (1984:16) suggests causes only those parts of the phenomenon that the researcher can fashion into interpretative statements to be examined.

Two insights however, released me from the palpably false assumptions (Silverman 1985:16) of relying upon any form of standard, off the shelf, mechanisms of enquiry. (Campbell in foreword to Yin 1989) Firstly, that actor entity (Marsden 1993:162/3) is not the sole preserve of the individual but is legitimately assumed by groups and organisations. (Silverman 1970:196/210; Hindness 1986:215/19; Knorr-Cetina 1988:44) Secondly, that the choice of research method did not only depend upon some "recognised ... hierarchical pattern that [can] map out social phenomena in a clear replicable model". (Villarreal 1992:248) Effective choice depends upon selecting a relevant instrument of exploration (Pope & Denicolo 1987:15) that prevents the researcher from falling into individualistic or trivial analysis when the real aim is to grasp the crucial patterns and key mechanisms (Villarreal 1992:248) of the phenomenon. Verschoor (1992:179) also notes that the "analytical perspective must be accompanied by a methodology that is consistent with it". Consequently my need to explore the "dynamics of the social context" of Care in the Community and the organisational processes by which these are translated into learning is as Marsden et al (1993:165) suggest, most clearly revealed by using a case study method.

It was only a short while ago that writers were suggesting that case study was an under acclaimed methodological approach. (Merriam 1988:1/2; Yin 1989:10) As Merriam (1988:5) says, "the confusion stems from the fact ... that too many equate case study
with [the] fieldwork" element of more definitive methods. This notion is now largely dispelled, and case study is accepted as an accredited methodology in the interpretive and subjective paradigm. (Cohen & Manion 1989:124) Much of this can be attributed to the work of Yin (1981; 1984; 1989) who gave substance and form to the contextualising idiosyncrasy (Merriam 1988:21) of case study. He showed that case studies are constructed from the five critical elements of problem definition, design, data collection, data analysis, and composition and reporting (ibid:11) and that central to the whole process are the 'acid-tests' of validity (ibid 40/41) and generalisability. (ibid:38) This seems, as Campbell says in the foreword to Yin's book (1989) to harmonise the conformity of science with the non-laboratory setting of social enquiry and thereby produces a model frame that is both logical and validatable. It is therefore with some degree of confidence that I utilise much of Yin's framework to present the account of the method I employed in this project.

6.4 Problem Definition

My definition of the research problem has been presented in Part One of this thesis. As I explain there, this has emerged from a broad perspective review of the available literature. This was also supported by two short exploratory studies in the summer of 1990 with a County and a London Borough Social Service Departments to find out what their views and prophesies were for the implementation of Care in the Community. It is the cumulative understanding gained from these two sources, which was utilised to construct the conceptual frame presented in Section Five, that has enabled the research questions to be formulated that Yin suggests are the first component of the case study design.

These questions have proved useful in three ways. Firstly they have helped me to resist the academically misconceived pressure to construct hypotheses (Nisbet & Watt 1978:11) where they are of limited value to the research and have helped obviate those easy to fall into tendencies to manipulate variables to determine their causal significance. (Cohen & Manion 1989:124) Secondly they provided the more open epistemological approach that Stenhouse (1984:Ch 2) says is the advantage case method holds over ethnometodological approaches by opening up the issue rather than closing it down by only examining those parts of the phenomena that fit the particular framework. These questions made me look at everything that my limited time allowed and to treat all activities as being of equal importance. Thirdly, they were of inestimable value in monitoring and correcting the research focus and in being effective tools of interrogation at the data analysis stage. It also meant that during the
data collecting process I was free to concentrate on what was happening, rather than on wondering whether it was significant or not.

I believe the research questions provided a legitimate entry to the research field and I have to disagree with Kerlinger (1970) and Nisbet and Watts (1978 p8) who seem adamant that "without hypotheses, case studies become merely a formless and uninformative rat-bag of observations". Fortunately these are not views supported by many of the theorists cited in this thesis, thus I am quite content to leave the matter there.

6.5 The Unit of Analysis - the research population
Contextually this study is grounded in the interactional relationships that exist between the participating actors. However it is well to remember, that despite a possible mutuality of interest there should be no generalised assumption that relations are structured on anything more than linkages of knowledge, social action and the materiality of resource distribution. (Marsden et al 1993:140) Different modes and levels of agency representation and the variety of operational requirements are far from being ordered and are more likely to be the determinants of organisational enmeshment within the networks than any spurious hope of establishing a common relational pattern. The resultant range of variableness indicates that little would be gained from an examination that included a complete audit of participant relationships. Whilst many would be no more than simple social encounters (Turners 1988:8) and some may be sufficiently structured to be close to becoming formalised hierarchies (Williamson 1975:25) it is unlikely that we could establish the reasons for these difference and much effort could be expended on searching for linkages that may at best be obtuse and at worse be non-existent. Consequently this study decided to concentrate on the one set of interactional relations constructed by, and with, one Social Service Locality Unit. The unit I worked with had a compliment of 23 social work and administrative staff offering the full range of social care services to a population of about 45,000 people.

As the lead agent the Social Service occupies a unique position at the centre of the interactional networks. Its statutory liability of being the enabling authority (HMSO 1989b:22) require it to be in direct contact with, and to facilitate the participation of, all the sectors of care provision. The County Social Service Department is also involved at each and every level of collaboration and can therefore be seen as the strategic and logistical loci of all Care in the Community interactions. However, the modes of interactions are clearly different at each level. It seems that Department and
Area interactions are mainly concerned with political and strategic planning and negotiations that are ultimately manifest in locality implementation. It is therefore only at locality level that interaction takes on the socio-geographical significance (Cox & Mair 1991:208) that can be mutually recognised by the participants and Users.

However it would be wrong to see the notion of locality as simply defining a geographical space. As Massey opines, locality is an "area with particular boundaries around, [that] can be imagined as articulated moments in networks of social relations and understandings" (1991:28) or as Cox & Mair (ibid) define them to be "local alliances attempting to create and realise new powers to intervene in ... the processes of [local] restructuring". Whilst this corresponds with the intentions of the White Paper it is Marsden et al (1993:138) who notes that localities actually comprise a variety of social actors operating at different scales who will identify with a territory to different degrees, and will often have commitments that transcend boundaries. This appears to reflect the complexity of organisational interaction I have previously discussed, but more importantly seems to describe what actually happens within the Social Service Localities and therefore seems apposite to the research situation. Marsden in citing Urry also highlight another problematic that is clearly associated with local Care in the Community interactional arrangement in showing that;

> Different social groups have different stakes in a place, and their interests vary from the more obviously material (which itself varies from the straightforwardly 'economic' to that of ontological security) to the cultural and aesthetic. Furthermore, some social groups will possess superior sets of resources and this may have the result that their conceptions of the interests of the locality become dominant". (Urry 1990:189)

It therefore seems that the choice of locality offers just the sort of interactive milieu that enables the interactive processes of Care in the Community to be contextually examined. The clearly defined physical and functional boundaries of the Social Services Locality make it easily identifiable as a unit of analysis which satisfies the case study design criterion of being a bounded system. (Cronbach 1975:123; Merriam 1988:9; Yin 1989:33) Its formal structure and internal linkages also identify it as a single social actor within the geographical locality and as such is one of the participating actors. The Unit's care concern and consequently its networking activity is all internal to the locality. Direct external interactions are basically limited to vertical links with their own Area Directorate and County Social Service Department. It does share lateral linkages with the other Locality Units in the Area and seemed at the start of the research period to have informal and spasmodic linkages with the Health Services and the District Council. The changing role of these relationships
under Care in the Community is of course a principal feature of this research and has significant implications on the way the research programme was structured.

6.6 The County Council Response to Collaboration
The County Council's response to the Care in the Community legislation was positive and swift. Their report "Caring for People - The White Paper in the County"(1990) indicated acceptance of the White Paper's notion that future care provision was to come from the "mixed economy of local authority, Health Service, Private and Voluntary provider agencies.(1990 p1) This stated a commitment to developing joint planning and liaison (p11) on an inter-organisational basis and in particular to develop and foster the role of the voluntary organisations in influencing service development. Whilst recognising the Health Service as their prime partner (p27) they would actively seek to strengthen partnerships and consolidate the frameworks of collaboration (p14) with all the partners of care.

6.7 Structure
The County Social Service Department is administratively divided into five Areas (Fig 24) and further sub-divided into thirty one "Localities". Because the boundaries with the Health Service Districts were not contiguous, the Department amended certain Localities to more closely correspond to those of their prime partner but these changes have still left some confusing arrangements. (see Fig 24.) Area 5, the North County Social Services Area (NCSSA) comprises of six Locality teams (a,b,c,d,e & f) and encompasses the three District Councils of Leming, Martine and Santon each with two localities. Leming (localities a. and b.) is part of the Handon and Leming District

Fig 24.
Health Authority whilst Locality f., of Santon, is part of Missingham District Health Authority. The North County Health District (NCHD), is made up of the two localities (c & d) of Martine and one locality of Santon (e) together with three localities from Area 2 (x, y & z) in the Borough of Billett. The NCHD therefore covers two and a half District Council area and in dealing with six Social Service Localities deals with parts of two Social Service Area teams.

6.8 Collaboration
NCSSA and NCHD formed a Joint Consultative Group (JPG) in the late 1980's and developed this into a Joint Planning group in 1989 to prepare for Care in the Community. Group membership included Social Service Directors for Areas 2 and 5, NCHD Strategic Planning Group and the Voluntary Service Co-ordinator of Billett District Council. Membership was expanded early in 1990 to embrace members of the Family Practitioners Committee and the Citizens Advice Bureau and Age Concern. The group was restructured in July 1991 to enable the requirements of purchasing and providing functions to be dealt with in separate forums. This effectively limited formal non-statutory representation to the Joint Implementation Group and by invitation to the Teamwork Development Programme.

Fig 25.

6.9 Joint Preparation
Following a two day workshop in May 1990 the JPG instituted a programme for Teamwork Development (TWDP) with the aim of jointly implement the main planks of the Care in the Community legislation at a local level by;
  i. piloting models of Case Management;
  ii. establish the most appropriate infrastructure for jointly formulating "Community Care" plans;
iii. significantly increase the involvement of Users and carers in the planning of local services.

This programme was specifically devised to ensure:

"the planning and policy of the JPG is cascaded down to the local units and that they [local units] have the chance to have their say. We also seek to seriously involve the voluntary providers as well as the users and carers. We have to take these along with us ... they may not provide a lot in comparison to the statutory care bodies but what they do is important ..." (Co-ordinator)

6.10 Access to the Research Field

My initial research enquiries to two County Council and one London Borough Social Service Department met only with polite interest but no encouragement to pursue the matter with them any further. My fourth enquiry which was arranged by my academic supervisor, was by comparison a veritable oasis in the desert. In a way it seemed too good to be true. I couldn't help thinking - surely it should be more difficult than this. Whilst I was apparently welcomed with open arms, I was however surprised that the issue of learning to handle the complex interactional environment that is created by Care in the Community was not as readily recognised by many practitioners as I expected it to be, considering the amount of "training" being undertaken in the District. This apparent lack of concern caused me some anxiety and led me to re-examine whether the issue I was considering was a legitimate issue worthy of study. It was a casual lunch time remark by a Health Service manager that showed me there really was an issue to investigate and gave me the confirmation I was looking for when she opined:

"Our trouble is we are all waiting for someone else to make the rules. We won't learn anything for ourselves. We all wait till it is too late, expecting someone to give us the answers, then when it doesn't happen, its us who have to pick up the pieces as usual, and learn everything off the hoof, and spend months trying to catch up with ourselves".

6.11 Entry negotiations

I was firstly interviewed by the Manager who co-ordinated and was also the Joint Facilitator of the North West County Teamwork Development Programme (herein called the Co-ordinator). He had recently moved to a senior post in the Strategic Planning Unit of the NCHD from a similar post with a County Social Services Department. His delegated interest in Care in the Community was "twofold - firstly as the Core Group (JPCG) lead officer for the TWDP and secondly as the lead strategist for NCHD to ensure the agreed Health input into Care in the Community". I was therefore granted entry, as it were from the top, and his support for me throughout the period
helped me gain access to other key players and protected my position when at one time it was questioned.

The rules of the entry agreement were quite simple. I was to stop my observation if any attending member objected. I was to leave any formal meeting if I was requested by anyone with the authority to make such a request. That all observations were to be treated as confidential and any report or publication was to be written in a method that protected the anonymity of the Authorities, organisations and individuals. I was to be responsible for negotiating any access to other unit or organisations personally and I was not to allow that body to think I was a member of any of the official participating organisations.

My other main access had therefore to be negotiated with a Locality Unit. There was no easy choice here. All six localities posed logistical problems for the research.

i. Area 2 had three Localities X, Y and Z (see Fig 24) in the NCHD with three others in MCHD, this meant that the Area Office was two different sets of partners and two JPG's. X, Y and Z however where all located in Billet District Council.

ii. Localities C and D covered the same area as Martine District Council and were in NCSSA (Area 5). They shared many of the same contacts and were involved in many of the same informal networks. However the LTM of Locality C was shortly to take an extended sabbatical and his deputy was mainly involved in co-ordinating the imminent move of the unit to new offices. This group of Localities already had a researcher from a national institute working with them on a contracted project related to case management.

iii. Locality E was only one half of the Santon District Council area. It had little contact with Locality F who seemed to have much closer relationships with the District Council than E. This was a relatively new Locality formed as part of the rationalisation to correlate boundaries. The LTM and most of the staff were also newly appointed.

After preliminary talks with the LTM's of Localities C, D and E I decided to seek access to Locality E. I had already decided not to ask for access in Localities X, Y and Z because of the potential problems that the split at Area level could pose and with three localities in one District I was not sure how complicated the links with the Local Authority and voluntary organisations would be. I considered the disruptions facing Locality C and their close working relationships with D may prove disruptive to the
research programme. The presence of another researcher could also pose problems. I did however negotiate with them to sit-in on one or two of their meetings as a comparative check on my research locality. They both agreed to this arrangement. Locality E had the advantage of having one direct line link to Area 5 and no complex lateral linkages. The LTM of Locality E willingly afforded me access under the same rules as stated above. I also made an assumption that with most of the staff being in relatively new positions they may still be on a learning curve which might help to ease my initial enquiries and make my early observations more fruitful.

6.12 Validation

Even though she says that case study is a function of interaction and perception, Merriam (1988:17) goes on to support the common stance of many case study theorists (Yin 1989:43 Ferner 1989:8; Long 1992:26) that it is more in need of describing and interpreting than measuring. It is therefore rarely possible to substantiate the "coherent linkages" that Gleeson and Mardle (1980:132) say are invariably demanded as validating evidence by the material and ideological stance of science. But they go on to explain that validity is inherent within the rationality and coherence of the structural explanation. In the end, validity depends upon whether the construction and interpretation of the case was more plausible than any other alternative explanation. In deferring to these thoughts De Vries (1992:68) points out that validity of the interpretive non-functional case study lies in correlating empirical and theoretical relations within the context of the issue. If this can be done he suggests the case study has fulfilled its function. (ibid:69)

Whilst accepting the ontological problematic of Cohen & Manion's (1989:129) question of "how do we know [what we observe] is the real thing" I seek to reduce the level of uncertainty by using the validatory tactics suggested by Yin (1989:42) in seeking to use evidence from a variety of sources and using a system of feeding back observational data to the researched population to elicit their confirmation of its accuracy. To a limited extent I have also used Yin's third tactic of maintaining a chain of evidence. In this he advocates using an external observer (ibid:102) to read and comment in a way similar to that used by those gathering criminal evidence so that it is tight enough to stand up in court. While having no formal arrangement, I have consistently used the constructive relationship with my supervisor to challenge my data and analysis, which has helped maintain my focus on the case issue and has proved invaluable in ensuring that my own internal system of cross checking have remained operational.
6.12.1 Multiple sources of evidence

The open access I was granted to the Locality data sources, and the ready response I received to requests for interviews and other information enabled my examination to adopt the multi-perspective approach that Cohen and Manion (1989:269) imply exposes the complexity of the situation in which human beings interact. My determination to follow the actors (see below) meant that my main source of data was gained from observations of meetings, training sessions and daily activities in the Locality Office. I augmented this by undertaking personal interviews with the Locality staff and was given access to all the non-confidential files and administrative paper work associated with Care in the Community.

Whilst the comparative value of the different sources was informative I do not suggest that I made any attempt to formally map out a detailed triangulation process (Cohen & Manion 1989:Ch11) for, like Marsden et al (1993:163), I was simply seeking to draw on all the tools available to me in the collection process. Indeed, these different methods initially proved more confusing than helpful. They didn't give me that confidence that Cohen and Manion (1989:270) says arises from the findings of one method corresponding with another. So often they seemed to disagree and challenge each other. However I soon became aware that the very fact that they disagreed did not necessarily invalidate the source but tended to indicate the differing interpretations and personal constructs that the players were imputing, to what was for them, a single source of information. In the course of time linkages did become apparent to indicate a convergence of the data sources that Rowan and Reason (1981:240) suggests becomes mutually validating. I was therefore able to accept the value of Boring's (1953 quoted in Cohen & Manion 1989:270) prediction that:

"as long as a new construct has only the single operational definition that it received at birth, it is just a construct. When it gets two alternative definitions, it is beginning to be validated".

This became clearer, as I explain later, when the real benefit of the diversity of data source became fully apparent in the process of analysis.

6.12.2 Feedback to research population;

In adopting Stenhouse's concept of research democratisation (as explained by Ruddock 1985: ch4) by disclosing my observation to the members of the Locality networks I was able to elicit their validation, or in some cases, amendment to the data prior to analysis. I have done this in three ways. Firstly by using my observations to pose question in my formal and informal conversations with key
persons within the unit. For example I asked the locality manager at one of our bimonthly meetings:

Me  "I have noticed you have been following a strategy of not telling your staff what you have learned from the Area meetings. Is this deliberate or have I misunderstood what is happening".

Where the respondent disagreed with my observation (he didn't in the above case) we discussed the point until a common interpretation was agreed. The following section from an interview transcript is illustrative of this point.

Me  At the last meeting you said you thought the whole thing a waste of time and it was doomed to failure. Do you think....

LTM  No I ... I think you got that wrong. When did I say that?

Me  My notes say .... John had been talking about IAN's (integrated Assessments of Need), Betty had said that this was no more than a good social worker should have been doing anyway, and then you said it was a waste of time...

LTM  No, I meant the forms were no good. They are the waste of time. They take too long to fill in.

Me  So you mean the forms waste time?

LTM  Well yes - they waste time but they won't work either. No one will fill them in, they are just too complicated.

Me  So what does that mean?

LTM  We have got to get a form that is more to the point - serves the purpose without putting everybody off. After all we need assessment, that's what my job is going to be all about isn't it?

Me  OK! - so I can change this to say ... its the forms that are wrong and unless they are changed then IAN won't work. Is that better?

LTM  Yes, and ... but not so much it won't work, but that it won't work as it should.

Whilst this sort of correction was not a common occurrence it had the advantage of opening up ways of involving (Silver 1983:303) people in the research and enabled a wider communicational system between the researcher and the researched to be established. Another unexpected advantage of these feedbacks was that few ever asked what my analysis of what they were doing was. Even those who did appeared satisfied with my standard reply that I was so busy observing that I had no time to analyse until the end of the research period.
My second feedback system was negotiated with people I formally interviewed. I offered to send them a copy of the interview transcript for them to clarify or mark anything as confidential and not to be used. Only five of 22 interviewees availed themselves of this offer and none commented on the transcripts. I only had opportunity to question two of these subsequently and both expressed satisfaction that the transcripts were a true record of the our meeting.

The third feedback was part of my contract of entry to the locality. I agreed to give a formal presentation of my observation as soon as possible after the close of the fieldwork stage of the research programme. Because people could not all make the same date two such meetings were held in June 1992 with 21 and 18 being the respective attendance's. This was personally very gratifying as I could only account for some 89 people being involved in the locality meetings, and some of those had only attended once. I see no advantage in separately presenting that feedback document here as it is interwoven in the ethnography of Sections Seven and Eight below.

My report to them was limited only to my observations and, as much as I was able, contained no evidence of my analysis, and was given under four subheadings; a) what had they come expecting to learn? b) what do they claim they have now learned? c) from whom did they think they had learned? and d) what had they been able to put into practice? In a way their response was disarming for both meetings unanimously accepted my report without any correctional comment. They have requested, and I have agreed to furnish them with a copy of my analysis when it is complete.

6.13 External Validation - Generalisability
Notions of replicability and reliability as measures of external validation (Yin 1989:44) cannot realistically be attributed to single interpretive case studies. As Gleeson and Mardle (1980:132) suggest any generalisation has to be consider on a more pragmatic basis and "can only be assessed in terms of particular theoretical position of the proponents", or as Merriam (1988:Ch 10) rather more succinctly describes it as vicarious validation. The validation appeal here is determined from the readers perspective. Merriam explains it is a process whereby the reader in recognising realities in the text that correspond to the circumstances and realities that exist in her own experience imputes a validational acceptance to the text.
Callon et al (1985:201) along with Yin (1989:43/5) and De Vries (1992:68) also suggest that validation emanates from the analytical generalisation (Yin 1989:44 of the case's theoretic frame to the empirical evidence. Callon et al (ibid) explains this in their notion of generalised symmetry where the disparate and conflicting built worlds of the players are explained in the same terms by using the same theoretical and empirical data.

Both of these sets of notions really point to the same conclusion. That is, external validation, whilst only in the province of the reader, depends upon the strength and compatibility of the conceptual frame and case study design to provide a sufficient blueprint (Yin 1989:36) to convince the reader that bias has been obviated, rigour maintained and the results could be applicable to other situations.(Cohen & Manion 1989:129) The methodological aim of this thesis is, as Gleeson and Mardle (1980:138) also found, to "convince my audience that the observations of the empirical relate coherently to the [theoretical] assumptions ... and [methodological] structures" contained herein. Once again, only you the reader, can be the judge of this.

However in an attempt to check if this one piece of research represents the real thing, the genuine product (Cohen and Manion 1989:129) I cross-checked what was happening in the Locality I was involved with by undertaking a number of short comparative studies with other groups. Firstly I interviewed two key persons from each of two neighbouring Locality Units and in each unit attended one of their training sessions and one group meeting. Although there were significant cultural and operational style differences between them and my research group, there was virtually no discernible difference in their rate or method of learning development. My second comparison was from interviews with the County and Area Directors and with elected members of the County Social Service Committee to assess whether the Locality Unit's progress and the substance of what they were doing was in line with that which had been planned. The third check involved a number of informal conversations with health service, voluntary organisation and local council representatives where I sought their opinion about the way the Locality Unit was handling the change and how the networks were being developed. I also benefited from gaining unexpected access to the returns from an independent "Evaluation of Training in NCHD". My findings in relation to these studies are described in Section Nine below.

6.14 Data Collection
During the research period from October 1990 to 1st April 1992 I attended what seemed at times a never ending stream of meetings. 36 Locality Care Forums, 4
Locality Planning Groups, 4 Core Team Planning Sessions, 3 Locality Training
Sessions, 13 Teamwork Development Programmes, 6 Pilot Scheme briefing sessions, 4
County Training days, 2 Council meetings, 4 other Locality meetings, and 1 North
West County Health District group meeting. I undertook 37 individual interviews,
some more than once, with 25 separate people, and have recordings of 41 other
conversations. In addition my log-book informs me that I spent 309 hours at the
Locality Unit Office in examining documents and operational system and drinking
copious amounts of tea! I readily admit that it wasn't planned to be like this, but
having determined to follow the actors I was no longer master of my own ways and
just had to go where I was led by circumstances. Somehow it grew - just like Topsy.

However, despite this mass of research opportunity and after all I had heard from my
research colleagues about their difficulties with accessing data, I count myself
extremely fortunate, that with the notable exception of one person at a formal
interview, the group allowed me to record our meetings and conversations at will.
Indeed on the one occasion I had to miss an evening meeting they kindly recorded it
for me. This allowed the bulk of my data, 111 hours of it, to be recorded on audio
tape which was a great boon during the collection phase as it left me free to observe
and note the behaviour patterns and comings and goings of what proved to be a
constantly changing membership at the meetings. I admit to being less enamoured
with the process of transcription, but even though this was extremely time consuming,
its value was undeniable. Listening to and typing the conversations not only reminded
me of the happenings but they constantly appraised me of nuggets of information I had
missed in the original.

As every researcher knows methods of data collection tend to be far from exact.
Much comes unexpectedly and each setting seems to dictate a different way in which
information becomes apparent. So to claim that I can clearly describe how I collected
information is a massive overstatement of the real situation. However for the sake of
some form of clarity I have loosely grouped my data sources into five categories based
mainly on the similarity of process used in collecting the information. One common
practice I rather religiously stuck to was an opening procedure wherein I asked
permission to record, guaranteed the anonymity of the data, and gave them the
opportunity to view the transcript.

6.14.1 Formal meetings
I invariably arrived early enough to set up microphones and test out my system.
This was essential after experiencing an early loss of one complete meeting by not
checking the equipment was working correctly. I was not able to do this at some sessions, especially the County training days but I was still able to record with a portable microphone. It was my custom to ask the meeting leader to make my opening gambit for me. During the meeting I concentrated on taking notes of who the speakers were, who attended and who came and went during the meeting. I didn't have any elaborate, or technically inspired system for note taking, I simply noted, in longhand script, what appeared to be noteworthy at the time. I sketched any diagrams presented and always tried to secure any flip charts and report-back papers the working groups produced. My intention was to follow Cohen and Manion's advice to "never resume your observations until the notes from the preceding observation are complete". (1989:130) However the pace of activity was such that I generally only had time to label the tapes and cross reference them to my notes. Any more would have meant missing many of the meetings. My transcribing was therefore undertaken wherever I could fit it in. I did avail myself of the fairly immediate opportunity of re-listening to most of the recording of the meetings on the sixty odd mile journey home.

6.14.2 Interviews
Most of the interviews took place at the interviewee's place of work and lasted for about one hour. I used a standard question guide (see Appendix A) but attempted to minimise the structure of the interview by weaving my questions into a sort of discursive conversation about Care in the Community. These were recorded but I also made notes partly to keep track of which questions were covered and to have points to refer back to the interviewee but partly to give them a breathing space from too much eye contact. The notes also saved the day on the couple of times the equipment malfunctioned. It was from these interviews that I received requests to see the transcripts, but as I said earlier there was no follow up alterations. I often used comments made at these interviews in subsequent conversations as a form of data both with the interviewee and others.

6.14.3 Interviews with Locality staff
The early interviews with Locality staff were similar to those described. Subsequent interviews were much more focused on my knowledge of their actions and statements at meetings and in general conversations. I attempted to encourage them to mentally chart their progress and to express any changes in their attitudes. Four of the 37 interview were not recorded (one on request). The other three really started as conversations but, by mutual consent, turned into interviews. I still used the format of the question guide even though the
discussions took a more personal slant than before. Even though I tried to limit the duration some lasted for up to two and a half hours. In the latter stages of the fieldwork I used a questionnaire (see Appendix B) to test their reactions to the learning process they were participating in. Most of the responses to this are shown in Section Nine below.

