

A Phenomenological Study into the Place of Consultation in
the Work of Staff in Children's Homes: How much is it an
organisational construction?

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Abstract.

Residential work with young people is a complex and difficult job. CAMHS practitioners provide consultation support to staff teams in children's homes. The study investigated the phenomenon of CAMHS consultation to residential staff within the context of a local authority setting.

Focus groups were convened to gather data regarding how staff members understood consultation in the context of a local authority setting from four hierarchical levels within residential services. Interpretative Phenomenological Analysis was utilised to analyse the data into themes.

A number of significant contextual themes emerged: the importance that staff members attach to maintaining and preserving relationships with their colleagues; the unclear and complex context of the work; and the sense of powerlessness that they experience.

It is argued that these themes represent a culture that makes it difficult for members of staff to engage in the process of consultation, especially when focussed on staff relationships. The likely impact on the consultation process is discussed and some considerations for the clinical implications are suggested.

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Introduction

Preliminary considerations

Members of staff in local authority residential children's homes do a complex and difficult job. They are often the most under-qualified of social work staff, working as part of a large complex hierarchical organisation, with a client group who are likely to have experienced significant disruption to their lives.

Both research into children's homes and a number of government-sponsored reports have highlighted the need for staff support in homes (e.g. Youll et al 1993; D.O.H. 1992). However, there is little published literature on the nature and form that such support should take.

Consultation by child and adolescent mental health practitioners to organisations and groups has become common practice. However, much of the literature is concerned with the development and application of theoretical models. I found no studies on how people receiving consultation experience the process or what meanings they place upon it.

The idea for this proposed study sprung from my own experience of working as a consultant to staff members in children's homes. Working with this group presented me with a number of dilemmas and concerns, some of which remained unresolved. I wondered how they made use of consultation: What issues were they bringing to it? What issues did they not bring? What influences were being brought to bear on them when using it?

Some of my concerns, stemmed from my own sense of not being useful to them. On occasions, members of the team seemed hostile to having to be a part of the process, and murmurings in the group had the effect on me of bringing my own skills and abilities into question.

Whilst reflecting on these experiences, I recognised that I held beliefs and assumptions about where power lay within the organisation of Social Care. I worried about the consequences of stepping over the boundaries of what the

'organisation' might have 'thought' about consultation. It was as if an unseen power was exerting its influence on how I performed. I did not believe that I could 'get it right' for this unseen power.

I began to wonder how hierarchical power relationships (within the Local Authority structure) influenced staff members use of consultation.

My experience as a consultant to residential workers has been one of both highs and lows. At times, I had a sense of offering useful ideas, of being supportive to them, and receiving positive feedback. At others, I had experienced a great sense of inadequacy in not being able to address some seemingly key issues. For example, to what extent was it legitimate or necessary to respect hierarchical structures or remain 'irreverent' (Cecchin et al 1992) to them?

There were occasions when managers in homes wanted issues raised that that they thought were pertinent. This led me to wonder whether I was working on 'management issues' rather than those that staff members wanted me to discuss. How could I ensure that members of the staff team had a 'voice'; was it possible for me to challenge managers' about the direction that consultation should go? As a consultant, what should I do when I believed that those who held power within the home were using it in such a way to constrain others from good practice? My beliefs and assumptions led me to experience a sense of powerlessness or feeling 'gagged'; a belief that managers were managing the consultation encounter.

As a consultant, I experienced everyone's dissatisfaction with the nature of consultation. What was being delivered was not what they wanted. Basic grade members of the staff team and managers appeared to want different things. These included the focus and frequency of meetings, and the gender or level of experience of consultants. There were differing perceptions from team members of the benefits they received, and these seemed to correlate with the organisational hierarchy.

One outcome of these experiences was that I wanted to discover more about the complexities of understanding that members of staff held about consultation. I was interested in exploring the beliefs and meanings about it held by them at different levels in the organisation. I was also interested in how those beliefs and meanings inform, instruct, enable, or constrain the consultation exchange. I hoped that an exploration of these questions might provide some further insights on how to manage consultation to this group.

Based on my experience as a consultant, I assumed that views about consultation would be different at each level of the organisation. I also assumed that managers in residential care services had ideas about what members of the staff team should or should not talk about, and that members of staff might implicitly understand, perhaps through a process of acculturation. I assumed that this process might serve to prevent team members, in consultation, from openly discussing those issues that were most pertinent to them, limiting its helpfulness.

I decided to conduct a small-scale study, using qualitative research methods, to investigate the phenomenon of consultation from the viewpoint of members of staff and managers working in Local Authority Residential Services for children.

After considering a number of possible methodological approaches, I decided on Interpretative Phenomenological Analysis (Smith and Osborn 2003). This offered two main advantages: firstly, whilst staying 'true' to participant's accounts of their own beliefs and understandings, it offered the potential for acknowledging the part played by the researcher's own constructions on the material; and secondly, it offered a rigorous and yet easily understood and applied method.

It was hoped that the study would contribute towards a more detailed understanding of processes within consultation to residential staff teams.

Consultation is a much described but under-researched area, and whilst Local Authority children's homes have been subject to extensive research over many

years, little has been written about support structures to the staff team in homes and how staff teams and managers understand and use them.

Literature Overview

There were two key dimensions to this study: members of staff's experience in children's residential homes within a Local Authority setting, and secondly consultation. This overview follows these two dimensions: the first part looks at the context of residential work and workers' experience of it, and the second looks at the literature on consultation.

RESIDENTIAL WORK AND STAFF MEMBERS' EXPERIENCE

A key *a priori* assumption in the study was that context gives meaning to experience (Cronen and Pearce 1985). The importance of context to an understanding of meaning-making underpins the questions, aims, and objectives of the study, and is reflected in this literature review. Following Cronen and Pearce (*ibid*), members of staff's experience of consultation is contextually dependent, and from my review of the literature, it is clear that they operate in many different meaning contexts. Context will influence how they see consultation and what they bring to it. The following should be understood as a set of meaning-making contexts for staff members in homes. It is important to emphasise not only the plurality of contexts, but also their interconnectedness. These overlay the day-to-day work of residential workers.

I first draw on the findings of a number of studies pertaining to staff in home's working life, followed by what the literature says about workers response to these overlaying contexts.

A Complex and Difficult Job

The notion that members of staff in children's homes face a complex and difficult job is self-evident. A growing body of literature over a number of years has emphasised the complexities, difficulties, and challenges faced by staff members in local authority homes. Much of this literature was commissioned by the Department of Health in the period 1990-1994, in the wake of the then relatively new Children Act. This followed a number of often well-publicised enquiries into concerns about children in public care.

The complexity and difficulty described in the literature can be broadly divided into the following interlinked areas:

- Multiple conflicting relationships
- Children with increasingly complex needs
- The continuing low professional status of residential workers
- Professional and managerial isolation

Multiple conflicting relationships

In their day-to-day work, basic grade staff has to manage many different relationships with both the children in their care and many other people connected with them (Whitaker et al 1998). Whitaker et al's study provided a comprehensive overview and analysis of the complexity of the role of residential workers. Using content analysis taken from workers' descriptions and the researchers' own observations the focus of the research was on the culture of children's homes. The study evidences the complexity and difficulty of such work, and describes staff members having to work with many different networks simultaneously, both in relation to each home, and the networks around each child. These networks often have overlapping membership. Staff members are required to work with multiple parts of a child's network at the same time, for example, teachers and education, the court and police, family members and field social workers (Hicks et al 1998). Both Hicks et al and Whitaker et al identified five 'spheres' of work that they have to move between with constantly changing priorities and demands that were an 'abiding feature' of residential work:

- Working with individual young people;
- Working with the group of young people;
- Working with and being managed by the Social Services Department;
- Working with people and organizations in the wider network;
- Surviving as a staff team (maintaining viability) to care for the children.

Whitaker et al (ibid) describe staff members as being engaged in wide ranging relationships across many boundaries, with priorities changing minute-by-minute during the working day. Tasks build up over the day, with some having to be completed even though others, for example emergency admissions, may have taken over much of the working 'life space' of members of staff.

Both Hicks et al (ibid) and Whitaker et al's (ibid) fully describe and analyse the volume and complexity of day-to-day working in children's homes and give considerable insight into staff members' experience of the work. However, the studies say little about support structures for them and how they use them.

Children with greater needs

Residential workers are now working with a changing resident population (Berridge and Brodie 1998; Heron and Chakrabarti 2002; Mainey 2003). The young people in Local Authority care are older, more disturbed and disruptive (Heron and Chakrabarti ibid) and have complex social backgrounds with educational difficulties stemming from their experience of social exclusion and multiple disadvantage. The families of children who come into care are characterised by poverty and unemployment, marital discord and breakdown, inadequate housing, overcrowding, health problems, and social isolation (Francis 2008).

Children placed in residential care are more vulnerable and have higher needs (Mainey 2003). They are more difficult to place in foster care and are often placed in residential homes. Clough et al (2006), in a review of research into what works in children's homes, argue that the increasing use of adoption for highly vulnerable young children, combined with family support for those able to leave care quickly, means that those who remain in care for long periods, including most young people in residential establishments, are more likely to have complex and enduring needs. They also experience higher levels of psychiatric disorder, with a considerable proportion having a serious psychiatric disorder, many of which remain undetected (Clough et al 2006).

Berridge and Brodie (1998) suggest that the needs of this more complex client group may lead workers to consider themselves less well equipped or qualified to handle them.

Low professional status

Both Baldwin (1990) and Mainey (2003) draw attention to the 'Cinderella status of residential work', with low professional status and low proportion of qualified members of staff. "Local authorities have a strong hierarchical management structure with clear cut patterns of accountability...in a traditionally hierarchical organisation, residential workers have been bottom of the hierarchy... the majority are still untrained, their salary level is very low" (Baldwin 1990 p22).

Later writers, whilst continuing to emphasise the low professional status have questioned the efficacy of the education of residential workers remaining within the social work profession (Clough et al 2006). However, in spite of these on-going debates, and the U.K. Government drawing attention to European models of training for residential workers, the level of qualification for residential workers remains low (Cameron and Boddy 2008). Hicks et al (2007), in a study of the roles of managers in 45 homes for children in both the public and private sector in the U.K. describe 53% of residential workers in their sample had no qualifications.

Professionally and managerially isolated

Berridge and Brodie (1998) found that members of staff in homes were both professionally and managerially isolated, with some participants in their study receiving little external supervision from managers. They reported a trend of downgrading the seniority of managers responsible for managing homes, diluting both available expertise and in some cases, supervisory posts. Where managers had previously acted as supervisors, offering support to more junior staff members, this no longer existed. The writers argue that this equated to less effective external management in terms of quality and quantity. Later studies by Leslie Hicks and colleagues (Hicks et al 2007; Hicks 2008; Hicks et al 2009) into the leadership of children's homes debate in more detail the support that staff members and

managers received from the wider organization. Whilst their study somewhat modified the earlier findings, they still reported variations across their sample of the extent of support received from the organisation.

Changes in Policy

The working context for residential workers is made more complex and difficult by a series of coinciding changes of thinking and approach at a national policy level.

The literature suggests the following:

- Lack of a national strategy;
- Lack of commitment;
- Growing concerns about standards;
- Changes in socio-political approach: Purchaser/provider split;
- “New managerialism”;
- Changes in public policy and patterns of use;
- A climate of disapproval: fear of getting it wrong

Lack of a national strategy:

Baldwin (1990) in a major study of the working experience of staff members of children's homes, citing the Wagner Committee Report (1988), highlights the lack of a national childcare strategy or overview. She draws attention to a continuing need for an overarching childcare theory within residential services for children. She argues that both the thinking and activities of the staff were overly constrained by fragmented legislation and disconnected concepts in planning and practice.

In a similar vein, Sinclair and Gibbs (1998) describe the changing, unclear ethical and value base of residential services: “The history of residential care seems to be peppered with changes in fashion about approaches to caring for children. Old philosophies and theories are challenged and disputed from both within the service and from outside”. This ‘theoretical uncertainty’, they argue, sits alongside other doubts and dissatisfactions about residential care, perhaps leading to workers not really knowing what is expected of them.

More recently, there have been some important developments in thinking about provision, with greater integration of services for young people (Petrie et al 2009). As part of these developments, there has been a turn toward a model that is well-established in mainland Europe, and appears to demonstrate a coherent theoretical approach to residential childcare provision. Hannon et al (2010) refer to a government white paper (2007) that proposed piloting social pedagogical approaches in a number of local authorities to examine its effectiveness.

Social pedagogy is a broad based approach that encompasses formal schooling, social competencies and moral development (Kornbeck 2002). It is aimed at the overall support for children's development, more than just schooling (Boddy and Statham 2009), where 'care and education meet' (Petrie 2009). In a social work context, particularly residential work, it is described as concentrating on questions of integration of the individual-in-society both in its theory and in practice. It is focussed on alleviating social exclusion through promoting inclusion, participation and people's social functioning, social identity and social competence (Hamalainen 2003). According to Hamalainen, (ibid) it is not a method, but an approach with its own theoretical orientation.

Social pedagogy takes a holistic view of children, respecting them as human beings. This includes a focus on the child as a whole person, seeing them as a 'social being' connected to others, and yet with their own distinctive experiences and knowledge (Kornbeck 2002). The child's 'associative life' is seen as an important resource (Petrie et al 2009). Human relations are seen as essential to the work.

Practitioners of this approach (or pedagogues) see themselves as 'a person in relationship with the child or young person', 'inhabiting the same life space' (Kornbeck 2002), and not existing in separate hierarchical domains. The approach is described as both practical, creative, valuing the contribution of others and with an emphasis on teamwork.

Whilst there seems little to argue against this within the liberal social work tradition, there are in my view a number of challenges to the incorporation of this approach into residential social care scene in the U.K. In the U.K., there is a different history of the profession, and differences in how children within the welfare system are viewed. Stephens (2009) and Kornbeck (2002) set out a useful summary of these debates. Both Crimmens and Milligan (2005) and Cameron and Boddy (2008) draw attention to the significance of differences of context between the European and British residential care scenes. It remains to be seen how successful these new developments may be, and how they may be incorporated into the U.K residential context.

Lack of commitment

Baldwin (1990) and Heron and Chakrabarti (2002), citing findings by the Wagner Committee, describe a 'history of failure' in residential child care, including at a national government level. Both emphasise a failure to provide appropriate conditions of service; a failure of will on the part of employers to provide the necessary investment to sustain a professional service; a failure of the social work profession as a whole to take responsibility for training of residential child care workers; and a failure of the profession to remedy the stigma within the profession attached to residential child care. However, residential child care continues to have a place on the policy agenda (Millar 2005). Every Child Matters sets out five key areas as a vision for children living away from home. New developments in the field (e.g. social pedagogy) may symbolise an acknowledgment of at least some of these failures and signal an attempt to address them.

Growing concern about standards in residential care

A further important contextualising feature of residential work is that for a number of years there was growing concern about the standards of care and abuse of residents in public care, leading to a number of public enquiries and reports (for example, Levy and Kahan 1991).

Analysis of abuse of residents of children's homes has often focussed on poorly managed unstable homes, where there was a lack of agreed goals and a 'delinquent culture' in which young people were bullied or sexually harassed by other young people. Research in the late 1990s described a 'crisis' that faced children's residential services (Sinclair and Gibbs 1998; Brown et al 1998). It has been argued that the negative view of institutional care, amongst other issues, was partly responsible for a high turnover of residential staff in homes (Colton and Roberts 2007).

Changes in socio-political approach

Many of the studies (for example, Whitaker et al (ibid); Hicks et al (ibid); Kutek (1998)) draw attention to the socio-political climate, with the attendant legislative and structural changes that have taken place. These include a move towards a 'purchaser/provider model'; a 'market economy' approach towards the commissioning of care for children; and an increase in 'managerialism' within Social Services (Kutec 1998; Harris 1998).

Harris (ibid) argued that there had been a rise of 'new managerialism' as an alternative form of 'bureau professionalism' and a 'new mode of marketised state provision' stemming from the political 'right'. He identifies five main aspects that in have become increasingly evident in the delivery of social care provision and familiar to all who work in this a context including residential workers. These are:

- Operational managers develop a 'business-orientation';
- Scrupulous gate keeping and strict rationing of scarce resources becoming major activities of social workers;

- The curtailment of discretion of social workers through the use of information technology that prioritizes budgetary considerations, in order to monitor the rationing of resources;
- Information technology being coupled with close supervisory control.

The above have been combined with workload measurement integrated into routine on-line recording, providing the opportunity for managerial attention to 'productivity' (Harris 1998 p857-858).

Changing public policy and patterns of use

Berridge and Brodie (1998) found significant changes in use of residential homes over the decade prior to their published study. Their work provides a helpful historical background to the structure of residential services, tracking changes over time. Their study highlights the cost of running residential homes and the between this and changing patterns of their use. The numbers of children in residential care has halved over the last 10 years, with some local authorities abandoning the use of residential establishments altogether (Berridge and Brodie 1998).

Hicks et al (2009) describe major changes in size, purpose and function, service delivery and organization of children's homes, which are being most frequently used as a resource for adolescents with very complicated histories. They argue that the most vital aspect of residential provision relates to the rapid turnover of service users, with approximately 60% leaving the home within two months of arrival, with just under half of placements resulting in movements within the care system rather than breakdown at home. This suggests that workers are required to adjust to ever changing dynamics within the service user group, and is a significant contextual feature of their working lives.

Climate of disapproval

It is argued that residential workers exist in a climate of disapproval (Sinclair and Gibbs 1998). This is closely associated with a persisting negative image (the idea that they cannot get it right), and later writers confirm its effect on staff members'

morale (see for example Colton and Roberts 2007; Colton 2002). Some writers have suggested that one effect of this has been an increase in the volume and complexity of policy and practice guidelines emerging at both a national and local level, to which workers are obliged to conform.

Linked with this, a number of studies have drawn attention to residential workers being fearful about 'getting it wrong' (See Youll and McCourt 1993; Berridge and Brodie 1998), or a high level of anxiety about being criticised on the job (Youll and McCourt 1993).

The impact on staff members

How do workers respond to these multiple shaping contexts of their working life? The following explores the possible effect on them.

Lack of predictability.

Lack of predictability is linked with the broad changes in the socio-political, and policy context, and the changing needs of the client group (Berridge and Brodie 1998; Baldwin 1990). Residential staff members are required to manage themselves in an unpredictable external context (Kutek 1998; Baldwin 1990), with a client group with complex needs, who may themselves be subject to a lack of predictability in their lives. Citing one of her respondents, Baldwin (1990) describes: "We now have a transient group of adolescents often unruly, disturbed and emotionally physically and vocally demanding- the home population is always subject to instability because of the constant movement of children" (p48). She describes a belief amongst residential workers that homes are used as 'dumping grounds' (p51), being used when other parts of the system are unable to cope.

Ambivalence

The contradictory nature of the work and the complex meanings that the work holds within society also create ambivalence: "(Residential workers are) expected to share the deep ambivalence and confusion of other groups in society as to what

is needed. They are representatives of society, the vehicle for its ambiguities and contradictions ...yet they still have to act" (Baldwin 1990 p11).

Conflicting demands

The literature highlights conflicting and often contradictory demands on workers to be major features of their working life. , Citing Nathan's (1993) description of the 'battered social worker', Kutek (1998) makes a link between the conflicting and contradictory demands placed on workers and a sense of anxiety: "An agenda that is complex and riven with anxiety (and) social workers battered by increased demands" (Nathan in Kutek 1998).

Workers in homes are required to manage role conflict, unclear boundaries, and ambiguity (Balloch 1998), with differences in aims, philosophy and method (Baldwin 1990). Baldwin observes that residential work is surrounded by many contradictions: individual vs. group; welfare vs. control; therapy vs. control; institution or resident centred; micro vs. macro; long-term vs. emergency; containment vs. treatment. Her study found that residential staff were conscious of the conflicting and contradictory demands made on them, and were subject to 'considerable stress and disruption of their work with longer term residents because of unplanned admissions' (p55). She reported that whilst administrative tasks were achieved, they got in the way of time with the young people, and that staff members lacked sufficient resources to meet their demands. Participants in her study believed that their main role was reacting to crisis, but had resigned themselves to accepting the work culture: 'This is a rescue centre not a children's home' (p51),

Baldwin argues that the conflicting demands of the work and the ambiguity of the broader socio-political context make it difficult for residential workers to be clear about their role. 'For residential workers there will always be a difficulty in maintaining a clear analysis of the relationships between the dynamics of their working situations, the needs of the individual children and the wider context of child care systems; the work rarely allows reflection' (p11).

Pressure

Collings and Murray (1996) describe a tension between staff members' perception of the demands made on them and their perceived ability to cope. Pressure came from a sense that they had no answer to client's problems. Baldwin (1990) describes a pressure derived from both achieving work targets, and managing the differing aims and expectations from outside the home (Baldwin 1990).

Fear

Throughout the literature, it is acknowledged that residential workers experience fear as a major emotional response to their work. Fear appears to stem from their relationships with the organisation, relationships within their team, and from being face to face with the children.

Youll and McCourt (1993) found that in relation to the organisation, residential workers were fearful of 'getting it wrong'. Both they, and Berridge and Brodie (1998) describe 'high levels of anxiety about criticism'. Smith et al (2003) reported that workers expressed more fear from the bureaucracy than from potentially violent service users. They describe a 'blame culture' in which workers had concerns about the safety of their service users, and also concerns about the implications for themselves should one of their service users be put at risk. They also found that workers were fearful of 'disapproval' although it was not clear whether such disapproval was more likely to come from the organisation or from their immediate team.

Smith and Nursten's (1998) study reports fear of being assaulted as the one most often recalled as distressing to staff members. This included both sexual and physical assault, but also a fear of death. Later findings by Smith et al (2003) supported this view. They reported that the most likely description given by residential workers was a fear of losing control. Their sense of teamwork played a part in their description of their fears, particularly if they expected cohesion, but

experienced separation. Smith et al's (2003) study concluded that participants were not always sure of what they were afraid.

Watson (2003) underlines the significance of fear and safety as important issues for members of staff: 'Safety is a big issue and keeps recurring as a major topic in the unit' (p72). Baldwin's (1990) also notes a concern with safety, linking it with workers' perceived sense of confidence in their ability to cope. She reports that they claimed that if they lacked confidence in their or their establishment's ability to cope with particular children, their motivation to keep on working would be affected.

Stress/Distress

It is likely that given the working context of this group, that they are more at risk of being exposed to distressing work related experiences than others (Smith and Nursten 1998). Kutek (1998), citing Balloch et al (1995) describes 'extreme' levels of stress, with 60% of social care professional respondents reporting that they had suffered from stress (Manufacturing Science Finance Union Survey 1995). King (1991 cited in Fleming 1998) comments on a survey by Community Care in which it was found that 96% regarded their jobs as 'stressful'.

Balloch et al (1998), in their survey of members of staff in Social Services, found 'high levels of distress'. Residential workers, especially managers were found to be subject to 'exceptionally high GHQ¹ scores. Stress management is a vital aspect of residential work, an on-going task which contributes to maintaining team viability (Hicks et al 1998).

Powerlessness/lack of influence

Baldwin (1990) found that workers' feelings and views about powerlessness coloured many of the discussions about both decision-making and communication within the organisation. She describes them having a 'large measure' of frustration, anger and resentment that they were not in control of the aims of their

¹ General Health Questionnaire: A Screening instrument designed to detect minor psychiatric disorders in the general population- see Goldberg and Williams 1991.

establishment. Moreover, they expressed a lack of confidence about whether they exercised any major influence on the shape of services, and that they were unable to exercise control over their work or plan ahead. She describes recurring themes of a sense of being powerless to make decisions, and of not being directly represented in such decision-making. Commenting on her own work as a consultant to a residential establishment, she describes managers as being unwilling to allow free exploration of links between the organisational decision making structures and the internal staff dynamics'.

Lack of sense of accomplishment

Heron and Chakrabarti (2002) focussed their study on members of staff's sense of accomplishment in their work. A two-phase interview of 30 workers in children's homes (in all 109 interviews) were carried out, in which interviewees were asked to cite examples of key tasks. They found that most of their sample had difficulty in citing examples where their work had achieved a meaningful goal or where they had the opportunity to act independently. Workers felt that their views were not listened to by those who they perceived had greater decision-making power and that such views were considered inferior to those of social workers. Few said they had received feedback about their practice, and where they had, it tended to be focussed on negative aspects of the work. It was rarely used as a means of reinforcing good practice. The authors hypothesised that this might lead to workers being less motivated to request supervision. In their study, respondents felt particularly challenged by negative issues related to violent incidents by residents. Many workers believed that their main role was reacting to crisis situations. They felt that administrative tasks were the 'real' priorities, such that they felt unable to deal with a crisis situation because they were expected to administrative tasks. This led to a belief that they were unable to give children the necessary support that they required.

Heron and Chakrabarti's study is a helpful focus on members of staff's description and sense making of their everyday experience. It makes a well-argued case for using the concept of 'burnout' as a basis for understanding workers' experience;

however, this may have offered less scope to elicit positive aspects of their experience of the work.

Burnout/demoralisation

Kutek (1998) writing about stress in social work suggests that one outcome of the far-reaching changes in the landscape of the social work task may be burnout and demoralisation. Contrastingly, Mainey (2003) in a study of job satisfaction and morale amongst residential staff found that morale in residential work was high-‘a remarkably positive three quarters of workers were satisfied or very satisfied with the work’.

The effect of working with damaged children.

Baldwin (1990) argues that it is residential workers above all who, in their relationship with residents, have to continually face the consequences of many years of damaging experience” (Baldwin 1990). Unlike other social work professionals, residential workers have the day-to-day, minute-by-minute responsibility for young people in their care. On-going work with such a vulnerable group takes its toll.

One influential study (Menzies-Lyth 1988) concerns nurse’s responses to their patients in a hospital setting. Based on object-relations theory her study argues that: “The effects on staff of the human material they work with are especially great in institutions whose clients are people in trouble. The clients are likely to evoke powerful and primitive feelings and fantasies in staff members who suffer painful, though not always acknowledged, identifications with client’s intense reactions. (They experience) pity for their plight, fear, possibly exaggerated, about their violence, or harsh, primitive, moral reactions to their delinquency” (Menzies-Lyth 1988a p230). According to this view, the emotional intensity of the work is ‘unbearable’ leading workers to develop defences against anxiety that can work against the primary task of the organisation.

Whilst providing a useful reflection on the effect on workers of working with vulnerable groups, I am not convinced by the assumption, inherent in the theory on which this work is based, that the author can claim to appreciate the internal world of participants in her study. There may be many different hypotheses about how or why workers in such situations might find the need to defend themselves, and as such, it remains a matter of conjecture.

Parallels may be drawn between Menzies-Lyth's descriptions and the experience of workers in children's homes. Van Heeswyk (1998) writing about stress in residential settings: "Workers may be shocked to find themselves ignored, retreated from or attacked and, worse still, may be horrified to find themselves experiencing hostile, violent feelings and thoughts towards the children. Workers may worry that they are, in fact, no better than the children's parents of whom they were, hitherto, so critical" (Van Heeswyk 1998 p77).

Feeling unsupported

A theme that threads its way through the literature is that workers do not feel supported in their work (Baldwin 1990; Hicks et al 1998; Mainey 2003). Baldwin (1990) found that they had: 'feelings of being unsupported in their working environment, having little opportunity to reflect on how they were working and how to improve their methods' (p33). Similarly, both Mainey (2003) and Hicks et al (1998) found that staff meetings did not allow examination of worker's needs and that such meetings were not supportive. Workers reported that relationships with their line managers, field social workers and higher management were 'frequently strained'. Both Hicks et al (1998) and Mainey (2003) thought that workers received little recognition of their contribution, and although they felt the need for higher management approval, they did not receive it.

However, later studies emphasise the importance of supervision and the difficulties for managers of finding a structure that fits all needs (Hicks et al 2007). Clough et al (2006) argue that professional support is 'absolutely essential', given the incidence of disturbed behaviour and mental health problems in the population:

“Residential care is potentially a very stressful occupation, and supervision needs to address the human experience of the carers as much as checking that they have fulfilled their formal duties (Clough et al 2006 p55)”.

So on the one hand, early research found a lack of staff support, later research both emphasises its importance, but also suggests that it is available to them, albeit with a difficulty in finding space, time, and models.

Importance of team relationships.

Given the above, it is self-evident that workers rate team relationships highly. Hicks et al (1998) thought that both becoming and maintaining a good working team was of key importance for members of the staff team. Baldwin (1990) found that workers were extremely concerned about the effects of disagreements they might have about working methods on the children they were working with (p11).

It is significant that Mainey (2003) also found that teamwork was a key ingredient contributing toward staff's morale: “The most important issues in creating positive morale were how the team works together; the level of support available and knowing good quality of work is valued” (p8). Hicks et al (2007), in her extensive study of manager's roles in residential care, argues that managers are in a key position to create and maintain good team relationships.

The need for consistency

Watson (2003), in an examination of what constituted quality standards in residential care, comments that for participants in his study, consistency for both workers and residents was by far the most important enhancing factor in achieving a quality service. For residents, this meant knowing both what to expect and receive from the staff members, including clear boundaries to their actions and behaviours, whilst for workers, it meant that they knew what to do and what to expect from each other, allowing them to share a common approach to the needs of the residents. Lack of consistency meant that staff members resorted to a more ‘controlling and containing’ environment. According to Watson, the predominant

response to inconsistency appeared to be individual strategies to survive the shift leading to greater inconsistency towards the residents (Watson 2003 p71).

The significance of the relationship with the organisation

A number of studies highlight the significance of the relationships that members of staff have with the organisation as part of their working experience. For example, there is a disparity between management objectives for residential care and the views and abilities of workers (Watson and West (2001). Wagner et al (2001) draw attention to the tensions between bureaucratic structures and professional practices as stressors for workers. They argue that 'organisational identification' was linked with staff members' morale. Hicks et al (2007) reiterate the significance of the relationship between homes managers and the organisation. In their study, support was seen as important, coupled with a sense of autonomy. For managers in homes, a sense of being valued within the wider organisation was of key significance. One can see that it is also important for workers to feel valued in the work, arguably by both their immediate colleagues and the wider organisation. On the other hand, bureaucratic structures have the potential to obstruct what workers (or managers) may see as central aspects of their work. Both are connected to staff members not only having a sense of value in what they are doing, but also the potential for containment of anxiety.

The psychoanalytic view is one perspective on the relationship between the organisation and the individual within it. From this perspective, the individual internalises a relationship with the organisation. This provokes anxiety. Obholzer (1994), argues that the worker experience the primitive anxiety of a fear of 'annihilation' such as that experienced by the 'baby left in the pram': "We imbue everyday institutions with protective/defensive functions, (providing us with) a sense of belonging, and saving us from feeling lost and alone. Anything that threatens to sever us from the band can flood us with this kind of anxiety" (Obholzer ibid p. 206). This leads to a 'defensive function', occurring when workers unconsciously organise their work in such a way as to defend themselves against anxiety rather than to focus on the primary task of the organisation. He

proposes that our need to have 'containing institutions' to protect us from being overwhelmed by these different layers of anxiety is often at odds with and deflects from the institutions primary task and the changes required to pursue it. "The failure to recognise the anxiety containing function of institutions means that even the best intended organisational changes often create more problems than they solve" (Obholzer 1994 p 207).

The psychoanalytic position usefully emphasises the *meaning* of relationships for workers both in relation to the client group, and in relation to the organisation in which they work. The difficulty that I have with this view is that many of the actions of staff members are said to take place unconsciously, outside the awareness of the person who is said to be experiencing them. Whilst asserting the truth of such ideas, the writers are unable to confirm or disqualify them. In my own clinical experience of consulting to staff members of children's homes, explicit anxiety is an issue for both workers and managers.

CONSULTATION

The necessity for support

Many studies and government commissioned reports have highlighted the need for workers in homes to have access to support and advice, particularly from specialist child and adolescent mental health staff (Whitaker et al 1998; DOH 1998). Some note the shifts in confidence (for residential workers) from coming together and reflecting on practice experience and feelings (Youll and McCourt 1993). The Department of Health (DOH 1998) consider that the most appropriate, cost-effective role for professional specialists is that of supporting workers in children's' homes. They suggest that workers need more personal support to manage the stress of the job. Hicks et al (1998) consider that supervision and consultation are essential to members of staff in homes. This should be delivered by "those experienced in residential work who stand a little outside a staff team or the larger organisation or who at least do not have direct power over residential staff. Making consultation available to the whole staff group seems to be the best way of

forestalling the establishment of dysfunctional cultures or effecting change in them if they have arisen" (p370).

A large body of literature on consultation

There is now a very large body of literature on consultation. Much of this literature focuses more on the development of theory and its practical application than it does to systematic research into its utility. Gonzalez et al (2004) makes the point that consultation is grounded in historical practice rather than empirical reality. However, recently, it has become a major addition to the role of mental health professionals (Hansen et al 1990).

Consultants have borrowed concepts and models from other fields (Hansen et al 1990). Many of these have their roots in individual or group psychological and psychotherapeutic theories and models (See for example: Huffington and Brunning 1994; Campbell et 1994; Obholzer and Roberts 1994; Cooklin 1999), whilst others spring more from theories of management in organisations and organisational psychology (See for example Handy 1993). In my reading of the literature, there would appear to be no approaches that are grounded in recipients' experiences of the process.

What is consultation?

One difficulty with consultation is defining it. For example, what are its aims; what is trying to be achieved by it, what are its component parts? It is more a collection of descriptions rather than a definition. In a paper relating to educational psychology consultation to schools, Gonzalez et al (2004) argues that "one problem...is that the term is not always defined precisely...most definitions are so broad as to allow almost any interaction to be considered to be consultation" (p35).

The following has been helpful to me in locating consultation, but is by no means definitive: (It) refers to any activity in which an expert provides specialist assistance to another professional. The process is thus, professional to professional (Hansen et al 1990), and can include a wide variety of activities and

relationships. Gonzalez et al (ibid) emphasise its indirect nature, i.e. that the activity of does not include face-to-face work with clients themselves. This idea of consultation has been challenged by others (e.g. Wynne et al 1986), who see consultation as more of a 'position' in relation to a difficulty rather than a specification of whom one might see.

Schein (1988) an influential writer in the field describes consultation as “set of activities on the part of the consultant that help the client to perceive, understand, and act upon events that occur in the clients environment in order to improve the situation“ (p88). Harper and Spellman (1994), describe it as: “A process involving a consultant who is invited to help a consultee with a *work-related issue* (my emphasis): The consultee may be an individual, group or organisation (who) enters into a negotiated contract with the consultant, agreeing the boundaries of time, place, and focus of consultancy work” (p384).

It is clear from the range of descriptions above that consultation is an elusive term that defies definition, but people appear to 'know' what it means. Key elements seem to be that it tends to be about working contexts, and to be professional to professional. It is a problem solving process, involving a 'collegial relationship', involving a consultant, a consultee, and a client (Hansen et al 1990) although the distinction that is made between consultee and the client is not clear.

It is evident that a conceptual frame is important and most writers on the subject articulate their own conceptual ideas (Moore 1998; Hansen et al 1990; Schein 1988). Hansen et al (1990) for example, suggest five parameters as requirements to have clarity for consultation: concepts; goals; rules; set of processes and ideologies

So what is its nature? How does a consultant decide what is a 'work-related' issue? What are its boundaries? What action should be taken if the work related issue becomes personal?

The inference is that consultation is a contracted conversation with a requirement for all the sides to the conversation having a level of agreement about its nature. It also implies that the consultant has something to offer the consultee or the commissioner, say some form of expertise. Schein (1988) is helpful in this regard. He emphasises the relational aspects of consultation, and argues that the relationship is, in itself, a major intervention, that will have an impact on the process. This idea is familiar to consultants from a clinical background, but reminds us that relational aspects of consultation include the significance of the contract for work and the necessity (he suggests) of involving the client in an *'up front process of figuring out each step'* (Schein 1988), including joint decisions and joint ownership of all interventions. Otherwise, he argues that the process becomes a 'mandated intervention' preventing participants from having a genuine choice about whether to reveal themselves or not.

The focus of consultation

What writers mean by 'focus' appears to reflect their conceptual thinking about its nature. Obholzer (1983) for example, from a psychodynamic perspective, argues that the focus of consultation is the dynamics of the group, not necessarily individuals within it. Hansen et al's (1990) more generic conceptualisation is 'helping people to solve problems', either individuals, groups or organisations, and focussed on a client; a consultee; the 'programme' or 'programme administrator'. For them, consultation appears to be less about dynamics and more about focussing on locating a 'problem' and attempting to resolve it (Hansen et al 1990 p8). It can be diagnosis, clarification or advice, and aimed at increasing the consultee's knowledge or capacity. Similarly, Schein's (1988) concern is more for 'human issues', and focuses on what he describes as the 'long range effectiveness' of the organisation or group to whom he is consulting (Schein 1988).

From the above, it is reasonable to assume that the focus of consultation is different things to different people, and in line with Schein, the negotiation of what consultation is, what it is not, and what its focus should be, becomes of paramount importance. Consultation appears to be anything that the parties to it want it to be.

There are however some common ideas about its aim. Obholzer's (1983) generic description is useful: Consultation is aimed at an improvement of functioning, and is about creating a space in which the organisation may look at itself. He includes a range of work group constellations, not necessarily the whole organisation. My reading of the literature suggests that boundaries around the 'consultation conversation' are a key to what it is. Writers make many defining distinctions, but whatever descriptive boundary is placed around it, becomes either theoretically arguable or negotiable within the making of the contract for work.

Obholzer (ibid) for example, describes from his perspective more what consultation is not, rather than what it is: it is not management; not supervision; not a therapy group; not a teaching seminar; not a work discussion group; not a staff group consultation. He considers that it is not a requirement that he (as a consultant) should have knowledge of the specific work of the working group.

Hansen et al (1990) are broadly in line with this view, in that the relationship of consultant to consultee is not one of supervisee and supervisor, and the work is neither 'treatment' nor teaching. However, whilst a distinction is made between consultation, treatment or therapy, therapeutic ideas and constructions are applied to the work (see for example Wynne et al 1986).

Another topic of debate is whether consultants can come from inside the organisation or outside (see Hansen et al 1990). Huffington and Brunning (1994) make a cogent argument for consultation from within the organisation, suggesting that being an 'internal' consultant (i.e. employed within the organisation and commissioned internally) offers the possibility of more involvement and commitment to change, whilst Wynne et al (1986) make an equally useful argument for the consultant to be able to take a 'meta' or outsider position in relation to the 'human system' that the consultant is working with.

The extent to which such a 'meta' is possible is questionable and depends how one conceptualises what it is to be 'outside' of something. This question parallels on-going and developing debates in the field of systemic thinking (see for example Hoffman 1993) Some earlier theorists (Selvini Palazzoli et al 1980^b) might argue that it is possible to hold an outside or 'meta' position. Later developments have suggested that it is not possible to take an 'outside' objective view (and therefore sees things more clearly or truthfully than the insider). From this perspective, all one can hope for is a 'different' view rather than anything else.

The position of consultant

Questions about the 'position' that the consultant occupies are of central importance, and yet there is little consensus about the issue. Perhaps the key idea is that consultants and consultees should be able to create a context in which different or fresh views emerge from the encounter, and that consultants can help their consultees to reflect usefully on their practice.

Schein's 'Process consultation' (Schein 1988) remains a particularly influential model within the field, and is helpful in clarifying the issue of position. Schein describes three models of consultation. The first two, the 'purchase of expertise' and the 'doctor-patient' model both focus on the 'content' of organisational difficulties or problems, whilst the third, 'process' consultation focuses on the organisational process of how problems are solved. Schein, unsurprisingly, considers that the process model is the most efficacious in that it involves the client in the problem-solving process and helps them find their own solutions.

In the purchase of expertise model, the client identifies a problem within the organisation and they purchase the expertise of the consultant to solve it. This requires an accurate assessment of the problem by the client, as well as the need to identify a consultant with the right knowledge and skills to solve the problem that they identify. The consultant's responsibility is to deliver the solution to the problem.

In the doctor patient model the client knows that there is something wrong but is not sure what the problem is or how to address it. The consultant is brought in to make a 'diagnosis' and to 'prescribe' a solution. This model also requires an accurate description of the 'symptoms' and that the best 'specialist' is recruited. It also requires that the client trusts the diagnosis of the consultant and the prescribed treatment for the problem.

In the process consultation model, a collaborative relationship is created between the client and the consultant, and it is the joint effort of both that, Schein argues, creates the potential for solutions to evolve that the organisation is more likely to implement. Schein (1995) describes this as a form of 'action research' in that the client is involved in the process of consultation from the beginning.

My view is that rather than 'models', these are potential positions for consultants to adopt in their approach to the work, and that consultants shift between these positions at various stages in the process. Crucially, however, it becomes imperative that the consultant should know when he or she is adopting a position, and know when they are shifting to another.

The Systemic Model

Broadening out the discussion so far about consultation, I want to turn toward the systemic literature on the topic in a more detailed way. This reflects my own interest in systemic thinking and practice, and assists my own orientation in the role of consultant. It is a very broad area of thinking and practice, and the following is inevitably a brief outline.

Pattern and connection

Systemic thinking is based on the premise that we are oriented, as human beings to see and act on the connectedness of things. When we observe connectedness, we see a pattern, and meaning arises from the interpretations we place on the pattern. Pattern leads to meaning or meanings (Campbell 2000; Campbell and Huffington 2008). A key premise for systemic practitioners is the idea that

behaviour acquires meaning from the context in which it is observed (Bateson 1978) and thus, an appreciation of context helps to make sense of a situation or communication (Oliver 2008). Systemic thinking offers a framework for making sense of the relatedness of everything around us, and the tools to observe the connectedness between people, things and ideas.

There are many strands to the development of systemic theory in its early stages mostly in the field of family psychotherapy. However, the following is an outline of some of the influential later developments in the field. I will also set out how these ideas have been applied to consultation and organisations.

Second order cybernetics

A significant turning point in systemic thinking occurred in the late 1970s when there was a shift from notions of 'observed' to 'observing' systems, often referred to as a shift from first order to second order cybernetics. Early theorists focussed on 'observed' systems in which the observer was considered to hold an 'objective' position in relation to the system in question, whilst in the latter, the observer was considered to be included as part of the system, and thus not able to take an 'objective' position. Von Foerster (von Foerster cited in Jones 1993), a proponent of second-order cybernetics, proposed that it was not possible to hold an 'objective' description or truth about that which was being observed. He argued that the observer brings a particular perspective: a history and investment in the meaning of the description, and is inescapably part of that which is being observed. The observer influences observations in the act of making them (von Foerster *ibid*). This move from observed to observing systems shifted the emphasis toward how the observer constructed that which he or she observed, and the reciprocal influence between the observer and observed.

Constructivism.

Following from the shift to second order to cybernetics, systemic thinkers began to consider the importance of the nature of knowledge they held. The constructivist philosophical tradition was significantly influential in this regard. Briefly,

constructivism was idea that people construct their own understanding of reality; that one's observations of the world or behaviour are mediated through our own constructions or interpretations; that what we observe is not necessarily a correct depiction of the world (nor the only one); we can never know what is 'really out there'. Similarly, Maturana and Varela (1980) (based on their work on biological systems) challenged the idea of a 'truth out there waiting to be discovered'. They mooted the notion of 'objectivity in parentheses', and multiple realities as a way of conveying the subjective nature of objectivity.

An influential idea that emerged from the work of Maturana and Varela's (1987) work, and directly applies to this study, was that of 'domains' of experience'. This refers to a way of defining contexts from which conversations arise. One or other domain may be identified as the strongest context or influence on communication. The model identifies three 'meta' contexts or domains: Production; Explanation and Aesthetics. These may be seen in the form of a Venn diagram of overlapping contexts that influence communication episodes or encounters. Briefly, the domain of production can be seen as the language of the 'What' – Operating from a belief in the objective world; of 'facts'; and one in which the idea of certainty is possible. It tends to focus on the technical: procedures; practice; diagnosis; testing, and measurement. The domain of explanation describes a belief in the more 'facilitative' position: An interest in the 'Why'. This operates from accepting or interest in multiple descriptions; of complexity; curiosity; and a desire to make connections. The domain of aesthetics refers to an interest in the 'how' of a conversation. It is within this domain that judgements are made about which of the other two domains to privilege; seek coherence or fit.

Social constructionism

More recently, the systemic 'movement' has been greatly influenced by social constructionism. It proposes that truths about the world are constructed in social interchange (Gergen in Hoffman 1992), and that knowledge (or truth) is constructed between us through language. Language gives meaning to our experience of the world we observe (including ourselves); we thus become a product of language

(Burr 1995). Social constructionism has provided practitioners with an increased interest in language as a means toward change; a possibility that through interchange or conversation and new realities may emerge.

Coordinated Management of Meaning

Within the broad church of social constructionism the work of Cronen and Pearce (e.g. Cronen and Pearce 1985; Cronen 1994) took the concepts of Gregory Bateson (1973), and built upon them. Bateson stands as a founding figure within the systemic movement, and the work of Cronen and Pearce has added to and enriched his work.

Coordinated Management of Meaning (C.M.M.) builds on the emphasis in Bateson's conceptualisation of systemic thinking of the relationship between context and meaning. It offers a model that helps make sense of the interplay between multiple contexts, meaning and action, and a way of exploring the way different stories fit together in everyday life. C.M.M. has been influential in the field of family psychotherapy and organisational consultation. It is especially pertinent to this study, and I will utilise aspects of the model within the discussion.

Pearce (2005) proposes a 'hierarchy model of actor's meanings' (p39); a notion of 'embedded contexts', in which meaning is dependent on the context in which it occurs, and that communication acts always occur in multiple contexts. C.M.M. proposes that there are 'hierarchical relationships among stories (contexts); that one story may serve as a context for the development and extension of others (Cronen1994). Contexts can be thought of as multiple, multi-layered, and in a circular relationship. Originally, (Cronen and Pearce 1985)C.M.M. put forward 'Family Myth'; 'Life Scripting'; 'Relationship'; 'Episode'; 'Speech Act' as being the five levels of embedded contexts within which meanings of action might be understood, each having influence on the other. Contexts are influential in shaping the meaning of communication and action. Such contexts carry rules for what counts as legitimate, obligatory, entitled or forbidden (Oliver 2008).

Contexts were conceptualized as in a hierarchical relationship in which those at the highest levels exerted more powerful influences on meaning than those at the lower levels. That is, 'higher' contexts or 'stories' imposed a downward contextualizing effect on those lower down this notional hierarchy, whilst those lower down have implications (or implicative force or effect) for those higher up.

The conceptualisation of a 'hierarchy' of meanings has been the subject of some debate; Hoffman (1992) for example, expresses concern about whether contexts are in a hierarchical relationship. She suggests that that which is a stronger or 'higher' category depends on which one is defined as such at any given time. Pearce (1994) appears to accept this, arguing that C.M.M. denies that there is any natural hierarchical order to the stories, and that hierarchy is related to the 'degree of effect' of the encounter rather than some natural hierarchical order of context. This is a useful idea in that it means that a context not necessarily defined as a 'higher order' category may well be the one that is the most influential in giving meaning to actions.

How systems thinking has been taken up by organizational consultants.

Systems thinking helps conceptualise interconnectedness in complex situations, second order cybernetics together with a constructivist approach helps to hold in mind the idea of multiple realities and that all such realities should be respected. Social constructionism, although from a different academic tradition, builds on the idea of multiple realities, and helps practitioners focus on the way in which organisational culture – the theories, practices, structure and operations that cohere to give meaning to the behaviour of the people working in the organisation (Campbell 2000), which over time become patterned in people's minds, and becomes 'this is the way we do things here'. Importantly, it enables us also to appreciate the significance of the way in which relative power has the capacity to construct reality. These are useful ideas when considering the nature of organisations, which are self-evidently complex systems containing many voices, views, perspectives, and relationships that are based on differential power.

From a systemically informed perspective, organisations are seen as being made up of interacting parts that never settle into a fixed entity, always changing through the interactions of its members. The role of the consultant is focussed on mutual exploration of patterns of interaction that have given rise to people in organisations at any or all levels becoming 'stuck' with particular meanings of events, and helping the organisation to find new meanings.

The systemic model, through a range of talking techniques, provides a manageable framework for the continual search for meanings, building a picture of the ways parts of a whole are connected in order to identify many possible meanings from which to construct an understanding of what is going on (Campbell and Huffington 2008). The systemic consultant is, within this process a 'participant observer' with 'different' perspective rather than someone with more or less knowledge about a situation. It is the adoption of a more egalitarian rather than an expert position.

Systemic practice is a change-oriented approach. It offers a very wide range of techniques and interventions designed to help people reflect on, change or develop the meanings attached to events. Whilst it is not within the scope of this study to describe all the interventive strategies, I want to focus on a further aspect of Coordinated Management of Meaning, and to enlarge the discussion on Maturana and Varela's and Domains of Experience as they apply particularly to consultation. Both these ideas have been embraced by Christine Oliver (2005), and will be referred to later in the Discussion section of this study.