6.14.4 Observations of informal conversations and behaviour
Most of this was me hanging about the office listening in and taking part in conversations and just watching what people were doing. Data collection was a haphazard affair, after all you can't stop someone and ask them to repeat what they just said so it can recorded. I found myself having to dash off at the earliest opportunity to find somewhere quite to scribble salient points and then later, when I had time, to fill them out as best as my memory allowed. This was most likely the richest source of comparative data and proved invaluable during the analysis. It also offered the widest divergence of opinion. It was from these conversations that I became informed of other meetings and discussions that I would have otherwise missed. I tried to keep my notes in a log book but the number of inserted scraps of paper indicates how rarely I actually achieved my aim.

6.14.5 Documentary evidence
When I first went to the Locality, Jim had prepared a file that contained all the contemporary and created documentation (Ruddock 1985 p107) the Locality possessed on Care in the Community. I was given copies of the current and future training programme and copies of the training manuals issued to future LTM's and Case Managers. From that day forth I was unofficially included on the internal mailing list for relevant documents and had nearly unlimited access to the Unit's filing system. I copied many of the wall charts and made notes on information that appeared on the notice boards. I used some of the information in the various modes of questioning, but the vast bulk of this material only came into its own at the analysis stage.

6.15 My role in the research field
I started the research project very aware that I was seeking as Reason and Rowan (1981:264) put it, "to understand people in a particular context on their own terms". I didn't want to intervene, to run the risk of invalidating the research (Gleeson and Mardle 1980:136) or to influence anything in any way. This rather naive "fly-on-the-wall" approach proved quite untenable as I soon discovered. The simple fact of being introduced as a researcher from Surrey University endowed me with an immediate
notoriety that separated me from them. I therefore decided upon the approach suggested by Callon et al (1985:201) and Long 1988:248) of following the actors. Being with them, learning with them, seeing how "they built their worlds", but always seeking to participate as little as possible. This seemed quite logical as it appeared to me that this was the stance adopted by many of the real players. What I came to realise later was their prerogative was accepted by the others, I had no such legitimacy. However it worked well in the larger formal meetings where I could be as anonymous as everyone else but it became more difficult in smaller groupings. The major problem was that once the novelty of my presence wore off I became just an adjunct, an outsider on the edge with no legitimate place or purpose in the group. I was in a sort of limbo failing to get to know the people and not being offered anything from them at their volition. Something needed to change and I was beginning to contemplate Ferner's assertion that the constant feature of fieldwork needs to be one of re-negotiation, (1989:12) when the currents of tension and conflict Ferner identified erupted in, what for me was, a most traumatic way.

At the March 1991 locality group session of the Teamwork Development Programme three or four members were having obvious difficulty in coming to terms with assessment criteria given at the earlier full team meeting. The discussion was quite emotional. People expressed anxieties about future care provision and felt they were "being put upon". The discussion turned to "what can we do about it", and then first one, followed quickly by others, turned on me accusing me of being the expert who could help them if I wanted to.

Member 1 You're alright - you just sit there - a damn stupid grin - you're just enjoying it all. I suppose for you its all good reading. You must think we're a right load of wallies"

Member 2 Why can't you tell us. You know all the answers - you're read all the papers. You're the one who knows what's supposed to happen.

LTM But look, he's not here for that.

Member 2 So what. He hasn't got any right to be here just to watch. If he can't help he can ------- off.

The honeymoon stage was obviously over. Time for re-negotiation had arrived. I could not enter into a fully participative role as I neither possess the abilities to undertake their work nor had the time to do so. I didn't want to become a participative researcher taking on the role of being some quasi co-producer of learning (Elden 1981:262) as I felt this would neither be welcomed or wise. At the suggestion of the Locality leader I settled on the role of a participating reactive informant, offering
answers, as far as I am able on technical and procedural questions. I also agreed to allowing my tape recordings to be used in the compilations of meeting minutes and I volunteered to give them copies of any charts or diagrams I made from their sketches. I also became adept at making the coffee at meetings and clearing and setting-up meeting rooms.

This was a much more comfortable role and I soon found that I was treated by some as a confidante, a sounding board for their ideas and concerns and have become accepted as a sort of pseudo colleague by many at the Locality office. This facilitated a much wider access which enabled me to more clearly discern the ongoing behaviours as they occurred (Cohen and Manion 1989 p128) and allowed me entry to the world as it appears to the people in it (Walker 1980 p45). I felt like Torres (1992:92) that I had now dived in at the deep end to test the waters for myself or as her Mexican metaphor more descriptively explains that I was "plunging into the garlic" (ibid:85) to gather that "essence ... of the lingering smell" as each skin of the segment was unwrapped.

I recognised the potential influence my newly adopted approach could have had upon the unit but I am convinced that the surprisingly small amount of information I was actually asked for, and was able to give, had only a minimal effect upon any outcomes. If any interventional influence affected the unit from my role it lay more in the fact that my presence and conversation with them prompted them to engage in a more continuous consideration of the situation. The closer relationship I now had with the team made me privy to their experiences and gave insights as to how they actually view themselves (Taylor and Bogdan 1984 p98) which I trust has led to a more honest rendering of what actually happened.

Although there were one or two minor hiccups I am pleased to say there was only one further significant incident which occurred one month from the end of the research period. In a way this was more serious than the first because this time I abused of my position by interjecting into their domain. At the final Locality Disabled Forum prior to the date of implementation of Care in the Community on 1st April 1992, several Users and carers, and two newly appointed case managers were in attendance. The Locality Team Manager described the new procedures for referrals and asked one of the case managers to explain the assessment procedure. The Case Manager gave a clear explanation but got into some difficulties when questioned about;

"when the Social Services will say Yes and when they will say No to care provision".

But if the service is not available we have to say No
I'm just "gob-smacked". I've been coming here for a year and no-one has said anything like this before. You just can't say No. You've got a duty.

CM  I agree with you. But I don't make the rules. That's what the rules say and that's what will be done.

It was at this point that I made my interjection:

Me  I would like to make a point. The Social Services statutory responsibility is firstly to undertake an "assessment of need" following which you have three courses of action open to you; namely; to say, your need is already being met, there will be no further provision; secondly, we will contract care to meet your need from one of the statutory or non-statutory provider agencies. or thirdly to say we have nothing available to meet your need at the moment - we will go out and find something for you. Under the terms of the White Paper I do not think you have the right to say No, once you have identified that a need exists.

CM  Well that is a rather sophisticated analysis of what its supposed to be....but we have to work with what we've got ...

LTM  Yes and I don't think that sort of thing helps. Lets get on with the next item.

At the end of the meeting I was told very clearly that my comment was not appreciated:

LTM  do you not realise that I am trying to deal with a difficult problem here. I've got to try to keep these people on board ... I can't afford to go into what should be ... I deal with what is. There's no need for this ... I think it best if you keep your comments to your writing and leave the way we run things to us.

I had unwarrantedly crossed the divide between researcher and researched. This proved illuminating to the research but was personally difficult to handle. The natural magnanimity of the LTM ensured there was no variance in the Unit's assistance to me, but I found I was much more circumspect in my conversations during the last five weeks of the project. Even though I had already discovered a number of manipulative non-disclosures I now found myself actively looking for ulterior motives and hidden agendas in the remaining meetings. This sort of scepticism was difficult to overcome. It actually affected the first stages of my analysis and I had to abort two months of work when I realised the carry over of this experience was materially affecting the way in which I was processing the data.
6.16 Method of Analysis - interpreting the findings

I did not deliberately accede to the Stenhouse approach of deferring (Ruddock 1985:105) analysis until all the data was available but the exigency of keeping-up with the field work effectively delayed analysis until that point. However, even quite early in the field work, I was cognisant to the fact that some parts of the research questions did not appear to have the contextual relevancy I expected them to have.

A closer examination indicated that any discrepancy was more to do with the differences between how the local teams interpreted Care in the Community, and the construction of my assumptive analysis (Section One) from which the questions were drawn. In Practice there appeared a near universal acceptance that the statutory bodies had a right to determine the rules and roles of any networking arrangements. Therefore the notion of peer equality and partnership had no relevance in their current relationships. It was also noticeable that the "network" participants were far from being fully or legitimately represented. (I deal with this more fully in Section Eight) This further accentuated the imbalances of representation, and therefore the power ratio of the collaborations. The consequence of this was for the JCP and the NCSSA to initiate all the opportunities for interaction. They also effectively determined the learning input processes that were ostensibly designed to be the instrument by which the local planning base is to be broadened by involvement with the non-statutory bodies. This meant the salience of the first five question was partially lost and indicated that the questions needed refocusing to meet the actual contextual exigency.

Firstly the focus needed to be directed at the formal and informal mechanisms of learning that have already started, and that leads us to ask:

a. How is the training and information sharing process organised?

b. How is membership to these sessions determined? and does this preclude membership to some, and if so, who?

c. Who are the participants? - and do they have a legitimate agency to represent anyone?

d. How is the agenda controlled? - and what discretion do participants have within it?
There appeared to be no incongruity with the next three questions and therefore they were retained in the same form.

e. How are roles, tasks and standards defined to the actors? - and by whom?

f. Can individuals and organisations learn how to interact prior to the event?

g. How is feedback achieved prior to experiencing the interaction?

The disorienting dilemma, that Jarvis (1987:79) depicted now appears to be a much more controlled and acculturative environment and consequently the question is more relevant in the following form:

h. How are persons adjusting their stock of knowledge to harmonise it with their experience of the new environmental order? - do they balance?

The way I have presented these changes does not really reflect the protracted re-conceptualising process that took place for me to arrive at this point. I can only say that the constant interplay between theory and context that invaded my thinking was more of an iterative process than a change of mind. In their new form these questions still appear to present the main thrust of the conceptual frame and therefore do not challenge the theoretical credibility of the thesis. The original questions served the valuable purpose of providing a focused entry to the research field. The reformatting of the questions was necessary so that they can be of equal value in their interrogational role within this analysis.

6.16.1 Data Interrogation

I remember reading an account of an analytical method that was called Data Trawling. None of my searches have been able to rediscover the source, but in using a version of that system I readily acknowledge that the process needs accrediting to some other, to whom I am obliged.

My first trawl of the piles of information was to discard the "rubbish". For a researcher this sounds like near blasphemy. The purist rightly argues that all data has its value. However the verbatim transcripts contained all those general irrelevancies and stops and starts of sentences that occupy such a large proportion of normal speech and are meaningless to any but those involved in some form of discourse analysis which this thesis does not aspire to. I always find this an uncomfortable process, as I realise that so much of my research and typing time is herewith effectively aborted.
The second trawl consisted of eight passes through the data, each time interrogating the remaining data with one of the questions. I marked anything that appeared relevant to the question with a coloured line and each question was represented with a different colour. Some portions finished up with two or three colours next to them.

It had been my expectation that my computer would simply collect all the extracts of each colour together but I had not bargained for how long that process was to take from some 20 disks. Technology I am afraid had to give way to the more traditional cut and paste technique that is quite familiar to me.

It was at this stage that I needed to consider the format of the descriptive sections of this thesis. I was aware that I needed, as De Vries points out, to develop a satisfactory interpretive framework upon which to structure the ethnographic account, but like him I did not find this to be an easy endeavour. 1992:76) After much searching I eventually came to the conclusion that the sort of strategic rationality approach expressed by Sloan, (1964 in Ansoff 1969:270/1) which in a simplified form asks what was done?, for what purpose?, and what was achieved?, was both relevant and suitable to this case. I therefore use these, like the famous study by Lynd and Lynd (1929 in Yin 1989:107), as the ethnographical structure under the respective chapter headings:

- Input Processes - Training and development.
- Outward Evidence - Interagency interaction?
- Indwelling Change - Who has learned what?

6.16.2 Data Sorting

My third trawl was to group the evidence related to the questions to the three chapter headings. Yin in offering his two general strategies of analysis (1989:106) which he calls "Relying on theoretical propositions" and "Developing a case description", (ibid:107) seems to see them as mutually exclusive, but to me, whilst I hesitate to disagree with him, they seem to be the two sides of the same coin.

The first seems to be the analytical processing of the data which equates to my interrogation, whilst the second is the interpretive frame which groups the analysed data into the sections that make up the coherent ethnographic account. I therefore collated the two strands (see Table 6.) of the trolling system in the form of a matrix. The lighter coloured sections indicate that some aspects of data is relevant to that chapter while the dark section are predominantly to do with the chapter. There were also some smaller elements of the question trawled data that informed other chapters, but for the sake of clarity I have not include them here.
Table 6.

<table>
<thead>
<tr>
<th>Structure (Chapters)</th>
<th>Research Questions</th>
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<td>1 2 3 4 5 6 7 8</td>
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<tr>
<td>Input Processes</td>
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<td>Outward Evidence</td>
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<td>Indwelling Change</td>
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6.17 Drafting the Ethnography

It was at the point of writing the account that I came to realise the significance of Torres assertion that the writing had really started in my mind some time ago.

"It begins in the notes made in the field, on sheets of paper, in small notebooks, in drafts that take up words, acts or symbols, and in recorded voices: not only at desks, in comfortable chairs, or in interactions with sophisticated computers....[it stems from] a complex web involving a process of permanent reflection that includes crucial moments of interlocking theories developed in critical circumstances". (Torres 1992:108)

The realisation that this interpretation in context (Merriam 1988:21) was not simply a joint creation of knowledge (Villarreal 1992:264) or a rational compilation of empirical evidence but was my interpretation of the events I had witnessed. I had not previously appreciated De Vries research anxieties (1992:76), now I did. My concerns were many, but primarily they centred around the responsibility I felt to the group I had spent so much time with. Could I truly reflect what they did and felt and could I honestly describe what they had so willingly shared with me? Had I actually "grasped the crucial patterns, to highlight key mechanisms that organise [their] social world"? (Villarreal 1992:248) or had I only grasped those individualistic trends that Villarreal implies lead only to trivial analysis.

I therefore determined to describe what I perceived happened by not only relying upon my own interpretation of events but trying to show how my thoughts were formed by what the players themselves said about the situation. It seemed to me that the best way of doing this was to interweave their conversation into the text. In this way I was able to use their words as my own, so that the reader can share with me something of the feel of what actually transpired. I differentiate their words by showing them in italic print rather than using the more normal quotation marks. This prevents them from becoming confused with any of the quotations used from the documentary evidence I present. After considerable thought I decided to show the source of each conversational piece in the hope that this will give an indication of the broad spectrum
of individuals from differing organisations that actually made up the commenting constituency.

In drawing my conclusions about the learning achievement of the Locality from the descriptive account I have made use of a learning achievement framework originally suggested by Harrow and Willcocks (1992:75) as a way of looking at;

"related organisational learning modes ... where inter-service and inter-agency co-operation, formal or informal, legislative based or development arising from local need is taking place or is sought."

Whilst this may appear to be somewhat ubiquitous, it does direct the analysis to cover more than just one specific perspective and prevents it getting side-tracked in dealing with the many contingent issues that surround this subject by focusing attention, in a holistic way, upon the actual process of organisational learning. As far as this study was concerned the framework offered the added credential of being particularly related to public service settings. I felt it created the opportunity for the tensions that existed between the differing domains of organisational activity to be brought to the surface and thereby takes this analysis beyond a simple means/end debate by exposing some of the causes and effects that one has previously suspected are ingrained in public organisational structures.

It is from this analysis that I proffer an explanation of the way learning can be transformed into becoming the sort of indwelling knowledge that is capable of creating and sustaining the "learned organisation". This in turn contributes to answering the central question this thesis originally set out to anger; can organisations "learn to learn how to interact?"
7.1 Introduction
My first tentative enquiry into what training was being undertaken received an excited and quite surprising response;

\textit{Which bit do you want to know about. The Children's Act training? ... Teamwork training? ... Re-organisation training? ... Care in the Community training? ... Management training ... Care Plan training? ... you name it we’ve got it. We’ve got training coming out our ears. But if you want to know what we are learning; ... that’s another story!} (Assistant Team Manager)

As I soon discovered this was no over exaggeration. In 1991/2 training had become a major strategy in County social work life. However comments like this more factually represented what was being planned rather than what was actually happening, for this comment was made late in 1990 prior to the implementation of most of the scheduled programme.

The County had reacted extremely quickly to the publication of the White Papers "Caring for People" and "Caring for Patients" in 1989. Indeed they pre-empted The National Health and Community Care Act of 1990 which only received the Royal Assent on 29\textsuperscript{th} June 1990 by publishing a comprehensive consultative paper in May 1990. This was distributed to 800 Care Agencies throughout the County and was backed up by a series of County wide Seminars which attracted an attendance of 1,100 people. Following consultation and revision the document was presented to the Social Services Committee on 12\textsuperscript{th} July 1990 where it was fully adopted. It clearly identified training as a key factor in enabling staff to cope with "implementing the new legislation ...on the 1\textsuperscript{st} April 1991".

The Department developed a centralised training facility delegated the implementation of Care in the Community training to the five Area Management Teams \textit{They are the ones who know best what their people need and when it is best for them to receive it.} (Director) It had been decided that training should focus on three themes (Fig. 26) and be primarily targeted at key managers in the Area and Locality Teams. This way local managers would be empowered to "cascade" the knowledge down to their own "sharp-end practitioners" (County 1990) in a time scale that was directly suited to their own circumstances. The scale of the programme was ambitious. It was targeted to reach approximately 450 staff and was also to include "multi-agency training with key staff from the Health Authorities and Borough Councils". The initial start date was
September 1990 and was aimed at achieving minimum training requirements by April 1991 (best) or August 1991 (worst)". (ibid appendix 12.7.90)

Introductory Seminars to the training programme were held in the last week of September 1990 but were immediately followed by the government's announcement that Care in the Community was to be deferred until 1st April 1993. Consequently the Department, thankful for the additional time available called an immediate cessation to what after all was a rather hurriedly prepared programme whilst a more detailed appraisal of training needs was established. Firstly the Training Unit was commissioned to consult with Area Teams to analyse and report in more depth on the training needed to implement Care in the Community.

Fig 26.

What we did, was to set up a Community Care Training Strategy Group with representatives from each of the Areas ... to work out a very detailed training specifications and to determine what the expected outputs and outcomes should be. It was an incredibly difficult learning process for them and indeed it has been quite a good learning process for us in trying to interpret what they are wanting. (Training Unit Manager) The Strategy Group, using the original outline (Fig 26 above), decided to define a specified programme of training, strong in specific input but steering clear of the usual flowery vision statements and platitudinous objectives. They saw this as the most direct way of achieving the measurable outcomes they considered essential for managers to be able to do the job planned for them. This meant that the Training Unit staff had to identify its teaching aims and objectives by pulling them out from the specified outcomes of each module. [Consequently] this period of delay was important for us. Even though the planning had gone on for a year or so, the Training Unit was only formerly established in
April 1990, but because we have been writing programmes and doing consultations we really only got our act together operationally from nearer the end of 1991. Looking back it would have been difficult to deliver a quality programme if the original start date had been kept to. (Training Manager) Secondly the Department decided that the change impetus should not be lost. It was therefore determined to restructure the County Social Services from 1st April 1992, a full year before the statutory requirement. This allowed the thrust of our training to continue apace, and will allow that training to benefit from a "bedding down" year where we can put it all into practice. (Director)

Whilst this was going on the NCSS Area Management Team was also seeking to rationalise its own training strategy around the necessity of ensuring that our stressed and under budgeted Locality Teams were able to maintain service operations. As the Area Director explained; we are faced with three tasks that we have to try to manage ... that's to manage the now, the transition and the future. I think we need to spend time on each, because they interrelate. It is so very easy to get too caught up in the now and not to look to the future, so that we won't know when we've arrived, or where we are hoping to arrive. We have to be ahead of ourselves by learning the way, so we can manage it when we get there. But we have to rely upon our current activities and we must not distort them by only considering the future. The problem is trying to keep all these things in balance and to manage them within what is inevitably too short a time frame. The distractions of the present also tend to pull you away from the strategic things of the future. That's not new, we have to live with that and try to direct our training effort as effectively as possible to meet both.

To this end the Area Team had identified four strands of training that seemed to meet the demands of the Director's "now, transition and future" strategic stance. Firstly to meet the requirements of legislative changes in social care such as the Children's Act and to accept the concepts of Care in the Community. Secondly to cope with Departmental and Locality restructuring into provider and purchaser functions requiring the development of personal skills and organisational systems. The third strand centred around developing working relationships with other organisations involved in local care provision. Finally cascading the acquired knowledge and skills, both internally and externally, to facilitate the consultation process of producing informed and relevant Local Care Plans so that we can work together with confidence. (Area Director) In general this seemed compatible with the Department's training themes and it was therefore upon this basis that the Area proceeded.
7.2 Training Delivery

It was quite obvious that the necessity of such a programme was nearly universally accepted, indeed the AAD claimed that the programme was having "rave reviews" and most people are saying "I want to go on it". Delivering such a complex package of training however, was always likely to pose logistical problems. We are expecting an incredible amount from the Locality Team Managers (Area Director); It will not be easy to release staff from their daily duties (LTM); The Area's want to work at different paces and at different times; (Training Unit Manager) There is no common starting point we all come from different backgrounds (Residential Manager). Not withstanding these problems the decisions about how the training was to be provided seemed to be resolved quite easily. I have to admit that the fact that it was so easy caused me to wonder whether the "identified" training strands had actually been determined by the exigencies of the situation or whether they had been more pragmatically chosen according to the availability of the agencies to deliver the training. Despite this scepticism, the adopted management strategy did show that management believed that the Localities could prepare themselves by learning the systems and processes required to handle the changed environment.

We needed to ensure that the most appropriate ways and best people were used in the delivery. Having put a lot of resources into it, we couldn't afford to get it wrong in the presentation. (Area Director) The different strands of training were therefore entrusted to different "trainers". It seemed logical that the legislative input be undertaken by the Area Management Team, with some support from the Training Unit. After all, together with the departmental strategists, it is our job to interpret policies into the implementational tactics we want to use. (AAD) The Training Unit was contracted by the Department to deliver all the Management and Core Skills training and they were without doubt the right people to deliver this part of the programme. (Area Director) Inter-agency training was already in place. We are fortunate in this Area, that we already have inter-relational training up and running (Area Director) and will continue to be provided by the Joint Planning Core Group's Teamwork Development Programme. Training was

Fig 27.
particularly targeted at Locality Care Managers; Case Managers and Managers of Provider Units as these were considered key members of the future Locality Teams. Under the direction of the Locality Team Manager they were to be responsible for "cascading" the information down to the Locality staff. The main advantages of this multi-directional training approach was that it claimed to provide the opportunity for the prime providers to be fully informed by feedbacks from the different elements. This would give us a clearer picture so that we could gauge the general level of progress and keep an eye on the specified outcomes. (Training Manager) At face value the four strands of training seemed to form a coherent whole (see Fig 27) where the Management Development and the Inter-relational training were informed by the AMT's interpretation of legislation and from the LTM's feedback's from their own staff training.

As the overall programme developed management became increasingly aware of the burden this could impose upon staff. It was the Area Director who warned in a 1991 circular, "we must be careful we don't simply blow our collective fuses with too much [training] too soon"; ...but we do need to "think of ourselves as a large action learning set, we need to learn by doing." "This does mean that at times we will need to let some things go in order to make room for picking up other things". (Memo) This particular stance opened the door to misinterpretation, and was used, (see Section Eight) by the Area Director and some LTM's to later prioritise out some elements of training they were no longer comfortable with.

7.3 Area Management Team Training

7.3.1 The Underlying Philosophy

The AMT's attitude to the legislative training element was refreshingly straightforward. They accepted the responsibility that new rules and policies need to be interpreted by management into procedures and systems of work so that practitioners can have the security of a framework in which to develop their own roles. (AAD) They also realised that this acculturative style imposed a control over the amount of freedom and latitude staff could exercise. As far as the Area Director was concerned what she considered important was how and what I communicate ... so that it aids and contributes toward their personal development in a way that helps them do the job we want them to do. Such a philosophy meant that management becomes a constant training technique ... where I walk the floor and see what's happening and talk to people and answer questions and let them talk to me. I encourage my managers to do a similar thing. This way we all learn together. I also get first hand feedback as to what is working and where we need to put more effort.
She felt convinced that the constant changes they were experiencing needed managers living a message which says - its OK to feel uncertain because this causes us to think and learn. Training was therefore accepted to be a two-way dynamic in which information was not only imparted, but is followed up in a way that seeks to identify whether it has effected change or why is it being blocked. This was backed up by a constant flow of discussion papers, information sheets and briefing notes supported in the panic days of 1990 (LTM) by numerous management "workshops".

7.3.2 Target group

Our Area Team is too thin on the ground to get to everyone in the Locality Teams. We therefore rely upon our LTM's to ensure that their staff are informed of everything they need to know from what we tell them. Therefore we, that is the AAD and I, target our input mainly but not exclusively to the LTM's and CM's but we have direct inputs to many other members of staff on our frequent visits. This proved a difficult format to put into practice. The lack of a formal training structure meant it was nearly impossible to direct input to the targeted group. In fact, the very lean senior management structure (only three for the whole Area) meant that the Area Director and AAD seemed to spend most of their "walking the floor" time dealing with operational and administrative problems. They were often inveigled into dealing with personal worries of people unsure of their future which eroded their scarce time resource so that little time was left to widen the range of their training input. Despite their good intent, the "target group" actually comprised of any staff member who had reason to gain the attention of the Area Director and the AAD. The result of this was that time allocated to LTM and key staff support and training was reduced and there were occasions when they actually received information second-hand from other staff members.

7.3.3 Training Approach

Many "workshops" were held in the autumn months of 1990 but thereafter most of the legislative training was undertaken on a one-to-one basis in direct talks between, on the one hand, the Area Director or the Assistant Area Director (AAD), and on the other, the LTM, potential Case Managers and other Locality staff. This process became a bit muddled. It never quite knew whether it was supposed to be one professional consulting with another or a sort of "sitting next to Nellie" practical learning method or a type of personal socialising. Consequently some of the inputs became fragmented and the overall training pattern became even more difficult to follow. The senior managers gave the process some continuity with a constant
stream of memos, consultative papers and directives which informed the Locality of the latest state of play in the Department. (LTM) The Area Director and the AAD said they monitored the assimilation of this information as they walk the floor in frequent visits to each Locality and rather more spasmodically calling all six LTM's together to review progress whilst passing on the latest batch of information. One serious problem, said the Area Director, is that we are very much on the leading edge and finding our own way. We can't find a rule book and can't ask anyone else who's been there before.

In hindsight it became clear that much of this training whilst appearing to be experimental was too often nullified by decisions from the Department. The Area Director's expressed view about this was not only highly diplomatic, but actually became an example taken up by most of her LTM's and Case Managers. She claimed she would normally say well we have to keep a sense of humour and say "yes its happened again and guess what ...its all changed ...but let's keep plugging away ...experimenting ahead of the game, we will eventually get there, and incidentally its a tribute to us and our flexibility that we can turn on a sixpence. Needless to say such a philosophical argument did not always placate frustrated staff.