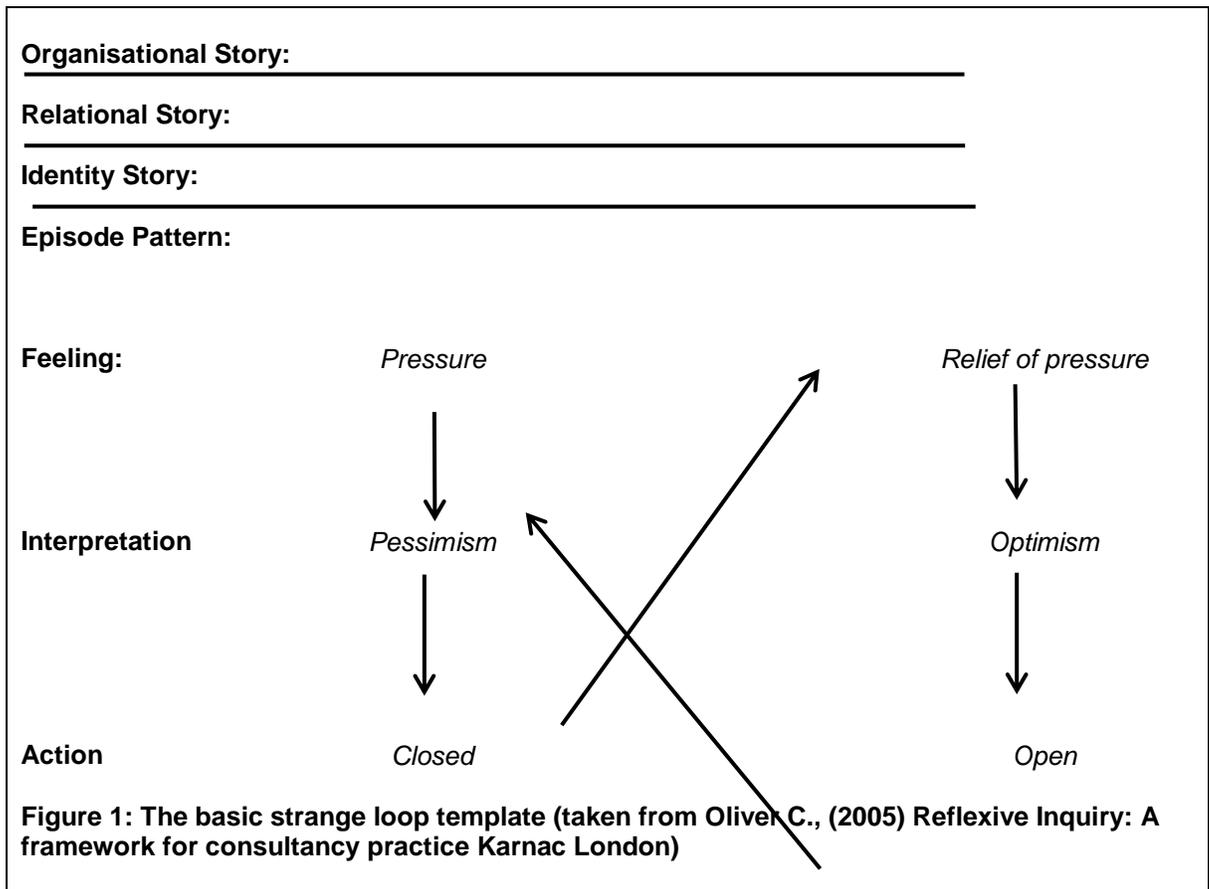
Following Cronen and Pearce's hierarchical model of communication, Oliver (ibid) develops these meaning contexts in a way that is specific to organizational life. She proposes that in organizations, communication between people to the encounter is shaped by a hierarchy of embedded 'contextual stories' that exert influence in the moment that the interpretation of the communication is made (Oliver 2005). This Oliver describes as an 'interpretive act', conveying the idea that one's interpretations have a powerful influence in shaping the next action. She

proposes that such contextual stories might be described as 'organizational stories'; explicit and implicit stories about the ways things are done; relational stories: who we are/can be and should be in relationship; identity stories: stories of who an individual is can and should be in an organization; episodes of communication that give meaning-for example, a meeting or other organizational encounter; and a pattern of connection, that are made up of feeling, meaning, and action. Actions, speech or behavior may be seen in any of these meaning making contexts. Such stories are subject to the previously described contextual 'downward' and implicative 'upward' forces set out by Cronen and Pearce (1985) providing a means by which behavior and meaning at lower levels is affected by patterns and meaning at higher levels, and vice versa and the culture of the organization changes over time.

Charmed Loops and Strange Loops: Often, there is no noticeable conflict of meaning between contextual levels; there is a 'fit' between meaning at one level and another, with each person's perception and actions leading to a confirmation of the belief or interpretation of the event, confirming that no different action should be taken. These are referred to as 'charmed loops'. However, there are times when parties to the relational episode experience a kind of 'double-bind' in which the rules at one level are in conflict with the rules at another. These are described as 'strange loops', in which the meaning of the action in one context disconfirms its meaning in another. Strange loops might be thought of as internal conversations in which individuals thoughts about action become self-defeating, as they loop between meaning contexts.

One of the clearest explanations and one that is pertinent to organisations is that of Oliver (2005). She describes strange loops as polarized patterns of interpretation and action sliding from one position to its opposite with 'no stable vantage point'. Oliver elaborated these loop metaphors as part of her framework of 'reflexive inquiry' (Oliver 1996; 2005), introducing the idea that such loops or patterns were episodic and took place within higher cultural, relational, and identity contexts. The

following, taken directly from Oliver (2005) shows a generic version of a strange loop within an organisation:



As can be seen, an episodic pattern takes place within a set of contextual stories: organisational, relational, and identity. A feeling, of pressure, for example of frustration or say a sense of feeling marginalised by one's manager, leads to a pessimistic interpretation that provides a context for a closed action- 'it's all that manager's fault'. This leads to a relief of pressure, and a more optimistic interpretation, providing a context for more open action: 'No it's not their fault, they're doing their best'. This in turn, leads, in a figure of eight pattern, back to a sense of frustration when nothing changes and a pessimistic interpretation that nothing will ever change and so, in a self-defeating loop of interpretation.

To illustrate this idea further, a very simple example may be a staff member in a children's home, drawing on what he or she perceives as the culture of the

organization (a higher contextualising story) may feel the pressure of ensuring that all the documentation for a young person is in order. This however, takes him or her away from direct contact with the young people. Although she has a sense of satisfaction that she has done her job according to what she believes her organization requires, she experiences a sense of discomfort about her not engaging enough with the young people, leading her to spend more time with them. She feels more satisfied that she has done a good job in terms of her relational or identity story, but has neglected her paperwork, but then experiences a pressure to complete it. Although she does not feel good about not spending time with the young people, she spends time doing her paper work. And so on.

Domains of Experience -The basic notion of domains of experience has been briefly described above. Organisational life can be thought of in these terms. Taking each suggested domain in turn, the domain of production, suggests one that might be occupied by managers concerned with output, e.g.: developing strategies to run the 'business'; the efficient use of time, making best use of investment of resources and so on. Managers in organisations develop a language of 'production' and interpret action within this domain. There may be times however when they shift into the domain of 'explanation' - they are required to act as members of a team, or supervise a team in order to ensure that the 'core task' is delivered. This may require a more understanding, relational approach toward team member's individual needs, in order to support and value them. Managers thus occupy both domains, and depending on the situation, they may occupy one more than the other. Similarly, non-managerial staff may also occupy both domains, but perhaps more likely to occupy the domain 'explanation' – concerned for example about getting on with their team members; covering each-other's work; ensuring that their relationships are maintained. There may be times, however when they occupy the domain of production, say, connecting with the need to produce more work to ensure that their employment is maintained. The domain of aesthetics may be more reserved for a developmental model of a supervisory relationship, in which 'common ground' between production and explanation is sought.

The idea of domains of experience is useful when considering the way in which people in organisations frame their experience of events, or for the purposes of this study- consultation.

Some reflections on the systemic model

Systemic theory is a collective or umbrella term for a very broad range of ideas approaches and techniques. It now has had a long history of development, and there are some core ideas about the terms used. However, it is difficult to find a straightforward coherence of ideas, and going debates remain about the model and its practice. The systemic model is a metaphor, not a theory. It provides a 'viewpoint' from which, and a framework within which to understand, that which is being observed.

It is a model that takes account of complexity. Whilst this is an advantage, its tendency toward complexity may prevent practitioners from seeing simple explanations and offering simple solutions. The model provokes enquiry and many of the techniques support such a position. For this reason, practitioners may have to guard against continuing enquiry when it may be time to draw conclusions and offer solutions.

Furthermore, one limitation of the model is its ignorance of emotion. There is little evidence in the literature of emotions being explicitly addressed, even though, pertinent to this study on organizations and consultation, "every organization is an emotional place...because it is a human invention, serving human purposes and dependent on human beings to function...human beings are ...subject to anger, fear, surprise, disgust, happiness...joy, ease or unease" (Armstrong 2004). My view is that emotions are embedded in the approach, perhaps by empathetic practitioners. Latterly, there have been attempts bring 'feelings' into the language (Oliver 2008). The model tends to focus more on external interactional relationships and context rather than the internal world of individuals. It has already been explained that systemic theory holds on to a belief that 'without

context there is no meaning' (Bateson 1973). This focus on context, culture and the structure of organizations may mean that the subjective experience of individuals risks being seen as of marginal importance. Systemic approaches tend to assume that a change of culture will effect a change in individual experience, although attention is paid, certainly with the developments of constructivist and social constructionist frameworks, to people's individual constructions of their experience.

Guidelines for practitioners emphasise ideas of 'respectful curiosity' (Cecchin et al 1987) and its many descriptions. Whilst I consider that the framework has moved on, this is still a very influential premise in its practice. It relies on the idea that aiding participants to reflect on behaviours interactions and meanings will enable them to bring about change in a consensual way. In my view, this risks a kind of moral neutrality, in which all organizational views are acceptable and have to be worked with. I am not convinced that it has developed its thinking concerning abusive relationships within organizations or has the methodological framework to pursue this issue effectively.

My own practitioner approach.

My own approach to consultation is what I might describe as 'systemically informed'. I am interested in the idea of multiple perspectives and in a search for the 'other' perspectives or accounts of events or situations that have yet to emerge. I am curious about the many contexts in which people and teams operate and from which they draw meaning for their work. I pay attention to those meaning-making contexts that are privileged at any one time or for any one action, and draw consultees' attention to those meaning-making contexts that may be being ignored. By acknowledging with consultees contexts that are most influential, and those that are marginalised, consultees are able to reflect on the dilemma in which they find themselves and search for new action or positions to adopt.

The influence of the systemic approach in this study.

In the methodology section of this study, I briefly set out my 'world view'. This has been much influenced by systemic thinking in my approach to my work and this study. I have preference for multiple understandings of situations; a belief that things can be viewed from many different perspectives; and a belief in the interconnection of parts; meaning and action. I have chosen a methodological approach that 'fits' with the idea of multiple meanings, and have positioned myself as a curious, but interpreting co-participant. I have attempted to hold a position that aims to have an understanding, albeit necessarily partial, of the culture of children's homes from the perspective of workers and managers working within them, to enable me to consider, as a researcher, how the culture exerts influence, enables and disables workers and managers in consultation.

In this next section, I will summarise a number of facets of my thinking so far to provide a rationale for the investigation.

The rationale for the study

In the previous section, I describe the contexts, both socio-political and practical, in which members of staff in homes operate. I also set out how I position myself in relation to my consultation work and my orientation as a researcher. The following focuses the numerous strands as a rationale for the study.

Social work including residential work has faced many changes in approach: the introduction of new legislation; increasing government and management scrutiny; restructuring of services; the requirement to acquire new skills; a continuing lack of clarity in relation to policy; a very rapid pace of change; an increase in the volume and complexity of practice guidelines; and a concomitant increase in administrative tasks.

This has taken place within in a climate of changing approaches toward the public care of children and continuing uncertainty about the future of children's homes.

The young people who are now placed in children's homes have increasingly complex difficulties whose needs are harder to manage. Residential work is a complex and difficult task, workers undertaking multiple roles and required to manage many demands on their time.

It is within these interrelated and changing contexts that staff members have to work. These contexts act as a complex meaning backdrop to their daily functioning. The literature highlights the effects of the multiplicity of contexts: on morale, on their sense of agency, and how they relate to each other. Thompson et al (1996) have argued that the culture of social work is resistant to change. The strong professional culture, when faced with the changes that have been demanded of it have led to a 'culture of stress' in which instead of 'positive problem solving the culture is more related to 'anxiety avoidance'.

A number of studies note the benefit for workers of receiving advice from external specialist professionals and psychologists about specific behaviours of the young

people in their care, whilst others, notably Hicks et al (2007) emphasise the importance of homes managers in the support and supervision of their workers in dealing with the everyday dilemmas about the work.

Consultation is an elusive, difficult to define term. It is striking that much of the literature on consultation describes and argues for models rather than investigates recipients' experience of it. Few studies look at how the receivers of a consultation service view consultation or its meaning to them. Although there is extensive literature on the culture and context of residential work and its effect on members of staff, there is little on how such contexts frame the meaning that they place on the support (through consultation) that they receive; how they conceptualise it; how they understand and use it and their relationship with it. My own clinical experience would suggest that these features are crucial to how they understand and use it.

In the Local Authority that is subject to this study's investigation, consultation was a response by managers to the perceived needs of residential workers. It is clear that this response was in the '*avant garde*' of thinking about supporting members of staff. It was an acknowledgement that the work made many demands on them. The work was undertaken by a range of Child and Adolescent Mental Health practitioners, from two Health Trusts.

In my own consultative work with workers in children's homes, it appeared to me, at times, that they were anxious about their work. During consultation meetings, workers appeared to find certain areas of conversation difficult to engage in, especially when talking about their worries about the work. I wondered to what extent workers were able to bring particular anxieties into the 'consultation room'. Did they use consultation in order to contain their anxieties or did they worry that an expression of anxiety might be seen by others as an expression of failure?

Furthermore, workers' choice of issues to bring to consultation, led me to wonder how such choices were made. I wondered to myself whether such choices were

connected to issues of power or authority within the staff group, or between workers and managers. Workers, and sometimes managers appeared anxious about 'getting it right' or falling foul of a Departmental policy. There was talk of 'covering your back'. Whilst this was usually in relation to decision-making about the young people, staff members seemed also concerned about getting it right in the consultation room.

The consultation service was centrally commissioned by senior managers. What might it mean for workers that managers have arranged an on-going consultation service for you? Was it seen as a supportive structure, or did they worry that their manager's might think that they were incompetent? Was it there to help you (the workers) manage or there to help them (the managers) manage?

An early influential paper in the field of systemic psychotherapy by Selvini Palazzolli et al (1980^a) drew attention to the importance for therapists of an understanding of the relationship between the client and the referrer. Parallels can be drawn between the 'referrers' (in this case, the managers of residential services) and the 'clients' (the staff team in the homes), and it is important for consultants to appreciate the relationship that exists between managers as commissioners and members of staff as receivers of the service.

Consultation as staff members' support

In the Local Authority that is the subject of this study, commissioners for the service saw consultation as part of the support structure to their members of staff. 'Support' was not clearly defined: Was it advice? Was it supervision? Was it being supportive? Bearing in mind the working experience of workers in homes, was it management of their stress? What should be its aims and focus? To what extent is it permissible to think about change, or just 'supporting' what is?

In the hope that some of these questions may be resolved, this current study undertook to appreciate more about the phenomenon of consultation to residential workers and managers within the context of their organisation. The lack of clarity

about consultation as described above adds a further dimension of complexity to the study.

The consultation service that was the focus of this study.

Consultation to this particular Local Authority Children's Services Homes had been taking place for a considerable length of time (in excess of 8 years) and was a well-established part of both the expectations of managers and of members of staff in the homes. It was widely seen as an obligation by the two CAMHS services and managers across Social Care and CAMHS that consultation to staff members should take place. It was an expectation that each CAMHS team should provide consultants, but individual participation was voluntary, in that practitioners were not obliged to offer consultation, but did so because of an interest in developing their skills in this area of work.

Deciding on a consultant or consultants (it was deemed important that two practitioners undertook the work) was a process of negotiation between Senior Managers, Homes Managers and workers, a coordinating practitioner from CAMHS and likely consultants. Although there was an attempt to 'fit' practitioners to the preferences of the children's homes staff team, the pragmatics of time constraints, availability of consultants and so on meant that 'fit' was a matter of compromise between CAMHS and staff members.

Practitioners came from a range of professional backgrounds: psychiatry; psychology; social work; child psychotherapy; family therapy; mental health nursing and social work. The range of consultation on offer was also broad, reflecting practitioners' particular disciplines and approaches. These included straight advice; group and team development; exploration of the inner world of children's experience, and staff support in its broadest sense.

This study did not focus on any particular theoretical approach or model of consultation nor argue the efficacy of such approaches. There were two main reasons for this. Primarily, it was because there was no consistency of approach

or common model across the homes in the Local Authority, it being offered by a range of C.A.M.H.S practitioners to staff. Pragmatically, in order to gain any size of data, the study had to focus on 'consultation' as a whole, in all its various dimensions.

The range of models of consultation that this study was attempting to investigate, were those most likely to be used by mental health practitioners, and so were based more on conceptual and theoretical frames borrowed directly from psychological or psychotherapeutic models. To this extent, it continued with high levels of idiosyncrasy between consultants and between each home. The second reason was that the intention of the study was aimed at discovering more about the phenomenon of consultation to workers and managers within a Local Authority service. It offered the opportunity to the staff team of describing their experience of consultation within their own meaning framework.

The aim and focus of the study

Approaching the study and connected with my own experience as a consultant, I wanted to find a structure that might help reveal some of the complexity of consultation. What was it to the staff team in homes? What did they think about it? What was helpful or not helpful? What could and what could not be talked about; what enabled or prevented people from making good use of it? These seemed to be questions of culture. Why are things done in this way? It followed that the focus of the study should relate to the meaning of consultation within this particular residential child care culture. The questions related to this aim.

The aim of the study was to investigate how staff members in children's homes made sense of the consultation that was offered to them. Underlying the investigation was an interest in the extent to which organisational culture and discourses contextualise their sense making, and a further interest in exploring the conflicts and dilemmas that arose for them in the consultation process, and their effect on the encounter. An important consideration was the extent to which consultation was or was not helpful, and an appreciation of where it might fit into the work of the staff team in Children's Homes.

The Research Aims

The aims of the study were as follows:

- To investigate the meaning of consultation to staff members and managers in the context of their work in local authority children's homes.
- To investigate the complexity of the contexts (emotional, social and organizational) that contribute toward the meanings that staff members place on consultation.
- More specifically, to investigate the beliefs and understandings about consultation held at different levels of the organizational hierarchy within L.A. children's homes. This was particularly with regard to its function and utility within this context.

- Furthermore, to investigate how beliefs about consultation held at one level of the organization, organize and are organized by those held at other levels.

Focus groups were used throughout the study to gather data on:

- **How workers and managers in Residential Children's Homes (R.C.Hs) thought about consultation**, its role in helping them make sense of their work, their responsibilities, and how they manage work related dilemmas.
- **How consultation, as a phenomenon, was understood by members of staff and managers within the context of their everyday work.** What influences them in making sense of consultation? How do the organizational meanings placed on consultation constrain or enable them to make use of it? How is consultation conceptualized by participants at different levels in the organizational hierarchy?
- **What meaning do members of staff at those different levels give to consultation within the culture of residential services**, and in their relationship with the wider organization? Do they see consultation as useful or as part of a wider structure for managing them?
- **Which issues do they bring to consultation and which are they constrained from bringing?** What issues do staff members and managers consider that consultation is able to address?

Methodology

Methodology

The primary focus of the research project was to explore the place of consultation to workers in the context of their work in local authority children's homes.

Using focused discussion groups, data was gathered to investigate how members of staff in Local Authority Children's homes made sense of the consultation that was offered to them. A qualitative method; Interpretative Phenomenological Analysis (Smith and Osborn 2003) was used to analyse and interpret the data.

The Research Questions

A number of research questions were drawn from the aims outlined in the previous section as follows:

- **How do staff members and managers in Residential Children's Homes (R.C.Hs) think about consultation;** its role and value in helping them make sense of the dilemmas arising therefrom?
- **How is consultation understood by workers and managers within the context of their everyday work experience?** What influences their understanding?
- **How do they use consultation? What constrains that utility?** How does the way it is understood enable or constrain its use?
- **What meanings are given to consultation by members of staff at different hierarchical levels within the residential service?** Is it useful to them as staff team members or is it seen by them as part of a wider structure for managing them? What issues are taken to consultation and what issues are staff members constrained from bringing? What issues do workers and managers consider that consultation is able to address?

Orienting assumptions

Approaching the study, it was important to acknowledge the assumptions that I brought to it including my own pre-existing orientation and preferences about the 'shape' of the world (Miles and Huberman 1994). By this, I mean what, for me; constitute knowledge and reality, and thus part of my conceptual framework approaching the research question. These assumptions led directly to the choice

of methodology, the way in which the questions were both conceptualised and formulated, and how the data was understood.

My professional background is in systemic psychotherapy and social work. Many of my assumptions are in line with systemic ideas, particularly the idea of holding inter-relational hypotheses about the meaning of action and behaviour, and the inter-subjectivity of experience.

World view

I prefer the broader term 'world-view' rather than the term epistemology. It lends itself to a more inclusive array of rationales for approaches to enquiry than a narrower adoption of a philosophical position about what constitutes legitimate knowledge. The term incorporates a range of ideas that might describe the complex position that a would-be researcher brings to their 'observer position' in any enquiry. It goes beyond the dichotomy of *positivism*, (associated with the idea that legitimate knowledge is that which is replicable, generalizable, and the quantification of data as a basis for hypothesis testing), and *post-positivism*, (related more to human and moral sciences, and more with qualitative research methodologies). I have found a 'lens' analogy (Hoffman 1993) useful in thinking about 'world view'. It acknowledges both the subjectivity of the observer but also the ability to reflect on such subjectivity. I find it impossible to wholly 'theoretically track' why I adopt the position that I do in relation to my work (and research approach). One comes to think the way one does from a combination of different stories of self, connected with, for example, family history; socio-political values; or acquired professional experience. Reflecting through the lens of any one of these might give me a perspective on why I think the way I do. I came to the project with some, inevitably over simplified, statements about my position. I find that these largely coincide with a constructionist perspective:

- Most importantly was the idea that there are many different ways of looking at and explaining events and situations; that legitimate observations and interpretations of events are not just mine as researcher. My views and

explanations of phenomena co-exist alongside those of others, including participants. Any research method adopted needs to incorporate this idea.

- An appreciation that linear explanations of phenomena rarely provide a complex enough account. Any research method should enable me to encompass complex accounts of phenomena.
- The idea that it is important to understand events and situations within their context. Context provides the meaning of events, situations and behaviour, and any situation, behaviour or event can be has a number of 'contexts' in which it can be understood.

A qualitative approach offered the potential of remaining consistent with these assumptions, whilst also offering a structure around which to organise complex data.

Pragmatic considerations

The methodological approach to the project also needed to be consistent with its aims and focus:

A qualitative approach

A qualitative approach is one in which the concern is with the description of constituent parts of an entity, most usually contrasted with quantitative approaches; more generally concerned with counting occurrences (Smith 2003). Qualitative approaches aim to provide rich or thick descriptive accounts of the phenomenon under investigation (Smith 2003). Strauss and Corbin (1990) describe qualitative research by what it is not rather than what it is: "By qualitative research we mean any type of research that produces findings not arrived at by statistical procedures or other means of quantification".

The aim of this project was to gain a broader understanding of the meanings that members of staff in homes attach to the consultation offered to them. It did not appear to lend itself to a quantitative approach. It was aimed at not making judgements about the efficacy or quality of consultation, but more at the 'quality

and texture' of the experience (Willig 2001) of staff members in homes. This was likely to be a complex matter with many layers of meaning. A qualitative study lent itself to the possibility of a structure for gathering a rich data set as well as one within which to make sense of and account for the complexity of participants' experience.

Methods considered.

The intention of the investigation was to go beyond the gathering of 'feedback' about workers views of consultation to an in depth appreciation of the meaning that they attached to it. The method adopted needed to be one that enabled me to explore consultation within the context of the organisation.

Henwood and Pidgeon (1992) suggest that key aspects of phenomenological approaches include "an emphasis on description rather than explanation...and an attitude towards theorising which emphasises the emergence of concepts from data rather than their imposition in terms of *a priori* theory". This project demanded both a descriptive account by staff members of the consultation they experienced, and the potential of offering tentative explanations of that experience, derived directly from the data. A qualitative approach seemed to lend itself to this focus.

A constructivist paradigm argues that all data is mediated through the lens of the researcher. One question that arose was the extent to which the researcher had an obligation to faithfully represent the voice of the participant, contrasted with the extent to which he or she should interpret the data to find meaning. A key aspect of my thinking was that the method chosen should enable me to stay as faithful as possible to views of participants, whilst also acknowledging my own frameworks and interpretations.

One method available was Grounded Theory (Henwood and Pidgeon 1992). This approach, developed by Glaser and Strauss (Glaser and Strauss 1967; Strauss and Corbin 1997) as a means of theorising in sociology, has been widely adopted in the field of psychological research. Charmaz (2003) describes grounded theory

methods as “systematic, inductive guidelines for gathering, synthesising, analysing, and conceptualising qualitative data to *construct theory*” [my emphasis]. The original aim of this current study was less to construct theory but more to appreciate what meanings members of staff and managers in children's homes give to consultation- its emphasis was on meaning.

Other approaches were considered, but did not seem to fit with the aim of the research. For example, discourse analysis, whilst offering schemas for systematic analysis of data, focused more on how participants draw on discursive resources and their effects (Willig 2003), and as such offered a different order of meaning than that intended by my study, which focussed on staff members' experience of consultation rather than the linguistic structures contained therein.

Interpretative phenomenological analysis

Interpretative Phenomenological Analysis (IPA) is one qualitative approach to psychological investigation. It appeared to offer a number of advantages for this study: it fitted with my 'world view'; it had a systematic schema for managing complex data, and it incorporated the potential for a detailed examination of participants' 'life world' (Smith and Osborn 2003).

Briefly, IPA is concerned with the exploration of individual experiences and meanings. It attempts to explore personal experience and is concerned with an individual's personal perception or account of an event, as opposed to an objective statement of the event itself. Its aim is to capture an experience and to unravel its meanings from the point of view of those who experience it (Willig 2001) ; to explore the participant's view of the world and to adopt as far as possible an insider's perspective (Smith 1996). It is an attempt to unravel the meanings contained in accounts through a process of interpretative engagement with texts and transcriptions.

IPA emphasizes that research is a dynamic process between researcher and participants in what Smith and Osborn (2003,) describe as a “double-hermeneutic”:

“The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (p51). Larkin et al (2006) argue that its aims are, firstly, to understand participant’s life-world by focusing on participant’s experiences of an event or process and describe what it is like. Secondly, its aim is to develop an overtly interpretative analysis, ‘position(ing) the initial description in relation to a wider social, cultural, and perhaps, theoretical context’.

The approach provides opportunities to think about meaning and sense making of phenomena, but also legitimates the subjectivity of the researcher, through their interpretations. IPA, Willig (2001) argues, “accepts the impossibility of gaining direct access to research participants’ life worlds”. Such an exploration must inevitably be mediated through the researcher’s own view of the world as well as the nature of the interaction between researcher and participant. It is thus always an interpretation of participants’ experience’. As such, it offered broader scope for the researcher to interpret the data gathered within a broader frame of reference.

Grounded theory, as with IPA relies on the researcher staying close to the available texts in order to build theory. However, my reading of the literature suggested that there was a potential for the researcher’s perspective to become absent from the process. In contrast, IPA appeared to offer a framework to legitimise my interpretation of the data, and bring my own experience to bear on it. Whilst grounded theory was considered as an alternative methodology, it did not offer the interpretative framework available within IPA and seemed more suited to the development of theory than an appreciation of members of staff’s experience.

IPA appeared to share many of the practical approaches of other qualitative methods, particularly Grounded Theory, especially in terms of the analysis of the data. Grounded theory, whilst a sound, well-documented method, seemed to be able to be applied from many epistemological positions (Glaser and Strauss 1967). IPA, on the other hand, offered a clearly signposted way of dealing with the data,

and a 'stance' or perspective from which to approach qualitative analysis rather than a distinct 'method' (Larkin et al 2006).

The questions posed in this study required an appreciation of workers' and managers' experience of consultation, and sought to understand its meaning to them. The method needed to be one that might accurately track participant's experience, but also offer the possibility to interpret meanings placed upon it. The study intended to go beyond individual personal perceptions and gain a broader organisational understanding of consultation.

The study was partly ethnographic in nature. Whilst focussing on a specific phenomenon, the study placed emphasis on an understanding of consultation from the staff members' viewpoint, within its broad organisational context,

A key assumption in this project was that context gives meaning events. It creates dilemmas for staff members about the work, and at least partly constructs what consultation means to them. It was an important feature of the study that I might be able to say something about this organisational culture; to begin to understand belief systems within the organisational context that gave meaning to workers' and managers' experience, including that of consultation.

Focus or conversational groups

Workers in the homes already received consultation as a group. I considered it useful that the data gathering might also be conducted in groups. This was for two reasons. Firstly, the team were already used to meeting together. Secondly, consultation meetings were also conducted in groups, and data gathered through group discussion would give rise to a 'group experience' of consultation. Furthermore, a group discussion might also provide an enriched data set for the study.

Focus or conversational groups (Wilkinson 2003) were convened. These were made up of staff from different parts of the hierarchy of children's homes.

Questions were posed to the focus groups for their consideration and discussion based on a semi-structured prompting schedule (See Appendix vi)

Kitzinger and Barbour (2001) define focus groups as group discussions exploring a specific set of issues. The group is 'focussed' in that it involves some kind of collective activity'. Focus groups feature the explicit use of group interaction (Piercy and Nickerson 2005; Kitzinger and Barbour 2001) to generate data, seeking information about the groups views and experiences of a topic. Their main purpose is to draw upon respondents' attitudes, feelings, beliefs, experiences and reactions that would not be feasible using other methods (Gibbs 1997). They are particularly suited to obtaining several perspectives about the same topic.

Focus groups provide the opportunity for gaining insights into people's shared understandings of everyday life (Gibbs 1997). They are distinct from other group interviewing processes in that they rely on the interaction between group members around the research topic. A key characteristic is the insight and data produced by the interaction between participants (Morgan 1997).

Such groups are 'organised' and 'selected' (Gibbs 1997) to gain information about a particular topic, drawing on respondents' attitudes, feelings, beliefs, experiences and reactions (Gibbs 1997). They are not spontaneous discussion groups, but organised specifically to discuss the topic of interest. Participants are a selected group who possess specific characteristics.

For this study, focus groups offered a number of advantages over individual interviewing for gathering data. They are considered to be a highly efficient method for gathering qualitative data, because it is collected from a number of people at the same time (Robson 2002), enabling the researcher to gain a large amount of information over a shorter period (Gibbs 1997). Robson (2002) suggests that participants in groups operate to 'check' on each other's views, re-evaluating or reconsidering their own in the process. Groups help focus on the

most important themes, are enjoyable for participants, who are both empowered and stimulated by it.

Wilkinson (2003) argues that focus groups offer participants the potential for intimate disclosure, and a “more comprehensive elicitation of individual’s ideas opinions and understandings (about a topic). (Co-participants) are likely to trigger memories, stimulate debate, facilitate disclosure and generally encourage the production of elaborate accounts. Focus groups are good for eliciting peoples own understandings, opinions or views, and how these are advanced, elaborated and negotiated in a social context” (Wilkinson 2003 p187). To some extent, this mirrors participants’ experience of the consultation process.

There are a number of pragmatic and methodological limitations for focus groups. Robson (2002), for example, argues that the questions put to focus groups, are necessarily limited by the interviewer’s area of interest which limits the responses of participants. Expertise is required to facilitate group discussion, to maintain focus and balance between participants, and to ensure that some views are not lost. Difficulties arise when the discussion topic is unfamiliar or not pertinent to participants, or their involvement or connection with the topic may mean that their contributions lack balance, or are difficult to control (Litosseliti (2005; Morgan 1997).

Whilst focus groups offer a compromise between the strengths of participant observation and individual interviewing, a number of writers (Litosseliti 2005; Morgan 1997; O’Donnell et al 2007; Robson 2002) comment on the effects of the dynamics within the group both on the data produced, and on what can be drawn from it. For example, biases emerge derived perhaps from power differences between participants or between participants and the moderator of the group. There may be a bias between participants in which strong personalities dominate the discussion and more reserved group members may be hesitant. There is also a risk that the interviewer ‘manipulates’ participants by encouraging them to

respond to his or her own prejudices. (Litosseliti 2005), or influence the group's interactions (Morgan 1997).

Litosseliti (ibid) argues that groups produce more 'emotion'. There is a tendency toward polarisation and the expression of extreme, or the opposite, conformity of view between group members. O'Donnell et al (2007) consider that in focus groups, judging the strength of opinion is problematic and inferring attitudinal consensus is misguided. They suggest that whilst it may be possible to conclude that there is an issue across groups, it is not possible to measure or judge the relative strength of opinion about such an issue. Moreover, it is not possible to distinguish between the group and the individual view, because responses are not independent of each other (Stewart et al 2007).

The complex nature and the high volume of the data produced in a relatively unstructured way in focus groups, does not lend itself to summary analysis, interpretation, or reporting (Litosseliti 2005). Wilbeck et al (2007) suggest that reports based on focus groups studies often present quotations from one individual at a time, giving the impression that individual viewpoints can be isolated from the context in which they are expressed. Thus Stewart et al (ibid) and Litosseliti (ibid) believe that results from focus group research are limited in their generalizability, both because of the dynamic nature of the data, but also because sample sizes tend to be small.

However, in response to the above concerns, this particular project has not set out to gain measurable, quantifiable or controlled data, but to gain access to staff members' beliefs about residential work and consultation. From this perspective, it may be seen as an advantage that one is not gaining an individual view, and that the effects of the dynamics of the group may mean that the data produced is richer in its content. Whilst I accept that results may be limited in their generalizability, the findings may still be able to contribute toward knowledge of the phenomenon of consultation to this particular staff group. Data produced from groups has

considerable validity in gaining insight into the cultural context in which they operate.

Group facilitation.

Experience suggested that unless groups were positively led it could be difficult to focus the conversation on the area of interest, supporting Robson's (ibid) view. For these reasons, and more pragmatically, because the project involved no other researchers, I decided to take a lead role in facilitating each group.

I anticipated that there might be both advantages and disadvantages to my taking the lead role. For example, I would be more likely to be able to keep the focus of the group centred on the area of interest. By being part of the discussion, it might also allow me to stay 'closer' to the data at the point of its generation, providing me with greater familiarity with the content and process of the conversation. On the other hand, I understood that leading the discussion might give rise to biases, both from the style of question generation and my interpretation of responses, in a way that might limit participants' responses, or 'shut down' other potential avenues of exploration.

I anticipated that an ethical issue might arise from me, as a practising consultant, adopting the position of group leader. Some participants might be constrained from expressing their views about consultation knowing that I acted as a consultant to a staff team. For this reason, I decided to step back from the role of consultant during the period of the study, and in my introductory discussion with participants, I would be 'transparent' about my status.

This study was looking for a rich data set. Focus groups were seen as an effective way of achieving this aim. Whilst they offered the possibility of gaining a range of ideas and opinions, their use would also offer access to shared beliefs and meanings not only about consultation, but also about the organisation itself.

I considered that a series of group discussions, particularly where each group was convened from one home, would be more likely to provide data about the shared experience of workers' immediate working context and where consultation fitted in to it. This was based on the assumption that members of staff at similar hierarchical levels would have some homogeneity of experience of life in a particular home; a shared the experience of a home's routines, rituals, and way of doing things.

The aim was not to achieve a random or representative sample population of the organisation or work group, but more to explore the perspectives and understandings of team members across a range of children's homes. I anticipated that views of consultation and its meaning were likely to be 'coloured' by both the culture of each home and the organisation. I considered that this 'colour' would emerge more clearly from a focus group. Each group constituted a theoretical sample, and, taken as a whole, they constituted a series of theoretical samples or individual case studies.

A number of writers, (Gibbs 1997; Kitzinger and Barbour 2001; Piercy and Nickerson 2005) have drawn attention to the importance of the interactional aspects of group experience and it is well argued that these are key elements of the richness of data gathered. Participants at basic grade staff, and assistant manager levels were drawn from their 'own' home, and thus brought their own individual and collective experience into the focus groups. I took it that the contributions of participants were a reflection of not only their own accounts, but also the influence of the group on those accounts. For example, it was noticeable that at least on one occasion, participants finished each other's sentences.

A focus group approach's main methodological limitation is that by implication the researcher only has access to the views and opinions generated by the group. The discussion cannot be unbiased, in that it is a reflection of the dynamics between participants and interviewer within the group. My interest in this study was to understand how participants' beliefs about consultation were constructed by

the organisational meanings attributed to it. From this perspective, bias within the group was acceptable.

Representativeness.

It was acknowledged that the study would be likely to be limited in its claim to representativeness. It was focussed on the staff members of residential children's homes in one Local Authority. Its scope was limited by its size and the population from which the participants were drawn. Furthermore, focus groups are limited in their representativeness in that they only 'represent' their own view or perspective on a topic, and together with other group members provide a dynamic co-construction of thoughts and ideas. One cannot claim that they represent a broader frame of thought or view.

What did I hear?

From my broadly constructionist perspective, I took the utterances of participants to be a representation of their reality of consultation within a social care organisation. I did not take this as a 'direct' experience, but as an account or story, mediated through many filters: For example, through their personal or professional sense of themselves; through time; through the effect of the interaction of the group, including myself as leader. What I heard was also mediated through what I brought to the encounter: My personal and professional background; my prejudices, presuppositions and preferences. I was aware that these would be likely to sensitise me to some utterances, and not to others. In spite of following a rigorous method in the approach to themes within the research, my selection of themes was at least partly constructed by my 'preferences'. I approached the research with this in mind.

Tensions between an IPA and Focus Group Methods

There are tensions between IPA approaches and focus group data collection methods. IPA is primarily intended to explore individual accounts of experience of phenomena, the researcher gaining access to participants experience and sense making of a phenomenon through its use. Willig (ibid) describes IPA as an

idiographic approach in that each interview represents a data 'case', with larger studies being built upon by further individual cases adding to the data to enrich and develop themes. Themes accumulate over the course of the study derived from many individual cases. There is some evidence that IPA has previously applied to data gathered from groups (see for example O'Toole et al 2004; Roose and John 2003), but such studies appear rare.

My study, employed focus groups to collect the data. By definition these were not 'individual accounts', but were a collective account of shared experience, co-constructed through discussion and participation in the group.

The 'tension' between an approach developed for the understanding and interpretation of individual accounts of phenomena and focus group methodology specifically developed to gather group data meant that I had to accept that the data I collected did not give me direct access to the individual participants' construction of the phenomena in question, but was the construction of the interaction from the whole group. In this study, I do not claim to have gained access to the internal constructions of participants. Smith et al (1999) describes a process in which 'shared experiences' of a larger group were explored using IPA, primarily focussing on individual experiences, then looking for 'broader level' themes across each individual account. This amounted to an accumulation of individual accounts.

For my study, the use of focus groups for this study meant that each focus group represented a 'case', and broader themes gained from looking across the group data.

The focus group guide

The guide had a number of stages of development. A draft schedule was developed directly from the main questions of the study. This was 'tested' with in an academic supervision group and minor changes were made. This was again discussed in an academic supervision group. Later, a 'mock' focus group was convened within the supervision group using the revised schedule. Following

further feedback, the schedule was refined, broadening the scope of the questions, aimed at provoking more discussion or comment in a focus group setting, and eliciting a discussion of the organisational context.

The following diagram makes these stages more explicit:

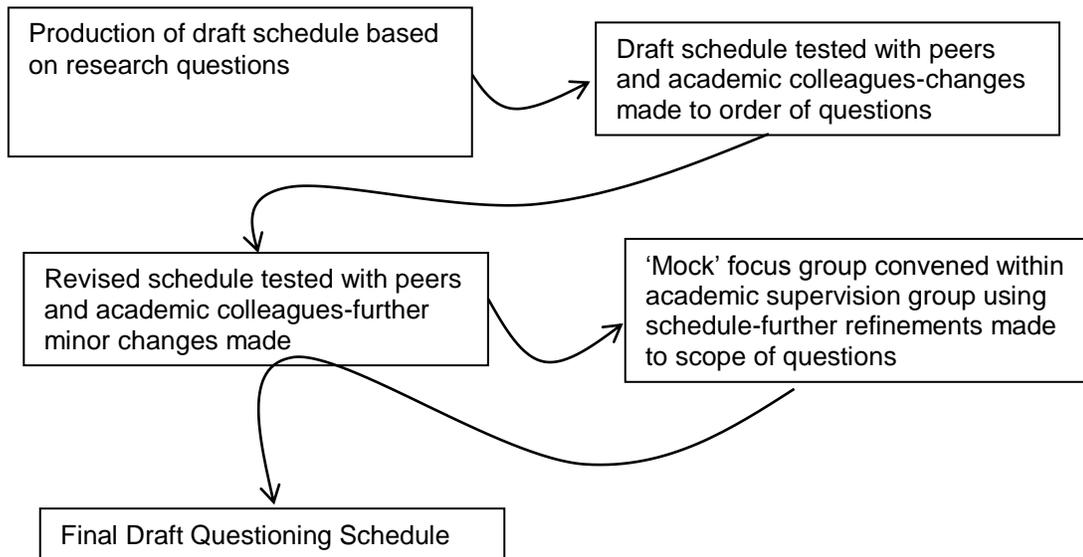


Figure 2: Stages of Development of focus group schedule of questions

The schedule of questions

The schedule of questions is shown in appendix vi. The schedule was not intended to be rigidly adhered to, but used as an *aide memoire* to guide me as group leader. If the discussion developed away from the guide into other areas, I ensured that those areas could be explored more fully.

Taping and Transcription plan

My original plan was that focus group discussions would be videotaped for later transcription. I considered that utilising this medium would be likely to produce more available data for analysis, enabling clear differentiation between contributions and interactions between participants.

The Ethics Committee did not consider this appropriate and audio recording was substituted. This limited the ease by which data was gathered, because of the increased difficulty of identifying individuals within the group *post hoc*. Group participants were required to identify themselves at the beginning of each discussion group, but it remained difficult and sometimes impossible to identify participants' individual responses during the transcription process.

Audio recordings were made of the discussion, transcribed verbatim on to computer disc. The transcription was set out in a three-column table form (as suggested by Smith and Osborn 2003) (See appendix vii). Where possible participants were identified using the form of 'speaker 1', 'speaker 2', and so on, albeit limited by the above difficulties with identification.

Participants

The central aim of the study was to gain an understanding of perceptions of consultation within the context of a Local Authority setting. I assumed that views existed across the hierarchical structure of the organisation, and that the local government structure would be a significant contextualising feature of their work and consultation. My intention was to highlight differences and similarities across the hierarchy. It was of key importance that I gathered data from across the hierarchical structure, from the least senior, (Residential Workers) through more senior levels (Assistant Home Managers, Homes Managers and Service Managers).

The project related to members of staff in homes in a typically organised service. The following shows the organisational hierarchy and responsibility structure:

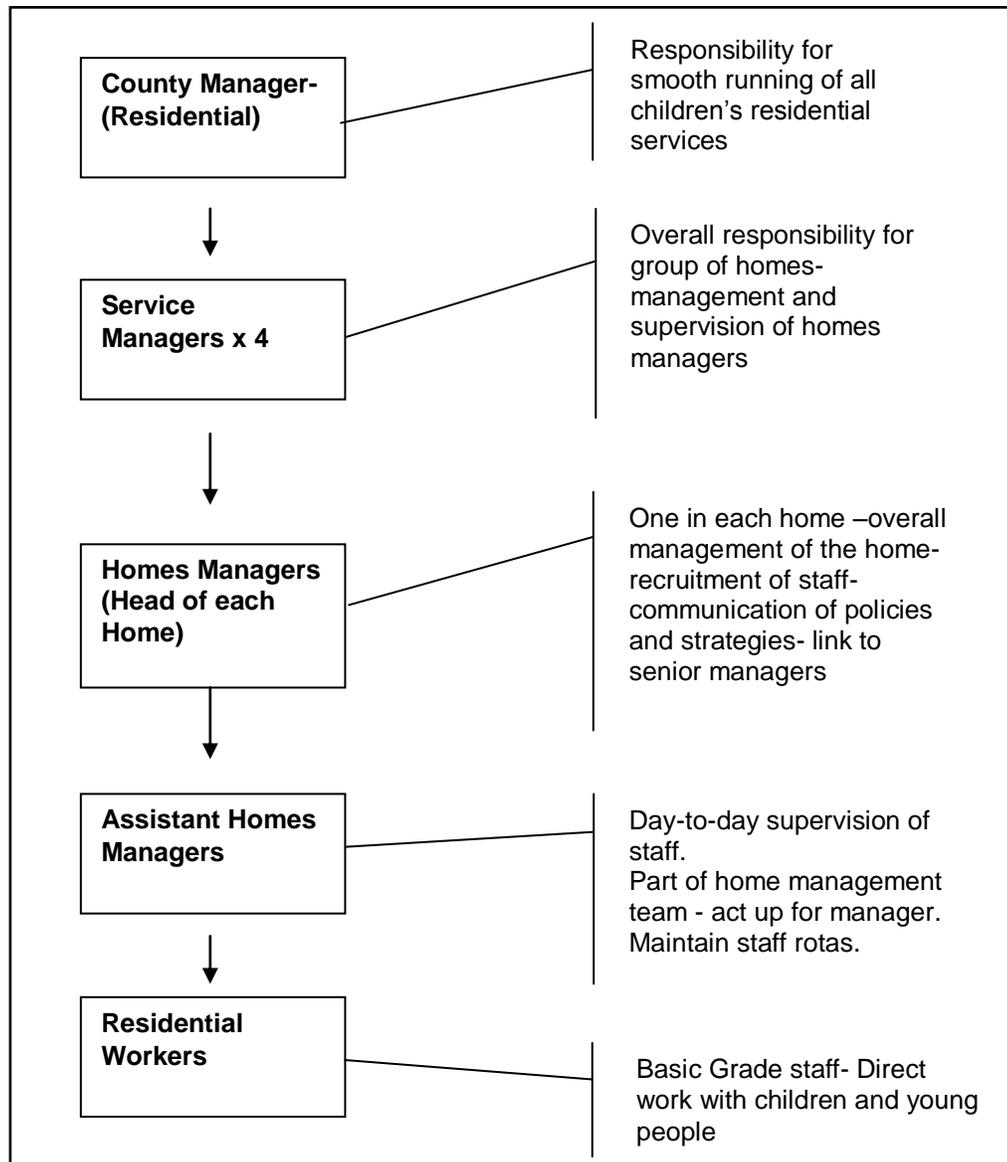


Figure 3: Hierarchical Relationships in Residential Services

All participants to the study were drawn from members of staff from the above five levels of the Local Authority residential services for children.

Focus group literature (Gibbs 1997; Kitzinger and Barbour 2001) argues for a degree of homogeneity amongst the participant in focus groups; a group of common features that participants share. I considered that since the aim of the study was concerned with meanings for staff members *as staff members* in a hierarchical organisation, the most significant marker for homogeneity should be their relative position in the hierarchy. Groups were convened on that basis.

Within each of these, there was no further selection of participants on the grounds of age, experience, gender or ethnic 'mix', and participants in the study came from a broad range.

Participants place of work

The focus groups were made up from members of staff from a range of homes within the Local Authority. Typically, these included short-term residential placement for younger children; an Assessment Unit for adolescents; homes for young people who were harder to place or with an expectation that they may be reunited with their families (these tended to accommodate children over a longer term; homes for children with learning disabilities whose main function was providing short-term respite care.

Recruitment of participants.

As an outside researcher in a non-commissioned study, recruiting participants from a large complex organisation such as Social Care into a study relating to their employment required attention to the way in which the organisation works.

Recruitment of potential participants began at an early planning stage of the study. Early on, before finalisation of the design, I consulted with a manager at a senior level in the Department about the aims of the study. I made two presentations at meetings of Homes Managers and senior managers to explain the study. These meetings were used as an opportunity to raise the profile of the study within the management structure, and to obtain broad, though informal, approval to proceed. Comments and feedback received were used to inform the structure of the study.

I originally planned that once the necessary ethical approvals were gained, I would approach senior managers to introduce them to the project, anticipating that they would give me permission to contact directly the homes to discuss the recruitment of participants. That is, I would be able to contact all homes in the Local Authority to invite participation.

In practice, as part of the ethical approval process within Social Care, it was necessary to gain the formal written approval of a senior manager to proceed with the Ethical Approval procedure. This required me to provide to a significant amount of information and assurances about the study including its aims, the proposed questions, and the process of approach to potential participants.

Approval by senior managers and subsequent Ethical Approval was also gained. However, it was not permissible to approach all homes directly as originally planned. Senior Managers gave approval for me to approach four homes and expressly refused permission to contact others. This decision followed careful consideration of each of the homes within their jurisdiction, and was based on a number of considerations including the stage of development of each home, its staff team, and young peoples' group dynamics. This is likely to have set up some biases in the study.

I approached each approved home individually for me to attend a staff team meeting or to provide information to homes managers. Response to this was mixed. Two homes responded immediately. A further home took approximately five months to respond. One home did not respond at all. I attended team meetings to explain the study; information sheets (see appendix ii & iii) were issued. It was necessary to explain to the staff team, that their home had been selected to take part in the study by senior managers. The effect of this on them was unclear.

At staff meetings, the explanation of the study was crucial to how it was received. Care had to be taken to remain neutral regarding worker's relationships with managers. For example, on one occasion, I expressed some sympathy with residential workers in anticipation that this would be more likely to engage them in the study. This had the effect of revealing otherwise unspoken loyalties amongst the staff group, thereby having the opposite effect to that anticipated.

The process of recruitment was made more complex by what appeared to be the meanings of other relationships either within staff groups, or between staff groups and external consultants. Pitfalls emerged that I had not anticipated. For example, on one occasion, I asked specifically to be invited to a managers meeting to explain my research and to gauge their interest in becoming involved. This was with a view to being subsequently invited to a staff team meeting to discuss the research in more detail (a pattern that had already been established). Whilst expressing an interest, the homes manager suggested that I approach the external consultants for a space within their consultation time to explain my research to the team. The consultants refused because this would inappropriately encroach on the consultation time. I went back to the manager to put the dilemma to him. He in turn asked me again to speak to the consultants concerned because no other time could be found. A period elapsed when there appeared to be 'stand- off' between consultants and the manager with my research intentions being caught in the middle! The matter was only resolved when the consultants changed their position and allowed me some time.

Participant groups

	No of Part.	Gender	Ethnicity
Group 1	4	All Female	3 white British; 1 Irish
Group 2	3	2 Male 1 Female	1 Black British;2 white British
Group 3	4	All male	All White British
Group 4	5	3 Female 2 Male	All White British
Group 5	5	2 Male 3 Female	All White British
Group 6	5	3 Female 2 Male	1 British Asian;4 White British
Group 7	3	All Female	2 White British;1 Spanish
Group 8	3	All Female	All White British
Figure 4: Constituency of Participant Groups			

Each group was made up of between three to five volunteer participants, drawn from members of staff at a similar hierarchical level in the organisation. There were some exceptions. In some homes, there were intermediate grades that did

not fit with the hierarchical structure. For example, some homes have an intermediate senior grade residential worker who has some supervisory responsibility. For practical reasons, it was decided to include these in with Assistant Homes Managers. Furthermore, in a home that offered on-site education, a teacher was taken to be at a similar level to Assistant Homes Manager, and was included in that group.

It was decided that with each focus group involving members of staff at lower levels in the hierarchy should be made up of workers from the same home. In each case, focus groups for residential workers and assistant homes managers were made up from staff members from the same home, because they shared the experience of both the home culture, and of consultation.

Because of the complexities of the recruitment process, both the size of the focus groups and their constituent members were only partly within my control. During recruitment, emphasis was placed on the need for a minimum and maximum numbers of participants for the groups. This was rarely adhered to by the homes concerned. For example, on one occasion, following a discussion in which I had specifically asked for basic grade residential staff members to make up the group, this was disregarded by the team, and it was not until late on in the group discussion that I discovered that the group consisted of more senior staff members.