7.4 Teamwork Development Programme

7.4.1 How it all Started

According to the Area Director this programme developed out of something that had been happening for the previous two years. We [The Joint Planning Group] felt we needed our own "action learning set", to move from a position of fairly deadly committee structure, where people went because they felt they had to go, but it was a jockeying for position, nothing happened apart from around "joint finance time" and then it was a real carve-up. Therefore, a Senior Officers Core Group was formed comprising of Unit General Managers and Senior Strategists from the Health Services and the Directors of the Social Service Areas. This group used a Kings Fund consultancy to assist them in their aim of becoming able to act corporately in such a way that, where necessary, each could act on behalf of the other irrespective of which agency they came from. In looking back the Area Director was convinced that they had made significant progress and had become a very close group. However we mustn't kid ourselves, this wasn't achieved easily. They had to face the unpalatable fact that they needed to move away from the passive agenda of the past and recognise that lots of thing were being done very badly and it was quite useless just to go on losing your temper and walking out, and all this sort of business. (Co-ordinator)
Progress had obviously been painful but the group were convinced that their hard
won understanding had improved personal relationships, built operation confidence
and facilitated a much more proactive attitude to interagency collaboration. By late
1989 they had expanded the group, from purely a Health and Social Services forum,
by including in their number the Elderly and Community Services Manager of the
Billet Borough Council who joined as the representative of the three Borough
Councils and the Voluntary Sector. They also recognised that any future
**advancement would only become meaningful if they could develop downwards so that**
this new ethos reached, and influenced the practices of, the lower levels of management.
(Chief Executive) In the Area Director's words this led to **jointly sponsoring an**
activity across both our staff groups, which became known as The Teamwork
**Development Programme (TWDP).** Rather more pragmatically, others suggested the
initial imperative was more to do with the fact that implementation of Care in the
Community was then only 12 to 15 months away and **perhaps panic, or possibly**
expedience was more the reason (Co-ordinator and LTM separately) for this extension of
the collaborative ethos.

### 7.4.2 Getting started
TWDP was launched in February 1990 aimed at "key stake-holders involved in the
joint planning and implementation of Care in the Community. That first meeting
decided "to structure the programme around three Borough based group with the
lead Social Service manager taking on the duties of Borough convenor.
(Loewenthal 1991:2) The Joint Strategy Manager from the NCHD Health Service
Unit was appointed by the Core Group to Co-ordinator the programme using the
services of an external Facilitator from the County University. The meeting
accepted the Core Group's "commitment to jointness" as their own aim and
determined to **identify the gaps, to communicate, and to develop the survivalist attitude**
(Co-ordinator) that would facilitate joint working as required by the Care in the
Community legislation. They also subscribed to the commitment to involve "staff
and Users in the planning of Care-in-the-Community and to ensure that information
is cascaded down to the operational face". (Loewenthal 1991:1) They identified
and set themselves three aims;

a. to jointly implement key changes in service delivery associated with Care
in the Community,

b. to expedite pilot projects - e.g. to explore the methods and models of Case
Management,

c. share Care-in-the-Community planning with other agencies to produce
better Care Plans.
The programme commenced with a two day "Joint Planning Workshop in May 1990. This attracted 40 first-line management nominees from the Health and Social Services, the Voluntary Sector and the three Borough Councils. All references to this meeting showed, as the Co-ordinator later recalled, an excited, genuine commitment to want to be part of this and to make it work. The TWDP group felt strongly that progress would only be achieved if there was a direct linkage with the Core Group. The Core group were pleased to undertake this task (Director Corporate Planning) and agreed to attend the monthly meetings at three to four month intervals to keep the group appraised of latest policies and to strengthen the vertical links between the decision-makers and the practitioners. (Core Group Member).

7.4.3 Structure
Meetings were planned to be multi phased, using structured and self [group] - directed methods (Facilitator) of presentation. In general the meeting contained three forms of activity; subject/issue seminars to whole meeting; Core group appraisal and briefing sessions; and Borough based workshop and seminars. In practice the norm of meetings was to commence with a subject or Core Group input led by the Facilitator and Co-ordinator, then to break into Borough groups for discussion, and later to reconvene and feed-back to a plenary session. Meetings were scheduled to last from 9.30 a.m. to 4.00 p.m. Each meeting concluded with an assessment of the days work, and a discussion on the proposals for the next agenda by the TWDP planning group which comprised of the Facilitator, Co-ordinator and the three Borough group leaders. A much appreciated "free lunch" separated morning and afternoon sessions.

7.4.4 The External Facilitator
An external Facilitator was contracted to work in association with the Co-ordinator in directing the TWDP. His remit included working in an advisory capacity to the Borough based groups and to assist them in the development of the group learning processes. He is an experienced management consultant and is recognised for his wide knowledge of managerialism within the public sector. It turned out that he was well known to many of us [the members] for his student-centred learning methods, (VSC) as some group members had attended his University courses, or been involved with his previous consultancy work with the Health Authority.

7.4.5 Membership
Initially membership was mainly restricted to managers from the key care agencies. But this was soon delegated to the Borough based Group Leaders, which for
Martine and Santon Boroughs was the LTM's and for Billet the AAD. They invited members on the basis of who was best able to contribute to the development of their own team. This expanded membership to include all potential "key stake-holders" from every sector of the care services. In practice this seemed to include many "friends of friends" who's admission credentials were doubtful. It unhappily excluded all the local G.P's who quite markedly ignored all invitations to join as, with one notable exception, did the private sector service providers. Attendance was not monitored so it was a little difficult to accurately define what the full membership was. My overall impression was that Social Services membership remained fairly constant but there were considerable changes in the Health Services representation. It also seemed that after the initial meetings attendance by Borough Council representatives tended to be fairly minimal.

Numbers however remained constant, around the 40 to 50 mark at most meetings but individual attendance varied considerably. My unofficial attendance records show that only 10 people could be regarded as "regulars" (attending more than 80% of meetings for at least 80% of the available time) whilst slightly more than fifty attended only two meeting at most. Many were unable to attend for the full day and it was common to have less than half the start number by the final session. In the Santon Borough group attendance was fairly constant from September 1990 to March 1991, but thereafter some 20 different people attended who had all "dropped out" before the September 1991 meeting. Only 5 of the group could be considered regulars and no-one came to all the meetings. Wider disruptions to membership was also experienced when different Borough groups disaffected for periods of time. Most of the Billet group absented themselves for a large part of 1991 with only one or two officers attending critical meetings. Santon totally withdrew from September 1991 to June 1992 whilst one of the Martine Locality teams became seriously under-represented after the LTM went on maternity leave from the end of 1991.

7.4.6 Training Approach
TWDP broadly adopted an experimental approach using aspects of student centred learning strategies with a mixture of action learning methodology and at times entering the field of group counselling. Expert input emanated from the combined efforts of the Core Group, the Co-ordinator and the Facilitator. They articulated their task as primarily creating the supportive framework in which the Borough Groups would have the confidence and the opportunity to address their own concerns and problems. The Facilitator visited each of the groups and actively
encouraged them, despite the commonality of overall purpose, to develop their own approach to the problems that emerged from their own concerns. The message we wanted to get across was that we are not just looking at a new structure, but we need to come to terms with the fact that relationships are changing (Facilitator) and we are being taken off into a different world where working relationships become far more important than mere structural parameters. (Co-ordinator) The Facilitator was keen to get members to be sensitively attentive to the language and cultural and societal perspectives of others, so that they could inter-relate in a common understanding. Reliance was therefore placed upon group processes which required member commitment, mutual support and reinforcement by personal and group review rather than any dependence upon predefined training packages. As the Co-ordinator remarked, this was the scary bit. Letting go the reins like this was not easy, but if they can't learn how to relate by actually doing it, they'll never manage it any other way. This undoubtedly created the space for experimentation, but I got the impression that even though Health Service staff were more conversant with this than others, most people didn't know how to handle it or what was expected of them.

In a way this sort of reticence was difficult to understand as one of the dominant features of the programme was the constant encouragement given to members and groups to explore all the possibilities and to openly debate them. This extended to using a constant self-review programme as a vehicle for their own learning. They were also encouraged to use the review to assess their progress and development, and to determine their own future learning needs. It is indicative how important this review was held to be that out of ten meetings held in 1991 eight had this issue as a main agenda item. This was also a main feature at each of the daily sessions as they always culminated in a plenary where the review of that days learning was the critical element of the reporting back procedure.

This self-review dimension proved to be a difficult concept for them to deal with. They seemed to recognise that if their review was to have meaning it needed to be referred to some external authority. We need someone to be responsible to ... someone to say this is the right direction or have another go. (VSO) It was here that they became confused, and in retrospect it can be seen that this is where they needed a much more positive lead than they received. On the one hand they accepted the technical authority of the Core Group, but on the other hand they aspired to follow their emotional inclinations of seeing the User (recipient of care and/or support) as the dominant outside authority. This second direction was given
a degree of credibility as it seemed to carry the support of the TWDP leadership. This was evident in the constant use of the User as the reference point for identifying the issues that were given agenda space. Groups therefore tended to assess most of their progress in relation to the impact it would have upon Users giving their reviews an external rather than an internal perspective. This came full circle, when in mid 1991 Users were invited to became integral members of the groups and, for a time, agendas became User centred. The unwitting outcome of this meant that tensions between the managerial and training approaches developed which later contributed toward the general disaffection with the programme.

The mechanics of the group review process were also flawed. Even though the concept of self-review became an accepted norm, its application was haphazard and often unstructured. Time always seemed to be too short. Groups rarely came to any set conclusions, mainly because of their desire to let everyone have their say. They constantly deviated from the subject in hand, which often resulted in review summaries having little to do with the agenda item. *There is always so much to talk about ... its all so interesting, but its all so confusing.* (HCO) This invariably meant that review preparation and/or presentation was rushed and not of the best possible quality. Because group session tended to over-run their allotted time, mainly due to leaving their review report to the last, there was rarely time for the sort of debate and analysis by the plenary that would have given groups the constructive criticisms that could have helped them. Groups therefore felt they received little benefit from plenary reviews and so often the majority absented themselves from this part of the programme.

7.4.7 Pilot Project

A particular feature of the TWDP was the undertaking of three Borough based pilot programmes to look at Integrated Assessment of Need and Case Management. Whilst this was one of the original objectives for TWDP its priority was confirmed as a result of a separate inter-agency meeting in mid-1991, under the auspices of the Joint Planning Strategy Group, which looked at the training needs of Case Managers. It was decided that each Borough group would set their evaluative objectives, structure the programme to its own circumstances, and appoint pilot case-managers from its own membership. It was hoped that different approaches would *enable evaluation to examine a wider operational range than would have been the case if all groups had followed the same model.* (Co-ordinator)
Pilot planning commenced at the September 1990 TWDP meeting when the Borough groups firstly "brainstormed" then constructed their "evaluation criteria" for the pilot. Quite distinct differences emerged between the Boroughs. Martine Borough adopting a service orientation whilst Billet seemed to mainly opt for evaluating the criteria associated with assessment. Santon were less oriented and tended to be a little indecisive. They favoured a much more questioning approach (Fig 28) by seeming to want

Fig 28.

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<tbody>
<tr>
<td>a.</td>
<td>What is the best form of IAN?</td>
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<td>b.</td>
<td>Should a Case Manager only co-ordinate/manage?</td>
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<td>c.</td>
<td>What are the preferred referral sources?</td>
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<td>d.</td>
<td>What definition is needed for a non-Social Services Case Manager?</td>
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<td>e.</td>
<td>Who is eligible as a Case Manager?</td>
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<td>f.</td>
<td>Identify the needs of local adult population.</td>
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<td>g.</td>
<td>Define roles of and responsibilities of the involved agencies.</td>
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<td>h.</td>
<td>How do we measure quality of the service provided?</td>
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<td>i.</td>
<td>How does new service compare with existing service?</td>
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<td>j.</td>
<td>Who is the Case Manager responsible and accountable to?</td>
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<td>k.</td>
<td>Are we making better use of current resources?</td>
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Source: Minutes of September meeting

to examine the underlying principles of the policy. It was however interesting to note that the LTM had only just taken up his post and the group had a disproportionately large hospital/Health representation compared to the other two groups. This imbalance was obviated by the inclusion of a number of Social Service people following the nomination of the Pilot Case Managers in October. Their earlier indecision became a fortuitous advantage as the wider options they had left now enabled the newcomers to contribute more meaningfully during the more detailed planning stage that followed.

Five Case Managers were nominated by the group; a Home Care Organiser (HCO) and a Generic Social Worker (SW) from the Social Service Locality Team, a Community Mental Health Nurse and Psychiatric Nurse from the Community Health Unit and a District nurse from the Community Hospital. These joined the Santon Group and together with other members spent the next three months preparing the Pilot Case Managers job description and drafting a pilot Assessment of Need (IAN) form with a view to commencing the Pilot in February 1991.

Negotiations were however not completed until later with the local General Practitioner (GP) who had agreed to become the referee for patients to the Pilot.
team. The Planning Group also found that they were unable to finalised their IAN Pack and the Case Manager Brief until early March and consequently the Case Managers were actually commissioned by the TWDP Borough Group to undertake the Pilot from the 1st April to 30th June 1991.

Their brief was to:

- identify all the appropriate agencies/people to make an assessment on the "patient",
- collate all the assessment and compile into an IAN
- analyse the care needed,
- ensure the package of care is delivered to the patient.

To expedite this Case Managers met in a Forum Group once each week to discuss case referrals, determine priorities and to help each other with any problems that arose.

7.4.7 Pilot Support and Review

The TWDP had agreed to support the Pilot Teams during the three months the pilots were in operation by including a slot in the monthly agenda which allowed the Pilot teams to report, ask for review, and seek advice on issues pertaining to their particular circumstance. The Santon Borough group made a similar commitment within the group timetable for its own pilot. The Santon Pilot team unfortunately missed out on both accounts. Firstly, because the Pilot was programmed to start in February, but the Santon delay meant they did not commence until April meant they could not avail themselves of the main forum opportunity. Secondly the introduction of Users and carers to the TWDP from May 1991 changed the agenda so drastically that there was no space left in either the main or the Borough group meetings for the Pilot support item. Unfortunately, as I explain below, this contributed to the dissatisfaction felt by the pilot case managers with the level of support they received and led to a rather untidy and inconclusive end to the Pilot projects.

7.5 The Training Unit Input

7.5.1 Background

The County Social Service Department had committed itself to a policy for staff training and management development some two years or so before the production of its strategy document "Caring for People - The White Paper in the County" (1990). It appears, although no-one would admit to it, that staff development and training was considerably increased in response to the Audit
Commission's 1986 report that suggested only disappointingly slow progress of the 1971 and 1981 Community Care policies" had been made. This report suggested that this was in part attributable to the lack of sound training for Social Service managers.

Previously, in line with the Department's general management strategy, training had been left to each individual Area, through their training officer to, do the best they could (Training Manager) with the resources and time at their disposal. Training up to 1990/91 tended to be responsive to demand rather than being an integral part of any organisational strategy. Much of the budget was spent on individual staff development rather than being directed at meeting organisational requirements. During 1989 this began to change as the notion of a more centralised provision gained support from the Areas. The Department responded by setting up a County wide plan ... [to investigate] a number of key activities that we wanted training to occur on, that we saw as priorities across the department during each financial year. In 1990 Community Care became one of the priority themes in our thinking - its fair to say, it became a very big chunk of it. This, together with the Children Act and other legislation, gave a new impetus, if any was needed, to forge ahead with the idea that for the first time the Senior Management group was to take up the responsibility for training. (Director of Social Services.)

As a result of this shift in responsibility the Department created the Training Development Unit. This was officially started in April 1990 by bringing together some of the fairly recently appointed Management Development Trainers from their Area training functions, and two senior managers, ... [to provide] the professional "in-house" consultancy and training support needed by the Department, and the Areas, to move through this major period of change. (Training Unit Manager) Initially the Training Unit work centred around developing their consultancy role with senior management, and preparing a Management Development Programme much in line with the wider Council's commitment to the Management Charter Initiative 1.

7.5.2 Unit Structure and Organisation
The Training Unit is structured as an independent unit of the County Social Service Department with the Manager directly answered to the Director. In the new terminology we are very much considered to be a provider unit ... although we are consulted, we are not part of the Purchaser administration. (Training Unit Manager) Administratively the Unit receives its direction via the Training Strategy Group (TSG) chaired by an Assistant Area Director which is a sub-group of the executive
Department Management Group (DMG). The TSG’s membership was comprised of representatives from Departmental Finance and one nominee from each Area. Some nominees were LTM’s and others Training Officers.

The Training Unit was expected to be self-financing with the consequence that it had to secure its funding through winning contracts, mostly in competition with external providers. As the 1992 County Care plan stated the Unit was only awarded the contract for Care in the Community Training after the fullest consideration was given to available external training specialists. Ultimately it was decided that “the value of having trainers who understood the Department’s particular aims, values and developmental history” (County 1992:37) was so critical to the contextual dimension of this particular training that the contract was awarded in-house. (Training Manager) The value of this contract was said to be £100,000 (ibid) and effectively tied up the full resources of the Training Unit to the Care in the Community training programme. It also meant that the Training Unit had very little latitude to undertake anything apart from what it was contracted to provide.

7.5.3 Trainers
The two principals of the County Training Unit had previously been Assistant Area Directors within the County Social Service Department. They were supported by two Social Service Training Officers transferred from the Area Teams. We are primarily operational managers who have come into consultancy and training management. We are not professional trainers - by that I mean we have not been trained as trainers - but we bring seventy years of professional management experience gained in the public, private and voluntary sector with us that is proving invaluable in delivering the type of material need for this particular programme. After all we do speak their language! (Training Manager) The permanent team was augmented by the use of a number of external and Departmental specialists.

7.5.4 Target Group
This section of training was specifically targeted at, what senior management considered to be, the three key functionaries of change; the LTM’s and Case Managers from the purchaser side and the provider unit managers. The rationale for this was said to come from the realisation that these were the posts that needed most of the new skills required in the new environment of Care in the Community. They were also in the most advantageous position to cascade the information down to the front-line practitioners. It’s really about efficiency; we can do things in much greater detail and get through a lot more with a few selected people than we could
possibly hope to do if we tried to teach everyone. It also helps us logistically as we
don't have to shut up shop whilst the training is under way. (Area Director) There was
an underlying belief that by requiring managers to cascade their newly acquired
skills to their own staff the training given to managers would in some way be
enhanced. It was however noticeable that managers received no advice or training
as to how they could best undertake this role of local trainer.

7.5.5 Course Programmes
Much effort was expended in the development of the course material and in
establishing programmes that fitted the requirements of the TSG and the different
AMTs. For this second time of asking the training was programmed into the seven
month period from September 1991 to March 1992. (see Table 7 & 8) It was felt this
was the shortest period that would allow trainees sufficient assimilation and
reflection time. It was also considered to be the maximum acceptable
concentration of absence from duty that could be tolerated if Locality Teams were
to maintain current service levels. The effect of absences from Teams was further
ameliorated by devising separate programmes for the designated Case Managers.

Except in one instance nobody was to required be "away from normal duties" in any
two consecutive weeks and LTM's and Provider Unit Manager Sessions were
limited to a maximum of three days whilst Case Managers had fewer but longer
sessions. Even so these programmes constituted a formidable challenge to both the
managers undertaking the training and the trainers responsible for the delivery.

According to the Training Unit Manager there was an inbuilt tension centred on the
fact that the Strategy Group had determined a central Core Specification which was
being differently translated by each of the Area Teams. The Department opted for a
uniform presentation whilst the Areas wanted the flexibility that fitted their different
style of operation, different structures, different understandings with the inevitable

Table 7

<table>
<thead>
<tr>
<th>Locality Care Manager and Unit Manager Training</th>
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<tr>
<td>Activity</td>
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<tr>
<td>Induction</td>
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<td>Planning &amp; Review</td>
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<td>Cost Centre Management</td>
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<td>Finance Management</td>
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<td>Contract Management</td>
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<td>Working with Change</td>
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<td>Customer Care</td>
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<td>Quality Assurance</td>
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<td>1991</td>
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<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</td>
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<td>1992</td>
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<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</td>
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<tr>
<td>Key - *1 indicates training activity of 2 days duration</td>
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133
Each course was designed to cater for between 12 and 22 attendees. Managers were required to attend one of the sessions in each of the subject areas which offered two or three options for attendance. Provision was made for "mopping up" courses to be held in March and April 1992 for those who missed any of the scheduled programme.

Table 8

Case Manager Training

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<tr>
<th>Activity</th>
<th>1991</th>
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<tr>
<td></td>
<td>Sept</td>
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<td>Induction</td>
<td>1</td>
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<td>Core Skills</td>
<td>3</td>
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<tr>
<td>Numerical Skills</td>
<td>to be arranged</td>
<td>3 days</td>
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Source: collated from Training Unit Letter June 1991

Consequence that they wanted things from us we had not been contracted to do.

(Training Manager) This tension was exacerbated by delays from the centre in determining the policy content needed to be taught. When it did arrive it was often not available until the night before, or was only able to be delivered in draft form... leaving us and the managers not knowing how we should apply it... or what could be fed back to local staff. (Training Manager) Some sessions were even postponed whilst details were sorted out. The programme was subject to other disruptions, but in the Area you are researching there was a specific decision made by the Area Director that her managers... would firstly focus on the Community Care Plans and therefore the Business and Skills training would not be undertaken until after Christmas [1991].(Training Manager) Consequently the training programme for the Santon and Martine Locality Teams was concertinared into the three month period from January to March 1992. It was interesting to note that no-one referred to assimilation time or the work/training pressures that this reprogramming generated. As Table 9. indicates the sixteen days training for NCSSA LTM's and Unit Managers was actually restricted to an eight week period immediately prior to the implementation of the new operational structures. Case Manager training was not as severely affected as they had one unit cancelled and the other twelve days was completed in a twelve week period.

7.5.6 Training Approach

Most of the Training Unit literature presented an approach based on personal development and change model theory. Everyone was issued with a Personal Development Folder with the aim of helping each trainee to:

a. create a realistic and achievable Personal Development Plan,

b. record learning and action plans,

c. provide a series of self-scoring exercises for self-directed learning,
The 160 page pack emphasised the importance of trainees following a Kolbbean experiential learning process by not only taking in information but consciously reflecting upon the training experience so that it helped to reshape their understandings of their operational function. They were also required to undertake quite a rigorous self-appraisal and monitoring of their individual progression. Despite this, and the positive assertion of the County Care Plan that training was to "include both contextual issues relating to legislation and government policy, and organisational issues relating to the Department's response (1991:59) most of the training sessions tended to focus on workshop activities and simulations ... in the business planning and contract management areas (Training Manager) and rely upon formal information inputs. Trainer inputs were limited, mainly because it was originally supposed that most people have already had some management training in these areas - we found of course they hadn't. (Trainer) The majority of session time was taken up in the workshop activity which was always followed with a debriefing. Sessions therefore tended to rely on a learning-by-doing methodology. This included case study, simulations, games and role-plays. Not surprisingly most of these activities were application oriented and seemed to add little to the personal development, organisational change, or the environmental context strands of the training programme. Even though this was recognised, for we don't have any option but to hit straight-on the issues that are around in the Department about these changes (Training Manager) it was suggested that the debriefing sessions would redirected thoughts back to a more conceptual understanding of the event. However the final sessions tended to offer set single answers and seemed unable, possibly because of lack of time, to offer a meaningful analysis of what individuals and groups had actually done. As one rather exasperated LTM said, this effectively deskillled me, it took what I thought I knew, and
have practised for a number of years, and said no you're wrong - this is the answer - but without telling me why and how.

7.6 Locality Training - "Cascading"

7.6.1 The Apparent Philosophy

The LTM's philosophy on training seemed to have been pragmatically derived from a strongly held conviction that life was a continuous learning process. *Training is a part of the jigsaw puzzle. It's about getting your work culture right, ... establishing your systems, coming to know that what you and your mate next door are doing is right and follows the system.* He therefore readily accepted that training was an integral part of work and a specific managerial responsibility, and *in this Locality it is obviously my duty to see the staff I am responsible for are properly trained.* The LTM's attitude to this training role did however offer a peculiar paradox. Firstly he saw no reason for developing his own ability as a trainer, because *this is the sort of management function I have done for years.* (LTM) Yet at the same time his quite natural modesty caused him to deny that training could come as a front-end experience led by him. *After all people learn more from their own efforts than they ever do from me* (LTM). He therefore tended to pigeon-hole training into three types; a) perception and skills training, which is *the nuts and bolts of working and this is what most people bring with them*; b) instructional training given in *one line memo's etc. which says this is what you will be doing*; and c) mutual training because *who am I to tell people how to do it, we've got to work and learn together haven't we?* Whilst he accepted he was responsible for helping to motivate my people, or at least not de-motivate them, so that they learned in all these ways *my priority has to be getting over the instructional side of things.*

7.6.2 Who was the Target Group?

The LTM saw this in terms of the purchaser/provider split. *On 1st April 1992 the Locality effectively becomes a Purchaser Unit.* *My responsibility is with training those who form and support the functioning of that team.* The main thrust of the internal effort was therefore undertaken with the designated Case Managers, which at this time was only one and a third part of another shared with two other Locality Teams, and the Voluntary Service Co-ordinator (VSC). In addition he co-ordinated the training provided by the AMT for the Locality Team's administrative staff. His preoccupation with the purchaser team members possibly gave the impression that he ignored the other 24 members of the current team. This was far from the truth as together with the Assistant LTM he was heavily involved in personal counselling and was supportive of their situation. He very much believed that they were
already "expert" in their designated fields of activity and that what training they needed should come from the managers they were to ultimately work with. He was not alone in this notion as both the Martine LTM's and at least one of the Billet LTM's adopted a similar attitude.

Externally he accepted the responsibility to help Users and cares and those members of provider units, especially from the voluntary and private sectors and the Borough Council who wished to involve themselves in the Care in the Community planning process. Enrolment was ostensibly by invitation, but our aim was to get people-on-board, so we didn't mind who made the invitation. We tried to get everyone we could think of. (VSC) The membership, in most cases, had no accredited or official representative status apart from the fact that they are all legitimate representatives of the community we serve. Do we want more?(LTM). Membership also tended to be extremely transitory with well over 100 different people attending in the seven month period from September 1991 to March 1992.

7.6.3 Training Approach
The LTM saw training as a mutual pathway of discovery. He considered the different circumstances of staff, external providers, carers and Users precluded adopting any one particular approach. Firstly because there are too many fronts to work on and too many people to deal with and secondly the whole evolutionary process changes what we need to do from week to week. He was convinced that people's past experience, especially care professionals and practitioners, determined how they learned to handle change. This caused his style to mainly focus on personal, or small group, interactions that allowed him to closely observe their responses. He used this to adjust the tone and content of his own input according to his perception of their progress or acceptance of the situation. While this technique produced an approach that ensured no one was left behind it meant his presentations were far from consistent. In some ways he seemed to embrace social learning methods seeking to elicit changes in behaviour from people as a result of them conceptualising their own experiences rather than directly instructing them. At other times he use a more dialectic process repeating a differently camouflaged input so that people were required to repeat consideration of the same issue. He even bordered on the notions of praxis by suggesting that those who come will learn just from giving the effort of being involved.
7.6.4 Structure and Programme

On taking up his appointment in August 1990, the LTM introduced a series of team meetings aimed at increasing, or improving, the corporate knowledge base of the team. He programmed afternoon meetings on a four week cycle with sessions on three consecutive weeks and every fourth week free. Week one was dedicated to the normal team business where we discussed our day-to-day work. The second dealt with the process of Community Care, and was deliberately designed as a rolling programme where we, talked together, learning about it, sharing bits, getting heads around concepts, dealing with words and jargon. I saw it as a sort of learning curve process relating to both the principles and the processes that were evolving the new structures. (LTM)

The third went under the title of Culture in which the LTM said he was trying to re-identify service values and seeking to come to grips with the ethics of caring within a contractual environment. Attendance at the week one sessions was generally less than satisfactory and at the other meetings it sunk to the ridiculous level of only five or six people out of thirty turning up and four of them were administration staff. They were never really able to own this, they found it - too abstract - too esoteric ...which was a great shame. Staff members said they couldn't really see the purpose ... we were unsure whether it was the new manager explaining his ways ... or whether it was dealing with the new system (Mental Health Social Worker)

This led to the meetings being formally abandoned in June 1991 having been nearly defunct for two or three months. This decision actually proved propitious as it made way for the introduction of a wider forum which became know as The Locality Planning Group.