Procedure for convening the groups

An inversion of the hierarchy

The proposal specifically set out an inverted model for convening focus groups. That is, interviewing first those who were lower down the organisational hierarchy. The rationale for this decision was to gather data primarily from those who were receiving consultation so that data from these groups would inform later focus groups of members of staff at higher levels.

Convening the groups

Following initial introductory meetings, one staff member was usually appointed to organise a group of volunteer participants. Subsequent follow up telephone calls were made to arrange convenient times and venues for the discussion groups. These most often took place on the home's staff team 'meeting days'. On two occasions during the initial phase of the project, negotiated times were cancelled by the home because of other working pressures. Rearrangements were subject to delay. This, in turn, meant that although I originally planned to convene the groups in a strict organisational hierarchy, there were occasions when I was obliged to meet with say Assistant Homes Managers before I had met with Residential Workers. Whilst this posed a challenge to my original plan, it offered the opportunity to develop broader hypotheses that might feed into other later groups.

On the appointed day, I arrived early to prepare a suitable setting. This required a room to be found, audio recording facilities to be set up and so on. Once the participants had assembled, there was often a period of 'chatting' time before the more formal introduction, and the discussion group commenced in earnest.

Data Gathering Stages

The original plan for convening the groups proposed 6 phases of data collection, including a pilot phase to explore and develop hypotheses and further data gathering stages of groups from different homes and from different hierarchical levels in the organization. It was intended that more senior managers would take part twice, once during the pilot phase, and again during the main part of the study. An audit phase was also proposed. The plan relied on such phases taking place consecutively.

In the event, it was not possible for practical reasons to follow the original plan. This was because I was unable to set up the focus groups in the proposed order, and because not all approved homes had responded. It became necessary to take opportunities to convene the groups as and when they agreed. One focus group of

Residential Workers was convened, followed by another made up of Assistant Homes Managers from a different home. A further group made up from Residential Workers was held, followed by a group for Homes Managers. A further group made up of Assistant Homes Managers was held followed by a group of Residential Workers. Then a further group for Residential Workers was convened. This was followed finally by a group for Service Managers, together with a County Manager who joined the group. Although not originally planned for, this particular senior manager felt that they wanted to have their 'say' about consultation, and I considered that this would greatly enrich the discussion.

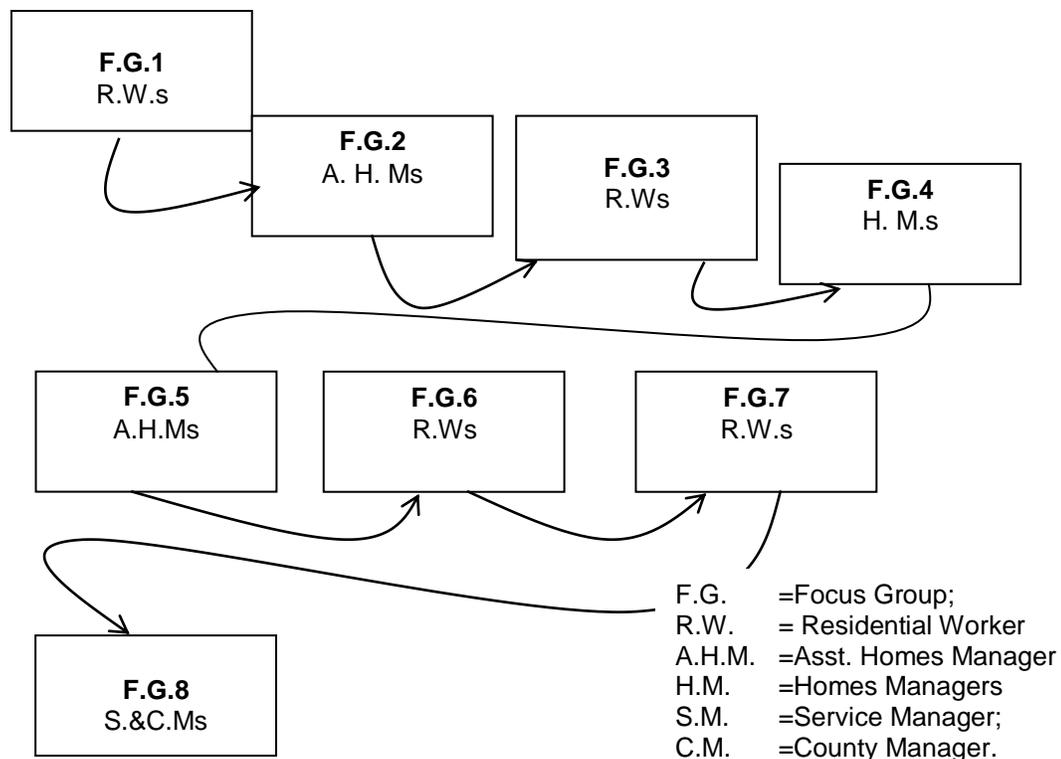


Figure 5 The data gathering process

These unforeseen practical difficulties had implications for the gathering of the data, not only because I departed from the original plan, but also because the development of themes and hypotheses could not take place in the order as originally conceived, with data from one level in the organisation informing the

focus group at the next level. Data was gathered without the benefit of the insight provided by planned previous groups.

The local authority senior managers sanctioned four homes to take part in the study, of which three took part. Out of those three, only one home allowed me access to both Residential Workers and Assistant Homes Managers. Of the other two homes, one allowed me access only to Assistant Homes Managers and the other only to Residential Workers.

In the event, the original planned 'phases', of data collection were abandoned. Because of the practical problems of gathering the data, it became evident that the so-called 'pilot phase' constituted a more central part of the data, and thus would more significantly guide and influence the study.

Changes took place in the drafting of the guiding questions schedule following the first focus group. An important theme to emerge from this initial group related to a sense of 'exposure' during consultation sessions. This was incorporated as a topic for exploration in subsequent focus discussion groups.

The Data Gathering

Carrying out the focus groups

The data gathering process took place over a period of months between 2005 and 2006. Some of the complexities and challenges of setting up and the timing of the groups have already been described. The following describes my plan for managing the data gathering process.

I introduced the focus of the study and myself, and thanked participants for their participation. I described my own professional experience and background and gave some information about my orientation toward residential work, including an acknowledgement of the complexity and challenges of the residential task.

I described how I intended to record the data, what happened to it after collection, my commitment to anonymity, and participants' right to withdraw, or decline to

answers questions, at any time. I confirmed that this would be without prejudice. Clearly, whilst providing my own undertaking, I could not give such an undertaking for other participants, and we agreed together a set of 'group rules'- usually to maintain confidentiality and respect for others views. I described how I would use the focus group guide.

The focus group guide was used to prompt discussion within the group. Utilising the prompting questions, participants in all the focus groups were asked to discuss issues connected with the project focus. They were encouraged to think and talk broadly about the consultation they received; about the ways that it affected them personally and as a team; and the meanings and beliefs associated with it. The focus group guide was not strictly adhered to, departures being made to pursue particular issues raised by the group in more depth. In a number of cases, emerging themes from previous meetings were spontaneously raised by the discussion group obviating the need for a prompt.

Location of the study

The circumstances of the collection of the data are often only partly controllable. Focus discussion groups took place in a number of different circumstances and at a range of locations around the Local Authority area.

The choice of location was always at the behest of the group, and entirely outside of my control. In most cases, these were in participants' place of work, often in meeting rooms. On one occasion, the meeting took place in a manager's office made available at the time. On at least two occasions, where meetings had taken place in a work environment, the homes manager thought it necessary to bring the focus discussion group to an end prior to its 'natural' conclusion by knocking on the door and reminding participants that it was 'time to end'.

In at least two cases, I met with staff groups in locations away from their place of work. Focus discussion groups were held at times convenient to participants and the home. In all cases except one, this meant that meetings were held on a day

when other administrative meetings were held, usually either prior to or immediately following a staff meeting.

The effect of these variations in venue and circumstances of each meeting on the outcome of the research is a matter for conjecture.

The period of the study

I originally planned that discussion groups and data collection should take place between December 2004 and August 2005, when it was anticipated that all the collection of data would have been completed. This was an over-optimistic goal. The first group was convened in June 2005, and only three had been completed by December 2005. All group discussions had been completed by August 2006.

Staff groups were not static during the course of the data collection period. It is significant that during the elapsed time, changes took place within the participant groups. For example, early on in the data collection process, one member of staff participated in a group of basic grade Residential Workers. Later, the same worker participated in a group of Assistant Homes Managers from a different home, having been promoted in the intervening period. For the purposes of the study, their contribution was taken to be from each perspective. There were a number of other examples where workers at all levels of the service, who had been originally contacted in relation to the study had changed jobs, left the service, or had been promoted.

Ethical Issues.

The N.H.S. and the Local Authority Social Care Service have separate procedures and standards for ethical approval. Although the participant group were neither a client nor patient group, it was necessary to gain approval from both Ethics Committees. As a result, some changes were required to the study, with both Ethics Committees having different standards for the format of information and consent forms. Some renegotiation between both Ethics Committees and myself was required.

Sensitivity

At the planning stages, the study was considered likely to be 'sensitive'. Sensitivity in this context related to extent to which participants perceived whether the information that they provided might be seen as a disclosure that may pose a risk to them. For example, would participants worry that open discussion of some of their values and opinions about their work or organisation would invoke criticism from colleagues or managers or more formal procedures against them?

There were a number of areas of potential concern to participants about their participation and concomitant pitfalls for myself as researcher. These were as follows:

Confidentiality within groups- Focus groups were the core structure for gathering data. Whilst freedom of discussion was positively encouraged by myself as group leader, participants might be constrained from expressing their views freely by concerns about the how such views were understood by colleagues.

Given the context of group discussion, an assurance of individual participant confidentiality would not be possible. It was necessary to strongly encourage group participants to draw up 'group rules' regarding behaviour; ways of interacting and particularly confidentiality between themselves, in order to ensure a common understanding within the group.

This became a key component of the introduction to each focus group session. In practice, a number of participants considered group rules unnecessary, expressing sufficient trust amongst themselves allowing openness of discussion.

One hypothesis to explain this level of trust may be that because participants were made up from, members of staff at the same level in the organisational hierarchy, they enjoyed a degree of trust between them. It may also be that, because of the

recruitment process, particularly the way in which I was required to make contact with potential participants, a degree of self-selection took place.

Confidentiality between levels: At the planning stage, it was considered likely that participants would be concerned about what might happen to the information that they provided. Would comments made be attributable to them? What or who might be identified?

Assurances were given to participants that all the data would be rendered anonymous at the stage at which it was converted into text. This was rigorously applied. Although managers and other senior staff would know when members of their staff team had participated in a group, there was no direct identifiable link between data emerging from one focus group into another.

Freedom to participate: In line with ethical standards, participants were offered the opportunity to volunteer to take part, and were fully informed prior to commencement of the study about its nature, levels of confidentiality and anonymity for participants. At the time of consenting to the study, they were asked to sign a formal consent form that contained a clause allowing them to withdraw their contribution at any time (Appendix iv).

Duty of care: Notwithstanding the above comments regarding the sensitivity of the area of research, during the period of the study there was an overriding duty of care on me as researcher to protect the client group in children's homes. I made it explicit to participants that I would have a duty to report any issue that arose that may put at risk any of the client group in the homes. This was also made explicit in the written material made available to potential participants leading up to the study, and brought to their attention verbally at the beginning of each focus group when the Information Sheet was explained (See Appendix ii & iii).

The position of the researcher: A further potential issue of concern to participants related to my own position as researcher in relation to them as participants; to their employing organisation, and the topic area.

There was a history of connection between myself and members of staff in homes dating back some time. I had been in the role of consultant to one home in the Local Authority for a period of some three years prior to undertaking the research. There was potential for a conflict between my role as researcher and as consultant. For this reason, I decided not to approach the staff team in this particular home to take part in the study.

During the period of the research, my role in my employing organisation vis-à-vis the consultation service changed. I took on greater responsibility for coordinating, planning and delivery of the service. This may have had some effect on how I was viewed in the relation to the questions being posed. This potential risk was managed through being transparent about my position in relation to consultation; being explicit to participants that my research interest was specifically not focused on the quality of the delivery of the service. It could be argued that this change in role had a beneficial effect in relation to engaging participants to participate in the study.

Throughout the whole process of engaging with participants, up to and including the group discussions, I attempted to make them explicitly aware of my biases towards residential work. I have some sympathy with the position of residential workers within Local Authority organizations, and I was looking for ways in which support systems might be of most use to them and their employing organisation. I was employed independently from their employing organisation, and the research had not been commissioned by either agency. Throughout the study, I have not been asked to provide direct feedback to Social Care managers.

The analysis

IPA offers a distinct procedure with clear guidelines and instructions for the analysis of text (Smith and Osborn 2003). Following Smith and Osborn's guidelines (the use of a 3 column table with the centre column containing the original transcription, the left column used for immediate thoughts, interesting utterances etc.), I began a line-by-line analysis of the transcript, highlighting or noting single words or phrases that seemed significant to the focus group.

Each focus group transcript was read to obtain an overall flavour and tone of the content of each discussion. Although a first engagement with the text should be a superficial reading, such superficiality was hard to maintain. I found myself looking behind phrases for hidden meanings, or for those not immediately apparent. It is noteworthy that, whilst I conducted all the focus groups, and thus engaged in the original conversations, when faced with a written transcript as data, I found that a different and much richer understanding emerged, often with only the smallest of clues. Single words took on great significance. For this reason, whilst IPA is a search for 'themes', what constituted a theme was often elusive.

In line with IPA guidelines, thoughts and ideas provoked by the text were jotted down in the left column whilst patterns or repeated use of words were written in the right hand column. Often I found that a 'picture' emerged of participants' collective thinking. This suggested that participants in each group, whilst expressing conflicting individual opinions and thoughts, also seemed express a collective 'position'.

The first transcript was analysed in the above way, generating many minor themes or 'meaning bytes'. In fact, over 53 different themes emerged. Following a period of confusion, I recognised that although I possessed many interesting and intriguing themes, they were unrelated to the questions of my study. It became evident that 'meaning' does not emerge from the data, and one has to decide on a framework through which to understand it. I recognised that my research questions constituted the framework.

After conducting the next focus group, and beginning to analyse the transcript, I decided to revisit the questions of the study, breaking them down into a simple form and using them as guides for analysis. Thus, where participants began talking about consultation, I allocated each meaning byte to one of three or four overall categories: One of which was 'role', others were 'understanding', 'meaning' and 'value'. At this point, it became evident that participants were also talking about 'life in the home'. I took this to be a significant organising category, and although I had included this in my original conceptualisation of the study, I had not included it as a category in itself.

The data collection and analysis took place simultaneously with themes emerging over the now four or five generic categories. I found that as the analysis progressed, the distinction between 'meaning' and 'understanding' merged, either in participants' responses, or in my own thinking. I decided to drop 'meaning' as a category and subsume subsequent themes under the more general heading of 'understanding'. Although on the surface a different order of idea, I also subsumed 'value' into 'role'. This was because participants talking about the potential 'value' of consultation might be understood as talking about an aspiration for its role.

Themes continued to be contained within their organisational hierarchical tier. So for example, all themes related to 'context' for residential workers were kept within the description and analysis for residential workers, and so on for other levels of the organisational hierarchy, throughout the study. Links were made between themes, so for example, where a theme of 'fear of exposure' was noted in relation to consultation, a link was hypothesised between this and not talking in consultation, or the theme of 'anxiety' within the organisation.

Analysis continued in this way over all the focus groups. I continued to interrogate emerging themes, adopting a stance of 'what does this participant really mean?'; 'what ideas are being drawn on here'; 'where are these ideas coming from?' This helped me maintain a critical stance in relation to the text. More generic themes emerged, and formerly unallocated statements or themes were allocated to these.

In line with the idea that each focus group represented a 'case', I ended this stage of the analysis with a list of themes for each focus group: Themes at this stage were a mixture of direct quotes or phrases taken from the text and some ideas that could be considered more conceptual in nature.

The next stage of the analysis was to take each set of focus group analyses and collate the themes together within each hierarchical tier. This was particularly pertinent to the residential worker, and assistant homes managers groups (4 focus groups and 2 focus groups respectively). I set out the themes in the form of a 'table' for each tier. Each set of themes containing text references (enabling me to relate them directly to the text) was compared across groups for similarities and differences. This produced a set of common core themes attributable to each tier.

Significantly, often my table of themes did not always make sense, with themes remaining disconnected from each other. In order to make sense of these disconnected themes, it became of key importance to write up the analysis in a narrative form. The process of the narrative form became a central pillar of the analysis itself, enabling me to produce a 'story line' to account for the themes, provide some coherence, and enable me to theorise about connections between themes.

At the end of the analysis, I possessed a set of themes that I considered representative from each hierarchical tier: residential workers; Assistant Homes Managers; Homes Managers and for Service and County Managers. These constituted the 'findings' of the study.

This did not go far enough. One aim of the research was to understand more about organisational culture, and how it related to consultation. For this reason, a further stage of analysis was undertaken to collate the themes from all hierarchical tiers, to see if an organisational picture emerged.

I began to theorise about the connections between themes from each hierarchical tier. This produced a final 'table' containing links between the tiers, renaming themes at a more generic, conceptual level that encapsulated the emergent themes.

This stage in the analysis posed difficulties for managing several different and often conflicting themes. A number of attempts at managing the data were tried. I settled on writing each theme on 'post it' notes, using different colours to represent each organisational tier, under each broad category, and then re-arranging them under more abstracted themes that appeared to capture their meaning at this broader organisational level. This process produced a set of generic meanings and beliefs about residential work, and consultation. These constituted the basis of the discussion section of the study.

Concluding thoughts on the methodology

This section has set out the process of my thinking leading up to and including my analysis of the data. A number of dilemmas and challenges have been described, in particular the utilisation of IPA to analyse focus group data and the difficulties gaining access to participants. Notwithstanding these challenges, useful data was produced, and IPA has provided a process by which useful themes relating to consultation and staff members' experience have emerged.

Reflections on the Methodology

I considered that the most useful way of reflecting on the methodology employed in this study would be to follow its order, section by section. The following explores and summarises the methodology including the challenges and dilemmas I faced.

Development of the questions

A significant amount of effort went into clarifying and refining the primary research questions around which the study was structured. However, reflecting on them now, I recognise that they remain ambiguous and open to interpretation, especially when applying them to the data. Robson (2002) agrees, suggesting that 'it is highly likely that your research questions will be underdeveloped and tentative' in qualitative methodologies.

The impact of this was significant. In spite of the effort put into clarifying the research questions and making my own sense of the distinctions between the terms I adopted, distinctions became less clear as the research continued, particularly when gathering the data, and in its later analysis. I found that they were interpreted by participants differently with many overlapping meanings. This, in turn, affected their responses, and increased the complexity of the analysis. However, although an apparent weakness in the structure of the methodology, there may have been some benefits in that questions posed could be more broadly interpreted, having the effect of 'opening up' the discussion, and a consequent enrichment of the data gathered. For example, two terms were used in the original questions: 'understanding' and 'meaning'. I took these to be distinctly different terms. However, when it came to putting such questions to group participants, the meanings of these appeared to merge, and became interchangeable in their responses. Furthermore, when subsequently approaching the analysis of the data, and attempting to assign responses under the category headings, it was difficult to do so, because the subtleties of the terms were lost. I was torn between analysing the data with the research questions firmly in mind, and analysing them from a more overall thematic stance. I began the analysis using the latter approach, but part way through analysing data from the first focus group I returned to a closer

adherence to my questions, for the reasons previously described, bringing structure to the analysis.

Engagement phase

Engagement of the organisation

The challenges related to the engagement of the organisation and participants have already been described and discussed in the above Methodology section. It is worth emphasising that engaging with a complex organisation such as Social Care was a much more difficult and complex process than I anticipated, and added another level of complexity to the engagement of participants. It was very time consuming, and frustrating, particularly when weeks or months often passed awaiting responses to telephone calls, letters, an invitation to attend a meeting.

Tight control was exercised by middle and senior managers in Social Care over accessing potential participant groups. Gaining permission to approach the ethics committee, and gaining access to the homes required the consent of managers, and consent rested on their opinions as to the value of the study, even though the criteria for acceptance were not explicit. Their consent however, was not 'open', and access was limited to homes that they considered appropriate, rather than allowing me direct access. Consent was based on their judgment about a home's life cycle stage, or their sense of members of staff or managers sensitivities. I saw this as a protective stance rather than a defensive one, and was understandable within those terms.

This had the major effect of reducing the range of potential participants available to me. Furthermore, the injunction not to contact other homes meant that I was not able to interview staff members in as many homes as originally planned, particularly when one approved home did not respond to my requests to be included in the study.

Engagement of participants

Following on from the above challenges, engaging participants was relatively straightforward. However, in spite of what I thought was a 'failsafe' process (careful arrangement of dates; telephone call prior to the meeting to confirm; the provision of biscuits and cakes) there were some pitfalls. For example, participants sometimes forgot the arranged meeting and I arrived to find that they were not on duty that day. On other occasions, there were misunderstandings about the time of the meeting of the group or arrangements for venues.

On at least three occasions, especially those with basic grade staff members, the group became a 'scratch' group drawn from whoever was there on the day. This was less of an issue with management grade staff, who appeared more able to offer concrete times and places. This meant that there was often a wide variation in the size of focus groups, potentially limiting both the range and richness of discussion. The effect of this on the outcome of the study is impossible to determine. However, whilst smaller groups might limit richness and range, there appeared to be a broad consistency of themes across these basic grade focus groups.

Convening the focus groups

As previously described, focus groups were conducted in a range of settings, both 'on site' and in other locations. The extent to which the range of locations influenced the group discussion (and the data) is a matter of hypothesis. Anecdotally, it appeared that those groups conducted 'off site' were those in which participants settled into and engaged with the process more fully. Meetings held on site were, on at least two occasions, subject to disruption, lengthening the meeting, and requiring participants to settle back into the flow of the discussion. On two further occasions, both conducted on site, the meeting terminated early at the request of a home manager.

Over the period of the data gathering process, it became evident that my style of convening and managing the focus groups changed. Initially I conducted the

groups paying less attention to my area of interest, allowing participants to develop the conversation freely. Later, following initial reflection on the process I recognised that whilst what I was hearing was interesting, it was less focussed on my topic areas. I appreciated that it was not pragmatically possible to ask every question on the schedule, and I became more selective as time went on.

I became aware that my status varied between each group. On reflection, it was apparent that I was more 'comfortable' with middle and senior management and more 'in tune' with their thinking and ideas. I experienced myself 'joining' more fully with these groups. This may have been because their thinking was more 'conceptual', i.e. more 'distanced' from the emotional tone of the conversations of other hierarchical tiers, or perhaps it was because they of all the groups appeared less 'blaming' of others. It may also reflect my own experience of management in local authorities. I recognised my empathy for basic grade staff, whilst appreciating the senior management perspective. One difficulty with my interpretation of the material was that in many ways it was 'familiar territory' in that I had worked in similar settings in the past. It is arguable how this issue may have affected this study: Did my empathy for residential workers mean that I listened to them more, or did my ease with the more conceptual thinking of managers mean that I allowed their views or agenda dominate the study? Whilst it could be argued that there were inevitable biases built in to the data gathering process, my view is that this became less of an issue as the data was analysed. The process of analysis had the effect of gradually reducing the 'emotional closeness' of the material into more conceptual ideas.

Green and Hart (1999) comment that the context of focus groups has a significant impact on the data produced. They suggest that different stories are told in different contexts, and that the impact of such contexts should be examined. Whilst I concur with their assertion, pragmatically there was little or no choice in the location, physical environment, or indeed the size of the focus group for this particular piece of research. I was entirely dependent on my hosts; participants and the department dictated the terms of my engagement with the staff teams. In

every case, however, it was my impression that participants were pleased with the opportunity to offer their opinions and engaged fully in the discussion about their thoughts on consultation.

Were they really focus groups?

I want to reflect briefly on the nature of the focus groups that were conducted in this study. The literature offers many descriptions and key elements of focus groups; the most influential on my own thinking was Barbour and Kitzinger's work, bringing together a number of authors on the subject (Barbour and Kitzinger 1999). I set out the key elements below, and offer some reflections on my own experience in this study.

Common themes in the literature describe focus groups as 'an organised discussion' with a 'selected group' exploring a specific set of issues. They involve collective activity, with discussion and comment from a personal perspective. They are useful when the topic of interest is related to 'language and culture' (Morgan and Kreuger 1993; Gibbs 1997). They are useful for gaining several perspectives and gaining insights into 'shared' understandings of everyday life (Barbour and Kitzinger *ibid*). Group interaction is used to generate data, with the participants encouraged to talk with each other, and commenting on each other's experiences and points of view. Crucially, group work allows these accounts to be articulated, censured, opposed, and changed through social interaction. Focus groups are better for exploring how points of view are constructed and expressed, especially in relation to participants' use of language about an issue, their values or beliefs. Benefits for participants may include a sense of being valued as experts, and a sense of empowerment. The literature suggests that an 'ideal' size of group is 5-6 participants.

The focus groups convened in this study fulfilled many of the elements contained in the above descriptions. Whilst it can be argued whether the groups were 'selected' or were self-selecting, the groups were homogenous in respect of the participants' positions in the organisational hierarchy. Specific issues were explored, with the

focus on language and culture. Furthermore, the groups drew on the multiple perspectives of participants and to that extent it group participants were 'co-constructing' their accounts of their experience.