In between formal meetings the LTM said he claimed to use the sort of "sitting next to Nellie" and "walking the floor" methods espoused by the Area Manager. However it really only amounted to a close liaison with the VSC and one future CM as by his own admission he accepted that, I don't really have any staff at the moment. The new ones don't join us until after the first of April. The good thing is that they will be all new staff and the bad news is that they're not here at the moment to share in the learning stage. During March 1992 two further CM's were appointed and even though they were working out their notices elsewhere they did attend some of the evening meetings.

7.6.5 The Locality Planning Groups

The change to locally based and Locality centred planning marked a watershed in the training structure of this Locality Team. Firstly it is difficult to understand what effected the LTM to move from a confidence ... in continuing in association with the
"Havilands\textsuperscript{2} experience [TWDP] which has an energising external effect on our vital processes. (Report to Care Group July 1991) to completely severing his ties with the programme for the foreseeable future in September 1991. Secondly it was just as difficult to argue against his logic for pulling out. As The LTM and VSC explained to the September 1991 TWDP Borough Based Group the objectives of their membership to the programme had now been fulfilled. The Pilot of care management and assessment is completed, we have established an appropriate local infrastructure for jointly formulating Locality Care Plans, and we have more than significantly increased the involvement of Users and carers. (the underlined portions represent the three principal objectives of the TWDP)(VSC) The Borough group acquiesced to this and agreed with the notion that the full value of the second and third objectives could only be realised away from the TWDP and logically needed to be pursued in their own Locality. The LTM also considered that workable interaction with providers from other sectors could only be developed in the local environment in which we operate.

A semi-public meeting, initiated by the LTM and planned between the July and September TWDP sessions was held at the beginning of September 1991. To most peoples surprise this attracted 65 people from all types of local care agencies, with many more sending their apologies and promising future attendance. The outcome was the establishment of six issue based Locality Planning Groups to respectively plan care for a) the Elderly, b) Physically disabled, c) Mental disabilities, d) Difficult of learning, e) Children and families, and f) Children. (The latter two groups, e) and f) combined early in 1992.) A twofold purpose was agreed that commissioner the groups to become the Locality consultative group for the production of an annual Locality Care Plan and to be an action group seeking to mobilise all forms of local care to meet the needs of people in our area. The LTM recognised that we have to count ourselves fortunate that some thirty or so people signed-on, committed themselves, to what transpired to be an onerous schedule of evening meetings.

The programme started with what was called The 1992 Fast Track Planning Group. Each of the six groups met twice in the third and fourth weeks of September to finalise the Locality Care Plan for submission to the Department by the 1\textsuperscript{st} October 1991. One or two meetings where held every evening of that fortnight. Thereafter one meeting per week with teams meeting at six week intervals was programmed for the six months leading up to the 1\textsuperscript{st} April 1992. Whilst each of the groups worked independently they all subscribed to the common aims of;
a. seeking to ascertain the fullest possible audit of need for their care group in the Locality,
b. seek to establish a complete audit of care facilities in, and serving, the Locality
c. seek to find ways, and plan, for need and care facilities to be brought together to the greatest benefit of those needing care.

(Meeting minutes)

The overarching purpose of this forum was intended to promote an ethos of inter-agency interaction. As the LTM opined, I have some serious reservations about the possibility of a "seamless service", but this legislation at least makes us look at the ways in which we work together. If we can get it right, we will be able to provide much better services to those who need it. However such thoughts assumed a partnership arrangement that didn't exist. As in the TWDP, membership was far from selective and most attendees had been given no agency to act on behalf of their organisations and few possessed the information needed to progress the aims of the group. A number of people only attended one meeting and the VSC, who acted as co-ordinator for all the groups, spent far too much of my time trying to find people to come and join us. Like the TWDP, the Locality was unable to attract G.P's. or for that matter any medical professions other than those employed in the Social Services Department. Similarly, with one exception, they had little success in getting the private providers to attend.

7.6.6 Cascading?
Each of the bodies commissioning training to the key staff members emphasised the desirability of cascading that training to all other staff and the external partners involved in delivering Care in the Community. Whilst the logic of this was indisputable the practice of it proved to be rather more problematic. With localities having few, if any, of their designated staff in post and recognising that many of the external attendees had no official status there was only limited opportunity to assist those who needed to learn the new ways of operating. As is shown later, this was the cause of much frustration to the internal staff. Conversely the imparting of information to external bodies through the Locality Planning groups was a positive stimulation to many. The LTM constantly urged all who attended to go back to your organisations and talk with at least one other about what we have been doing, this way they will all get to know about Community Care ... and perhaps they will start to ask the sort of questions, or come up with the answers that will help us all to do it better.
7.7 Training Co-ordination

A commitment to co-ordinating these different facets of training was evident in all of the documentation. However there was little evidence that this was turned into any practical effect. TWDP initiated the NW County Inter-Agency Trainers Forum in November 1990 aimed at:

a. providing a co-ordinated approach to joint-training,
b. identifying key areas where joint training could be undertaken,
c. update and share good practices.

Notwithstanding the valiant efforts of the Facilitator interest and attendance from any but Health Service trainers was virtually non-existent.

The Department's County Plan stated that "Training ... led by the Social Services Department ... is to be co-ordinated ... to provide key staff from the Health Authorities and Borough Councils with multi-agency training in 'commissioning' and 'providing' and 'attitudes'". It is worth noting that this was preceded with the caveat of "so long as it does not jeopardise achievement of the minimum training of our [own] key staff."

(County 1990:App 3) Rather more cautiously the Area Manager claimed that while I'm not sure it is desperately clear at the moment how we are going to achieve this we are working towards a joint approach to everything, including training. The more we co-ordinate our efforts the more likely we are to get where we want to be. That's the way I am working". On the other hand the LTM response was, well it is there for everyone to see nearly all of our training is undertaken collaboratively, firstly with the TWDP then with our Locality Planning Groups. I think I can honestly say I am committed! Despite these fine statements it is well to note that there was no evidence that the rhetoric ever became converted into any co-ordinational action. TWDP, Training Unit and Locality programmes were bereft of any reference to each other and there was no mention of input synchronisation or harmonisation between programmes.

7.8 Evaluation

Each of the training inputs had designed evaluation processes into their systems. The TWDP methods included a

a. continuous [internal] review of structure and content" (Loewenthal 1991:7),
b. three monthly evaluation report to the Core Group (Co-ordinator),
c. publishing an annual evaluation report compiled from the TWDP Planning Group's appraisal.
The programme also availed itself of the services of a Kings fund researcher to evaluate the first eighteen months progress and to evaluate the Pilot projects. These evaluations were presented in published reports which, at least for the duration of my field work, were accepted without criticism and acted upon with seeming unanimity.

The Department instructed the TSG to monitor the Training Unit programme, but here again there was no evidence that this took place. A University department was commissioned to "independently evaluate the training programme's effectiveness". (County 1991:59) However this only referred to the input undertaken by the Training Unit. According to the Training Manager the proposed method of appraisal included testing selected managers against the stated aims and objectives. I have been assured it is not an evaluation of our delivery. Unfortunately this appraisal system had not commenced before the completion of the field work phase of this research, but with all of the different strands of training contributing to each individual's learning it was uncertain how evaluators could determine the effectiveness of the one programme by measuring what amounts to a personal memory test. Senior management did say they had asked for a more wholistic approach to be considered, but their overriding concern for measured outputs, seemed to lack the coherent value statements or key performance indicators that could have facilitated such an assessment. The only appraisal activity I observed seemed to be that which was totally reliant upon subjective opinion. It seemed that much of the assessment was poorly thought through and there seemed to be an over-reliance upon the rather nebulous notion that because people appeared to accept what was offered this gave the programmes credibility and value. For instance, one report concluded that the work had achieved success because; "On balance the majority perceived the programme to be important and worthy of attendance ... this is largely born out by the high attendance... and the spirit with which people come to work together". Only the TWDP published an appraisal report. However the two that were produced during the research period did not arrive at Locality management level until seven and nine months respectively after the period to which they referred. Despite their historic value their lateness meant they had little impact on the learning process at a time when they could have helped.

7.9 Training in Place?
The demands of Care in the Community and the changes to structures and practices that it has introduced caused the Department and the Area Directors to recognise that many staff would need training in new skills and understandings if we, as a Department,
were to continue to offer a quality service to those in need. (Director) The rapid response in initiating the training programmes and the acceptance of such a high financial commitment is convincing evidence of a determination that those needs had to be met.

It was the Area Director's opinion that we have done all I think we could. We have put in place the opportunity on all fronts for our managers to learn what they need to know. We are asking a lot of them. Its a tall order, that places a heavy burden upon people who are already stretched to the limit but there isn't much else we can do. We have provided the mechanisms for them - what they learn is now very much up to them!"
SECTION EIGHT
Outward Evidence - Interagency interaction?

8.1 Introduction
As Section One was at pains to explain the development of the so called "mixed economy of care" is critically dependent upon the creation of coherent networks that embrace all sectors of care provision. The White Paper clearly stated that the structural thrust of Care in the Community has therefore to be one of interagency interaction. This carries with it the strategic implication that it will only be effective if it is consistently applied all the way from the objective setting stage to the operational processes that deliver services. As far as Care in the Community training was concerned it was the Department's declared acceptance of this notion that raised expectations that appropriate measures were to be instituted that would enable interactive relationships to be established. In the context of this study therefore it seems reasonable to assume that an examination of these interactive measures should show the outward evidences of how effective the interactional training has been.

8.2 Strategic Expectation
All the early indications pointed to the Department accepting the White Paper's proposed strategy for inter-agency collaboration. The initial Department document stated that "The Health Services and ... the Borough Councils ... and other interested agencies will have great interest in the way the Department will be planning its services. It is imperative that we therefore develop sound working relationships and partnerships" with them. (County 1990:4) This paper seemed to advocate a wide matrix of relationships developing around the need to expand external involvement in, a) consultation and planning, b) methods of referral, c) determining fully integrated assessments of need d) operating the dual market of purchasers and providers, e) creating joint methods of evaluation and review, and f) extending, and initiating additional, service provision as required. The 1992 County Care Plan proposed a Partnership Model (County 1992:31) wherein participation was to be extended to the Users of the service, their carers, and all "key workers" serving those in need. Even though a high degree of scepticism about funding persisted, the interactive nature of future service provision, as defined by the Department, received a positive and enthusiastic response from all sectors. Expectations of all types of care providers were raised in the belief that collaboration meant a real say in the shape of things to come. (Health Service Manager) A number of voluntary agencies were especially enthusiastic about the greater User and carer involvement. There was little doubt that a quiet but nevertheless powerful conviction existed that the principles of Care in the
Community were set to usher in a new collective realism based on a much more interactive structure than before.

*I think it is a valid piece of social policy that has a great deal of popular support because it recognises that the best care for people is to support them by all means possible in their own homes. I find it exciting and look forward to it ... but it will only work if it is done properly. This County is putting in place the right sort of collaborative processes ... that at least give us the chance to make it work.* (Director of Corporate Planning NCHA)

*I am sure it is the right way forward. Its certainly a challenge ... but one we can expect to develop, together with all our partners (and most importantly this includes the Users), the sort of service to meet the complex demands of the next decade.* (Area Director)

*The previous system, where everyone worked independently, could no longer be sustained. This is the way forward. Recognition at last that much of care is provided by people other that the statutory authorities ... at last they are to be given their rightful place at the decision-making table.* (Hon Sec Vol Org)

*I look forward to at last giving the local community what it decides it wants and from who it wants it ... rather than giving them what we, the so called professionals, think is best for them.* (LTM)

Expectations were also heightened as the Department and Area training initiatives were brought on-line. Their development of the TWDP, the programming of inter-sectoral training, and the expansion of the joint planning mechanisms into a semi-public domain was seen as positive evidence of their commitment to collaboration. These measures, together with the quite high profile publicity given to the new image of Care in the Community, created genuine expectations (Loewenthal 1990:1) that joint working could lead to the greater efficiencies that could bring greater benefit to the Users. Internally the publicised training objectives undoubtedly promoted this notion. It was also confirmed by numerous management statements espousing that *jointness, after all, is the real essence of Community Care.* (Area Director) It also brought out into the open even wider visions for inter-agency working. As the Area Director disclosed; *about two years ago [late 1989 and after the Griffiths report] some of us very much wanted to look at moving towards a consortium of Community Care that wasn't very particular whether it was Health or Social Services or others that used our pooled resources. The way we are now starting is no more than a tentative step in that direction.* Many saw this as finally making the move to where social services should have been working toward ever since its institution under Seebohm³.
Collaboration and jointness were very much the dominant themes of early Care in the Community thinking and permeated throughout the whole Social Services structure. Some Localities actually started to seek local methods of sharing responsibility with their care partners, whilst others started to experiment with interactive working systems. Santon's LTM, whilst not quite as adventurous, empathised with these notions and was very keen to put them into practice. Even though future practices were still unclear he sought to involve others in local planning, and involved staff and outside agencies in provider forums and practice discussions. (VSC) It was therefore obvious that initially, as far as this county was concerned, interactive working was a prime consideration and there were legitimate grounds for expecting inter-agency networking to come to fruition.

8.3 Joint Working

In the lead up to the implementational date the main operative dimension of joint working consisted of the TWDP and Locality Planning Group (LPG) elements of the training programme. As far as the Santon Locality was concerned effective membership of the TWDP commenced in September 1990 following the appointment of the new LTM. The LPG's commenced in September 1991. Both continued to meet beyond the 1st April 1992. The level and type of interactive experience varied from group to group, but whilst activities and duration differed all but one of the groups experienced similar patterns to that of the Santon Locality. The Santon experience seemed to have four quite distinct phases; the formative period from March to August 1990; the Pilot planning period from September 1990 to March 1991; the "expansion" period from April to August 1991; and the "disaffected" period from September 1991 to June 1992. This last period coincided with the commencement and continuance of the LPG's.

8.3.1. TWDP

a. "formative" period - March to August 1990

The overarching purpose of this programme was to move away from structured historical organisational dependencies to a more proactive participation that produced interactive rather than reactive outcomes. In simple terms what we wanted to achieve was to take tensions and conflicts out of collaboration. (Coordinator) The inaugural meeting concluded that we need to learn a common language, understand each other's values, identify our roles and learn how to work together in the best interests of those we all serve rather than protect our own domains. (NHS Manager) With such an insightful start, it is all the more surprising that throughout the field work period this was never re-stated. The
aims of TWDP were repeated at virtually every meeting but the uniting purpose seemed to be kept as a secret of the founding members. As the Co-ordinator said in response to a later question, *that was a mistake. I suppose we fell into the trap of knowing what it was we believed and therefore assumed everyone else recognised it in the same way.* This omission created a hidden divide between the conceptuality of those who were in at the start and the more pragmatic approach of those who came later. This was especially significant to the Santon Locality Team as only two people involved in the formative stage continued in membership beyond the end of 1990. The LTM did not share the original views and quite strongly disclosed later that my membership was based only on the three stated aims that I was aware of... I was not privy to other agendas and I do not feel I am obliged to have any loyalty to them.

Whilst there was little evidence that Santon gained much from this period the TWDP group as a whole not only generated an enthusiasm for interactive working but actually created an environment that proved to be conducive to developing relationships. On reflection however, it was less certain that the logic of using Boroughs as the base for working groups was as helpful to the interactive process. The sole advantage seemed to rest on the claim that the Borough is a geographical and social entity with coterminous physical and political boundaries which are readily identified by the general public. This is an advantage that none of the other organisations have. (local Councillor) Others suggested it was a way to maintain the Council’s interest as they are notorious for going back into their own shells, and ignoring what is going on around them. They suffer from the typical local government failing of believing that if the idea didn’t start with them then it can’t be any good. (Social Worker) Some, rather more cynically, saw it as a covert political machination preventing either of the big players having the home advantage of playing on their own field. (NHS Manager) Whatever the reason, the choice created problems. The three Localities within Billet Borough, whilst forming a powerful Social Service consortium, offered a widened discursive base and tended to adopt a consensus style of management. At the other extreme the Santon group, with just the single Locality, and contrary to the wishes of the LTM, gravitated towards a more autocratic control and often got themselves bogged down in processes and mechanisms and were not very adventurous in exploring the potential opportunities that were open to them. Both the structural and the cultural balances within the Borough groups were therefore quite different.
Organisational boundary differences with the Boroughs also created problems of membership commitment. In the Santon Group, the Borough itself had a divided commitment being just as involved with the other Locality team, which operated in the Missingham District Health Authority, as it was with the TWDP. Many of the Health Service, private sector and voluntary organisation's had remits that transcended Borough boundaries. Their representatives therefore had to choose which group to join, which effectively denied them a voice in other groups in which they had a legitimate membership. Some sought to overcome this problem by alternating their attendance between groups. The end result was that some of the tangible interactive trust built up in this formative period was partly negated by a defective heritage in which they were not as fully representative as we should, or could, have been and some members could only give a partial commitment to the group workings. (LTM)

b. Pilot planning period - September 1990 to March 1991

During the planning period TWDP, at least as far as the Santon Group was concerned, expanded into a continual workshop which necessitated many meetings in addition to those held at Havilands. The Borough group set themselves four main tasks.

a. determine the job descriptions for the pilot Case Managers,
b. design a form to facilitate the production for an IAN,
c. determine the process for receiving referrals,
d. devise a multi-disciplinary approach to Case Management (including the appointment of Case Managers).

They divided into sub-groups which arranged their own meetings. Leadership of these groups was shared out so that all the different agencies were fully involved. We took the multi-disciplinary approach into our own work meetings ... We all agreed, and I was firmly convinced, that this was to be the way Community Care was to be. (Local Government Manager) Each smaller group reported their findings and progress to the monthly Borough group. Ensuing inter-group discussions provided a valuable review of each sub-groups work and were used to co-ordinate their proposals into a coherent draft plan. Additionally the Borough groups continued to report their progress in the TWDP plenary sessions thereby widening the review and validation mechanism even further.
Pilot Case Managers were appointed and commissioned to act in behalf of the group in October 1990. It is possibly interesting to note here that later discussions showed that three had been "willing nominees", one was gently press-
ganged, but glad I did it whilst another felt I was high-jacked into it ... I didn't want to do it ... but I am a professional so despite my unwillingness I did it to the best of my ability.

By November the Borough group had expanded the membership to about twenty. The Pilot Case Managers had joined as had the Locality VSC and three Health Service Care Managers. A slight hiatus followed as new members were inducted but the aim of commencing the Pilot early in the new year remained unaltered. However two unrelated occurrences delayed the start. Firstly, it had been "decided to base all pilot referrals on one Santon GP practice". (notes September 1990 meeting) Gaining the GP's agreement to participate was rather protracted and reminded everyone of the Facilitators earlier warning that G.P. involvement was always likely to be problematic. Secondly, starting with conjecture, then being officially announced at the end of December, that Case Managers would only be internally appointed by Social Services. This came as a surprise to many. It was only at the Core Group's visit to the December TWDP meeting, that they answered the question of "who is eligible to be a Case Manager" (Notes on December meeting) by assuring the membership that such decisions were awaiting the results of the Pilots. This incident created a mini crisis of confidence in the integrity of the Core group. But as the Co-ordinator reflected while it was at the time demotivating, I have to ask did it in fact lead to some positive response as other people moved along the teaming curve of reality ... I think there was some real gain for the programme in it.

At the time the LTM's response was similar to that of the Co-ordinator. He was sensitive the de-motivational impact of this decision and being aware of the group's feeling of being sidelined as usual by those above (Residential Manager) he worked hard and successfully to convince the group that the other aims of the Pilot were still worth pursuing. In the short term this seemed to work but it didn't prevent some from markedly reducing their commitment to the group from this point, seeing it as yet another confirmation that Borough and District Councils are not recognised as full partners in this programme. (Council Officer) and others suggesting that its part of the big con trick ... we are being kept happy here while the real decisions are being made elsewhere. (Health Service Manager) After reviewing the Department's documentation one can have some sympathy with this last point as it was found that Case Management had been determined to be a Social Services function as early as the initial May 1990 response document (1990:37).
Despite these setbacks many still considered this to be the most productive and interactive stage of the programme. *Here we actually got down to doing something that had real significance* (Residential Manager) *We worked with colleagues from other disciplines ... we learned how they think ... we shared values ... this was good.* (Social Worker) *Pooling ideas really worked ... what we produced was quality work ... our combined experience gave us the wider outlook to go beyond what we have achieved before.* (Nurse - Pilot Case Manager) According to the Area Director this was exactly what the Core Team hoped to achieve. *We wanted to pick up on everyone's ideas ... to examine how we could do things differently ... and to see how we would be able to unblock some of the historical and structural barriers that have divided us in the past*

c. "expansion" period - April to August 1991

In addition to a real sharing of ideas the Pilot preparation induced a heightened concern for Users to be given an opportunity to exercise their legitimate influence upon the planning process. Coupled with the need to ascertain care requirements this led to the May meeting deciding to invite carers and Users into membership. This was later seen to have changed the central purpose of TWDP and even at the time *some of us voiced our considerable reservations.* (Health Service Planner) if this was a right direction for the programme to go. However there was no doubt that the majority agreed with the concept and readily accepted the Facilitator's leading questions that;

- a. *we have to ask ourselves why Users are not represented here?*
- b. *What are the problems that prevent them coming?*
- c. *How can we overcome these problems?* (May TWDP meeting)

The even more enthusiastic assertion that *we have to adopt a very positive way if we are to find out what is really going on ... we need a radical approach that allows the Users to enter into the management process empowering them to determine what they want from us.* (Health Service Locality Manager) evoked spontaneous applause. Others were more sceptical believing this was *just a political and cosmetic ploy to make us feel good* (Health Care Visitor); *Its a pipe dream to believe that you can have a User-led service ... anyway tell me what are you going to do with them [Users] when they start to tell you what you don't want to hear.* (Occupational Therapist) *My inclination is to support this but I have to ask ... are the Users who come likely to be representative? ... I think the best you can hope for is those who either want to get something for themselves or those who want to complain ... you'll*
also get those who just like to have a platform for their own views. (Voluntary Manager) OK! if that what you want to do, lets do it ... but don't think they [Users] will be satisfied with just being involved with some market research exercise, they will want more! (Social Worker) Despite these warnings the wider view prevailed and allowed the Facilitator to open the June 1991 meeting by proclaiming; for the first time the Teamwork Development programme is living up to its own title ... today we are joined by the most important members of "the team" - the representatives of the carers and Users we all seek to serve. Such an ambitious statement was an encouragement to those who believed that the consumeristic view was the right antidote for the negativism of reaction oriented management. They saw this as shifting the balance of power toward a measure of User control. Others however found the decision disturbing. But it seemed to me that the main problem lay not in the acceptance of this concept, but that the TWDP's decision was not fully explained and that no-one was in a position to tell the managers what was expected of them in this new scenario. As an unrecognised voice from the back of the room said when I mentioned this in my research feedback to the group, this was obvious, after all the whole thing was really no more than an idea without a strategy It was never thought out ... nobody wanted to tell you anything, firstly because they didn't know and they didn't want to put you off ...therefore it became the worst of both worlds, it didn't satisfy the hopes of those who initiated it and it left the concerns of those who had to live with it unrequited. These sentiments were only articulated at a later date so they had no influence upon the actions at the time, but I was of the impression that this reflected many of the fears that were about at the time. Despite this, it was no surprise that the Facilitator's ideas were confirmed as TWDP policy in the Coordinator's annual review which was presented to the July meeting. This redrew the programme's objectives for 1991/92 as being;


b. Improve the formulation of Community Care Plans on a Locality basis.

c. Jointly implement key service changes and developments.

d. Rapidly develop more and better ways of involving:
   users,
   carers,
   voluntary organisations,
   private sector providers.

With the pilots now complete a). was on the "back-burner" until April. b). was now planned by most LTM's to be developed away from the monthly TWDP
and c). was really a sort of "catch-all" condition for anything that came up. This left the focus of TWDP for 1991/92 firmly set upon a direction of User/carer consultation. Many commented that from this date the programme became primarily concerned with the User, developing standards and identifying needs.

It could be argued that the moral rectitude of this action was indisputable. It would also be difficult to deny that this was an important part of the learning process. But in the context of seeking to develop an effective interactional process between the participating organisations of Care in the Community the logic of it was highly questionable. As the Area Director reflected, *It was my view that at this point, undoubtedly because of sloppy decision-making, or non-decision making, by the Senior Officers Core Group the Teamwork Programme lost its way and was no longer fulfilling the purpose it was set up to achieve.* Others argued that *laudable as this appeared, consultation with Users per se, will not contribute one bit to the construction of systems and procedures needed to forge the working links that will help us work together.* (Planning Officer) Some suspected it was a smoke screen to cover some obscure agenda whilst others later suggested *it was a way to keep TWDP going when it had really served its purpose ... TWDP became the prize in the power struggle to retain a say in things.* (LTM) Whatever the real reason, the introduction of Users introduced an emotional dimension that tended to be supportive of "providers" but often proved critical of "purchaser" functions. Purchaser officers did little to ameliorate this by alienating some voluntary representatives by *constantly referring to us all as being Users. This shows the little regard they have for us and makes you wonder if they will ever be able to run this show.* (Voluntary Care Manager) It was quite obvious that the Users often became a buffer between the different factions in debates and this was far from helpful in either clarifying organisational roles or cementing any lasting relationships.