This study aimed to uncover themes derived from staff members' experience of consultation within an organisational context; it was not explicitly focussed on group interaction. However, interaction between participants is intrinsic to the group process, producing a broad range, richness and depth of discussion of the topics. It was clear that the group process, whilst not a focus of interest in this study, served to encourage participants to engage in conversation and discussion with each other.

The study, particularly the use of IPA and my own experience in interviewing, allowed a great deal of attention to be paid to the language of participants, both by following up lines of enquiry in the groups, and in the analysis.

In the analysis, I paid less attention to group interaction than the literature would suggest. This was a tension in this study, but I had to make decisions about what I could feasibly focus upon. The maximum number of participants that I achieved in any group was five. Whilst this may be a limiting factor to the data gathered, pragmatic considerations, related to who could be recruited at the time, overrode the 'ideal'. Contrastingly, this may have had some advantages. Whilst the size of the group was limited, this may have had the effect of giving more 'space' to participants to engage more fully or say more, about the topic in question. In all the cases, because each focus group was drawn from the same hierarchical tier, and in the case of residential workers and assistant homes managers, drawn from the same home, they were used to discussing together a range of professional issues in a number of settings. This was a considerable advantage in that there was little need to 'break the ice' with participants rapidly engaging with the discussion.

The leadership role

Green and Hart (1999) emphasise the 'artificial' setting of focus groups, and assert the centrality of the leader or researcher in guiding the discussion. They argue that there is no way of knowing how far the discussion in the group might reflect talk in a more naturalistic setting.

My own experience of 'leading' the focus group bears out their comments. Focus groups were convened around my area of interest, with questions that reflected this. However, the group as a whole may often take a different direction in the discussion, interpreting the questions or language used in a new way. For the leader or researcher, there is a dilemma between getting more information; getting the job done and adhering to the guiding question schedule, and allowing the discussion to expand, potentially gaining a richer data set. In that sense, focus groups are a co-construction between its participants, including the leader, and what is produced is an inter-subjective account of something- in this case consultation. It is not possible to discern the various influences on the process, but one has to reflect continually on what those influences might be.

Focus group participants were asked to discuss with each other those issues that they themselves raised about consultation. They were encouraged to think and talk widely about the consultation they received: about the ways that it affected them personally; as a professional team; and their attitudes and beliefs around consultation. Participants were also free to think together about the topic, sometimes to the extent that the direction of the discussion went 'elsewhere' than I had anticipated or planned. This was often because its direction seemed more interesting or pertinent to me or the group. I was struck, for example, by how much participants seemed to want to discuss 'life in residential work', and how following this direction enabled a richer insight into the meaning of consultation to them.

As leader, I followed some of the suggestions set out by Green and Hart on making my own position explicit on issues pertinent to the study. This process has been

described elsewhere in the Methodology section. This occurred during the early explanatory stages of the recruitment process, but also routinely at the beginning of each group. I paid particular attention to the 'consequences' of talking, setting ground rules, and the limits of confidentiality.

In utilising the guiding questions of the study, although alert to the fact that certain questions develop longer conversations or responses, particularly those that were 'close' to participants own experience (Green and Hart *ibid*), it was often difficult to predict those questions that would provoke longer conversations. There were occasions when I experienced dilemmas between wanting to follow the direction that participants seemed to be heading, running over time, or not completing the range of topic areas I had planned.

Leading the group, I drew a great deal on my own experience as a psychotherapist. I set out to ensure a 'balance' between participants talking time, requiring me to close down assertively one participant's talk in favour of another. I was aware of not becoming a slave to my discussion schedule when the conversation piqued my interest, or seemed to be tapping a rich vein of thought. However, it was important both to allow the conversation to develop, and to ensure that it moved on.

As the discussion ended, I attempted to ensure that all participants' questions had been addressed. Sometimes this took place as a 'round' of what they thought of the experience of participating, and at other times with more casual conversation.

Following the end of each group, I reflected on my own actions within the group. These reflections would include the degree to which I had conducted a 'balanced' conversation between focus group participants; whether I had 'strayed' too far from my question schedule; which questions provoked most discussion; or whether there were themes within the discussion that had emerged in other groups. It was this process, for example, that provoked me to explore more fully participants'

ideas about their working context that had not originally been part of my original thinking.

Collecting the raw data

An audio tape recording was made of the group discussion. This required a degree of 'setting up'. Trials prior to the actual groups led me to conclude that the equipment needed to be very well organised to enable me to hear all the contributions made. The discussion groups took place in a range of settings, some not conducive to good sound quality, adding to the difficulties of hearing what was being said. In addition to this, it was often difficult *post hoc*, to identify all the voices. Many of the focus groups were women only, and even with identification at the beginning of the recording process, it was difficult to discern who was talking. Often, participants might interrupt each other, or end sentences for each other. Whilst this was a frustration when viewing the data scripts, it enabled me to view the discussion as 'threads' of themes within the groups.

The quality of the data in focus groups

Focus groups are a combination of individual and group thoughts, opinions and understandings. Themes generated are a distillation of this combination. Because of their group nature, the dynamics of the group, power differences, connection to the topic and so on, can affect the data that is generated. This means that, for example, one person, or one issue can dominate the discussion, or an issue can be 'picked up' by the group in a particular way that colours the data and the themes that are generated- sways the 'feel' of the group. The groups that made up this study were no exception, and there are examples in which individuals lent bias to the discussion through either leading the group in a particular direction or tone.

However, I would argue that in spite of this, the themes that eventually emerged from the discussion are a representation of wider cultural themes within the service, or positions occupied by that particular tier in the organisational hierarchy. Some of the emergent themes drew more from one focus groups than from others, i.e. that not all themes were present in all groups. This was particularly noticeable

in the basic grade residential worker focus groups. In my view, there are a number of reasons for this. In the search for emergent themes, initial groups were those from which early theme formulations were made. These tended to be modified and enriched by later ones, some ideas being 'dropped' in favour of others.

Furthermore, certain groups seemed to 'say it'. What they said symbolised, or captured a theme in particular, more representative way. Other groups appeared to have a degree of cohesiveness that others did not, enabling them to have richer, more forthcoming discussions, from which more evidence emerged. I found that certain questions were 'picked up' by particular groups, and the subsequent discussion gave up new themes. I have already described both the homogeneity and the differences in the makeup of each group. The extent to which these differences can be attributable to differences in the way that each group 'picked up' on certain themes is difficult to discern.

The consequences of not being able to follow the plan

As described in the Methodology section it was not possible to follow the original plan for convening the focus groups. Originally, I wanted to gain the views of participants lower down in the organisational hierarchy first, to ensure that their 'voice' about consultation was heard. I had in mind that the data gained from each focus group would contextualise the next, and so on. Themes and ideas emerging from subsequent groups would be seen 'in the light of' the previous ones. This was not possible for reasons that already been described. The extent to which this affected the overall outcome of the study is difficult to ascertain.

However, a number of issues arise:

- Where groups were convened out of sequence, I refrained from detailed analysis until a more appropriate stage in the process. This was an attempt not to allow themes from senior manager focus groups to affect too greatly the interpretation of material from participants at less senior levels.
- The extent to which staff members from all tiers in the hierarchy raised similar themes, albeit from very different perspectives, was striking.

- It became important for me to hold on to the idea that no group held on to the 'truth' about consultation; that all views were valid.
- I found myself revisiting data from previous focus groups in any case, because a new word or idea might emerge from later data, demanding that I look again for evidence of a similar theme in earlier data. For example, I had heard the expression 'offloading' in early discussions with basic grade staff members, but it emerged as a more significant idea in discussion with senior staff members. I began to look more closely at all of the discussions for mention of the word or idea.

Analysis of the data

Analysing the data was a complex task. In spite of having the framework of IPA, one of the most challenging aspects of the analysis was the effect of my own uncertainty when confronted with a printed text. The pragmatics of the analytical are made clear in literature. However, without the framework of the questions to guide one's understanding, deciding what is and what is not important or significant is a difficult task. An important step in the process was allowing the main questions of the study to structure my understanding of what I was seeing in the text.

How I chose the categories

I carried out the initial analysis of the first two groups using the format suggested by IPA. I gathered a number of initial 'themes' or ideas, in all more than fifty. These initial categories were based on what struck me as interesting in the text, particularly around issues of organisational culture. Whilst participants were talking about consultation and the organization, the initial categories did not directly relate to consultation, being more related to some of my own early hypotheses about power structures within Social Care.

I approached the transcript of the second data set with this format in mind. Some common themes emerged, but it became apparent that I was not answering my own study questions. I had moved to a level of abstraction that didn't relate to the questions in the study. I abandoned the original analysis, returning to reanalyse the data using the study questions to structure my analysis. I used the questions as broad categories under which to place the 'bytes' of information in the text. This had the effect of uncovering themes more related to 'life in residential work', a category that I had not anticipated as being significant.

Themes began to emerge from the data that were related to thoughts and understandings about consultation, but also about staff members' relationships with their colleagues, managers, and the organisation. Participants talked a great deal about the importance of how things worked in residential work, and this emerged as a broader general category that I called 'Context of Residential Work'. This became a basis for later thinking about why members of staff thought about consultation in the way that they did.

Homogeneity in the groups

In qualitative research, researchers inevitably have to draw some boundaries around how the text or data is interrogated. Researcher interrogations are usually framed or limited by their research questions. I was aware that within the rich data that was produced by the focus groups, there were many themes and discourses present 'in the room', but that for the purposes of this study were unable to be investigated. For the purposes of this project, I assumed that each focus group had a degree of homogeneity, i.e. within the same hierarchical tier in the organisation, and I was looking for accounts of experience from this position. It is evident that for most groups, whilst being homogenous in this respect, were very diverse in others. There were mixes in gender, age, ethnic or cultural group, experience of the work, differences in personal history and so on, all of which would have an influence on participants' experience. Whilst many of the discourses likely to be associated with such diversity were present within the respective accounts of participants, and may have been the subject of some

comment, it was not possible for me to explore fully this diversity. This is not to say that I did not consider such discourses influential, but that such differences were not the focus of the project.

What is a theme?

Throughout the study, one major dilemma has been determining the nature of 'a theme'. The analysis uncovers positions that participants take on issues, it uncovers nuances in those positions, it may uncover one word or phrase or even a 'sound byte' that appears to sum up an idea, or make a particular connection with me as researcher. What was unclear to me was when these become 'themes'. Are they themes when there are enough of them to constitute a 'body' of opinion? Are they themes when they become recurring positions? I would argue now, reflecting on the process that the themes are a co-construction emerging from the discussion between me as researcher and the participants in the project. This is in line with Ashworth (2003) who alludes to the need for research to be seen as a joint product of researcher and researched. In the sense that I took part in all of the discussions and thus common to all the groups, the themes that emerge are my construction of the series of focus groups of which I was a part.

Managing the subjectivity of the researcher.

The researcher is not a *tabula rasa*, with no biases. For me, in this study, I came to it with previous experiences working in equivalent organisations with equally complex relational patterns. It was important to have an analytical stance toward the data, but also to hold a reflexive position toward how the data impacted on me, and my own assumptions. Holding on to a close reading of the text, and attempting to 'get into the mind of' participants was an important part of this process. I attempted not to impose a framework of meaning prior to the study, but allow meaning to emerge from my involvement with the participants in the study.

Much has been written about 'biases' both of the researcher and of the researched (see for example Lincoln and Guba 1985; Yardley, cited in Smith 2003), and relates to the extent to which, in qualitative research, there can be a claim to

validity. Lincoln and Guba (1985) for example, suggest that it is necessary to 'assiduously chart ... and justify the steps through which your interpretations were made'. For others (Smith et al 2003), validity is more to do with the extent to which the researcher can reflect on his or her position in relation to the data. I have attempted to maintain a 'paper trail' in relation to reaching the conclusions and themes; making the decisions about the themes self-evident, or transparent. The ability to reflect is more difficult to judge. How does one know that one's reflections are not merely further biases? I have used supervision, other's thoughts on the material and dilemmas that it presented to me, as a way of reflecting on my own thinking processes.

Staying focused

A familiar experience of qualitative researchers is the difficulty in staying focussed. This was also my experience. The task of analysis requires the discipline of comprehending what is being said; reflecting on how this impacts on oneself as researcher; attempting to fit this around the focus of the study questions, and at the same time being open enough to allow for new ideas or themes. This has been a difficult and anxiety provoking experience. The use of supervision and drawing others in to the process in an informal way has become a key element to having some confidence in the results.

The methodology

IPA and Focus groups

The tension between using focus groups and IPA has been described elsewhere. Focus groups generate very rich data, with high levels of complex meanings and understandings that are jointly constructed by participants in the group. IPA is an analytical approach focussed on participant's internally constructed meanings and understandings. The data I gained through utilising these apparently conflicting methods operated at many different levels of meaning. There were times when it appeared that I was gaining some insight into the 'inner world' of participants, for instance, when talking about their sense of powerlessness. Furthermore, the focus group method also held the potential for an understanding of broader contextual

themes. It was tempting at times to want to go into detail with individual participants, but I had to guard against such temptation in favour of holding on to more organisational themes and discourses.

Taken as a whole, I would suggest that using the 'dual approach' of IPA and Focus Group methodologies 'worked' for me, providing the opportunity to gain an understanding of the 'life worlds' of members of staff at different levels in the organisation, and being able to have an informed view of the way in which the culture of residential services influences people who work in it.

In IPA, the active role of the researcher is emphasised, and it provides a structure in which the researcher's own thoughts and ideas become an integral part of the analytic process. I would argue that in my own research, my own thoughts and ideas permeated the whole process from formulating the original questions, through to the process of being part of the focus groups interactions and the analysis. It is impossible to separate me from the research.

What I learned from the research process

Questions

Questions are key as a guiding framework or 'lens' to understand what one is seeing and hearing. Without a guiding framework, it is not possible to make sense of the raw data. Questions have the effect of both enabling and limiting; they act to 'discipline' to one's thinking. This was an important lesson to me in the early part of the research process. Similarly, the process of this research has emphasized the way in which questions frame responses from participants and partly constructs their responses. The language of questions is thus important.

The text

An important lesson for me was the extent to which one can 'read' many interpretations into the text. In spite of acknowledging the idea of multiple truths in theory, and having an understanding of the way in which meaning is constructed, when I was faced with the multiple possibilities of interpretation of raw data, the

process emphasised that truth is an inter-subjectively constructed phenomenon. Qualitative research is full of dilemmas about 'what does this mean?'

One can never know the whole truth

The research process confirmed the idea that there are many 'truths' to be known at all levels in residential work. I began this project with a notion that managers in the Department might be using their power to control staff team members in consultation. It became evident that managers want workers to be supported and confirmed in their expertise rather than 'managed'. It reminds me that hypotheses about motivations for action may be oversimplified; the impossibility of knowing (we can never know) the whole truth.

Findings

As a reminder to the reader, briefly, the main questions were as follows:

- What was the role of consultation for members of staff in homes?
- How did they understand consultation?

These questions were nominally prefixed with the idea that they are set 'within the context of the organisation'.

The emergent themes from the data were structured broadly to reflect the above questions. For this reason, many of the themes are descriptive in nature, often closely following the statements that participants made, collected together under summary or conceptual headings. I was especially interested in how participants positioned themselves in their talk. These 'positioning statements' said something about how they saw themselves within the organisation, or in relation to their professional colleagues, placing them within a context which gave meaning to their work and ideas.

Participants made other statements and comments that related more to their broader working experience, connected with life in children's homes. These appeared to be more connected with organisational beliefs; beliefs about the team; and beliefs about staff relationships. For example: working within such a large complex organisation; the nature of residential work; working within teams and so on. Sometimes these statements provided insight into the culture of residential work and were highly relevant to this study, providing a meaning making context for the experience of consultation. I considered it of key importance to include such themes. Thus, a further category called 'context' was added.

I decided to structure the presentation with 'contextual talk' first, to place later themes in context.

This analysis reports themes emerging from groups and their collective descriptions. It does not represent the internal worlds of participants but is more a representation of how participants position themselves in relation to consultation. I want to remind the reader that participants are talking about consultation as a

generic term, as a phenomenon, and are not referring to specific models of consultation. The homes represented by the groups, are likely to have experienced a range of models of consultation from different professional disciplines. During the period of conducting the groups, I was neither the model employed nor the consultant concerned in the consultation process.

I have set out the findings of the research in the following way:

Residential Workers: Themes related to:

- *the context of consultation*
- *the role of consultation*
- *how consultation is understood*

Assistant Homes Managers: Themes related to

- *the context of consultation*
- *the role of consultation*
- *how consultation is understood*

Homes Managers: Themes related to:

- *the context of consultation*
- *to the role of consultation*
- *how consultation is understood*

Service and County Managers: Themes related to:

- *the context of consultation*
- *the role of consultation*
- *how consultation is understood*

Findings: Residential Workers

Residential workers are the basic grade staff working directly with children in residential homes. The following are the themes to emerge from the analysis of the data from four focus groups of Residential Workers (R.Ws), mainly from mainstream homes, but also from workers in homes for children with disabilities.

Residential Workers-The context of consultation

The main themes to emerge were:

The importance of team and team working

- *Doing a skilled and difficult job*
- *Working well together*
- *Finding their own solutions*
- *Having a good relationship with managers*
- *A sensitivity toward their own group*
- *Demands are unique to the team*

Strength and weakness as team values

- *Workers seen as strong were also seen as more professional*
- *Expression of feelings considered taboo.*
- *Tears seen as weakness.*
- *Watching for 'fizzling out'/not coping*
- *A masculine view of strength*
- *The need for adaptability*

Being bottom of the food chain

- *Marginalization*
- *Feeling undervalued*
- *A sense of powerlessness-listened to but not heard*

Developing close relationships with the children

- *A sense of identification with the children*
- *Wanting the best*
- *Challenging their professional distance*
- *Drawing lines between usefully close and inappropriately close*

Fear of consequences

- *The need to cover oneself*

The importance of team and team working

'Team working' was an important idea to residential workers, and was central to the way they think about the work. This was a significant contextualizing feature of their understanding and meaning of the consultation they received.

It was not clear how participants constructed the idea of a team. For example, how or where boundaries around 'team' were drawn, or how it was decided who was a member and who was not. What was necessary to become a member of 'the team'? Were managers included as part of the team? Were the whole of the staff group 'the team', or was it smaller working groups of two or three?

However, there were a number of core features and qualities of 'team' for residential workers. Holding a view of their team as skilled and doing a good job with the young people in their care was important:

".....hats off to us as a team, that we're very good at managing children and managing behaviors and good jobs... have been done with these kids," (FG7;9)

"....we do a lot of good work 'cause we're in there with them all the time" (FG3; 4).

Implied here is both a degree of admiration, perhaps loyalty toward their team as well as identifying with it. 'Good' is connected with close contact relationships with the young people

Working well together was also a central idea:

"If your team is not working, you're not working well with the children"

(FG1; 5). '

Togetherness' is implied, and includes 'mutual support' and the ability to talk with each other in an informal way was seen as a valued factor of good team working, although the time to talk with each other informally seems to an aspiration rarely fulfilled. *FG7;25*);

... When.... the kids have gone to bed, and... the end of the shift... we will use perhaps the kitchen...this or that didn't go so well (FG7; 34)

Talking together took place mostly in small groups of between two to three people:

Mutual support between team members also included finding their own solutions. For at least some participants, this meant that the consultation they received was unnecessary:

“Most issues here we bash out ourselves, don't we?” (FG7; 14); “If a child pushes my buttons, which is very rare... I discussed it with a colleague. It wouldn't have needed to go to consultation because we're all quite open...” (FG7; 27).

“...if you've got a problem at work, or with a person, then you can discuss it ... you can say it to them, on a one to one basis...” (FG3; 19).

Having a good relationship with one's managers and using them for support was an important aspect of the idea of team. Residential workers used managers to resolve worries about other staff members who may not be managing, using them as “another head”

“...we have got good relationships with our line managers...and our A.H.Ms (Assistant Homes Managers), so if ...you feel that person really didn't take on board what you were trying to say, you wouldn't underhandedly go to the next person and say oh, I haven't been listened to, you just go and get another head on it, ...” (FG7;26)

Managers were used as a way of supporting workers when they felt out of their depth:

“...But a particular incident.... I was so shocked in myself... I felt out of my depth. I went straight to one of my A.H.Ms and expressed it, because I was so concerned... that if I could feel like that, I've now gotta make sure that the other staff don't feel like that...” (FG7; 29).

Residential workers demonstrated sensitivity toward their own group. This might be seen as a close alliance, loyalty, the development of an 'in group' sense of themselves. This appeared to influence their reaction to outsiders, even to those in alternative teams. There were a number of references to cultural differences between units within the same home, so that when workers from other units joined the team for short periods, team members noticed differences in working practices, ideas, or and especially coping mechanisms(FG7;33):

“... if somebody came in from ...say downstairs, and they were crying cause they couldn't cope with it downstairs, I would think, well... come up here for a little while, or go into (another unit) for a little while, and just see what they cope with every single day, and that would be my opinion...(FG7;31²)

Linked with the above, participants viewed the demands made on their particular group, (in this case different units in the same home) as unique; they believed that they were under special pressure from the work, and that they had special skills or ability to in withstand the pressure. Other workers joining that group for a period are less able to cope, or be up to the job in hand. This was an important belief. Workers were less trusting of members of staff who were not part of their own small group. Small groups appear to be more supportive and understanding; more willing to share the difficulties and challenges in the day-to- day work.

It is notable that many of the citations in relation to the importance of team working are those from a focus group made up of participants who worked in a home for children with significant learning disabilities. Whilst there was evidence from other focus groups of these ideas, this group had a particular language for discussing or placing emphasis on these ideas. Their language may be related to the way in which the home was organised into small living units for residents, and thus workers developed a closer relationship because of the smaller numbers.

'Team' takes on something important here. Ideas about reliability and togetherness are implied- being dependable both toward colleagues and the young people are held as important. Staff members place a great deal of reliance and dependence on their colleagues.

Strength and weakness as team values

What constituted 'strength' and 'weakness' was a significant part of a set of ideas about life for workers in residential homes. This was an influential contextual feature for Residential Workers and I took this to be an important contributory factor in understanding how workers may or may not use consultation, in the sense that consultation demanded the possibility of exposure to the gaze of others, and

² These comments come from workers in a home that operated in small quite distinct separate and small units.

thus the potential for exposure of 'weakness'.

Ideas about strength and weakness were presented as team values. These were related to ideas of 'professionalism'. So for example staff members seen as 'strong', were also seen as 'more professional':

"... the one that's... maybe finds a certain child's behavior challenging or difficult is down there,...but I think it impacts on us as people and how we work together..." (FG1; 10).

Whether workers were strong or weak was linked with how what one says or does is interpreted by others:

"... because I think you become worried about saying certain things like that because it's about being professional at all times.... Well we can't always be professional" (FG1; 10).

Linked to this was the idea that expression of feelings was considered taboo; viewed as a sign of weakness and 'not coping'. Feelings could be discussed with close colleagues but not with the wider team. Participants described feeling unable to express such feelings within consultation meetings:

"-Taboo subject here. Your expectations here are that you aren't weak, you're a strong person...." (FG7; 29)

Furthermore, the expression of feelings through say tears was also connected to weakness in eyes of other members of staff in the home:

(Tears)... "Yeah that would be weak. It depends though, if it was you, (to another colleague) I wouldn't see it as weak, because I know you. But if somebody came in from ...downstairs and they were crying cause they couldn't cope with it downstairs, I would think, well... come up here for a little while..." (FG7; 31)

Such signs of weakness, noticed in others were referred to as 'fizzling out' or the 'cracks showing'. Workers felt compelled to report such matters to their seniors (FG7; 29).

Participants described noticing the signs of not coping in others:

"-Less patience, level of incidents....the children's general behaviour towards (them)... Children pick up on signs... they know when they're

not liked, or somebody hasn't got the patience or the time, which is a great indicator to us..., we know when...it's not working" (FG7; 30)

In contrast, however, participants had notions of 'strength' that were acted into by them. Superficially, this appeared to be a masculine view of strength, although it was evident that the majority of residential worker participants were women:

"... it then becomes a strength and weakness thing, so the bloke that's always good at restraining and being the big tough guy and nothing ever goes bad on my shift is like this... up here..."(FG1;10)

Adaptability also emerged as an important quality:

"... expectations ... are that you aren't weak, you're a strong person... emotionally and physically. You've got to be adaptable, you've got (yeah) to cope with different situations ...be flexible, I mean you just have to do everything" (FG7; 29).

Key skills related to experience, adaptability (FG7; 32), and the ability to "get on with things" (FG7; 33).

Here it seems that the pragmatics of care are privileged, in favour of a more emotionally driven way of relating. This occurs, in spite of the likelihood that there are many situations in the care of young people that are emotionally driven. These ideas were given some prominence, and embedded in the culture of residential worker groups. They are likely to inform the day-to-day thinking of staff members, influencing their sense of themselves and others in the team.

Being bottom of the food chain

Being 'bottom of the food chain' was how one participant described how she thought residential workers saw themselves within the organisation.

However, this emerged as a significant theme throughout the residential worker focus groups. This seemed to fall under the following broad headings or sub-themes:

- *Marginalization*
- *Feeling Undervalued*
- *A Sense of powerlessness*

Marginalisation- Participants thought that residential services were marginalised. This theme extended beyond the service itself, appearing to include participant's own sense of themselves within the broader framework of caring services for children. For example, they thought that residential services were considered necessary but 'pushed to one side' by public policy:

.... it's (residential care) changed... it's not...peripheral ...but the fostering side and the family side ...has grown. The residential side is becoming more specialised and having to deal with the more disturbed and problem... difficult to live with kids (FG3; 2)

They also implied that they were more marginalized by other parts of their organisation:

"...it (i.e. residential work) needs to be there, I think people recognise that it is there, but also sometimes when you ask, maybe for help about certain things it's not always forthcoming". (FG3; 2)

Feeling undervalued -Participants described a sense of being undervalued when other agencies were involved doing specific pieces of work with the young children. An aspect of this theme was that workers themselves undervalued their own contribution in the care of the children, whilst at the same time emphasising that they were a consistent feature of children's lives: "there all the time". This left them with a sense of either their work being undervalued, (in comparison with other agency's involvement, or a sense of disempowerment:

"..... sometimes I think I'm undervalued and sometimes... I feel... that maybe you are letting the children down....because you can't offer them some of the things that they need" (FG3; 4).

Sense of Powerlessness-Participants positioned themselves as if power existed elsewhere, and by implication, that they themselves were powerless. This emerged in a number of ways, but mostly in terms of who had the power to make decisions about the children in their care. For example, they described not having control or power over the timing of changes in the young people's lives(FG3. participants described being listened to but not being heard:

"We're listened to, but sometimes not taken much notice of." "This ...boy... he kicked off one time and we had spoken about it, and.... he did it (again when) his social worker was actually there, and she said, "I didn't realise it was that bad" and we said well we've been telling you for weeks..., she hadn't actually taken that much notice of it" (FG7;7/8).

Notably, participants' descriptions made many references to 'they' without being specific about whom 'they' were. It appeared, however, to refer to those whom workers thought had power in relation to the children in their care.

Associated with the sense of powerlessness was what was described as being 'left holding the baby'. This was characterised by staff members valuing the idea of consistency in the lives and care of young people, and seemed to be in contrast to how they saw the input of others, including other agencies. Consistency was an aspect of 'good work':

"We get stuck between ...agencies. Some will do short-term work and some will do long term work, whereas we are there all the time. Those (young people) in the middle that... need something longer than short term work but aren't stable enough to get long term work, sort of fall through the gap and we're left sorting out situations" (FG3; 3). "We do a lot of good work cause we're in there with them all the time" (FG3; 4).

Participants identified strongly with the young person's position. The collective use of the word 'we' at the beginning of the passage is significant in this respect. They appeared to position themselves as being powerless or unable to help the young people in their care because they believed they had no influence or were insufficiently trained:

"...the children that are getting left behind are the ones who are a bit more difficult, need a bit more understanding. I think that's where ...we

don't get as much help with dealing with them than you should have. We can't offer them.... the help that they need..." (FG3; 3).

The development of close relationships with the children

A notable theme of the residential workers group discussions was the significance of the development of close relationships with the children in their care. This may be linked with their sense of powerlessness described above, in that they appeared to locate themselves in a similar position to the children in their care. At times, the language that workers used implied a sense of identification with their client group.

Close day-to-day contact with the young people, an aspect of participants' daily working lives had the effect for them of not being able to see changes in the young people over a longer period:

".....it's like a drip, drip.... you don't see changes that have happened....and... jump back...to how that person was six months ago, and now look at them.....whereas we tend to look back a week and say, oh, he's had a bad week sort of thing" (FG3;4).

Participants in this study described wanting the best' (for the young people), but worried that this might constitute a challenge to their professional distance, particularly when they were being asked to make decisions about them by other professionals. This posed a dilemma for them in regard both to their relationship with the young people, but also to their sense of themselves as 'professionals':

"... people ...asking us questions about whether people would settle in fostering... we can give opinions and be part of the process but sometimes they... want you to make the decision. When you're very close to the young people...I would like them to be able to succeed but....I'm worried that if I say...you know...I think they might...that's probably partly cause of the bias that I've got.....(sentence unfinished)" (FG3;8).

In their commitment to develop close relationships with the young people, participants described finding it difficult to draw a line between being usefully close and becoming inappropriately close to the young people. This operated in a reflexive way, workers questioning their own judgement about decision making for the young people. Residential workers described themselves as being caught in a

dilemma between seeing closeness as a positive, inevitable part of the work, and worrying that that the same closeness made their decisions unreliable:

“...But to actually make the decision whether it is the right place for them to go, or the right thing for them to do, maybe is not really the best thing you know, because.... sometimes I think you can be too close to them....you want the best for them”(FG3;9).

For one participant, this dilemma extended to whether to give the young people a cuddle or whether to bring their dog into work. It seemed that boundaries between, on the one hand wanting to relate on a more emotional or intimate level with the young people, and on the other, an expectation that they are ‘professional’ are particularly hard to draw:

“...maybe giving them a cuddle or something... you walk past and put your arm round them and say what's the matter with you, and... other people say you can't do that, that's totally wrong....Some people could look at that as becoming too close to them, but to other people it's just a matter of (unintelligible), so I think it's probably an individual thing as to how you handle...” (FG3; 10). “If...you're...getting more on a...personal level...I've brought my dog in to work a couple of times. Well...I would check that out with (name) the Manager. Really just to see what he feels about how it would affect them” (FG3; 10).

What is striking about the above dilemmas is the challenge of making and maintaining boundaries in their work with the young people. The work is pragmatic, but with participants in this study hinting at a more emotional way of responding to the young people. This may link with some of the emergent themes above, in that staff members may ‘use’ their team to help them maintain their professional boundaries.

Fear of consequences

Fear of consequences was a generalised theme, and related to the need to cover oneself. The need to ‘cover oneself’ was connected to a concern that the organisation would catch up with you in some way unless you met with its expectations. Such expectations did not appear to be clear to participants.

There was a sense that 'paperwork' took on an oppressive role. Not completing the paperwork was seen by participants as a possible conduct issue:

“ ... you're the one ... getting challenged because you don't have a paper in the file... you don't have a health assessment in the file, you haven't got a this, you haven't got a that, because you're waiting on them.” (FG1; 14)

“... weekly planners to do ...daily records...you name it, children here can't breathe without a risk assessment... some of them take hours,” (FG1;15)

To some extent, this was a minor theme specifically related to the organisational demands made on the staff team. However, I took this as a hint of a more generalised position that members of staff might occupy in relation to broader insecurities about their position in the organisation.

Residential workers-The role of consultation

In relation to the how residential worker participants saw the role of consultation; the main themes to emerge were as follows:

Lack of clarity.

- *Lack of clarity about the role*
- *Provokes anxiety*
- *Unable to see its usefulness*
- *Uncertainty emerges*

Airing things as a group.

- *Airing things as a group*
- *Chance to talk as a team*
- *Helping people unload*
- *Space for us*
- *Not just about the kids*
- *Should be focused on team working*

Working through the impact of the work.

- *Work through the impact of the work*
- *Dealing with feelings*
- *Predicated on safety*

Keeping things safe.

- *Safety in practice*
- *Opportunity to monitor workers' behavior*
- *Talking together as a group contributes to safety*
- *Keeping an outside perspective*
- *Consultants responsible for protection of staff members*

New ideas and Acknowledgement.

- *Acknowledgement of skills and knowledge*
- *Bringing new ideas*

Lack of clarity

The role of consultation was not clear to participants. They expressed a number of questions about it. One described it thus:

“ Is a very grey area about what exactly it is, and what it is there for, who it is for, who benefits. Do people really speak about things that are ... going on inside, or they giving lip service to what they ...think they are supposed to be saying “ (FG1;1).

This depicts the way in which participants expressed their difficulties with having an informed understanding of the role of consultation. The above questions not only how it is conceived and its dimensions, but also whether there is full participation in the process. This comment suggests that the commentator holds a notion of what it should be-it is about what is 'going on inside'.

Lack of clarity about the nature of consultation to staff members provoked anxiety, and a concomitant search for clarity:

"Everybody's got their own idea of what consultation is... nobody's really ever been... told...I still could not get any sort of...clear answers..." (FG; 14).

The usefulness of consultation was also questioned:

" I can't... see how that benefits care... you can have the same discussion without them being there.... I still don't understand what it's supposed to be about...I... thought...they could give (advice)...(the consultant) said...I'm not here to advise" (FG3;13)

This comment expresses both frustration and doubt about the consultation process and indeed the consultant. This particular participant is searching for clarity about the role of consultation and yet it eludes them.

Uncertainty emerges about roles and responsibilities in relation to the consultation process. Participants described an expectation that consultants will take responsibility for explanations of its role, and when this is not forthcoming, further frustrations emerge:

".. it would be nice to know...what they're...there for, and what their expectations are. They must have a reason for coming...I would have thought." (FG3; 49)

".... just sat there. What's the point in having them? Consultants...changed. .that would be the time to sit everybody down and have a discussion about what we wanted to get out of it...What do you expect from consultation? (FG3; 46)

The perceived lack of clarity about the role of consultation is linked to a sense of having little control or responsibility for the way its direction. This hints at a sense

of lack of agency over the process that leads to anxiety, frustration and a belief that it is of little use to members of staff.

However, participants did have notions about what they thought consultation should be. It was difficult to discern from the data whether such descriptions were aspirational or whether this was what they thought actually took place. The following themes set these out:

'Airing things' as a group

Amongst the most significant themes to emerge was the idea that it should provide an opportunity for staff members to 'air things as a group' (FG3; 19). Participants variously described consultation as providing a 'forum' (FG7; 16); a 'chance to talk as team' (FG7; 5), and 'helping people unload' (FG3; 44). Importantly, they described it a 'space for us' as opposed to being not 'just about the kids' (FG7; 10):

"My dream would be (a) constructive discussion, between the staff team about what is happening in the unit. I would like people to sit round and discuss...positive things and, if there's something that doesn't feel right, try and discuss amongst ourselves how we could...improve things..." (FG3; 42).

It is difficult to discern specifics from these somewhat general comments.

Comments never appeared to go beyond the general, perhaps confirming the idea that workers only had somewhat vague notions about what they were doing when attending consultation. However, it is clear that the 'group' has some significance.

There was a belief held by some participants that consultation should be focussed on team working, and the relationships that emerged there from. This was in contrast to what they believed they received which was focussed on the children alone:

"it is solely about the children... we don't really talk about what it brings up in us" (FG1;5)
".... Consultation.... should be more for like a group dynamic. I think talking as a group brings different things... brings more out." (FG3; 28)

For some participants, consultation would be a useful forum to consider relationships between team members, but for others, this would not be an appropriate focus. We return to the importance of team: 'dynamics'; 'working as a group'; and so on. Participants are clear that they want consultation to help them function effectively together as a group.

Working through the impact of the work

Participants saw the role of consultation as an opportunity for the team to work through the impact of the work. This was in contrast to what they thought they did in their own consultation that was focussed solely on the children in their care. Whilst this was left as a rather vague concept, participants emphasised the idea that consultation should help them be able to articulate the issues that working with the children raised for them, but in a 'safe' context.

"(Consultation) should be a time where we can say how we feel about particular – I'm not saying staff, but how we feel about particular children and what they bring up for us, and how that makes us feel, because that impacts on how we work..."(FG1;6).

Dealing with feelings was an important idea in participants' thinking about its role, but this was predicated on 'safety'. Thus, consultation should be:

".. Toward sort of emotional... 'cause some children here do really physically and mentally drain you ...when you're feeling really down and you really don't wanna be here..... the last thing you want is a really challenging child to be with, but soon as you say anything it's ...you can't cope"(FG8;20).

"...not how you connect with all of them... how you connect individually.... If you've got problems, somebody to sit down and say.... don't work directly with that child... if you feel you're still uncomfortable, then you come back to me. That sort of thing..... you'll get more out of consultation that way....."(FG8;21).

Members of staff of children's homes aspire to consultation as offering the possibility for them to reflect on themselves in their relationships with the young people, and the challenges of working with them. The emphasis is once again on the group. Interestingly, embedded in this is the idea that they do not want to discuss relationships with their colleagues. Safety is of key importance here.

Keeping things safe.

The idea of 'safety' was of paramount importance. 'Safety' came up in a number of ways, but specifically in relation to 'safety in practice' (FG8; 38). Group discussions needed to be kept within safe or acceptable behaviour between staff members, and was connected with how one was seen within the staff group:

"Consultancy... is this big huge.., area where people think that it is supposedly safe in which to say things about people or things that are happening, and I don't always think that's right to maybe make people feel like that"(FG1;3.

Participants thought that consultants were there to help maintain safety within the meeting itself, in that they have a responsibility for 'protection' of staff members:

"...he is not a chairman exactly, but someone that just oversees to keep the meeting safe...." (FG3; 14)

Talking together as a group contributed toward safe practice of staff members:

"(consultation)...it's safe in as much as everybody's there...(if) you saw one person doing something, you might talk to them, but, somebody else might have done it as well, on a different shift and it not been noticed or something, but when you're all there and talking about it, everybody gets to be involved in it." (FG7; 39)

This was a way to monitor members of staff's behaviour:

"...it's sold to staff as if it will benefit you, but... it benefits the young people most. ...it is another monitoring of the way that staff could...(unfinished)...it might be the first place that I'd bring it up, if there was something going on that I thought .. was ...this side of the line...but it could be going to the other side of the line..." (FG3; 35)

The 'outside perspective' offered staff members the opportunity to maintain their own boundaries in their relationships with the children. This 'outside perspective' relates as much to the staff group's perspective for individuals as it does to the outsider view of the consultant:

"...Having someone there...who's outside, who's not involved...who is there to oversee as an outsider, (yeah) can be a different perspective" (FG3;20).

"... consultation might bring up some of those areas that are close to the line. staff members might directly bring some of that up... Some of it might be unconsciously brought up...something that someone doesn't

necessarily feel is particularly bad practice...somebody else does feel it's bad practice..... having an outsider perspective..... keeping people from becoming too involved.” (FG7; 37)

From residential staff's viewpoint, safety in consultation as a theme has two main aspects: Creating a context in which concerns and anxieties can be explored constructively, and the safety of a 'check' on behaviour. Both are important, but paradoxically, in order to achieve one- safety in practice, members of staff have to take the risk of ignoring the other- for them to believe that consultation meetings are an arena in which particular hitherto risky issues may be explore.

New ideas and acknowledgement

Participants thought that consultation might also offer the opportunity for 'challenge'; "bringing new ideas" and to have their own experience valued:

“Our knowledge being valued and acknowledged (FG1; 24)...we know what we're doing. ... (FG1; 6). We've been down whatever road with whatever comes up and between us as a group we can always find ways.” (FG1; 12)

Participants are talking about the potential usefulness of consultation in validating their own experience, and having some sense of validation of themselves. Significantly, however, this is coupled with challenge to their practice. This might be seen as not wanting a sycophantic 'you're doing well', but a respectful appreciation of them as professionals. This links with earlier themes regarding their sense of themselves as 'being bottom of the food chain'.

Residential workers: -how consultation is understood.

Conceptually, how participants understood consultation is intended to imply a distinction from how they saw its role, although at times, during the analysis, it was difficult to discern the subtle differences in these terms. I took understanding to mean the thoughts and thoughts, ideas and values that participants had about consultation rather than when they were talking about its role directly.

Furthermore, also included, were comments that appeared to imply some sort of meaning in relation to consultation. Themes to emerge were as follows:

Safety

- *How their 'inner feelings' were understood/*
- *Misunderstood*
- *Fear of a 'witch-hunt'*
- *Fear of criticism*
- *Fear of exposure*
- *High degree of sensitivity to exposure*

Ambivalence

- *Not a good experience*
- *Avoidance*
- *Absent presence*
- *Having nothing to talk about*
- *A hope that things would be different*

Powerlessness in consultation

- *Lack of sense of agency/voice of influence*
- *Little influence over structure or content*

Managers and their effect

- *Often setting the agenda*
- *First to speak*
- *Different atmosphere when managers present*

Keeping it relevant

- *Link between relevance and size of consultation group*
- *Tailored to 'us'*

Supervision most valuable

- *Supervision is for yourself*
- *Feeling down after consultation*
- *Forced into bringing an issue*

Consultants not containing safety

- *Important for consultants to contain the group*
- *Allowing things to surface without guiding*
- *Consultants didn't protect from 'witch-hunt'*

Safety

This links with earlier themes emerging from the role of consultation. It was a major organising idea in participants' minds, who referred to it as if the meaning of the term was a given. Safety in this context meant a kind of psychological safety rather than physical safety.

Psychological safety was connected with a concern about exposure to the gaze of others. Participants were worried about how their feelings or inner thoughts might be understood by the rest of the staff team, the consultant, or their organisation. They were concerned about repercussions, and were not assured by the way in which their consultation was organised. They talked about how their thoughts might be misunderstood or be understood out of proportion; that consultation could become a 'witch hunt':

"...be OK to air what you're feeling...But you've got to feel comfortable that there's gonna be no comebacks...if you were to make a comment about... an emotional matter... but I don't think it would just stop there. Do you know what I mean?" (FG7; 21)

"...is it appropriate to have them opinions? ...to be able to talk about how you feel innerly (sic), you've gotta... be very careful about how you word that, you could say something so innocent, about a pressure... or how you might feel uncomfortable...and it's become personal. How are... those individuals gonna take that? You might have seniors... managers... that's gonna reflect on you...you're not gonna be looked at the same..." (FG8; 31)

Participants described a fear of criticism. Examples were offered of consultation sessions in which staff members had been exposed to such criticism. This was described as either a 'bitching session' or a 'witch-hunt':

"They tried a staff one (consultation focussed on staff relationships) when it was at (Home name) but it ended up being a big bitching session. So they didn't do it again" (FG7; 12)... people then did not want to go in... you feel uncomfortable if somebody is having a moan

about you” (FG7; 36).

“...I have found it's very very personal to certain individuals and can be a witch hunt to certain individuals...that person can then go away...feeling very low about themselves” (FG1;3).

Connected with ideas of safety was a concern for ‘confidentiality’ (or lack of it), Residential workers connected ideas of safety with team values about what constituted ‘being strong’ or ‘being weak’, and what was or was not acceptable behaviour. This related to their concern about their sense of self within the team, and how their actions were interpreted by others. There was a worry about exposure from participants or distrust of the process of consultation. This led to a degree of unwillingness to speak within it. There was a belief that small groups made it easier to develop trust with colleagues and were thus more comfortable (FG7; 10).

Comments from participants suggested that members of staff, particularly during consultations sessions, develop a very high degree of sensitivity to criticism or exposure (FG7; 12), and consultation was not a safe context in which to expose themselves to the judgements of their colleagues in particular.

Ambivalence

Participants often described consultation in negative or ambivalent terms. It was as if it didn't quite fulfil their expectations or was a ‘waste of time’. Participants talked about dread of consultation; that it was not a good experience. *“I don't know anybody who enjoys it!” (FG7; 6).*

This led to avoidance; a desire not to attend:

“... when you say... do I have to? Can we make an excuse not to go?” “...People find masses of paperwork they didn't know they had...to avoid it. It is a dreaded thing. If you find there's a consultation you could accidentally be arriving a little bit later than normal. Or you could have an appointment at the school” (FG7; 6),

There was a form of non-participation; an ‘absent presence’, in which they attend (because it is compulsory) but do not participate. Participants described a

reluctance to speak, or feeling that they have nothing to say. This led to a sense that they were either not included, or peripheral to the proceedings:

"...you sit there like a dummy", or "You come away, knowing... sitting there for an hour, getting absolutely nothing out of the session... whatever we say to them, there's never any feedback"(FG1;9).

"We've been told, if we don't want to talk... then you sit there and you don't speak... if you're going to go there with that sort of attitude, what's the point of being there in the first place" (FG3;17)

"...Every two weeks, we just all sort of sit and look at each other. There's nothing to talk about" (FG7; 18)

In spite of the difficulties that participants described, it seemed that they maintained a hope for it to be different, and that the sessions would 'improve'. This seemed to me to be a triumph of hope over experience'; that consultation might be a useful part of the support structures to the work in homes. However, it was clear that for most participants, this hope had yet to be fulfilled:

"I always hope that our consultations will come round... I'm not ...sure that they're going to... sometimes" (laughter). (They are)...not as productive as I had hoped" (FG3; 12)

Ambivalence about consultation was both sceptical but also optimistic tone – a hope that it would improve. Members of staff appear to position themselves in a kind of 'expecting the worst' way that makes participation difficult. This may pose a challenge to managers, consultants and members of staff themselves about ways in which staff in homes might be constructively engaged in the process.

Powerlessness in consultation

An emergent theme, connected to staff members' ambivalence about consultation, related to a sense of powerlessness within the sessions. Previous references to this theme have been made within descriptions of the 'context of consultation', and were connected to how they validated their own sense of agency or 'voice of influence':

"...people work in a different unit, who have got this child... I might be in another unit and I might say something to them. But I've got absolutely no knowledge of this child, so what I'm saying is not appropriate to them, do you know what I mean" (FG7; 8).

Participants saw themselves as having little influence over the structure or content of the consultation meetings, and seeing themselves as having little confidence to change the proceedings:

“... We've always been completely negative (about consultation)... but to be able...to approach (the manager) and say, I don't think it's working mate. I'm not at that level to make that sort of statement... it comes down from him to us, and we're at the bottom of this” (FG7; 9).

I would propose that the themes of powerlessness, ambivalence and safety are linked to staff members' understanding of consultation. Whilst the data available to me would be not enable me to draw broader conclusions, it may be that in homes position themselves as powerless, but sceptical, with an expectation that somebody else has the power to make changes that they do not consider they have.

Managers and their effect

Participants saw the presence of Homes managers in consultation meetings as having a number of effects. They believed that managers both influence and guide consultation meetings, often setting the agenda:

“... Our manager will say...who have you got today...and you can't think, somebody will get collared into saying something” (FG7; 13)

Managers were seen as being often the first to speak; having a responsibility to ensure that the consultation meeting ran smoothly. At times this seen as a positive influence and at others as constraining:

“... every week...the agenda is... (the manager is) usually the first one isn't he, because he usually has certain things that he needs to talk about, and then it's open to anything else on the agenda” (FG3; 22).

There was a different atmosphere with managers present:

“(The managers presence) definitely affects it... quite often things are brought up that aren't brought up when he is in consultation....but there is an effect because sometimes things get discussed when (the manager) is not at consultation that you can almost tell that there's like a slightly different atmosphere and bias” (FG3;21).

This links with the previous themes about workers' sense of their own agency in consultation, but also relates to the relative organisational structural power that they believe they have. It is likely that managers have a sense that they hold responsibility for making sure that consultation sessions 'work', compelling them to set agendas or speak first, leaving basic grade staff members relinquishing some of their power or influence over the process.

Keeping it relevant

It was important for participants that consultation felt relevant to them. In a sense this is self-evident, but participants found it difficult to see consultation as relevant to their work. They saw a link between consultation being 'relevant' and the size of the consultation groups. This translated into smaller groups when discussing young people. There appeared to be a notional boundary set by team members around a working group that was different to that set by those who had made decisions about the size of the group:

"If you're discussing children in a particular unit, it's got to be a unit consultation, not as a group...it's really hard to sort of take on board somebody else's when you're trying to manage your own... it would be lovely to come into a group with A,B and C and just to talk about them."
(FG7; 11)

Participants described wanting consultation to be 'tailored':

".... I would prefer if it was a small group, and you know, a sort of a vote to say... well how do you want to play this, and I think it should be tailored towards us, because it's our consultation" (FG7;17).

Members of staff reiterate here that the consultation they receive is not how they would want it. Participants draw close boundaries around who they will talk in front of, and whom they will not and what they consider to be 'relevant', to discuss. This is a complex idea to grasp, but hints at a very narrowly drawn sense about who can be trusted to share concerns with- a small group of immediate and trusted colleagues.

Supervision most valuable

Participants described individual supervision as having more value than consultation to them:

“consultation is more...for...a group dynamic...whereas supervision is for yourself. Sometimes you can feel quite down after consultation. (It should be a bit constructive in supervision...it should...make you feel better, I think supervision probably is a bit more helpful” (FG3; 26).

A related theme was that participants described a sense of coercion into participation in consultation meetings, at times forced into bringing an issue (FG3; 13). Generally, in spite of their ambivalence, it was thought that it should ‘be there if you wanted it’ (FG3; 29).

Unsurprisingly, participants in this study found individual supervision most valuable, even though at times they described it as ‘management’ supervision; i.e. of caseloads, rather than a ‘personal growth’ model. It also evident that the challenge of a group model, to which attendance was compulsory was likely to add to their sense of ambivalence, and yet, following previous emergent themes, they aspire to be able to discuss their concerns in a group context.

Consultants not containing safety

An important theme emerged relating to the ability of consultants to ‘contain’ the consultancy group. One participant thought that sometimes they sat back and ‘allowed all these things to surface and not really guiding’ (FG1; 4). They thought that consultants did not protect them from ‘witch hunts’:

“.....if it’s wrong to be saying things to people and making them feel bad, can we not stop that and say hold on a minute this isn’t the right arena for that, we need to look at that somewhere else” (FG1;4)

This theme was supported by little evidence, but reflects a deeper concern about a group consultation model. It is clear that participants are anxious about exposure to the rest of the staff group.

It is striking that participant's overall understanding of consultation is more related to their sense of lack of safety about it. This reflects in their ambivalence and their difficulty with taking ownership over the process.