Coincidently other changes emerged that influenced attitudes toward the interactive purposes of TWDP. Following a number of internal workshops in the latter part of 1990 and a series of

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**Fig 29.**

Locality Team Structure  
(Source: County 1990:37)
discussion papers early in 1991, the issue of draft job specifications in March/April 1991 confirmed that the "purchaser - provider split" had been elevated to a higher authority. Initially the Department suggested the structure was to be unified at LTM level (Fig. 29). But the March/April documentation in detailing the formation of Purchaser and Provider Boards dictated that the split was to be effected at the Area Directorate level. This meant Locality teams were only to have a purchaser function with considerably reduced staff levels. (Fig.30) This resulted in the LTM having to revise all my thinking ... I now needed new links ... I needed collaborative arrangements with other purchasers for my assessment processes ... but I needed to revise my relationships with my current colleagues, who are now going to become providers. In future my managerial responsibility for them is to disappear and then we will only work together on a contract basis. (LTM) These changes meant the LTM's managerial responsibilities were considerably reduced and they had to come to terms with being further removed from the User than we had originally thought. (LTM) In this position they found it difficult to understand and accept, as Fig.25 (above) shows why the TWDP was in future to be mainly directed by the Joint Provider Board with only "access as required" to the Joint Purchaser Board. It appeared the logic for this was that there were more provider units than purchasers and the bulk of inter-sector interaction was likely to occur at the interface of the different provider systems. (Health Service Planner) However the leadership of the Borough groups remained with the LTM's and they took exception to this change. Locality managers are saying to me privately "this is what it has become, we're being asked by the providers board to report to them ...it doesn't feel right any longer". I can see why ... and this has to be properly resolved. (Area Director)

This not only created a division amongst group members, it caused confusion as to how relationships needed to be adjusted. LTM's felt their role as independent "guardian" of service standards was being subsumed by the power of the large providers. A number of Case Managers were beginning to feel this is the Health Service's last bid to get control of the system. (Case Manager)
A third significant occurrence was the completion and reporting of the Pilot projects. Close inter-agency working relationships had been established during the three month operational period. Expectation was high that the group would be able to go from here and start to use what they had learned to combine our separate systems (Pilot Case Manager) into some form of working model. But it seemed that having received the reports, TWDP confined them to the archives. No items were agendared or time allotted to any in-depth appraisal or comparison of the pilots and no evidence was forthcoming that findings received any serious consideration from senior management. Participants felt let down. We worked hard, believing this really was serving some purpose... it strikes me that those running this [TWDP] just don't appreciate the effort we put in ... I feel totally demoralised ... at least I don't have to go any more. (Pilot Case Manager)

These different events seemed to combine in a way that created a feeling of dissatisfaction resulting in a number of members leaving the group. The expansion period therefore ended with significant changes in the membership. The early Health Service - Social Services majority became lost to the numerical superiority of the non-statutory and User attendance. This unintentionally shifted the focus away from team development and inter-relatedness to issues more related to needs ascertainment and service quality.

d. "disaffected" period - September 1991 to June 1992

The Santon LTM commenced this last period of TWDP (as far as the research project was concerned) by announcing they were withdrawing at least until the New Year. (LTM) In fact they did not rejoin until June 1992. We need to concentrate what energies we have on producing our Locality Care Plan. Our priorities now are targeted at establishing the local consultation process through our Care Planning Groups which start next week! (LTM) Whilst this remained the LTM's "official" reason his subsequent conversation indicated that events at the end of the "expansion period" contributed to his personal disaffection with TWDP. With the exception of one or two Social Service colleagues the LTM's announcement surprised the group membership. Many, especially those from the Health Services, felt aggrieved that they had not been consulted about this decision. What chance do we stand of working together when one person can take away our right to participate in something we think is important even if he doesn't. (Health Service Manager) What a carry-on. They plead with us to come and then decide to cancel the whole thing. Its not only bad management its downright bad manners. (Carers Association Manager) Is this what you call partnership!! (Private
The LTM said that he accepted that the immediate effect was to sever virtually all the connections with other agencies that had been developed in the preceding twelve months. But this is no bad thing ... we can now build a team based on those who are particularly interested in working with the people of this Locality. (LTM) At face value, this seems to imply that the LTM considered that some TWDP group members had little direct commitment to the Locality. It seemed to me however that this more correctly exposed the LTM's desire to form a group based on local Social Services terms and conditions than continuing with the wider ecumenical group he inherited in the TWDP. His current priority to proceed with the Locality Care Plan and my better understanding of our role as the purchaser (LTM) seemed to be convincing proof that the Locality team need not be as involved with provider issues as the TWDP agenda was suggesting.

Even though they were the only group to announce they were pulling out they were obviously not the only ones to become disaffected. During this stage Billet, whose attendance had been spasmodic for some months, rarely had more than six or seven attendees, and that from three Localities. One of the Martine Localities also provided a very limited attendance. TWDP was mainly "kept alive" by one Locality Team and quite strong Health Services presence and many from the voluntary sector. What was a surprise to some, was that the programme was unable to maintain the interest and attendance of the Users and carers for more than one or two meetings.

8.3.2. LPG

The switch to a Locality centred planning format from the TWDP changed both the type and level of inter-agency interaction. Group meetings became "care-group" based thereby separating the total membership into care specialisms. The membership catchment area was much more constricted and reduced Health Services involvement while considerably increasing Social Service and Borough Council representation. Membership became wider attracting responses from the police, Probation Service, special education establishments and the employment agencies. Voluntary sector representation was mainly from carers who were also members of local groups. With the exception of one manager of the largest domiciliary mental health unit in the area the voluntary sector contribution was predominantly drawn from advisory and association type organisations rather than care providers. Most of the Borough council representation came from sheltered housing wardens and other sections with
remits towards the elderly. Even at this local level it seemed impossible to encourage GP's. to participate. As one remarked our "participation" is to refer our patients to them for care provision as we do now... their job is to comply with our professional findings... why do we want to be involved in their planning, we don't want them involved in ours. (local GP)

Groups were initially constituted to comply with the Department's requirement that local consultation should be held to inform the preparation of the County and Locality Care Plans (County 1990:4). This was therefore a Social Services initiative and the meetings were both administered and led by the LTM. Invitations of attendance were extended and controlled by the Locality office. Numerically membership was fairly constant. Each of the groups seemed to keep a 50% nucleus of regulars whilst the VSC worked wonders in maintaining a constant supply of newcomers to replace those whose commitment was of a more temporary nature. It is interesting to note that despite the importance given to them by the Department this programme was unfunded. Each Locality devised their own format for apart from the need to inform the care plan there was no requirement for groups to report to any higher authority.

There was little doubt that those attending accepted the validity and importance of the group objectives. After all this is the nub of the whole care question... matching care to need... we have just got to find out who needs help and what help is available for them... in a way it is amazing that hasn't been done yet. (Borough Council Officer) There was however, no evidence that members saw this to be a co-operative exercise. This is what the Social Services are here for... they are the ones who should know. (Voluntary Worker) Indeed the notion that Social Services held the answers was important to those who came to the meetings. The majority were information seeking; I came to see how this was going to effect me (Social Worker) I want to know how Community Care will deal with those in private homes (Private residential home owner) I wanted to see if there was any money available (Voluntary Sector manager) We wanted to find out if they are going to increase respite care for carers (Carer Association member). Others came to protect current interests; I want to make sure they don't take anything away from us (Voluntary Sector manager) I'm not going to let them change the rules (Day centre manager) We don't want to get left out (Occupational Therapist)

The LTM's democratic tendencies were again evident as he tried very hard to get members to become involve in the direction of the LPG's. He constantly
proposed sharing the control of the groups. *I have no divine right to be in the "chair" and my VSC should not automatically become the group co-ordinator. We only do the job until you as a group assume your own destiny and appoint someone else to do it.* (LTM) However, whether from doubt in their own ability or scepticism that authority’s would be prepared to relinquish any of their own power, no-one heeded the entreaty. The persisting consensus decreed that you *have to be the automatic choice - you are the legitimate leader.* After all if you weren’t in the chair we would still have to refer everything to you for any definitive decision. *Unless, of course, you are going to give us full control of the money as well* (lots of laughter) One or two Localities did appoint external "chairs" and "co-ordinators", but as two later opined; the appointment was purely titular ... *I think it helped take some of the pressure off the LTM, but we were only surrogates at best.* Much of this reticence stemmed from the expectation that the LTM was *the one in the know, and if he doesn’t who does* (Council Officer), and therefore was the only one capable of providing the information input essential for the group's development. As far as the Locality was concerned he was the natural link between the practitioners and the policy makers.

One cannot therefore be surprised that most people did not see this as a joint, or collaborative, arrangement. They hoped for a type of consultation that would enable their voices and their views to be considered but most did not accept that this would alter their own relationships, either with those they served or other caring agencies. No-one seemed to consider that their current level of personal and organisational independence was in any way challenged by Care in the Community and six months of meetings patently did little to change those opinions. As the LTM remarked in late March 1992; *we are as far apart as we were at the start ... they still talk about "you", meaning the Social Services, and "us" meaning everyone else ... I've never succeeded in getting them to thinking from a "WE" viewpoint ... or what we as a united group should be doing together.* Whilst this was undoubtedly correct it is possibly just as significant to note that the LTM also talked about "them" as being quite separate from his team!

### 8.4 Interactional Perspectives

Despite significant differences each of these 'development' stages seemed to provide the opportunities that enabled organisations and individuals to examine the sorts of collaborative arrangements that were considered likely to be found in operating the new systems of Care in the Community. But, far from resulting in any unifying model of interaction the training sessions produced a confusing array of relational
alternatives. Realistically they were little more than perceptions of what we could or should be achieving (LTM). They seemed to derive most of their impetus from either the primacy given to the needs of Users, or the importance attached to the organisational systems that mobilise care provision. Those focusing on the User tended to advocated relations based on "user/carer empowerment" and required organisations to function in the capacity of the "honest-broker". Some at the operational level sought to emulate the Joint Planning Group's personal relationship model by favouring "peer group" methods of working. The organisationists seemed unable to comprehend the inter-dependency of this type of consent modelling and generally perceived interactions as variants of managerial systems such as "contractual control" and "resource management" whilst the more protectionist fringe viewed the process in the retentional terms of "damage limitation".

8.4.1 User/Carer Empowerment

Advocates of this concept saw the User as being the locus of all activity. This is supposed to be the programme of choice ... that choice belongs to us, not 'the establishments' (paraplegic "user" - also Public Empowerment Officer for a local authority) This consumerist view sees no need for care agencies to collaborate with each other. What we require is them to serve us, not each other. (User) The User, or their representative, should be empowered to order care services from whom we want ... just as we do with our ordinary shopping ... we go to Sainsbury's or Tesco's, or to the cinema ... they are not combined in some false cartel ... they are independent and so are we ... if Social Services allocate us the assessed resources, that cuts out all the middle-men ... that's better than trying to organise everyone into an unholy alliance that just won't work. (Carer) This means both purchasers and providers relate to the User, or carer, or key-worker, in a service capacity. I feel this gives us a genuine opportunity to get the type of service we all want. Here the person [User] isn't just a receiver ... at last we can make our own contribution to our needs (User) Users monitor their own services and in being empowered to choose providers also have a vested power of sanction if needed. There are therefore no formal links between caring organisations except where their service coincides at the same User. The case management role is that of resource assessor.

8.4.2. Honest Brokers

This popular alternative with Social Services providers seemed to be a sort of quiescent hegemony in which care managers act as the 'honest broker'. From their central position Case Managers vicariously empower Users, firstly by
widening the assessment process so all informed opinion is considered, and secondly inviting and funding appropriate care providers to service the assessed needs of the User. The Case Manager therefore 'represents' both User and care agency. This is done in the assumption that User - care agency interaction is based on their mutual terms and not on terms dictated by the purchaser unit. *They [Case Managers] have to act in a similar way to estate agents ... but this time, when they match the parties ... they pay the bill* (Provider Manager) The crucial relationship therefore lays between the providers and Users with the Case Managers being the lead facilitator to both. All parties thereby retain their independence.

8.4.3 Peer Groups
Those who could readily see the coterminous nature of other people's responsibilities and duties seemed to be most willing to form action or consultative groups. It was clear that a commitment to collaboration is most readily facilitated when *we can see that we are working toward the same ends and need each other's input ... to give people the care they need.* (Nurse) Currently informal peer groups operate but there was significant support for this sort of model to be formalised and to operate at all the different levels of management. Relationships would therefore rely on the similarity of individual's function rather than any prescriptive structure. This would necessitate peer groups having the sort of delegated authority that gives them the discretionary space in which to operate. Whilst this model gained some support from top and bottom management levels Locality Managers had little enthusiasm for it. It was quite strongly supported by many Health and voluntary sector managers.

8.4.4 Contractual Control
Case Managers and many non-statutory providers seemed happiest with relationships controlled by contractual agreements. Even though it was recognised that Case Manager - User relationships were likely to vary, it was generally perceived that this would be of a facilitating agency nature. Interaction between purchaser and provider would be legally constructed around purchaser specified and monitored service requirements. In this case Users and providers become dependent upon an independent purchaser. There is some justification in the claim that this is likely *to produce the best standards ... we represent the client's [User] interests ... and providers, no matter where they come from [sector], are controlled for them by us, so that consistent standards are achieved* (Case Manager) *It has to be remembered that this is the legislative responsibility that has*
been placed on us by the Community Care Act. (LTM) Provider units however
now become competitors to each other, which according to some could lead to all
sorts of problems ... its not as if this is a free market ... if contracts aren't shared out,
some can be driven out of business. (Private owner) But many saw this as the
preferred option, feeling that it was the most equitable and the most practical as
far as inter-organisational arrangements were concerned. This way there won't be
any doubt about it ... we will all know where we stand ... there has to be some form of
external control to ensure we are all playing on a level field. (Provider Unit Manager).

8.4.5 Resource Management
Despite official announcements to the contrary, resource management, or as the
less ingenuous claimed, the state's policy of resource rationing (Consultant
physician) became widely perceived as the Department's decreed model of
collaboration. Pragmatically this was seen as inevitable. It would be totally
unrealistic to believe that we can satisfy every need ... at the end of the day, it comes
down to what we can afford from what are very tight budgets (AAD) Even so the
1992 County Care Plan's targeting of care to five care categories and
provisioning care only to a prioritised register of "high, moderate and low
need".(County 1991:7/9) and the subsequent directive to limit allocations only to
high need Users was less than welcomed. If it wasn't so serious you could see it
as a bit of a joke ... we already know that every one [the Localities] is overspent ...
there is no flexibility to allow us to do anything ... why do they keep leading us on
suggesting that we have control. (VSC) The overriding concern was that a vicious
circle would be initiated wherein increasingly high dependency levels would
require more specialised care and more resources ultimately restricting most care
provision to an elite of the high need category. This may necessitate more
stringent control of resources to other need categories. The interactional effect
of this is to make Users and providers resource dependent upon the provider
unit's categorisation criteria and rationing system. This is likely to give a
favoured status to specialist care providers whilst potentially coercing other
providers to produce more cost efficient services. The Case manager role is
more likely to become one of optimising provision by negotiation and arbitration.

8.4.6 Damage Limitation
This was not a coherent, or generally acknowledged, concept. Possibly the
stigma of being identified as a protectionist made people keep their true feeling to
themselves (Nurse) but the most persistent perception about relationships for the
future was that of protecting ones self-interest. Professionals, especially from
the Health Service, wanted to ensure there was no erosion of the demarcation zones that surrounded their own functions. Users were adamant they didn't want to be hived off to any other option that offered a cheaper or what they considered an inferior service (User). Organisations were extremely reluctant to relinquish any of the their own power or forego what they perceived as their legitimate 'market share'. Perversely many of the same organisations were actively seeking to maximise [what they saw] ... as the many new opportunities we have to widen the scope of our operations (Private provider manager). Equally some Social Services officers welcomed the new career opportunities that were opening up. (Case Manager) A great fear of care practitioners was that they would lose direct contact with Users and that rivalries [between new practitioner roles] would effect a loss to value in their job ... which has already been badly eroded ... by changes they didn't want, from within the Social Services and by the Health Service as well" (LTM). In themselves these notions did little more than extend the debate for there was surprisingly little call for retaining the status quo. However they did form the temporary constituencies that enabled many proposals to be argued against and they motivated a constant stream of variations and alternative options that muddied the waters (Health Service Planner) so that decisions were delayed and plans not implemented. Possibly the most significant example of organisational protectionism came in March 1992 when in the published "Departmental Ground Rules" ATM's were given the "freedom to purchase or provide services" from any source so long as they firstly "used in-house providers" and secondly provided care only to those "targeted to be eligible for Department services". The significance of this to organisational relationships was that just about everyone was subjected to constant pressure to compromise so that dissenters could be accommodated and that those wanting to rock the boat were kept in check. (Provider Manager)

8.5 Internal Criticism

All these alternatives elicited criticism from different factions but the more general complaints seemed to come from the way the training was organised and the interjections the programme was so often subjected to. It was undoubtedly the way Departmental edicts were imposed that, despite the mass of appreciated effort expended towards collaborative understanding, promoted some to riposte, I felt used, like I was supposed to agree with everything that had already been decided (Chair of Voluntary Association) its all just a con trick ... they don't even know what the word partnership means ... they are going to give nothing and take everything ... its the 'I'm in charge' rule all over again. (Carer) According to the Area Director most of this
confusion of purpose really stemmed from a policy tension between the government wanting there to be a seamless network ... and the fact that one of the consequences of separating purchasers and providers to get healthy competition ...is that there is going to be lots of pulling and pushing by different people to get their particular emphasis into the frame.  We [Social Services] have the unenviable task of sorting it all out within the rules of local government.  The trouble is that it is difficult to know at this stage which is going to be the right theme to run with.

There was however no doubt that the proliferation of alternative viewpoints reduced the effectiveness of the interactive training.  It was just a talking-shop with everybody willing to deal in concepts but no-one prepared to show us the practical application.  (Case Manager)  Some also agreed with the Area Director that there are inbuilt tensions in the government's plan but also suggest that the lack of a local overall strategic direction to the meeting and training programmes prevented any attempt to construct valid partnerships.  (Social Services General Manager)  This deficiency seemed to go beyond the Area Director's further explanation that this was really a matter of time-lag ... caused by the finalising of new rules ... lagging behind the training experience  If this had been true, said one Social Service Manager, we could have believed that they were actually taking note of what we were saying.  Its got nothing to do with that ... the problem is, all the important bits have been left out.

8.6  Observed Omissions
What was surprising, was not that omissions were evident, but that at least four strategic elements critical to the facilitation of the interactive process were allowed to be omitted without any serious comment from the membership.  Whilst the Department did provide an outline model of their internal operational plan there was no evidence that anyone attempted to show how the collaborative model envisaged in the White Paper was to function in the County.  This seemed to show that no "social structure" was established to enable other organisations to "identify roles" they were required to fulfil.  This, together with seemingly typical organisational reticence, contributed to a quite severe lack of "information transference" which was partly responsible for a failure to develop the multi agency management peer groups that could have provided the "experimental joint actions" I suggest are the construction sites of interaction.

8.6.1  No social structure
A County Chairperson of a national voluntary organisation commented we expected the lead to come from the Social Services, but it hasn't.  We are having to
make the running but we just do not know were we fit into things. Despite accepting the White Paper (HMSO 1989b) no-one made any attempt at TWDP or LPG's to show how the Department or the Localities were interpreting the notion of partnership, or networking into a structure for local action. Too many seemed content to accept that it will all develop in time ... its just a matter of patience. (LTM) This however, meant that organisations remained unsure of the economic, socio-technical and structural controls they would have to contend with. They were left without the ability to ascertain the cost of participation, the degree of change they had to effect, and what effects this would have on their organisational sovereignty. This not knowing made us feel very vulnerable which in turn made us become very defensive about our relationships with anybody. (Local Council Support Group Manager)

8.6.2 No identification of the roles

The absence of a plan prevented the roles that organisations were expected to take in the network of care from being defined. In a discussion on this issue one private home owner seemed convinced her role was not for changing.

Owner Nobody can tell me what to do. I am independent. I help the Social Services they don't help me.

CM But in the new system we will tell you who you can take in.

Owner Like hell you will. You can refer your clients to me but I decide who I take.

Member But they are going to do the assessment. This means they will say who gets financial support and how much they are going to give.

Owner That doesn't affect me. We get our money from the DHSS.

CM But in future, from 1993, that money comes to us, we control it and have the say in who we will support.

Owner When did this come about. Nobody has told me this before. Surely if you are going to be doing this you ought to be telling us what is going on. [much later] How can we possibly be expected to decide what we are going to be doing if you don't tell us how this wretched thing is going to work.

Many individuals in the Health Services were unclear as to whether they were purchasers or providers and none seemed to be clear as to how their service related to the Social Services. Those voluntary organisations that received some of their funding from the Borough Council were equally unsure where they fitted into the new contracting system or how they would be affected. Individuals and
organisations were therefore unable to relate to others, for not knowing their own role they were prevented from identifying the peers and counterparts in other organisations with who they needed to interact.

8.6.3 Limited information transference
Meetings rarely questioned the non-social service agencies about their operational practices and none of the organisations, especially the Health Services, ever seemed willing to offer information of their own volition. This resulted in us getting to know each other as people, which was good, but we never got to know what we were going to be doing together, if anything. (Case Manager) Hierarchically the Joint Planning Group seemed only to offer the barest of information which left many believing that the only real inter-agency collaboration takes place at higher levels, and they keep that to themselves. (Social Worker) As one frustrated member commented this is the second time you [the Senior Management Core Group] have been here [TWDP] in the last six months and you haven't told us a thing yet. What I would like to know, is don't you know either, or if you do know why don't you want to tell us? The answer seemed only to confirm this omission, in that I can honestly say we relay everything to you as fast as we can, but it is taking much longer than we thought to finalise the details of operations. (Chair of Joint Provider Group) This was mirrored at Locality level where similar indictments were made. The Locality Manager does not know the answers and that means they don't know how to involve us. This leaves me angry and frustrated because I don't know what to do and they can't or won't tell me. (Secretary of Voluntary Care Unit)

8.6.4 No experimental joint actions
Below the senior management levels of the various Joint Boards there was little evidence that training was producing any carry over into local joint working. Whilst there were many meetings involving consultation and "local planning", managers were not seeking to formulate working relationships with their peers in other organisations. Indeed, because the implications of the collaborative dimension of the White Paper had not been clearly examined it seemed that organisations had moved away from earlier thoughts of collaboration to a position more concerned with self-interested and self-development. Some no longer considered agency interaction as a required element of the Care in the Community system. You see my task is to occupy the helicopter position. We are in a sense overseeing the whole process of works. I don't see this so much as a cooperative exercise, its more about control and supervision. Anyway I don't have any
peers in my locality. There are people in other agencies with whom I associate but we don’t have coterminous boundaries and their service functions are different to mine. (LTM) The exigencies of the current situation, as a Case Manager explained, keep us far too busy trying to get our own house in order to bother with how other units are going to be doing their job.

8.7. Interaction Enacted?
For many the County programme showed that every effort had been made to include a cross section of all services in a way that proved their desire for every one to make a full contribution. (Chair of Carers Group) We have actually witnessed the statutory and voluntary organisations working together in a way that is extremely encouraging for the future. (Health Service Manager) But some reaction carried a rather more circumspective tone for, as one group member mused; I have spent so much time with people from other agencies that in one way I feel I know a lot about them ... but when I really analyse what we have achieved I am not so sure that I know any more than when I started. There was also a considerable confusion in relation to who does what and who one should relate to for what ... what are the boundaries of the health, social and voluntary services ... and where do the Borough Councils and private providers fit into the scheme of things. (report from VSC) These were questions that were rarely addressed and were never satisfactorily answered. Organisational management seemed equally unclear and seemed unable to assess the extent of their powers to effect local interaction. The problem as I see it, is while I am trying to arrange things in my Locality I know there are people above me dealing with the same matter. I therefore have to wait to see if they come to the same conclusion as me. (LTM) These diverse perceptions were common amongst all groups and sectors of participants. Few were in doubt that they had been engaged in some form of interactive process and most agreed that it was the right thing to do and has been well worthwhile. (Case Manager) However it was fairly universally considered that at this stage we are not really sure what we have learned or how we have done it. I suppose only time will tell! (Training Officer)
SECTION NINE
Indwelling Change - Who has learned what?

9.1 A Testing Framework
Ultimately the acid test of the Department's training strategy is to be seen in how the Localities co-ordinated the delivery network of Care in the Community. In the shorter term, it has to be assessed against what individuals and the Locality Units learned that enabled them to close the gap between the initial strategic intent of the training programmes and the operational implementation of the care plans. It was therefore about what change had been effected in management thinking and what had been learned that had actually been added to the stock of knowledge of the unit. To some extent this was evidenced in the tactics employed by the Locality Team during the learning process. In the longer term the effectiveness of the learning has to be measured by how the organisation dealt with the knowledge it had acquired. What was needed was to assess whether the acquired knowledge was just stored away, put-on-the-shelf as it were, to await some reason for it to be brought into play, or whether it was accepted as an integral part of the operative indwelling stock of knowledge that empowered the Locality to reshape its internal and external environment to embrace the new relational pattern of its future operation. In other words had the unit become learned? Did it possess the knowledge it set out to acquire?

This section examines these questions by firstly presenting an analysis of the learning process to show how the opportunities afforded by the training programmes and the concomitant interagency interactions were used. Secondly, by examining the managerial and training influences of the Locality and how these affected the structure of the learning process, an assessment is made to ascertain what indwelling changes have resulted and whether the Locality Team has learned how to learn to interact.

9.2 Learning Approaches
As the previous sections have shown, approaches to the way training has been delivered and the relationships constructed have, to some extent, varied according to the fluctuating influences of the most dominant perspectives. This was even more evident in relation to the learning process. There was little doubt that individual, Locality and Department perspectives of what was required differed and created a confusion that this observer believed was barely recognised and remained unresolved. Each perspective however did contribute to the overall framework of learning that became the learning experience of the Santon Locality Team.
9.2.1 Individual Learning

Initially, as the AAD had recognised, individuals were highly enthusiastic about the training programme. They empathised with the general principles of Care in the Community and despite concerns about yet another round of changes, *wouldn't it be nice to have a little while to consolidate what we have just finished changing*, (Welfare Worker) they were keen to gain an understanding of the new system. Most were appreciative of the Department's commitment to training and welcomed the different approaches and mechanisms of learning that had been installed. However some initial motivation was blunted by the forgetfulness of management to fully explain the learning framework they were asking staff to enter into. This was compounded by some senior managers having themselves been over sated with change and recognising how exhausted they had become, seemed to adopt an ambivalent attitude in eliciting change from their subordinate units. They seemed to oscillate between cushioning staff from the effects of change by *feeding in information on a need to know and a time to know basis* (Area Director) and apologetically pitching them into change situations with a minimum of explanation and invariably caveated "as other duties permit".

Consequently most members of the Locality Team were not appraised of the wider picture and failed to see the full significance of some aspects of the programme. Indeed a number did not even consider TWDP and LPG meetings to be training *per se; these are straightforward work meetings, we're there to contribute, as professional, to the wider view that management needs to enable them to determine what to do*. (Social Worker Case Manager) There appeared to be no urgency to prioritise training into the work routine. One letter from the Locality, four months after the published programme, informed the Training Unit that several key staff would "not attend scheduled sessions because of annual leave commitments" that had only recently been determined. Individuals were allowed to determine whether duties permitted their own attendance with the consequence that sessions were often under-subscribed. This was one of the *irritating things that affected the actual logistics of the Community Care training ... [causing sessions] to fall below expectations, dates were being changed, and people saw it as a bit of a muddle ... you just can't do that with people on a big scale*. (Area Director) This undoubtedly contributed to a reduction in individual motivation where *people have got quite turned-off and that is very disappointing*.

Despite their initial enthusiasm individuals seemed innocently oblivious to the responsibility they were expected to take for structuring their own learning. The
issue of the "Personal Development Package", aimed at helping people to understand and assess their own learning needs (Training Manager), proved ineffective. As the Training Manager explained; There was no time unfortunately in any of the induction modules or in any of the later modules ... to even go through it ... we intended to introduce each section and explain the benefits of it ... but that went by the board. This was not helped by three LTM's admitting their failure to use it at all: its still in the back of my car; I think I filed it ... no I haven't read it; I'm not sure I got a copy? They were therefore unaware of the part they were expected to play in the facilitative and action learning processes used at the TWDP and the Training Unit sessions. They neither perceived themselves as self directed, experiential, or social learners, neither did they consider training as requiring anything more than learning how to produce what management decree ... at the standard they [management] consider acceptable. (Case Manager) The overwhelming feature of individual attitude was an expectancy that we were going to be shown what we had to do ... I suppose you can say I went expecting someone to give me the answers. (Assistant Manager) This seemed to account for the anomaly that few people seemed interested in taking notes of the proceedings or in pursuing issues to conclusions. Many seemed to be quite ignorant of the legislation and as Table 10 shows, only a minority had undertaken any reading to rectify the situation. The Training Manager thought this was sad but not surprising ... its no wonder when you consider the pressure these people are under, they haven't got the time ... but its no difference to elsewhere, it really is only the planners and trainers that get to read all the literature! However it was enervating to note (Table 10) that Social Service staff reading habits, especially in the Locality Team, compared poorly with that of their Health Services and voluntary sector counterparts. The following anecdote by the Training Manager indicates that this dearth of reading was particularly endemic in this Area and its Localities

*I usually set off the induction module by ... referring to the Policy Guidance document which has come out from the Department of Health, which I assume all Locality Care Managers had received. I was amazed in this Area ... they had never even heard of them. It was very interesting that the Assistant Area Director said, I think the Area only has one copy and therefore they hadn't sent any copies out to anybody else!*

Much of the individual learning therefore seemed to lack a defined motivational purpose. It had no framework to refer to, suffered from confusion regarding role function and was benignly encouraged in its self ill-discipline.
Table 10.

<table>
<thead>
<tr>
<th>Question</th>
<th>Local Social Service</th>
<th>All Social Service</th>
<th>All Health Service</th>
<th>Voluntary Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you read the White Paper published in 1989?</td>
<td>Yes 0 No 11</td>
<td>Yes 1 No 28</td>
<td>Yes 7 No 16</td>
<td>Yes 2 No 16</td>
</tr>
<tr>
<td>Have you read &quot;Community Care in the County&quot; published in 1990?</td>
<td>Yes 1 No 10</td>
<td>Yes 6 No 23</td>
<td>Yes 5 No 18</td>
<td>Yes 2 No 16</td>
</tr>
<tr>
<td>Have you read any externally published Care in the Community literature?</td>
<td>Yes 1 No 10</td>
<td>Yes 2 No 27</td>
<td>Yes 9 No 14</td>
<td>Yes 9 No 9</td>
</tr>
</tbody>
</table>

Questionnaire Findings - 1

The best interpretation one could attribute to this dimension of the training was that it had become unintentionally chaotic. At worst it permitted absenteeism and prevented many from taking a legitimate responsibility for their own learning. Too many were able to identify with the sentiment that; *I am just keeping my head down. When they want me to know something, then someone will come along and tell me.* (Mental Health Social Worker) Only a minority felt they had either the time or support within their work space (Table 11) to make the most of the experience. This could partly be attributed to the stressful workloads many had to manage, being brought into conflict with the requirements of training programme, forcing them to allocate their time on a priority basis. But it was far more influenced by the overall situation that did little to encourage participation and seemed to generate disinterest rather than motivate an active response. *I am not interested really ... after all what is the sense of trying to learn something if they haven't decided it already.* (Social Worker)

Table 11.

<table>
<thead>
<tr>
<th>Question</th>
<th>Local Social Service</th>
<th>All Social Service</th>
<th>All Health Service</th>
<th>Voluntary Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have chance to reflect on any of the learning with your colleagues in the time between sessions.</td>
<td>Lots 2 Little 9</td>
<td>Lots 12 Little 17</td>
<td>Lots 10 Little 13</td>
<td>Lots 1 Little 17</td>
</tr>
<tr>
<td>Do you do any support study in your own time</td>
<td>Lots 2 Little 9</td>
<td>Lots 5 Little 24</td>
<td>Lots 6 Little 17</td>
<td>Lots 8 Little 10</td>
</tr>
</tbody>
</table>

Questionnaire Findings - 2

It became increasingly evident that this sort of motivational sluggishness had a serious effect upon the Unit's learning capacity. Debate and interchange of ideas became limited to the *interested few ... which was a pity as it stopped us getting the benefit of other colleagues' valuable experience.* (Social Worker) This reduced the
quality of learning experience being offered causing some to readily assent with the exasperated admission of one colleague that, *I have learned absolutely nothing, but worse than that, I don't know what I was supposed to learn.* (Unit Manager)  It would be unfair to attribute all the problems with the learning to the individual approach. As the later arguments show other external factors influence the overall perception, but it was noticeable that the level of satisfaction (Table 12) with the training was closely related to the degree of interest in the subject matter. It was also difficult to assess the impact that a number of emotional triggers had on individual motivation. *I am being removed from caring for people ... I didn't come into the profession to be an administrator ... I want to deal with people.* (Social Worker) *I think this is all wrong ... I just don't want to know any more.* (Home Care Assistant) People found the emotional aspects of these issues of change difficult to handle and in becoming alienated against the system their participation in the training programmes was often affected to the point of disaffection.

<table>
<thead>
<tr>
<th>Question</th>
<th>Locality Staff</th>
<th>All Social Service</th>
<th>All Health Service</th>
<th>Voluntary Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you say you had high or low interest in todays subject.</td>
<td>High Good 14</td>
<td>Low Poor 22</td>
<td>High Good 17</td>
<td>Low Poor 28</td>
</tr>
<tr>
<td>Would you say your learning experience from todays session has been good or poor.</td>
<td>High Good 16</td>
<td>Low Poor 20</td>
<td>High Good 18</td>
<td>Low Poor 27</td>
</tr>
</tbody>
</table>

*Questionnaire Findings - 3*

This was not helped by the fact that most of the formal training input was output oriented. It failed to take account of the position from which people were entering the learning experience. There was no "student centred negotiation" with the consequence that content was not linked to learning need. For some the start points were too far advanced of their current perception that they were unable to properly participate. As the Training Manager confided, *we assumed they had all done some management training before, but it soon became obvious that many had not.* This meant that many sessions became dominated by small groups of informed people with the remainder often being unable to comprehend what was going on. In the LPG's and Locality Training sessions this was less of a problem but often the reverse was true. Here it seemed, learning so often progressed at the pace of the slowest and this was compounded by the amazing reticence of the LTM to divulge many items of vital information. He justified this by claiming he didn't want the discovery process to be diminished by feeding them information that influence their own creative thought. However these constrictions had the opposite effect as they
prevent people from being able to unlock the problems and identify the purposes associated with their own learning. They acted as a stop to the individual learning needs preventing the lateral thinking processes that could have enabled people to reframe their experiences in ways that were directed at the changed circumstances they were seeking to understand. In the light of this it was quite ironic that one manager responsible for part of the training input complained of his own situation why can't you deal with me as I am, not only in the way you say I have to be!!

9.2.2 Locality Learning
Through most of the research period my difficulty was trying to determine what was the Locality Team, or for the purpose of this study, to determine whether I even had a learned organisation to actually look at. On his appointment, the LTM was of the opinion that the Team was to remain substantially the same as the current structure (see Fig 31) plus the addition of a new cadre of Case Managers coming on or before 1st April 1992. It was on this premise that he instituted his cycle of conceptual training so that we could learn as a team to cope with the new system. (LTM) As was shown earlier, this changed in Spring 1991 when it was realised that the Locality Team was to be reduced to the purchaser role only. (Fig 32) At that stage the Locality only had two persons in post, the LTM and the VSC, who were to be in the future team. It was three or four months later that two in-post social workers were appointed as future Case Managers (CM). Two external candidates were also appointed as Case Managers but did not take up their positions until 1st April 1992.

![Fig 31. Locality Team Pre-1st April 1993](image)

![Fig 32. Locality Team Post 1st April 1993](image)

A New LAO was appointed in March 1992. The effect of these structural and personnel changes was that the Locality learning was divided into two distinctly different phases.

The earlier stage, up until late spring 1991, embraced members from all sections of the team and was predominantly concerned with transferring structural and administrative information through the LTM to all staff. The LTM used to come back from meetings and then some time later tell us about them. I don't think any of it was very formal. It wasn't presented as if it was part of any training programme.
These things weren't open to discussion or anything ... it was keeping us in the picture. (Social Worker) It was easy to see how the LTM's predilection for joint discovery gave the impression of informality. His "soft" lead gave little direction and obstructed the development of the coherent learning framework essential to the overall learning of the Locality unit. Consequently people became more committed to their own agenda and training became fragmented. The HCO was embroiled in setting up my Home Care business plan .. and dealing with NVQ training for my staff. Family social workers had no time for anything except preparing for The Children Act implementation ... that is like "mission impossible" (Social Worker) Mental health social workers entrenched even more into their own enclave seeming to have a greater rapport with counterparts in the Health and Voluntary services than with many in the Locality Team.

During most of this period the Case Manager Pilot project was operating. I learned more during the planning for the pilot than at any other time. It was a new experience for me ... to be involved in planning something and writing the briefings ... and we discussed them a lot ... we looked back and checked them and checked them out with other people, until we got them right ... this changed my thoughts about how it is going to work. (Social Worker) This response was typical of the whole group and indicated a major learning achievement for the Team. The whole Locality now has a clear understanding of the way case managers will be the central figures in the new scheme. (VSC)

However this success contrasted quite starkly with the experience of the pilot Case Managers. At their weekly meetings they complained that: we haven't had any direction; nobody has come to see us as they promised; ... we haven't had anybody to talk to about the cases; ... there have only been five referrals and one of those died and another moved into residential care; ... it has taken ages to get IAN's returned, two haven't been completed yet; ... they didn't even allow us to give our presentation at the TWDP This was an unhappy experience. When asked at their penultimate meeting they said; we have seen how difficult it is going to be - but we haven't learned a thing. The LTM and VSC did attend the final meeting and negotiated a further two meetings so that a report could be compiled. That report claimed "Much was learnt by the case managers during the pilot, the majority of which is transferable to other situations" (Dec 1991:2) The 25 page report listed 26 "learning points" but it is my conclusion having observed both the pilot and the compilation of the report that these points were more the analysis of the compiler, the VSC, than the learning of the participants. The report was clearly what people wanted to hear and
satisfied the expectations of those involved in the planning stage. As one of the pilot Case Managers quite innocently remarked, *well I am surprised. I just didn't recognise that we had learned all that!* If there was any genuine learning experience it really belonged to the VSC but that was based on her analysis of what should have been rather than what the actual experience was. In this light the pilot was a counterfeit experience. There was no change to the knowledge or attitude of the individuals but because of its acceptance, the report was entered into the Locality's stock of knowledge and thereby became the official indwelling organisational learning. The Santon Locality were not alone in this sort of action. *You ought to have seen ours ... it was difficult to remember what was fact and what was fiction.* 

(Social Worker at different Locality)

The second stage was quite different. Firstly from the summer of 1991 until April 1992 the "team" included only those designated to be involved in the Locality Purchaser Team which was in fact only three persons, the LTM, VSC and one CM plus another CM who divided his effort between the Santon Team and two other Localities. Because of their commitments to existing case loads the designated CM's were prevented from giving more time, than that already allocated to formal training, to any Team development. This meant that most of the team-work was a duet between the LTM and VSC. As the VSC recalled; *we accepted that things are changing and [the LTM] said "don't take too much notice of your job description ...we need to be working things out for later". What this came to mean is that he very much needs, and sees, my role as being his right-hand person. My role became involved in locality Community Care planning.* If the LTM's agenda was to use this one available ally to help him prepare for Care in the Community, it proved propitiously compatible with the VSC's own agenda, of which she made no secret; *I have this burning mission inside that says ... we don't forget the person who's actually going to use the system ... and so I see my role is about asking awkward questions, so that everyone else keeps this in mind.* The combination of the User-centred influence of the VSC and the LTM's preference for joint discovery, despite the Department's assertion that the Social Services' primary partners for "planning is to be the Health Services, [and for]... service provision will be the District and Borough Councils, the Independent sector and the Health Services" (1990:29), led them to firstly seek partnerships with Users and carers and to adopt a bottom-up learning system. The LPG meetings therefore were very much based on User needs perspectives and the nucleus membership of all the groups was formed by those sympathising with this notion. The groups genuinely thought that this User first strategy was a radical and belatedly welcomed approach to statutory organisational learning. But in reality
this was really a typical Social Services "soft modelling" (Fig 33) approach that facilitated debate but primarily in conceptual, rather than applicational terms. Whilst many found this was informative and attractive it had little effect on the development of network partnerships. It effectively kept the groups trapped in thoughts of service provision. There is no doubt this provided valuable information to the LTM but its value to the provider members appeared to be negligible. The LTM justified these tactics by claiming his first priority was to complete the Community Care Plan which, according to Fig 33, is the culmination of the soft-modelling process. This led some to complain they have let us while away our time with lots of concepts while they designed all the service delivery systems to suit themselves ... this isn't even good consultation. (Case Manager) To some, complaint turned to disillusionment when it was discovered that Department planners had also constructed the bulk of the conceptual frame as well, for in the end we [the Localities] only contributed about 5% to the final plan. No more than a local gloss to a finished product. (VSC)

In the short-term this soft approach, unlike the formal training sessions, enabled individuals to start at a common point that was within their current understanding. However this concentration on User-needs created a unidirectional learning experience, thus preventing the social, technical or structural elements of organisational interaction even reaching the agenda. We constantly discussed what needed to be done, even though we all had a good idea of that ... but never talked about how, who or when it could be done, ... which none had any idea about. (Social Worker) In the longer term people seeking to move the process on and develop the systems of delivery, either from independence or disillusionment with progress, withdrew. This meant recruiting new members, inducting them to the User-based concepts, and starting the cycle all over again. The LPG meetings therefore got themselves into a sort of learning-warp from which they seemingly could not be extricated. It seemed that once the novelty of being involved gave way to a realisation that progress was not being made people became quickly disaffected.
This point was highlighted in an assessment undertaken by the Facilitator of the TWDP some ten months after the completion of my field work, but covering much of the period of the research. (Table 13) It showed that 65% who considered the programme good or better had only attended one or two meetings whilst 72% of "regular" members considered it to be average or below.

<table>
<thead>
<tr>
<th>Table 13</th>
<th>Type of Parent Organisation</th>
<th>Responses</th>
<th>Limited Attendance</th>
<th>Assessment of the Planning Process and the value of participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Social Services - Purchaser Provider</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Health Services - Purchaser Provider</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Local Councils</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary</td>
<td>36</td>
<td>11</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Private</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Users/Careers</td>
<td>14</td>
<td>8</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Elected Council Members</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
<td>49</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

TWDP - Evaluation of Community Care Planning Process
February 1993 (Compiled from original responses)

It had been the LTM's plan to create a Locality Core Planning Group by enlisting LPG key members from the care specialism groups to partner him and the VSC in directing and evaluating overall training values. He had no success in recruiting anyone so he co-opted a local ward County Councillor (CC), who served on the County Social Services Committee and came to these meetings out of personal interest, and myself, as being the only two people apart from himself and the VSC who attend all of the meetings. He used the CC as a confidante for policy and managerial issues and used me as a sort of theoretical sounding board. It was ultimately the association with this group that brought about a seed change in my thinking (LTM) ... I was feeling something like a disabled captain on a ship ... I needed to listen to my chart crew ... that's you, VSC, and CC ... I sensed confusion and frustration in the chart room ... which led me to say where are we headed for, what is my purpose ... the group were also expressing a level of disenchantment and were looking for their own versions of where we ought to go ... made me realise it is too simplistic to carry on as we are ... CC showed me that I needed to take a lead ... to remember this is the Social Services Care in the Community plan ... so hence the seed change ... a new approach ... if people can't live with that then I can't do anything about it. That's the way it is going to have to be.  

This change of mind heralded a much more prescriptive approach, but as this position was only reached in mid-March 1992 it really had minimal effect on the training and interactional process prior to implementation. Its major effect was to expose to the LTM's past failure to release information in time for people to learn how to live with it.
This exposure was most starkly illustrated, when at the March 1992 meetings, with just days to go before implementation, he eventually unmasked his retention of information, much to everyone's consternation, by producing the evidence and declaring this is how it is going to be. What had actually happened was that following a series of Area workshop in late 1990 the LTM constructed a chart in January 1991 which he entitled "Community Care - the Possible Shape of Things to Come". We added to this at a number of our staff training sessions and I eventually put in on the wall in May 1991. It clearly showed the purchaser - provider split and indicated how staff were to be allocated to different units. By extrapolation it provided information about the future structure for the Locality Team and by implication showed how some of the lines of interaction with other agencies could be constructed. When I questioned staff about it during May they retorted well that's just guesswork ... its only the result of a management game. (Social Worker)

The really significant act was that at the commencement of the LPG meetings in September 1991 it was covered up and never referred to until the "seed change" meetings of March 1992. Inevitably this disclosure generated considerable criticism with some believing that it went as far as being a conspiracy to keep non-statutory bodies in the dark. I was simply gob-smacked - and so mad I could have hit someone (Private Sector Manager) However, whilst this was undoubtedly a major error in judgement, I found no difficulty in accepting the LTM's explanation that he believed this was only a proposition that had never been confirmed, and that there was no sense in adding more to the speculative thinking than what already existed.

What it mainly confirmed was his preference to use a soft or non leadership role in the training arena. Which ever is the correct reason, or whether it was ultimately forced upon him by a succession of Departmental directives that could not be ignored, it considerably contributed to the fact that the outcome of Santon's Locality training was that no tangible progress was made to the processes of inter-organisational interaction. What it also meant was that most of what preceded this change, except for the "5% local gloss" to the Care Plan, did not become part of the cumulative knowledge base of the Locality Team.

9.2.3 Departmental Influence

The original County document (1990:37) clearly identified Locality Teams as the operant unit of service delivery. In doing that it said, "the production of the Community Care Plan, the management of the Community Care budget, and the delivery of care packages" was delegated to Locality Teams. This implied they had been given the discretionary space to interpret, construct and develop their own
systems and structures to fulfil local requirements. It was also based on the assumption that LTM's and other key local staff were able to undertake these roles. Certainly the majority of the training was based on these premises. Even the Department's central Training Unit tailored all our courses to the Area and Locality assessments of their own needs (Training Manager) and the TWDP and LPG were dominated by examining local developments. It was therefore not surprising that opposition was voiced, especially from non-Social Service sources, when it was thought that the Department, without a by-your-leave, impose their edicts on us ... they are just taking away the freedom they gave us in the first place (Manager Voluntary Sector)

However justified this may have seemed to those desiring real local control, it was becoming more obvious that the soft modelling learning process was leading nowhere. Even the LTM admitted we haven't moved off square one. They did help to unify people's perspectives about many caring issues but they signally failed to generate the organisational responsiveness or create the systems and methods the Locality needed to lead a collaborationally active care network. In a way they exposed the shortcomings of both past and present management training and highlighted the lack of strategic knowledge and business acumen officers of LTM status and below possessed. Consequently the Locality was not initiating any movement in their own learning cycle. This meant their contribution, by way of feedback, was both limited and ineffectual, failing to inform any of the wider strategies being devised by the Department.

The effect of this was twofold. Firstly, all new initiatives came as directives from the Department, and this led secondly, to the Locality learning cycle being predominately activated by external stimuli. Fig 34. shows that Departmental training and management strategies impacted upon the Locality by adding to or directing its knowledge base (Organisational intelligence) and authority (Rules of agency) respectively. Policy directives such as; case management and assessment models, the purchaser - provider split, and lead agency strategies, not only increased Locality knowledge but gave
them the authoritative framework they were happy to use as their platform for progression. Management and administrative papers relating to such issues as, financial allocations, targeted need groups, and most importantly the "Locality Ground Rules", were instrumental in determining the boundaries of Locality authority and in effect wrote the rules for inter-agency interaction.

The training strategy was mainly constructed between the Department, operating through the DMG and TSG, and the Training Unit Manager. Course content was determined by balancing the legislative requirements with the Department's [political] interpretation of the legislation and the attitudes and knowledge staff required to meet their new responsibilities. (Training Manager) The co-ordination and monitoring of training was effectively delegated to the Area Directors as part of the general management strategy for localised operations. The Area Director required her staff to have sufficient budgetary awareness to move from the "demand led" traditional view of social work to being able to look at wider policy issues and to tolerate the idea of "value for money". It means they have to make choices on financial and policy grounds and be able to expedite them. She considered their skills in handling these management functions were essential to enabling them to cope with the complex interface of multi-disciplinary care provision.

Even though it was generally accepted that this was the type of focus that had been missing up to now, the fact that most of these directives were not issued until the early months of 1992 caused many to question the reason for the delay. Sceptics thought it was a deliberate ploy whilst others said it only shows the level of Departmental incompetency. (Social Worker) Either way succeeding edicts came as bombshells ... we didn't know it was going to be like this (Case Manager), and they provided virtually no time for either the Locality Team or their local partners to adjust their thinking or their actions prior to 1st April 1992. This was not helped by the LTM's penchant for withholding information. The previous leisurely and friendly learning environment changed to a mixture of panic and anger. I just felt I couldn't take any more (Social Worker), Even though I was in the thick of things I was being more and more marginalised, I felt I was isolated from the real action. (VSC) Locality Team learning therefore took a quantum leap from the conceptual stagnation of the latter part of TWDP and the LPG's to became highly prescriptive where the LTM was forced to declare to the LPG's as from the 1st April this is the way it is going to be. Even though it was very late, from that point Locality "cumulative learning" became predominantly informed by rules and regulations.
nullifying the legitimacy of local reflection on the purposes and effectively removing responsibility for operational outcomes to the Department or Area.

Whilst this offended some it was what many had been waiting for. *You just have to be realistic ... all this talk about everybody doing it their own way ... that is no more than chaos. We have to have leadership from the top, that way we all know what we are doing. You can't have the tail wagging the dog.* (Mental Health Social Worker)

Certainly the fact that definitive rules and prescribed systems had emerged gave most Social Service staff a greater degree of confidence in their own roles. Whilst clearly accentuating the divide between purchaser and in-house provider roles the "ground rules", by prioritising in-house services, ensured that the same cultural values were still shared by both arms of the service. The problem with that is that it effectively countermanded much of the "free interactive" learning that aspects of the training programme had spent months in developing.

At this stage I was finding it difficult to keep a constant perspective on what was happening. The administration implied that training was aimed at achieving closer relationships with care partners but in reality Departmental interventions were presenting a perversion of this initial intent by limiting interaction and internalising most of the care process. I was not able to determine how this situation had arisen. With all of the investment given to training it is inconceivable to believe as some claim that *this was all a big con just to keep us quite while they cobbled it together to fit their own purposes.* (Consultant) Objectively one must consider that it arose from one or more of the following:

a. A belated and unannounced political decision by the County or central government to change the basic concept of the "seamless service",

b. A fundamental breakdown of relationships with some or all of the partner agencies at some higher level,

c. The only course left open to the Department because of Localities failing to prepare themselves to meet the April 1992 deadline

d. Failure by the Department to clarify a general framework for action and the consequent late production of strategy statements.

My own assessment, which I draw from the evidence given herein, is that it was a combination of d) and c) which became manifest in b) as the processes faltered. Notwithstanding this it was obvious to all concerned that despite their lateness these incremental contributions from the Department were to be taken as the required
organisational learning, for as was said in another place - "this is the way it is going to be".

9.3 Learning Empowerment

In retrospect it seems rather sad that a programme that started with notions of empowering individuals and organisations to learn the processes of local interaction retracted to such a level of prescription. But it was interesting to observe that even given the freedom to follow an interactional course the culture and power interests of individuals and organisations proved to be almost insurmountable.

The TWDP Co-ordinator, possibly because of his personal experience with both statutory giants, was the leading advocate of seeking closer organisational interaction. He was the driving force behind TWDP. He encouraged the formation of the Joint Trainers Forum and was active in a number of inter-agency initiatives. *It is my job to lead on ensuring that we do this together and that the Health inputs into the Community Care initiative are actually carried out as previously agreed by the Joint Care Planning Team.* As an aside, but one which signposts a significant anomaly within the general approach to interaction, I found it highly significant that the Health Services dedicated a senior manager to such a role, and yet, none of the other sectors did!! However to resume - together with the Facilitator, he insisted that preparation for interconnectedness needed a robust learning framework that went beyond simple instrumental learning to allow individuals to discover and confront the problems posed in inter-organisational working. Some claimed they shared the vision, *for we will need everyone to learn if we are to bring about any worthwhile transformation in our actions and attitudes.* (AAD) But there was little tangible evidence that LTM's and senior managers were prepared to let go of their old ways and actually empower individuals to take control of the organisation's learning. *One must doubt if they even thought of it in those terms (Facilitator)* because this makes the assumption that their own role as learning developers had advanced to this empowering state. The bulk of available anecdotal evidence would deny this. As the Co-ordinator reminisced; *In preparation for the annual report I asked them [senior managers and group leaders] to look at their own learning and their achievements and to comment on them ... and what came back from most of them was, "what's the difference" ... and in fact when it actually came to it they could not differentiate between the two!*

Despite the supportive rhetoric, when learning stimulated changes challenged the Social Services perception, management's first reaction was invariably to favour a dysfunctioning of the learning by unilateral withdrawal from the situation. This was
evidenced in the LTM's disaffection over the "purchaser/provider" authority; the Area Director wanting to discontinue the TWDP because of User/carer involvement; and other LTM's determination to discuss our own agenda, not one chosen for us by non-Social Service interests. (Billet LTM) However there were those who believed that a more prescriptive direction would empower them to become more self-developmental as it would obviate the appalling waste of time we spend on inconsequential trivia (Case Manager) Case Managers and others considered they were empowered more by the delegated authority we have been given than anything we have learned. It doesn't depend on what we know, it depends on our responsibility to work according to the rules and regulations. (Case Manager) Even the Co-ordinator expressed some reservations that parts of the programme, right from the government down, have been under-prescribed ... too much left too loose, is a poor investment to actually make the process happen. As some of the preceding comments have shown generally people felt uncomfortable with too much freedom with the consequence that much of their learning experience was diminished. There was some evidence, especially among LTM's and Assistant Managers, that too much independence was not wanted. It leaves us too much on our own ... we are part of the Department ... we don't want to be hived off. (LTM)

This dualistic response to learning empowerment was clearly influenced by both individual preference and structural determination. However it did seem obvious that these were themselves influences by the organisational cultures that different individuals belonged to. The Co-ordinator explained that coming from one agency to another ... I am still surprised at the strength of the culture that is held within, and how different they are one from another. It is the culture that holds people together ... despite the differences ... it is so powerful it would be quite remarkable that anybody at first-line or below would actually want to break out of that. I feel we need to take them out of these cultures ... that dominate them, and which they constantly go back to, ... if we are to achieve any unity in the work we do. It was in this cultural divide that differences in the desire for learning empowerment became most evident. Health Service staff were much more positive toward the notions of self-development, learning empowerment and responsibility for their own learning. The culture of professionalism and domains of activity and personal boundaries is well founded in the Health Service. There is an established pecking-order ... we have a lot of experience in interaction within and across our own boundaries and a lot of frustration in searching for empowerment through advancements in personal learning. (Consultant Psychologist) The culture of Social Services was clearly different and was based on internal consensus and unified action. We try to work as peers, if you went into most offices you would be hard put to recognise the managers from the social workers from the admin staff. We really are team people.
They looked for direction from the higher levels of management and accommodated the encultrating prescriptiveness of the learning processes as the norm. It was therefore unsurprising that the comparative interactive enthusiasm of the leaders of TWDP and Health Service management overpowered rather than empowered their Social Service colleagues who so often retrenched into their more favoured reductionist modes of learning.

9.4 The Learning Achievement!!

The main value of the case study method is that it enables what the actors have done, and how they did it, to be exposed for all to see. Whilst this provides all the critical data it is the effectiveness of the analysis that shows what has been achieved. In this case that analysis needs to show what has the Locality learned? However with the rather messy and ill-defined situation described above, riddled as it is with contradictions and confrontations, finding a suitable analytical tool or framework to ascertain what had been learned was quite is no easy task.

9.4.1 The Analytical Framework

Even though the subject of learning organisations has been developed in a voluminous literature, mostly through organisational and management development schools, much of what there is tends to concentrate on theoretic rather than applicational issues. Of the research that has been undertaken Senge's "system thinking" (1990) approach seems too esoteric for any analytical application. Handy's "rule breaking" notions (1989) also lacks any clear applicability and Megginson and Pedler's (1992) much more comprehensive "eleven dimension" test system were both too internally oriented. The case study research of Gill and Frame (1990) which dealt with crisis situations requiring acknowledgement and adoption was only partially suitable being mainly concerned with individual learning. Even Pedler et al (1991) with "101 glimpses of the Learning Company", whilst interesting, is so anecdotal it tends to confuse rather than clarify. The most apposite framework was that suggested by Harrow and Willcocks (1992:75/6) as an advancement on their own analysis of earlier research work. They based their assessment on what they saw as the three critical domains of public service

Fig 35. __________________________________________________

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<thead>
<tr>
<th>&quot;Domain&quot;</th>
<th>Perspectives</th>
<th>Perspectives</th>
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<tbody>
<tr>
<td></td>
<td>Internal</td>
<td>External</td>
</tr>
<tr>
<td>Service</td>
<td>Assessment process</td>
<td>User relationship</td>
</tr>
<tr>
<td>Policy</td>
<td>Contract culture</td>
<td>Inter-agency networking</td>
</tr>
<tr>
<td>Management</td>
<td>Resource control</td>
<td>Resource allocation</td>
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Learning Achievement Framework
management activity namely; "service", "policy" and "management". These seem to be particularly appropriate for any examination of Social Services systems and practices. They also suggest that each "domain" is directly affected or is specially responsive to inward and outward stimuli thereby requiring analysis to consider both internal and external perspectives for each domain. By applying this framework to this case study a matrix of critical elements emerges that provides a framework for analysing learning achievement. (Fig 35.) I readily accept that any such list, must by implication leave out as much as it includes but these six points seem to offer the advantage of not only covering the departmental objectives for Care in the Community implementation, they embrace most of the learning outcomes specified by the TSG and both first and second year objectives of the TWDP. They also constitute the main contextual and processual components that explain the strategy needed for the Locality to manage the changes it faces in the new operational environment.

9.4.2 Assessment system

The work of the "pilot project" enabled the Locality to design an assessment system (Fig.36) that provided the greatest degree of flexibility whilst maintaining a high level of professional specialism. The system was operant of 1st April 1992 and was fully understood by the Team. User information sheets explaining the assessment system and the appeal process to the County Commissioner had been distributed. Team members understood their roles and felt confident in using the process. Internally the process was viable. The pilot experience had enabled them to make the assessment forms more user-friendly and much more informative, but the Locality had still not defined these procedures with external assessors such as GP's and other professional and lay advisors. This is something we have yet to tackle ... it has to be a priority for after April (1992). (LTM) But it was obvious the team felt comfortable with the level of learning they had attained in this function for as one of the CM's said it is straight forward ... we are following the classic social work procedure: identify the problem, assess it, identify the options for change, treat it ... it is simple, functional and logical ... and above all we know it works.
9.4.3 Contract culture

The new purchaser-provider structures and the necessity for providers to operate on trading budgets was explained in a paper from the Director in July 1991. That paper determined that from April to June 1992 all "trading" was to be limited to the "internal provider market". During July 1992 "the Department will determine a strategic purchasing framework ... to be used County-wide". (ibid:7) Only from 1st April 1993 will purchaser freedom be allowed to expand to other providers. As a result of this the Locality had made no attempt to develop any contractual contacts. Indeed, apart from saying that contract arrangements were to be introduced in the future, no mention of contracting was ever made at any of the sessions. There is no sense in this Locality attempting to go its own way when the Department is writing the script ... I am quite happy to leave it to them and meanwhile do nothing. (LTM)

The one contract management training session proved to be a complete misnomer as it actually dealt with service provision negotiations and never touched contract procedures. Therefore the sum total of Locality learning in the critical policy area of contracting was a directive from the Department.

9.4.4 Resource control

It was paradoxical that one of the dominant themes of the TWDP and LPG's was the availability and control of local care resources but all of the formal resource training and directives from the management hierarchy centred on budgetary control. Two factors combined to direct the actions of the Locality in this regard. Firstly, the core skill training in "cost-centre management" provided the LTM and LAO with a prescribed procedure for financial control. Secondly, the Director's decision to limit care provision to in-house sources, together with the announcement that current budgets were totally committed, meant that Locality involvement with budgetary control was in reality negligible. With the County Treasurer maintaining responsibility for the accounting and monitoring service the short term effect was to marginalise the Locality from the financial control system. The realisation that they had no authority to arrange service agreements or contracts and no finances to operate with prevented the Locality from exercising any form of care resource control. Even though they started to compile a computerised audit of care agencies serving the Locality motivation to further develop this was lost as they recognised their inability to use it. Learning was therefore actually stifled by the decisions of higher management and we are left in the position we started in ... no new action unless approved by Area. We can only do as we are told ... you don't have to learn much for that. (LTM)
9.4.5 User relationship

Following the impressive energy investment given to promoting User - Locality understanding it is reasonable to expect this to have provided one of the richest veins of effective learning. *The problem is there is no model relationship ... everyone is different ... we have learned a lot about the way the people we have met think, what they want from us, and how they want to be treated by us ... but that doesn't mean we know the first thing about how to deal with the very next person who comes through our door* (Case Manager) In addition to this sort of wisdom the locality did learn the value of User participation in their own assessment; the advantage of establishing clear and direct lines of “jargon-free” communication with Users and carers; the importance of using carers as "key workers" in care provision; and that caring for people in their community meant supporting them and the community to maintain their position. A later "Survey of Customer Needs and Views of Service Delivery” undertaken by the VSC involving interviews and questionnaires with 72 referred people between December 1992 and March 1993 published in August 1993 showed that lessons had been learned. 80% of respondents said they were able to contribute; 79% felt they understood what was going on; and 84% considered the level of support good. However the report did highlight that some staff members did not possess the inter-personal skills needed to establish and maintain good relationships. Whilst having talked a lot about ascertaining a "needs audit for the Locality" (LPG Minutes September 1991) nothing had been done. *This was just too big a task for us to tackle ... and we feared any public request for information could raise false expectations that we could meet all the extra need.* (VSC) The Locality therefore relied upon Departmental formulae based statistics, even though these calculations had been proved to be 50% in error in 1991. Locality learning in this area has proved to be effective resulting in the establishment of efficient communication systems and developing good staff attitudes. The LTM considers this needs to be further developed for; *the thing is, we now know how to deal with people, what we have never been very good at is showing them how they can best deal with us.*

9.4.6 Inter-agency networking

Even though the Department’s paper (1990:2/5) and most of the training scripts talked about networking with other care agencies the Social Services interpretation of what that meant was significantly different to the vision outlined in the White Paper (1989b). Locality thinking seemed unable to cope with anything beyond the emergent internal market. Purchaser teams perceived the network as being constructed only of the group of Social Service provider units they were designated...
to trade with. They appeared to have no vision of consolidating any of their current informal arrangements and acquaintances into co-ordinated systems, *after all, we really are too busy depending upon ourselves and trying to ignore what anyone else is saying to be able to work together with anyone but ourselves ... anyway I really struggled with it [the notion of coherent networks] (LTM).* There was effectively no reality in the considerable amount of talk about multi-agency planning and inter-agency operations and there was in fact an all too obvious lacuna in Locality learning regarding this element of Care in the Community policy. This was partly the fault of the Senior Management Core Group who made the erroneous assumption that because they had effected a *signal change of trust in our relationship* within the formal framework of the Joint Planning and Finance Board, *enabling us to become a very close group* that this could also be *modelled at the front line level* (Area Director). This totally overlooked the lack of any coterminous agency boundaries either in personal functions or delegated authority amongst the operational units. Unlike the Joint boards, there were no structural or functional linkages identifying any local inter-agency peer groups and consequently there was no arena in which local organisations had the opportunity to interact.

**9.4.7 Resource allocation**

This appeared to be a totally forgotten element at the Locality learning level. It was not part of their training agenda neither was it raised as an issue at any LPG meetings.

These six critical sections seem to show the strengths of Locality learning lay in those elements that perpetuated the predominant public services management values. They indicate not only that the Locality was willing, but positively encouraged many elements of the decision-making process to be delegated upwards to higher-level

<table>
<thead>
<tr>
<th>Question</th>
<th>Purchaser Staff</th>
<th>Provider Staff</th>
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<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Poor</td>
</tr>
<tr>
<td>How do you rate your understanding of User requirements and User relationships</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>How do you rate your understanding of the ways care agency need to interact to provide the full range of care</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>How do you rate your understanding of the way Care in the Community will be resourced</td>
<td>0.5</td>
<td>3.5</td>
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*Table 14.*

*Questionnaire Findings - 4*
management. This seems to me to show that the Locality was most comfortable with learning about service standards but found that policy and managerial elements imposed cultural challenges that they seemed keen to avoid. This was strongly confirmed from the answers staff members gave when asked to rate their understanding of a number of issues related to Care in the Community training. Table 14 is a compilation of five of an original nine questions but for comparative purposes are here condensed into the three areas approximating to the domain elements of the analytical framework.

9.5 Causes of Failure

It seems to me that the inescapable paradox of Locality learning was that the concepts of multi-disciplinary care provision were accepted and welcomed but the learning content was limited to dealing only with internalised processes that people were comfortable with but in actuality barely addressed the main issues of interaction. Locality learning therefore failed to realise the intent of TWDP or the stated strategies of the Department. Available evidence suggests this is mainly due to;

a. the lack of a convincing strategic framework which prevented participants identifying the operational roles they were expected to assume.

b. the failure to co-ordinate the time-tabling and content of different strands of training which prevented learning from becoming a coherent experience.

c. structuring training on desired outcomes instead of developing learning from current conceptual and skill levels.

In other words, the investments into the "why", "how" and "who" of learning, which can be seen as the basics for introducing indwelling change, was impaired by an over interest in short-term gains related to the "what" of content output. This was compounded by;

d. different management levels acting independently of each other so that decisions were neither harmonised with, or cognisant of, the learning programme.

e. participants not being briefed about their roles and responsibilities as learners or being appraised of what was expected of them.

f. a pervasive lack of discipline among individuals and organisations regarding training and learning.

g. too much training exceeded the capacity of the Locality to test and assimilate the proffered experiences into learning.
Ironically this leads to the quite staggering conclusion that the Department’s training initiatives proved to be more destructive to than supportive of Locality learning. The Locality rather contumaciously, and really by default, learned that there was no urgency for them to enter the interactional milieu of networking. From their protracted consultative training with individuals from the other caring sectors during 1991 and ‘92 they learned that their lead-role status was undisputed but that other agencies had no great expectancy for Social Services to behave in any way different to what they had in the past. (Voluntary Manager) They were under no pressure from the Borough Council mainly because councils were waiting for the government commission to announce the local government changes for the county. As officers from the council said, there is no sense in rocking the boat until we know who is going to be running the show in the future. And the Health Services seemed reasonably content with maintaining their influence at higher management levels to be overly concerned with what was going on in individual Localities. (Health Service Manager) Neither was there any directive from the Department concerning this matter. Consequently the Locality had no immediate imperative to develop networks, to co-ordinate care delivery, or encourage wider use of the voluntary and private sectors. (HMSO 1989)

The Locality also suffered from the wholesale failure of the cascading strategy of the training programme. Training of key players, LTM’s CM’s and Provider Unit Managers, was so disrupted by cancellations and delays, and the fact that managers couldn’t understand where skill modules fitted into the scheme of things and many came on the course not to learn the modules but to find out what their jobs were supposed to be about. (Training Manager) meant they were not themselves equipped to properly inform others. Even if they had been in possession of the requisite information it was still necessary for them to meet their current work obligations and therefore they had little time to devout to the cascading function. Despite their willingness to accept responsibility for cascading as a management function their understanding of their role as the learning helper and their ability to assume the position of instructor, coach, or mentor was negligible. Therefore their most honest efforts tended to be ineffective. Consequently it was not surprising that much of this part of the training programme was not only ignored but evoked criticism. This rather caustic comment of one doctor poetically summarises many expressed concerns;

*this is a conspiracy of the powerful and ignorant leading the blind and naive toward a destination they know not where, and that only the very powerful will be glad to arrive at and everyone else will wonder what the heck they are doing there.*
The work with external carers and providers appeared at first to be more fruitful but the non-representative nature of those attending meant that much of the input failed to go beyond the first contact and therefore even here cascading came to an abrupt end.

9.6 An Analysis
I have long since overcome any simplistic notions that this work could definitively prove anything about the processes of learning how to interact. I now quite thankfully accept that whatever credibility it can achieve is dependent upon how the reader empathises with the described experience and whether the conclusions arrived at correspond in any way with those that I have so presumptuously append herein. In a way this gives me a degree of confidence that has been elusive for most of the research period and helps to overcome my fears at offering this analysis. In accepting that it is my understanding that is now exposed and recognising that my lack of understanding is just as likely to impose conclusions as it is to draw conclusion from the circumstances I have been privileged to observe, I am confident that discerning readers will have little difficulty in identifying that which is counterfeit and rightly disregarding it.

One could too easily dismiss the experiences of the Santon Locality as an abortive exercise. In the short-term there is little discernible gain and even less evidence of indwelling changes to systems, processes, procedures or culture that make them compatible with the new operational environment. The rather plaintive question of well were do we start from a CM on the 1st April 1992 at the first meeting of the new Locality Care Unit more than adequately confirmed their own lack of confidence in what they had been learning. But what needs to be remembered is that individuals and organisations willingly subscribed to the concepts of working together and expended much honest energy in seeking ways to make it happen. Executive management honestly created opportunities and provided a plentiful sufficiency of mechanisms aimed at facilitating an effective learning process. The fact that it seems to have gone wrong can, as some have alluded above, be ascribed to covert power agendas, to incompetence, to panic, or simply to bad luck. These are issues that undoubtedly need examining but are strands that have not formed part of the main focus of this thesis. However the underlying strength of the process, enacted as it was with much good will, lays in the positive lessons that can now be drawn from what were apparent failures and the way negative actions actually pointed the way to correct practices.

As Fig.34 (above) shows, Departmental management and training strategies were linked so that a deliberate policy statement of intent was established. Training had been jointly specified in detailed negotiations between the Department's Training Strategy
Group (TSG) and the Training Unit and an overall policy determined. Thereafter the Training Unit was solely responsible for delivery but as the Manager explained; *Trying to deliver a central specification in Areas with different styles of operation is causing us a lot of difficulty.* The training strategy's impact was designed to expand organisational intelligence (Fig 37) so that it stimulated a mobilisation of Locality purpose and learning that was capable of internally developing and owning the operational rules that enabled the Locality to function (Area Director) and direct the inter-agency network environment of Care in the Community. This should have generated a simple single loop dynamic linking policy and operations into a unified learning process. However this didn't happen. It was disrupted because the trainers not only had to contend with differing Area requirements but increasingly had to deal with management strategies that seemed to be working independently of the training process.

![Fig 37.](image)

The Locality/Trainer Loop

The Department's disposition for concentrating on outcomes proved instrumental to their failure to articulate an overall training framework. This failed to establish the contextual and operational linkages that left far too much of the learning process open to conjecture. This initially gave the impression that operational units and training providers had been given the widest discretionary space to determine their own purposes and objectives. However management's independent actions both at Department and Area level proved this to be a false premise, causing much local consternation. It soon became clear that managerial direction was "usurping" what little local authority they thought they had by interjecting (Fig 38) at the very point of Locality decision-making. The Department effectively nullified the local learning process by taking unto themselves the determination of the rules of engagement for networking. The fact that this was diametrically opposed to the previous stated policies of higher management was of seeming irrelevance. It resulted in Localities being denied even the little opportunity they had taken in promoting local inter-agency interaction. One of the immediate repercussions was that this actually bypassed the training units so that contradictory, or at least incompatible, information was now being fed into the Locality learning cycle at two

![Fig 38.](image)

The Locality/Department Loop
different points of access. The combined effect of this was quite damaging and was exacerbated by the fact that information was continually fed into the Locality at times that were most convenient to the Department and the Training Units but with little regard to how this new data equated to the current state of Locality learning. The resulting two learning loops were therefore quite separate and, as it proved, incompatible. In practice their combination resulted in the Locality learning process being brought to a juddering halt. This is most graphically illustrated by adopting the metaphorical perspective of viewing the three separate cycles shown in the Fig37 and 38 models as cogwheels in a gear system. With both strategic forces giving impetus to Locality learning (Fig 39), but in differing direction, as they intermash they jamb tight. The immediate effect was to isolate the Locality energy involved in determining their own purposes and learning, which they believed they were authorised to progress, by marginalising them from the mainstream of the decision-making process. It was this that gave rise to so much of the criticism and dampened much of the local enthusiasm.

However if there in any truth in the old adage that we learn most from our mistakes, then we have much to learn here. In fact the first lesson is that much of what was put in place should have worked. It seems to me that whilst many symptoms can be identified, blockages to Locality learning were primarily attributable to only two deficiencies in the management strategy.

Firstly, departmental focus should have concentrated on providing the clear managerial direction that is a recognised prerequisite to installing an effective overall plan for learning. This would have rightly involved management in the transformational purposes rather than simply concentrating on the incremental outcomes. This would have given the Locality a conceptual framework that enabled it to make sense of the training inputs and the confidence to develop them into accredited learning. Middle management needed to be empowered at the Locality level with the ability to determine their own "rules of engagement" with other care agencies as this appears to be the only feasible way a local network based on local agreement could be developed. Secondly the Department needed to overcome the chaotic nature of so much of the
learning process. What was needed was for management to take a specific responsibility for co-ordinating both their own and the training inputs so that they maximised the benefit to the Locality.

It seems to me that this could have been a function of the TSG. Instead of being "stood down" after determining the specifications it could have co-ordinated the process by acting as a quasi-agent for both the Department and the Training units. In this scenario the TSG would be the link between the Department and all the different training providers. The TSG would also act as monitor and training advisor to the Localities. The TSG would therefore be in the critical position to ensure that management and training information was compatible and that its delivery to the Locality was made at the optimum point for Locality development. This would also obviated any tendencies for the dangers of group-think to take the Locality off course by exercising the sort of leverage that maintain the core disciplines and control the creative tensions of organisational learning rather than letting them get out of hand. I therefore think it reasonable to assume that this more structured approach would also instil a greater individual discipline into the process and therefore improve its effectiveness. Fig 40 shows the effect of making these two changes has on the Locality's learning cycle. Management and training cycles now impact upon the Locality in a way that mobilises the learning process and by continuing to have direct contact gives the Locality the opportunity to check and test their learning within the strategic arena. It is suggested this would encourage, authorise and empower the Locality to learn and should constitute the type of support necessary to enable them to function independently. This seems an advancement from the point made by Harrow and Willcocks (1992:72) that "the responsibility for encouraging organisational

Fig.40.

The "How it Could Have Been" Model for Locality Team Learning
learning ... rests with senior management" by showing that management has an essential and continuously active supportive and directive role to play if the learning process is to remain dynamic.

Whilst it is not suggested that this one manoeuvre settles all of the problems that have affected Locality learning it should allow the Locality to identify a role and recognise the legitimacy of its own authority so that it can take an interactive place in the local social landscape. This would permit the Locality to act with a wider degree of openness more likely to promote successful social connections. Equally individuals and organisations would have a greater confidence to expend energy in experimenting with establishing role functions away from the stultifying environment of the policy domain.

In addition to these structural changes attention needs also to be given to some facets of the delivery process. It is a matter of some importance to seek ways of dealing with the failure of the cascading of training and to overcome the shortcoming of managers as trainers. Also the intensity of the training package needs rethinking, possibly as the Area Director suggested by the use of "bridging locums" to free people up so they have time to experiment. I also recognise my analysis mainly addresses the internal processes of learning within Social Services and has done little to directly effect the formulation of inter-agency working. However one cannot ignore the lead-role the Locality has, and is expected to have, so I feel that if the Locality training could have been mobilised in this more co-ordinated way some of these problems would have rectified themselves and others would have had less impact on the learning outcome. It is also likely that problem areas would have been recognised at an earlier date so that remedial action could have been initiated before the problems took on the aura of insurmountability.

Wider issues such as the interpretation of the legislation and the selection of training systems, whilst clearly affecting the type and style of training, have not been questioned here, as they appeared as a given in this situation and are based on the sort of executive management decisions that will be specific to every case that is considered. It is from these givens that the learning experience emerges. In this case, despite a number of obvious failings the learning experience was extensive. My main doubt is that most have not realised what they have learned. My impression is that instead of analysing their experience and using the findings as a platform from which to progress, they too readily wrote-off what they saw as failed experience, possibly as some form of escapism, and tended to start everything again from scratch. This is sad
as I submit that in spite of the failings the experiences in this Locality have identified a practical model for organisational learning that is directly related to inter-agency interaction. This model does offer a substantial platform from which to build, mainly because it has constructed itself from hard won experience. Encouraging as this is it only points more clearly to the main purpose of this thesis by posing the questions; what indwelling changes were achieved from locality learning?: and did it achieve the "deutero learning" ability to learn to learn how to interact?

9.7 Indwelling Changes - The "Learned Organisation"

In my notes of one of many meetings I wrote; "The secret of finding what you want, is knowing where to look and knowing what you are looking for!" I am not sure whether this a quote or whether it was my thought at the time. It comes now as a timely reminder that in regard to this issue of Locality learning and searching for what indwelling changes have expanded the Locality's stock of knowledge it is too easy to follow others and look in the wrong place for explanations of what happened in this Locality. Again I think it is necessary to read between the lines of the mistakes and non-recognitions to discover the realities of this experience, but it can only be discerned if viewed through a compatible perspective.

Looking at Locality learning simply in terms of most of the currently acceptable "learning organisation" models it is too easy to come to erroneous conclusions. Much of the learning organisation literature is of an entrepreneurial flavour and espouses a type of opportunistic exploitation of individual manager's strategic adaptability. In this sense the learning process is both seen and used as a bottom-up empowerment of the organisation from expansion in the abilities of key staff members. So much of the learning organisation system seems to be directed at generating a sufficient level of flexibility and innovatory thought through internally induced learning processes to counter external uncertainties of risk, change and competition. Whilst the proposed strategy for learning may be long-term the operational implementation is specifically involved in short term and incremental values. Learning organisation theorists extol the rapid turnover of knowledge wherein current knowledge is transient and only retained until replaced with the next acceptable intake. The essence of the Learning organisation therefore is to be skilled in knowing how to learn, rather than relying upon accredited knowledge stocks and seemingly considering previous knowledge as being static and disruptive to innovation and development.

It was Harrow and Willcocks (1992) who challenged the tide of opinion that seems to arbitrarily advocate a change to private sector methods and consumerist priorities for
the public services. They questioned the validity and utility of private sector learning models by suggesting that they could actually retard public sector management learning. (ibid:78) It seems to me that the evidence of this case study supports their findings and shows that quite different models less associated with risk and opportunity and more concerned with stability and reliability are needed for public sector organisational learning. "Learning organisations" we are led to believe, incrementally adapt or change policy according to their current state of learning. What was evidenced here was that organisational learning was expected to be determined as an integral part of policy. The expected internal dynamic was therefore mostly about individual abilities and professionalism being liberated from within a secure framework consisting of regulatory controls and structured inter-relational mechanisms that pro-actively promoted the social perceptions of service, effectiveness and security with personal stability. Learning was therefore much less an opportunistic occurrence but was structured around two distinct learning processes working side by side; the individual development of professional care knowledge, and organisational procedural learning.

It was significant that none of the strands of the designated training dealt with care skills and it was clear that management and practitioners accepted that the care competence of the professional and technical staff was deemed adequate for the purpose of Care in the Community and it was accepted that individual’s would assume the responsibility to keep those competencies up to date.. As the AAD said, after all it isn’t the actual caring that is changing ... you will do that as you have always done it ... it is the administration and management behind the care that has to change ... and that is our job. It was equally clear that staff not only expected, but wanted, the organisation to provide the regulatory controls that furnished them with the authoritative framework, and set the precedents, for their own actions. Whilst content with establishing their professional acquaintances they required management to determine the rules of engagement for all the formal network arrangements. This was not seen as being in any way restrictive, but this was the expected minimum level of support that enabled them to function. It was this that possibly explained the general disinterest in the conceptual and organisational elements of the training programme. They expected others to deal with this. This is the culture of the "learned organisation" and the climate organisation members were used to and wanted to retain. It would be wrong, as some seem prone to suggest, that this was just a form of behavioural distortion that leads to a negative acceptance or capitulation to enculturational forces. (Jarvis 1985:225) It seemed to me to be a positive statement that was saying, "define my operational space". This is quite different to learning organisation theory as it
specifically sets out to minimise personal risk and reduce the need for the sort of individual selfishness, that Handy considers so important (1989:181), by generating the social and personal securities that actually empower individuals to maximise their contribution to the delivery of a stable and effective service.

It was clear from this case that Locality practitioners and management relied upon being able to draw information from the indwelling stock of knowledge enshrined in Department and Area rules, conditions, precedents, systems and procedures. The Social Services tradition of case meetings and the propensity throughout the training programme to create forums and working groups indicated a considerable reliance upon organisational input to confirm personal decisions and validate individual actions. There was a general willingness to rely upon the organisation to provide resource data and needs requirement information. *It doesn't matter who you are ... no-one can attempt to know all that ... what we need is to be able to gather information when we want it.* (CM)

It was from this centrally validated knowledge that individuals legitimated their own actions. It also cemented their unity of purpose for as the LTM said *it must always be remembered that we are part of a statutory service ... our job is to provide effective care ... we achieve this not by being individuals but by being part of the Team effort controlled and directed by the legislation and the policies set by our masters.* In some senses the Locality was therefore perceived to be the bank of knowledge that resourced and authorised individuals to act. The evidence from the training programme which showed a constant search to discover what the Department wanted of them, is indicative of individual reliance upon a top-down directed working environment.

Paradoxically it was this reliance upon the organisation for information that exposed the cardinal weakness of the training programmes. The decision-making processes were never able to keep pace with the scheduled training to such an extent that firstly people were not able to learn because the information was not available and secondly they began to lose faith in the Department, the Area and the Locality, as their supportive "learned organisations". What became clear was that executive management had either got their own training wrong or they had their priorities wrong because it was clear that they were unable to deliver the direction required, and expected of them, to provide the knowledge resource needed by the Locality Teams at the time it was needed. It seems to me they forgot that they occupied a critical position in the learning system and that they needed to keep pace with it as much as it needed to keep pace with them. But it also seems clear that if these elements are corrected and harmonised it does provide the capacity and ability for the organisation to become "learned".
I submit that this notion of the organisation being a bank of indwelling knowledge that empowers individual members by legitimating their operation space and ensuring that knowledge is available when needed, sketches a very different model of the learning organisation than is currently in vogue. This internal empowerment is much more stable that the “external injections of power” that appears to be the conventional thinking about personal empowerment. (Long 1992:275) Neither is it solely reliant upon simply becoming a "listening organisation" (Argyris & Schon 1978:61) reacting to its elements (Villarreal 1992:265) in some show of democratic responsiveness. I see it as a proactive alignment of individual and organisational learning cycles in a process of symbiotic dependence that expands and empowers both in their mutual support of each other. It possesses all the dynamic learning directiveness of the entrepreneurial models, as it benefits from a similar set of individual inputs without the underlying risk of being dependent upon the learning capacities of key members. By having the flexibility to acquired knowledge and to assimilate that into the rules and procedures or developing them as precedents for action, inputs are transformed into an indwelling knowledge base that creates the "learned organisation". This gives the high level of organisation stability that is needed within the public services whilst creating a potential for dynamic growth that is capable of dispelling some of the more static features associated with bureaucratic structures. Whether this has any generalisable shape for public sector services I must leave to others to decide. Possibly there is too much variation for one model to suffice, but this experience was not limited to this Locality alone. What I saw here I also witnessed as being the desired pattern in the other units I occasionally visited and had dealings with. Even if the notion of a "learned organisation" is unconvincing, I suggest it at least provides a general warning to those who advocate a blanket adoption of private sector learning systems, that as far as care services are concerned, stable internal learning environments built on the indwelling knowledge of the organisation is the essential support needed to provide an effective service to what after all is the rather unstable demands of the need population.

9.8 Learning to Learn how to interact?
The evidence from this case study may not provide the conclusive outcomes that allow one to definitively say "yes you can" or "no you can't" learn to learn how to interact. But by looking just a little further, and using the evidence before us, we can see that the efforts of over two hundred people attending sessions of the TWDP and one hundred participating in the LPG meetings at the locality indicates that many people came believing that they could learn something and that they were prepared to work at preparing themselves. The way that most caring agencies accepted the broad concept,
if not the detail, of inter-agency networking was also evidence that many believed that collaborative structures were the way forward for the care service of the future. The lessons learned from this case study, despite the apparent failure of the process, is that if organisations truly seek to learn how to interact they need first to get their internalities arranged in ways that are conducive to inter-agency action. They cannot simply stay as they were and expect just to meet where they fit. They have to be determined to change their internal practices and policies in ways that ensure harmony with their partners at the point of operational interaction. This goes beyond the sort of independent inward and outward learning loops that Harrow and Willcocks (1992:77) describe by suggesting that emphasis must be given to the internal process as the only legitimate means of dealing with outward purposes. They must learn what functions they are authorised and capable of undertaking so that they are able to establish their role position within the network on logistical grounds rather than relying upon mere opportunism. It is suggested that it is only such a proactive approach that will enable the participative strategies of networks to maximise creative contributions whilst properly dealing with, and not trying to ignore, the conflicts of interest that inter-agency working generates. This in turn means that time and energy must be used to cement relationships through co-ordinated effort directed at finite issues and problems and not be content with merely advancing personal acquaintances. They will need to learn to see issues in terms of maximising the cumulative network strength, and not self-enhancing competitive advantage, by constantly seeking to close the gap between joint intent and individual action.

Networks by nature are temporary arrangements that only exist on trust and mutual interest. Trust is only likely to be achieved when the network is so constructed that it protects the individuality of the collaborating agencies whilst generating a confidence that each partner is willing to fully contribute to the pursuit of their mutual interest. In this study that trust has been subjected to some quite severe strains but the continuance of the hard-core membership at meetings shows that it has not been irreparably damaged. What needs to be restored is not so much their trust in each other but to provide other agencies with the evidence that the Social Service Teams have the competence to offer a credible leadership to the network.

In the light of this case study I have to disappointingly admit that I cannot say if it is possible to acquire the "deutero learning" capabilities of learning how to learn in relation to organisational interaction. Much of the evidence would suggest it is possible. I think this case study has shown that organisations are capable of learning and they are capable of interaction. But with so many of the experimental elements
needed to test this premise being aborted and others not even being attempted one cannot as yet perceive how the critical actions of role definition can be determined outside the real interactional situation. What can be said is that interaction is a learning process in itself and will only be enhanced if organisations and individuals approach new interactions with an understanding of the learning process and are capable of assuming their full responsibilities to and for that learning process. To this end this case study has provided a significant organisational learning model and a set of principles that advance our understanding of this complex issue slightly beyond its previous theoretical status to what I can only call a semi-practical application.

Therefore in addressing my own question - the answer is a qualified yes! The qualification relates to what, in the context of Care in the Community networking, is meant by organisational learning. If it means the Locality having the ability through prior learning to;

- mobilise the correct internal mechanisms that facilitate external interaction,
- adopt and implement the principles that govern interaction,
- determine the authority and ensure the capabilities that permit interaction,

then the answer is clearly, yes, organisations can learn how to learn to interact.

### 9.9 A Possible Next Step

Any next step will need to take these elements out of the conceptual domain and give them a practical dimension if they are to have any effect on the interactional learning process. This means that executive management will have to harmonise policy with operation by clearly defining the whole process in a way that embraces all the organisational levels, including themselves. Appropriate internal mechanisms can be mobilised by:

- defining an overall framework of learning specifically directed at inter-agency working,
- controlling and co-ordinating the training programmes in concert with the decision-making process of interactional policy,
- ensure those who have training responsibilities have the ability and the time to undertake their duties, i.e. train the trainers

Interactional principles cannot be left to chance, they need to:

- ensure that all individuals and organisations understand their responsibilities as learners,
e. establish interactional policies, both internal and external at executive management level,

f. determine the types and methods of interaction, i.e. contracts, consultative, advisory etc.

g. actively promote inter-agency training and accept that this must be determined by joint negotiations with all collaborative partners.

Individuals, groups and organisations will need to be authorised to act by being given:

h. specified delegated powers that define their duties and responsibilities of interaction,

i. the space, time and support that empowers them to interact.

The problem with listing complex activities in this manner is that they are made to appear to be too mechanistic and prescriptive. But I suggest that such measures could only be introduced as part of a radical approach that actually subsumes the sovereignty of individual organisations to the synergised benefit and effectiveness of the network.

Such an approach may well attract criticism from those who see organisational interaction only in terms of market economy forces. But this is not the perspective that Griffiths (1988) was promoting. I suggest, with Griffiths, that in a resourced constrained social economy of care it is feasible and is only restrained by the seeming reluctance of organisations to want to learn to participate in this fully interactive way.

As a parting-shot I cannot refrain from suggesting that this seems eminently more logical that developing quasi markets to promote competition in situations that firstly have no markets and secondly have no legitimate competition.
SECTION TEN

Review

10.1 Looking Back
As I draw near the end of writing this report I feel a little like I do when I finish a long journey on the motorway. So often as I approach the motorway turn-off for home I realise that I didn't see everything on the route and in my more rational state I remember that some parts of my driving had not been up to the standard I would expect of others. This is the sort of feeling I have about the compilation of this account. Like my journey I have to think back to look for the blank spots and remember why and how they occurred. I therefore append this review by way of an explication of those blank spots, occurrences and oversights that occurred along the research route.

Despite my best efforts to "plan" the research programme, I was soon acquainted with the fact that my case construction was more controlled by operational circumstances than by any action of mine. I explain below how changing events forced a restructuring of the case construction and show how this was dealt with. It also became evident that local operational interpretation of the White Paper (1989b) was conceptually different to the framework I had constructed from, what some thought, a rather naive acceptance of the governmental proposals. I therefore revisit the conceptual frame in the hope that this will explain how confusions arose around the notions of collaboration and networking. The analytical stage also showed that my methodological approach left some aspects of the work under-explained. Whilst I accept there is little I can do to effect a remedy in this report I indicate how other approaches could provide additional dimensions to the explanations and findings detailed herein.

Like many before me, I could not resist going back to see how "my research group" had got on. I conclude this review with a cameo of some of the things I saw happening in the Locality in my follow-up visits during the succeeding year. Notwithstanding the revealing nature of these observations, I refrain from making any further comment on these matters as my visits constituted only mere snap-shots in the time interval of the Locality Care Team's development and on these occasions I was neither privy to, nor questioned, the reasoning that lay behind the decisions and that brought them about.
10.2 Case Reconstruction

This case study suffered two severe and unexpected blows. Firstly a new direction had to be determined following the postponement of Care in the Community for two years; secondly the integrity of the Locality as the "unit of analysis" became jeopardised by an internal restructuring.

Originally Care in the Community was to be implemented on 1st April 1991. The County planned a programme of preparatory training to be undertaken between September 1990 and the implementation date. Consequently my case field work was planned to cover the preparatory period and the first year of implementation up to 31st March 1992 so that both preparatory and experiential learning could be examined with the aim of assessing the quality of the learning experience against the interactional practices. When the Secretary of State postponed the start date, and the County determined an implementational date of 31st March 1992, I was already committed to the field work timings and as this meant I would not be able to examine the immediate implementational phase I had no alternative but to amend the aim of this study to that of seeing how the Locality learned how to interact. Fortunately the first two and a half months field research prior to the postponing announcement was not wasted as I was able to pursue this new aim with the same methodological approach as originally planned.

The second blow posed many more problems. I had been "living" with the Santon Locality for some nine months when as I describe above the purchaser/provider split was seen to be effected at Area rather than Locality level. The affect was to reduce the proposed Locality Care Team to just two full-time individuals (LCM and CM), one part-time, (VSC), and a part of a specialist CM shared with the other Localities in the Area. This was hardly comparable to the full team of twenty three staff I had considered to be the research population and had been working with since the autumn of 1990. This posed the question as to whether the Locality still remained an identifiable organisation in its own right and, for the purpose of this study, whether it could be properly considered as a valid unit of analysis. In retrospect it would possibly have been wiser to have chosen the Area Team as the research unit thereby considering the Localities only as sub-units or operational groups. But at the outset it was the Area Team that only had four effective staff members and was consequently seen more as a managerial support and administrative unit rather than an operational unit. The decision to continue with the Locality team was ultimately determined by considering that;
i. two thirds of the available research time had already been expended on the
work with the Locality team and any change would have meant restarting
the research which was not really possible;

ii. all thirty one Localities in the County were in a similar position and
therefore what was happening at Santon was equally applicable to their
situations, which led me to accept that the Locality Team remained a viable
entity, at least in principle, if not in actual fact;

iii. the expectation that new case managers would shortly be appointed to
bring the Locality Team to full compliment and thereby re-establish it as a
credible unit of analysis.

iv. I didn't really have any other alternative: the provider teams had not yet
been formed neither had the AMT been restructured into its new form;
therefore despite everything the Locality Team was still the only coherent
unit to examine.

Whilst I have to accept that in some ways the study became quite constricted it did
give the tactical advantage of being able to spend more time with the key players.
This enabled me to examine even more closely than I had originally thought how the
LCM interpreted the Departmental policies into local practices.

10.3 Conceptual Frame Revisited

The conceptual frame constructed at the outset of this study proved an invaluable asset
to the research process. It is not too much of an exaggeration to record that in the
early months of the research period the majority of people involved in the training
programmes had little perception of what they were supposed to be doing and what
they were attempting to learn. Much of this can be attributed to the failure to provide
an overall framework or explanation about what was happening and were it was
leading to. The framework and especially the research questions, that derived from it,
enabled me to retain a focus for most of the time amidst a milieu of misunderstandings
and misdirection of effort. The questions also served as valuable reference points
throughout the selection of data and analytical stages of the research. But despite
these uses, the framework, or more specifically the analysis of the Care in the
Community part of it, turned out to be a rather inaccurate prophesy of what actually
transpired in the Locality. Locality reality diverged from the conceptual frame in two
significant and inter-related ways.

Firstly Social Services management's interpretation of the White Paper (1989b) seemed
very different to that which I presented in the conceptual frame. Indeed none of the
agencies seemed to consider networking to be anything as close as I had suggested. Social Services interpreted the government's notion of networking in a way that was less concerned with producing a seamless service embracing all the care agencies, than it was with ensuring that they were able to fulfil their own statutory responsibilities. They therefore saw networking in the restrictive terms of joint planning arrangements with the District Health Authorities and the District Councils (1990:4) and joint consultative processes with Voluntary and Private providers, Users and cares. They didn't begin to envisage even the possibility of developing the sort of open local markets of care called for in the White Paper but were specifically committed to creating local ground rules that protected their in-house provider units against external competition. (County "Ground Rules" September 1991)

Intertwined with this, the second variance showed that Social Services expected to develop a quite rigid system of interaction with external care providers. Whilst not wishing to disrupt any current informal arrangement they seemed set on ensuring that future formal interactions would be subject to contract. They followed the traditional pattern of adopting the "client" role which imbued them with the authority to determine all the contract conditions internally and without reference to those who they expected to be bound by them. They seemed to take no cognisance of the White Paper's strong suggestion that contracts need to be developed by mutual agreement and should be based on the widest possible consultation with local providers.

The combination of these differing perspectives meant that the very nature of inter-agency interaction was fundamentally different to that which I had suggested in the conceptual framework. The Department's interpretation was also conceptually very different from the explanations given by Bamford (1990) from a Social Service viewpoint; Brooke's (1989) perception of the local Council as an enabling authority; Ramon (1991), Taylor (1990) or Darvill (1989) voluntary sector responses; or Stacey's (1988) more collegiate approach of the Health service. However, although these differences were part of the Department's original strategy, they did not become locally apparent until early in 1992. They therefore had little effect upon what happened locally, but they possibly provide an explanation why there was such a lack of central support for any of the local collaborative initiatives during 1990/91. This caused me some confusion as I had continued to labour under the misapprehension that Social Service management was still attempting to "discover" a collaborative model something akin to that which I had conceived when in fact this was never the case. There were therefore times when our conversation with each other was not even on the same wavelength.
The ultimate disclosure of their interpretation was undoubtedly the cause of much of the disenchantment with the SPG's and TWDP in February and March 1992.

It was also interesting to note that despite the near universal shift of organisational literature to describe organisations in disaggregated deconstructional forms (Morgan 1986 &1993; Clegg 1990) and to use postmodern knowledge (Lyotard 1986) to explain their actions, most of the organisational units from all sectors involved in this study operated in ways that exuded modernist characteristics. Whilst agreeing with Smith and O'Hara that Social Services have been presented with the opportunity to become the "key shapers" of the inter-agency care response, I saw no evidence that Santon, or any of the other Localities, was about to follow the radical postmodernist responsive approaches these writers suggest (1992:244) as the obvious way forward for Social Services management. Rather they seemed to adopt the more conservative approach of developing the "means of ensuring the continued full accountability" (Harrow & Willcocks 1992:67) of service provision and it was this that determined most of the Social Services decision-making. They seemed to rely exclusively on centralised modernistic type controls and structures and displayed an uncanny similarity in their styles of management that was quite different to the diversity I had drawn in the conceptual frame.

10.4 Methodology Critiqued

Having started this study by constructing a conceptual framework identifying the learning process as the critical activity of Locality empowerment required to deal with Care in the Community, it followed that the research methodology and the analytical framework were developed by specifically adopting a socio-institutional perspective. This enabled the learning processes to be examined within the context of, but separately from, the complexities of the other parts of the operational life in the Locality. In approaching the field-work by seeking to "follow the actors" the research was primarily organisational-activity oriented, which as Long (1992:165) suggests is eminently suitable for revealing the complex and ambiguous nature of organisational practices and interactions, but is limited in its ability to "reveal the underlying logic of social orders ... and the truths and inner meaning" that undergird those actions. In reviewing my methodology I appreciate that my adopted approach may give the impression that I was making a distinction between organisational practices and the personal and group behaviours and discourses that are such an integral part of them. This was certainly not my intent, and any such distinction derives only from a determination to conduct the research inquiry on the specific subject of organisational learning and in no way implies that I have sought to divorce action from meaning.
Indeed I did attempt to ameliorate any tendency for this to happen in presenting the differing, and often contradictory, thoughts of the player's, by using their own words, to give meaning to the processes and actions undertaken by the organisation. However I have to admit that this still leaves much, possibly too much, to the reader's own interpretation of these events.

Unfortunately logistical necessity limits the amount of diversity that can be introduced to a methodological approach. However, while I feel confident that my chosen approach does present a valid interpretation of events, I recognise that more emphasis upon the underlying meanings could have been revealed by utilising an approach embracing situational and discourse analysis. Werbner (1984:157) suggests that situational analysis is a particularly illuminating approach for dealing with the complexities and ambiguities exposed in case studies. In this study the situational approach may well have been able to explain the sort of interactional and inter-cultural competencies (Berry et al 1992:343) that needed to be brought into play to meet the demands for organisational adjustment to cope with the collaborative networking. We may have seen, as Mitchell discovered, how personal and "political reputations and concerns [created] ... the variation, exceptions and accidents" (1964:xxviii) that effected actions and processes. Possibly this sort of social differentiational pattern could have given clearer indications of how the responses of management and other individuals affected the learning activities of the Locality Team. (Thompson & Luthens 1990:331)

It seems that the post-structural approach of discourse analysis (Potter & Wetherall 1987) would be particularly relevant to this case for as Nuijten explains it is based in the "same part of the social process and organisational practices" (1990:205) as described herein. It is, according to Foucault, within the discursive formations that we identify how people "speak of different objects, have contrary opinions and make contradictory choices"(1972:200) in their efforts to determine actions. This type of perspective would undoubtedly expand upon my analysis by explaining some of the "underlying negotiations, manipulations and accommodations" (Long 1990:165) that caused individuals and organisations to act and learn in the way they did. This would also explain how and why power was exercised and who legitimatated, captured and exercised the power control (Apthorpe 1986:377) within the interactional learning processes. Whilst recognising that each of these approaches could give new and differing dimensions to this case, I do not consider that their absence invalidates the analytical approach used here, nor are the conclusions in any way compromised or devalued.
10.5 Back to the Locality
I actually returned on three separate occasions, and each visit saw a much changed situation.

August 1992 The Team now had four case managers, a new LAO and a full compliment of administrative staff; - nine staff in all. They shared the old Locality H.Q. with the Family Centre unit and the new Child Protection Team. They were very much in a bedding-down phase: *there are times when I wonder whether it will all sort itself out ... right at the moment we can't even come to simple agreements about paper clips and computer discs.* (VSC) I was told that *four of the six LPG's had very nearly run their course ... there doesn't seem to be the need to keep them going now ... and the TWDP is really a thing of the past for us.* (CM)

They saw their biggest problem was having *no budget for accepting any new referrals so we don’t know what we are supposed to do with assessing people when we can’t do anything for them.* (CM). The LCM and the VSC thought that *things are different to what we expected ... it is nothing like the things we dealt with in the training or the LPG’s* (LCM), *and in a way that makes me feel quite isolated* (VSC)

January 1993 The one original CM had handed in her notice to retire and the VSC was applying for a job elsewhere. *I just don't want to carry on in this way ... its not that we haven't tried, but it is not want I want to do any more.* (CM)

On this visit I asked about networking and whether any new arrangement had been made, and was told that *we are only allowed to deal with our in-house providers ... but that is really done by Area because the Department haven't produced any contracts for us to work with yet.* (CM) *That is true but you must remember that the thing doesn't start officially until April so we still have time.* (LCM) I asked the new case managers whether they had received any training prior to taking up their post. The two who were appointed prior to implementation had but the other two had not. *We hope to go on the next batch of training ...but I don't know when that will be.* (CM)

I couldn't resist asking if they had read the Act, the White Paper or the County Care Plan - neither had!
August 1993

Well everything is different now ... we've had a change of power in the council elections - everything is now centralised ... we do none of the contracting or liaising with units ... we don't even control our own budgets. (CM) I suppose you can say we are working as we did before Community Care came into being but without having any personal responsibility for looking after a case-load. (CM)

Only the LCM of the original staff was still in post. The Department had been restructured by reducing the five Area Management Teams to four, and there were plans for reducing the number of localities in the County.

In reply to my questions about the many people from the different agencies the Locality had dealings with during the research period the LCM rather illuminely said, no I haven't seen anything of them for months ... there is no occasion for us to meet.
Appendix A

Question Guide for Interviews

a. How would you describe your current job or function?

b. How does your position fit into Care in the Community?

c. Do you have any personal views about Care in the Community you would care to divulge?

d. Can you tell me what your Unit and NCSSA/NWCHD are doing in preparation for Care in the Community?

e. What links have you made or are making with:
   i. Health Services
   ii. Social Services
   iii. Voluntary Organisations
   iv. Private Providers

f. What do you get from the TWDP?

g. How do you think Care in the Community has developed in your unit since you started to go to TWDP.

h. What have you got from any other form of help or training for Care in the Community?
Appendix B

Learning Perception Questionnaires

### Questionnaire - 1

<table>
<thead>
<tr>
<th>Question</th>
<th>At work</th>
<th>In your own time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any chance to read the White Paper &quot;Caring for People&quot; published in 1989</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any chance to read the White Paper &quot;Caring for Patients&quot; published in 1989</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you read &quot;Community Care in the County&quot; published in 1990</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you read any other literature to do with Care in the Community</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

The questions of Questionnaire 1 were asked at interviews and meetings in the first six months of the field-work programme.

### Questionnaire - 2

<table>
<thead>
<tr>
<th>Question</th>
<th>At work</th>
<th>In your own time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning needs time to think about what new information you have taken in. Do you set aside a time to think about these things between the training sessions.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have the opportunity to discuss the learning with colleagues</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you get any support in your learning from your immediate line manager</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you undertake any support study on your own initiative</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

These questions were asked over a period ranging from February 1991 to January 1992.
### Questionnaire - 3

<table>
<thead>
<tr>
<th>Question</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your interest in today's subject?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you consider the presentation made the subject interesting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you rate your learning experience from today's session?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These questions were put to respondents within 24 hours of the training session referred to. They were asked during the period May 1991 to March 1992.

### Questionnaire - 4

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you rate your understanding of user requirements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your understanding of user relationships?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your understanding of the role of your organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know what your personal role is to be?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your understanding of the Networks are to be organised?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know who will be organising the networks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who do you see as your organisation's closest network partner?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borough Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your understanding of the ways care agency interaction will work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your understanding of where the money comes from for Care in the Community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These questions were asked during the period of the LPG's and the TWDP between September 1991 and March 1992.
Reference Notes

Introduction

1 Much debate has ensued regarding which word should be used as the generic term for those who use the care services. Patient, client, and customer may describe the "prime recipient" but services are also directed at carers and supporters who possibly should not be classified in the same way. As this thesis is not dependent upon a definitive classification the term "User" will be used throughout to avoid any confusion. The importance of the User is however fully recognised and therefore the word User is always presented as a proper noun.

Section One

1 Ring fencing is a term used in government to denote a set of resources that are protected, set aside or bespoke for a particular purpose or to be kept for some designated body of people.

Section Two

1 Giddens says that an essential element of the socialisation process of human beings involves a core basic security system that impels human beings to constantly concern themselves with maintaining a framework of "ontological security". Hence certain aspects of the success of organisational interaction might be attributable to human desire to appear to know what they are doing.

2 The figure of 18.2 million is calculated using Employment Gazette figures for September 1993 by deduction 6.7 million employed in public sector (SIC group 9) from the total employed workforce figure of 24.9 million.

3 Report of the Committee of Inquiry on Small Firms. Cmd 4811 (HMSO, 1971) under the chairmanship of John Bolton defined small businesses as those employing less than 200 people. The report concluded that the value of small firms to the economy was declining and "found it very difficult to identify any factors working strongly in favour of small firms" (p75). However this seemed to be of doubtful validity when during the next decade small firms proliferated (16,000 new firms in manufacturing by 1980) and an even more rapid growth in small service sector business (Cowling et al 1988:249)

4 Peters and Waterman (1982) and Schumacher (1973) quite forcibly indicate that many firms are static, lacking in efficiency and non-responsive to change...but continue to exist in their own niche environment.

5 Charles Handy in his book "Gods of Management" (1978) suggests that the different ways of managing within organisations can be seen as four different styles and types of cultures that indicate the sort of creative and political processes epitomised by the Greek gods rather than the sort of precise sciences that some organisational theorists impose upon the subject. His "gods" are loosely correlated to management style, cultural implication and structural shape in the following ways:

<table>
<thead>
<tr>
<th>Zeus</th>
<th>Club</th>
<th>Divisionised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apollo</td>
<td>Role</td>
<td>Temple</td>
</tr>
<tr>
<td>Athena</td>
<td>Task</td>
<td>Networks</td>
</tr>
<tr>
<td>Dionysus</td>
<td>Existential</td>
<td>Profession</td>
</tr>
</tbody>
</table>

Section Four

1 Autopoiesis - Morgan uses the approach of Maturana H. and Varela F. (1980) Autopoiesis and Cognition lThe Realisation of the Living London, Reidl. in showing that all organisational
systems are closed, autonomous systems. They have the capacities to self-produce and their own organisation and identity is their most important product.

Section Seven

1 Following the pioneering work of Charles Handy and the commissioned report of Constable and McCormick The Management Charter Initiative (MCI) was inaugurated in 1987/8. The ultimate aim is the "professionalisation of managers so they can cope with, direct, and draw benefit from the turbulence of organisational change. The initiative is the product of work by the Confederation of British Industry, the British Institute of Management and the Foundation for Management Education. The Council of Management Education and Development was set up as the umbrella body to co-ordinate the MCI.

2 "Havilands" was the meeting place for the TWDP for the first eighteen months of the programme. It later moved to the Training Centre of a large local Hospital.

Section Eight

1 The Seebohm Report (1968) was the instrument that effected the centralisation of social care at the County level. It changed the structures and public, political and professional attitudes to the delivery of care. The report is generally seen as the genesis of modern day Social Services. See Bamford 1990 for commentary.

2 In addition to these programmes a number of fora and seminars arranged by other groups were held which had some impact upon a number of people involved in the work at Santon Locality. Apart from where that impact becomes visible in the main-stream functions, for the sake of clarity, I have chosen to ignore them.

Section Nine

1 Smith and O'Hara (1992:271 - in Harrow & Willcocks (1992) Rediscovering Public Services Management. McGraw-Hill,) propose an analytical model based on starting at an understanding of client needs. They suggest that establishing client need profiles enables analysis to predict resource and operational audits in a way that inform the strategic planning process. They also suggest that as this becomes institutionalised it will become accepted as the way for Users to drive the development process. This comes from research undertaken in the London Borough of Camden in 1988/9.
Bibliography


County Council (1990) Caring for People - The White Paper in County


County Council (1990) Caring for People - The White Paper in County


G. Darvill (1978) "Crossing of Purposes" Berkhampstead, Herts. The Volunteer Centre.


220


(1979) Communication and the Evolution of Society London. Heinemann,


(1989 a) Working for Patients - The Health Service Caring for the 1990's London HMSO

(1989 b) Caring for People - Community Care in the Next Decade & Beyond London HMSO


I. Illich (1975) Quoted in C. Handy (1988 op cit)


T Robson (1989) In Search of Excellence. BBC. Video Unit.


G. Simmel (1907) The Philosophy of Money Ohio. Ohio State University Press.


B. Smart (1992) Modern Conditions, Postmodern Controversies London. Routledge


Social Services Select Committee (1990) Community Care: Planning and Cooperation. 8th report. 1989-90 London. HMSO.


229

E. L. Thorndike (1913) Educational Psychology New York. Teachers College Press.


John Watson (1913) Psychology as the Behaviourist Views it. Psychological Review, 20. 158

230


Widdicombe Committee of Inquiry into the Conduct of Local Authority Business. (1986)