Findings: Assistant Homes Managers

The following are the findings from two focus groups drawn from participants at an Assistant Homes Manager level or equivalent, one hierarchical level higher than Residential Workers. The participant group were made up from volunteers from two homes in the Local Authority.

As with the previous section, the data was analysed in accordance with the main questions of the study relating to consultation: what is its role; how is it understood within the context of social care. Comments about 'life in the home' were numerous. These included ideas or values that appeared to represent organisational themes. These are described under a heading of the 'context' of consultation.

Assistant homes managers: The context of consultation

The following themes emerged:

Residential services: an unclear context creating uncertainty

- *Necessary evil*
- *Unclear context*
- *No grand scheme*
- *Unclear philosophy*

Anxiety contextualises the work.

- *Anxiety integral to the work*

The shift to being a manager

- *Shift in thinking*
- *Shift in loyalties*
- *Having to accept the organization*
- *Change in relationship with other managers*
- *Unified front/ part of being a good management team*
- *Structure of key importance*

The shift in position changes approaches to staff members.

- *Responsibility toward workers and children*
- *Understanding staff members' needs*
- *Responsibility to support them*
- *A more distance/critical stance toward staff members.*
- *Seeing staff members as vulnerable/*
- *Overanxious /overreacting*

- *Connected with history*
- *Anxiety connected with their vulnerability*

Residential staff members have a sense of powerlessness.

- *Sense of powerlessness*
- *Not able to be effective*

Relationships are not always what they seem

- *Staff members should have understanding*
- *Relationships were superficial*
- *Difficulties underlying a superficially close or friendly relationship*
- *Careful with each other*

Residential services: an unclear context creating uncertainty

Assistant Homes Managers (A.H.M.s) took the view that at the Local Authority policy level, residential care was considered to be a necessary evil (FG2;6).

Embedded in this idea was that there was no 'grand scheme' (FG2; 9) concerning an overall strategy for the development residential services (FG2;9). This was partly connected with how they saw the previous record of the Local Authority and its political leanings. The following conversation between two participants in one group summarise this idea:

Participant A *"...(it's)got rid of one special school a few years back, a residential provision...and have talked endlessly about shutting the other ones...I daresay (they) have the same conversations about the children's homes."*

Participant B *"... every time they...look at the budget it must come up... because it's such an enormous proportion of their spending"*

Participant A *"...I've never... seen a statement that says 'this is how we're going to spend the money'. There doesn't seem...to be any...grand scheme for how things will be in future."* (FG2; 8)

It was also partly connected with national policy; an unclear philosophy of approach to how children and families are seen:

"At a national level... there is a split in thinking... directly related ...to...splits...within our own thinking... (in) our direct work with the children...reflected all the way up the chain to secretaries of state... about children as helpless, silent, victims of abuse who must be rescued...or... as challenging,, problematic, using, adolescents with feckless parents who need to take responsibility" (FG2; 9).

They considered that these issues affected their own practice, influencing the way in which children and families were handled the home and by the Department (FG2; 10). From this first level of managers, a broader view of uncertainties emerges. They draw on the idea of an unclear context of local and national policy about children and young people, and make a clear connection with how this affects their work.

Anxiety contextualises the work.

Related to the above theme, AHMs believed that uncertainty led to staff members' anxiety; that anxiety was integral to the work:

"But the anxiety itself, what's generating the anxiety, is very unlikely...to be something which isn't a fairly integral part of the way the organisation works...it seems necessary that anxiety will continue to be generated. Consultancy doesn't change the way the organisation works, but may change how they feel about the work" (FG2; 39).

Participants at this management level see their work embedded in local and national policies, values and philosophies that they see as affecting the working context, and recognise that such context is confusing and lacking in coherence.

The shift to being a manager

The most influential contextual feature for participants at this level of management was the emphasis placed on changes and differences when becoming a manager in the home. These represented or required a shift in thinking from that of being a residential worker, and required a shift in belief about the organisation, and a consequent shift in loyalties:

"... if you step up to an Assistant Home Managers position, you've got a very different view of the organisation" (FG5; 29),

It also required having to 'accept' the organisation, and a change in thinking and position in relation to it:

Participant A: *"...when you step up, you know more..."*

Participant B: *"...you have to have a certain mentality and acceptance of (the Local Authority) as a corporate...body to take on the role...otherwise you're...quite a nothing really. You see those ones who do take up managers*

roles that don't accept (the Local Authority)...but they don't last very long, they make such big waves that (they) drown..." (FG5; 29)

There was also a change in relationships with other managers. It was important to have a 'unified front', by implication, toward those lower down the hierarchy. This required sorting out disagreements amongst themselves prior to meetings in which residential workers were present, including consultation meetings. This was seen as a key quality of being a good management team. There was an injunction against A.H.Ms being seen as divided by basic grade residential staff:

"...if you've got a good management team...they...think along the same line... they'll... give an almost unified front...rather than...look divided to the...staff team. ...we wouldn't bring that disagreement into the staff unit" (FG5; 6).

A.H.Ms also placed importance on a good management team being structured. Structure was an important part of the thinking of these participant groups:

"...Life at the (home)...is more structured...our management team here, we've got four of us... (Before) there wasn't the same structure, there wasn't the definite structure that we've got here." (FG5; 17)

The shift in position changes approaches to staff members.

Inevitably, the shift to becoming an A.H.M. meant that they took a different view and approach toward staff members. They saw a responsibility toward members of their team, but saw their primary responsibility as toward the children in the home:

"... we do have to look after staff, we do have to look at the children, but my priority is still the children...more than the staff" (FG5; 20).

A.H.M.s described an understanding of their team members' needs, and a sense of responsibility toward supporting them, whilst also acknowledging and respecting the staff team's experience, reiterating the importance of the idea of 'team':

"Seeing them, knowing them, getting to know where they're at, you can see when they walk through the door...you constantly feel like you're trying to build them up in order for them to work...." (FG5; 21)

“...the team (have)...a level of experience...they understand where you're coming from. But also I think having a team that are just non-persecutory” (FG5; 26).

Paradoxically, A.H.M.s took a more distanced, critical stance toward workers in their homes. They described them as 'vulnerable, over anxious and sometimes overreacting', with 'vulnerability' stemming from their history. It was believed that they came into the work for their 'own reasons':

“...a lot of people come and do this job because they've got issues, over...their own childhood and stuff...our staff are very sympathetic, very caring, and have that great understanding but (it)...makes them...a little bit vulnerable or...out of kilter...I'm included in that...I'm not... removing me as a manager” (FG5; 21/22).

“I'm pretty sure people have had some kind of ...experience in their past that connects with the work which they do...there is a sense of a family being created for you by working in a children's home” (FG2; 5).

In A.H.M.s minds, staff members' anxiety was connected to their vulnerability:

“...as a manager you see that staff's anxieties are out of kilter to actually what the children are doing” (FG5;19).

“...you do get kids where the anxieties (about them) are totally disproportionate to what they are like...bit time consuming, quite exhausting, made you feel a bit worried...but the level of staff anxiety for the first two to three weeks of (the) placement were astronomical, and if that hadn't been managed in some way... that placement would have broken down” (FG2; 52).

Managers at this level have in most cases, themselves been basic grade workers at some stage in their career. What is striking is the change in their thinking at the point at which they become managers. Boundaries are created, loyalties shift, and views about basic grade staff members change. They hold both a sympathetic (perhaps empathetic) regard for them, and yet hold a more critical view.

Residential staff members have a sense of powerlessness.

A.H.M. participants thought that residential staff had a sense of powerlessness.

This parallels the description in the previous section from Residential Workers.

A.H.M.s described them as having a sense of little control over planning for

children and that such power, particularly in relation to achieving aims for children or contributing toward plans for them, existed elsewhere. It was thought that workers felt that they were unable to be effective:

“...with the system around the Social Services and family, we are the front ...all about family, but...the children are... in between the Social Services. There is not much we can do...getting a service going. At the end of the day, it comes down to budget. If...there was a child...who was suffering and needs to be taken out of the family...you'll have to deal with the budget. It's almost like...when someone gives you paracetamol even though the co-codamol would do you more good” (FG2; 11).

Relationships are important but not always what they seem

A.H.M participants placed a great deal of emphasis on the importance of relationships within the team. For example, it was important that members of staff 'understand' (FG5; 39): that one's ideas thoughts and feelings were acceptable within the group:

“...we haven't got a Bert (a fictitious young person) here, I'm just using it as a name, Bert makes me feel like a child molester, you know? When I'm with him he makes me feel dirty inside...if you say that, that's fine within this team 'cause they would get it” (FG5; 38).

However, participants expressed concern that about whether relationships were superficial or 'trusting'. They took the view that relationships between staff members were not what they appeared to be, and that often there were difficulties underlying a superficially close or friendly relationship. They considered that they were careful with each other. The following discussion between two participants captures this idea:

Participant A *” my general impression...is that people are quite nice to each other.”*

Participant B *“they're nice to each other? Or they really are nice to each other?”*

Participant A *“I think in general they really are...but there's also that feeling there's their kind of...”*

Participant B *“A front?”*

Participant A *“No...I don't want to say it's a front, that's not really what I feel, but you do think more about what you're going to say...Because people... normally are...work quite close as a team...it's very...do you know what I mean?” (FG5; 41)*

A.H.M.s seemed unsure of whether they can 'trust' their colleagues, and yet wanted to do so (FG5;48). It is clear that 'relationships' are important, and it is striking how analytical AHMs are on the quality of the relationships between members of staff. They appear to have in mind an 'ideal' relationship which is elusive.

Assistant homes managers: the role of consultation:

In respect to the role of consultation, the following themes emerged from the Assistant Homes Managers focus groups.

Lack of clarity

- *Lack of clarity about the role*
- *Generated high levels of anxiety*

A team outlet

- *A team outlet*
- *Space to bring out feelings in people*
- *It opens up issues/ how people see their working relationships*
- *How you are as a corporate parent/like a husband or wife*

Off-loading

Not personal therapy/ supervision

Not a solution/prevents dysfunction and abuse.

Is it validation? /Confirmation we're doing the right thing.

Being challenged

- *Going to dark places*

Helps managers manage anxiety

- *Contains staff members anxiety*

Helps managers manage

- *Managers used consultation to manage the staff group*

Lack of clarity

Participants described a lack of clarity about the role and function of consultancy that they receive:

“a vast array of differing opinion about what consultancy was (to the staff group) ... because we've never sat down and decided what consultancy is for” (FG2; 24).

Furthermore, they believed that consultants also were not clear about its role (FG2; 24), and thus, it was not explained to new members of staff, generating high levels of anxiety:

"They look uncomfortable, worried, confused, hysterical because it's left unclear". (FG2; 23)

The lack of clarity about the role of consultation is a recurring theme from both basic grade residential workers and their first management tier.

A team outlet

However, although A.H.M. participants were not clear about its role, their ideas about what it should be were well developed. They used descriptions such as a team outlet; allowing the staff team a space to bring out feelings in people. Consultation was to do with the "*staff group dimension... it opens up issues ...how people see their working relationships*" (FG2; 21). One participant commented that consultation should be about:

"What was going on culturally in the team... a focus on team dynamics in the general sense" (FG2; 28).

Another described it as:

"...around the people you were working with and how you are as corporate parent...it is almost like a husband and wife, knowing there is an issue going on in the family but it still boils down to how are the kids doing...but they are still avoiding each other ... but they still sort of get on with that" (FG2; 22).

A related idea was that consultation was about '*connecting the meanings they (staff members) have, or ascribe, to the work*', and included the idea of

"connecting the personal with the professional" (FG2; 19); how personal 'stuff' interacts with 'stuff' on the unit" (FG2; 18).

For some it was a chance or space to reflect:

"A chance just to sit, either say something or not say anything, for the hour and a half...time to think...without any other intrusions..." (FG5; 44)

"...when we're in consultation, I feel that sometimes they (residential staff members) are counselling themselves We've all got our histories, and if ... something ...touched on you...I think you then would sit there and you...start thinking about your own stuff...sometimes I do. (I) think staff do find that quite difficult because...they link it to their own stuff...staff are mulling over in their own head their own experiences" (FG5; 8).

What is being described here includes a range of ideas that are associated with relationships with each other, personal histories and sharing a collective team experience. The use of the word 'counselling' is significant. Their descriptions hold a kind of 'psychotherapeutic tone' when talking about consultation.

Offloading

There were many references to 'offloading' by A.H.M. participants. Offloading was conceptually unclear, but was described as an important aspect of staff member's need to manage their emotional response to the work:

"...cause we used to...like offload within the team" (FG5; 5)

"...an arena where the staff can...offload, because I think if you're doing it consistently you're offloading about that week...what happens, when you don't get it, it builds into something bigger than it ever was" (FG5;53).

"... (A member of staff) has a moan. I feel she is using it as her way of offloading her stuff and working through her own things" (FG5; 9).

This included an idea that members of staff needed offload about managers:

"R.S.W.s (residential social workers) get very frustrated because they don't feel there is any way where they can...just offload about how they do feel about us, so... they do it amongst themselves" (FG5;49).

Offloading is used here as a 'given'; a generic term for the need to talk about the work. Offloading has an informal tone in which workers talk together, and yet there is concern about (arguably) the more formal or structured process of consultation.

Not personal therapy or supervision

Participants were clear that consultation should not be 'personal therapy' (FG2; 31). Neither was it supervision. Supervision was not expected to be 'therapeutic' (FG2; 20), although by implication, consultation was expected to be so. One participant expressed it thus:

"If you had...an issue that you could be facing at work which could be working in relation to other staff ...I wouldn't have thought supervision was the best place" (FG2; 21).

This is an interesting contrast to the previous descriptions. On the one hand, members of staff describe consultation as neither therapy nor supervision, and yet there exists a theme in relation to its role that is psychotherapeutic in tone.

Not a solution/ Prevents dysfunction and abuse.

According to A.H.M.s in the study, consultation was not solution, nor provided answers (FG2;32). There was some consensus that consultation might have a potentially important role to prevent a dysfunctional organisation:

“At least it’s an attempt to stop the place from becoming really dysfunctional ...organisations likes ours can end up being horribly abusive and nasty places or they were in the past...so the benefit is we are not going to become this horribly maladaptive organisation” (FG2;35).

Whilst acknowledging that consultation does not provide solutions, but consider at least part of its usefulness to be an opportunity for ‘feedback’ about standards. There is an element of ‘policing’ of behaviour. These appear to be direct references to concerns about boundaries between staff members and young people. There are echoes here from public reviews of abusive regimes in residential care.

Is it validation? Confirmation we’re doing the right thing

Some of the comments made in the participant groups related to the values that were placed on consultation in the home. There appeared to be conflicting ideas about whether consultation should be about feeling ‘validated’.

One participant described it as *“a ‘validation thing- a statement that...your concerns are real” (FG2; 32)*, whilst another view suggested that validation should come from elsewhere in the organisation. They were concerned that sometimes validation was used as *“a management tool rather than a statement of feeling” (FG2; 48).*

Connected with the above, at least for some participants in the group, consultation was confirmation that members of staff were doing the right thing:

“...that maybe you are doing the right thing. Some people...think that consultants come in and they give us all the answers, tell us what we should do. We go off for the next 2-3 weeks, do it. I don't think that's...what it's about. I've been doing that anyway! (Mm) (FG5;43)

These contradictory views about one of the potential roles of consultation are difficult to make sense of, but appear to be linked with ideas about competence. One way of understanding these is that AHMs are talking about 'absent' themes, i.e. validation or confirmation is an absent commodity to staff members.

Being challenged

Paradoxically, a number of A.H.M. participants thought that consultation was a useful and helpful challenge to their thinking. This was described as 'uncomfortable; made to look at yourself:

“...I like where I am actually challenged; made to feel uncomfortable, made to look at yourself, and made to move on. I have benefited. It helped me develop (mm); to be able to know myself better” (FG5;31),

or going to 'dark places' :

“... the (consultant) I like...is blunt and didn't mind going to places where other people shied away from. He went to places where they thought that he shouldn't go, and actually went to the darkest places” (FG5; 31).

This is a return to a subtext of consultation as psychotherapy.

Helps managers manage anxiety

Participants at this first level of management thought that consultation helped managers toward containing members of staff's 'anxiety'. This passage, quoted fully encapsulates this idea. However, this particular participant seemed to suggest that 'anxiety' and 'inadequacy' are linked for particular members of the staff team:

“...there is enough inadequacy within the staff team, but it (consultation) keeps the focus securely there, so that they (managers) can be sufficiently distanced from that; that they can be putting the needs of the children and the service first rather than getting caught up in ... what is... front line staff anxieties which are completely disproportionate to the work they are actually doing”. (FG5; 53)

Helps managers manage

Furthermore, A.H.M.s thought that at times, managers used consultation to help manage the staff group:

“(The manager) will come in sometimes and will talk about stuff that is important to him. That really annoys me ‘cause as a manager you should keep that right out of the way- the management thing” (FG5; 25).

This, it was thought, was a specific strategy within a senior homes management meetings in which decisions to *‘bring that up in consultancy’ (FG5; 26).*

Both the above themes contain a number of different discourses reflecting perhaps the position in the organization that A.H.Ms hold. They simultaneously imply that consultation helps to contain anxiety amongst the staff team to manageable levels, but express frustration that managers use consultation for their own management ends.

Assistant homes managers: how consultation is understood?

For A.H.M.s, a number of themes emerged in relation to their understanding of consultation. Many of themes appear to link together, and I have attempted to make explicit some of these links:

Hard to define

- *Hard to understand/hard to define*
- *No single idea about what a good consultant or consultation would be*
- *Balance changes*

The importance of a sense of safety

- *Loss of stability*
- *No core group*
- *Mirroring what happens day to day*
- *Feeling safe*
- *Fear of persecution or reprisal*
- *Risk of feeling embarrassed*
- *Feeling victimized/heard in the wrong way*
- *Being ostracized by the group*
- *Staff members hold back*
- *A long time to trust the group*
- *Things taken out of context/amplification/out of proportion*
- *Worried about how they were seen by others*

The issue of trust.

- *Speaking openly*
- *Sensing the atmosphere in the staff group*
- *Sense of trust in the consultant*
- *Trust was elusive*

The focus remains on the children.

- *A focus on staff member's relationships was associated with challenge or criticism*
- *Issues to do with relationships between staff members avoided/not discussed*
- *Consultants sensitive to underlying tensions*

Staff members' issues are the next level

- *An aspiration to shift to a focus on team dynamics*
- *A desire to protect the staff group*

Managers make it different.

- *Wanted to be equals/ recognized their role as managers.*
- *Sensitivity to their management status*
- *Consultation meetings with a hierarchy were different:*

The meaning of talking

- *Meaning placed on who does or doesn't talk*
- *Talking was taken as a positive contribution*

A way for the organization to manage the staff group

- *Conveyed important messages to staff group*
- *Anxiety might be diverted away from the senior managers*

Hard to define

There is a relationship between the lack of clarity surrounding consultation and A.H.M. participants describing it as hard to understand and hard to define. One aspect of this was the changing nature of the consultation group. Its members, because of the demands of the rota system, changing from week to week with little consistency over any period:

“An amorphous group that comes and goes...often only one person there from the week before” (FG2; 25).

“...it's commissioned for use by, ... used by (and) run by, different people. Different people turn up every week and you can't possibly hope to have a fixed meaning for that. Its significance lies in what everybody involved in it in any way, even if they're just signing the cheques for it, attaches to it. So it's multi-faceted, necessarily” (FG2; 36).

The changing nature of the group meant that the balance changed between members who were managers and those who were residential workers:

“...we (A.H.M.s) are always in consultation...we come in for meetings and... there seem to be so many of us don't there? There's as many of us as there are... staff members. It is a completely different dynamic...we are pushing the agenda, which I don't think is what consultation should be about, it should be coming from them” (FG5;17).

This theme captures the unexplored nature of the encounter of consultation in this context. Many things are taken for granted without exploration or explanation, for example, what can and cannot be talked about in an ever-changing group. There are many agendas, shifts of emphasis and shifts of priorities. From the above it would be difficult to discern what would be useful, to whom, delivered by whom. These issues raise questions about the commissioning and contract making stages

of consultation particularly in relation to its boundaries, expectations, and so on, when such questions have an opportunity to be addressed.

The importance of a sense of safety

We return here to safety as an overriding theme in relation to consultation. It was never far from participant's thinking in one way or another when discussing their experience of consultation. It links with the difficulties in defining consultation and the ever-changing nature of the group. Safety was connected in participant's minds with stability; loss of stability was associated with there being no core group:

"...other things come in when other people are in there...it's so different each week, you're not getting that core group there every week...you lose quite a lot" (FG5;40).

"... you lose that...stability...you need to know that...it's going to happen (and), you need to know the people that are going in" (FG5; 43).

This unpredictability was described as 'mirroring' that happens in the day-to-day work on shift. There was a sense that stability for staff members was more evident by its absence rather than presence:

".doesn't make it... any less real. ' Cause that's ... what we do on a shift...that's mirroring what it's like on shift, isn't it?" (FG5; 40).

Feeling safe, a significant theme related to ideas or fears about the risks inherent in consultation. Most of these were connected with staff members' sense of themselves in relation to their colleagues and managers; very few related to their sense of themselves in relation to the organisation as a whole. There were a number of facets to this: Participants thought that members of staff might fear persecution or reprisal by managers:

"...they would say that their reprisal or their fear of what would... (come) from the management team...they would be fearful of saying...because what would (unintelligible) shifts, would they be sent out on the rubbish school runs ...that's what their fear would be..." (FG5; 42).

Further aspects related to how staff members might experience other members of the team. A.H.M.s described a risk of feeling silly or embarrassed:

"...that you're not going to be made to feel silly, and embarrassed, and all those

horrible feelings. You think that people...are...going to come out and have a chat about it outside..." (FG5; 24);

There was a concern about victimisation or being heard in the wrong way:

"...people not feeling victimised...you tend to find you say something, and you might think it's quite harmless, but then that person suddenly (unintelligible)" (FG5; 54)

"...I went into a meeting..., I was just absolutely caned over by some deodorant...that was my last....big kind of feeling...of... a group being facilitated and the guy who was doing it couldn't facilitate anything by the end of it cause this group had just..." (FG5; 55);

There was a worry that they might be ostracised by the group, or treated as an outsider:

"I've said a couple of things (in consultation meetings). I was the outsider for a long time. It was a petty thing, like a sweet... I didn't get offered one, everybody else did. That made me feel like ...you don't want me to be included, you didn't like me, it was really quite basic level stuff... it took a lot to say that" (FG5;36.);

There was a concern that things would be taken out of context and may be used against you:

"... you say...stuff that's used against you out of context. That's what I worry about" (FG5; 37).

Being open' in consultation meetings meant that 'amplification' might take place with the attendant risk of things becoming out of proportion. It was thought that members of staff might be worried about how they were seen by others:

"(consultation)...the only forum that we ever have when we can all be together without the immediate pressure of the children, where we are encouraged to reflect...everything you say or do is massively amplified. What perception of you is there by the rest of the team? I think that that is very much in everybody's minds. I know it's in (the manager's) mind and I'm absolutely sure that it is in everybody else's" (FG3; 25/26).

Participants thought that because of the risks of exposure to the gaze or judgment of others, they held back from speaking out or saying what was on their mind. In consequence, it takes a long time to begin to trust the group again:

“..it takes a very long time to build that back up...you have that contamination after, even if you felt pressured you're not going to want to say anything in consultation” (FG5;55).

It is within this perceived context of consultation that A.H.M.s described basic grade staff members as ‘defensive’ and fearful of challenge by their colleagues. ‘Defensiveness’ was considered to be *“a major cause of on-going problematic dynamics” (FG224)*

Embedded under the general theme of safety are many subthemes that link across to themes expressed elsewhere in this study: Safety is of paramount concern, and these participants express both their views of the concerns of others, and of themselves. Uncertainty, lack of predictability in the day-to-day work is reflected in the approach to consultation, and staff members find themselves with a sense of exposure and distrust or perhaps anxiety about the process. This profoundly influences the meaning of consultation to members of staff in homes.

The issue of trust.

It follows that the issue of ‘trust’ between staff members was important. It emerges significantly in consultation meetings, and related to the dilemma between speaking openly or not.

Speaking openly was part of the language of the residential care. The idea of speaking openly appeared to be a code for the ability to talk about sensitive relationship issues or those might subject staff members to exposure of their feelings. On the one hand, there is an encouragement to speak ‘openly’, but on the other considerable prohibitions to do so:

“...it was (a) big issue within the staff team...it was...tangibly present in the room...it was blocking us... talking about anything else.... I...talked a lot .. It was felt by managers to be (an) attack on the management team. Which it wasn't... it genuinely wasn't meant ...it...made me feel excruciatingly anxious...I was anxious coming into work for a week following it” (FG2; 30).

“... what I mean by all hang out is actually saying oh yeah, Bill really is putting these sort of dreadful feelings in me, making me feel like...but

not the stuff like...the other day... you really undermined me. That doesn't get said at all in team meetings" (FG5; 52).

Members of staff are sensitive to the atmosphere in the group. Within group consultation meetings, basic grade staff members and managers were careful about both what and how things were spoken about. Participants described 'gauging' whether an issue might be raised or how such an issue may be spoken about:

"...if you're gonna say something...you can only go as far as the group allow you to go...you gauge how people are taking it and you can...say something very roundabout, which the staff don't pick up on "(FG5;26).

It was important that staff members had a sense of trust in the consultant (FG5;27): A.H.M. participants considered that the position that consultants adopted, and their 'style' were important aspects of trust. However, there was little agreement about this.

Some participants liked the idea of consultants as investigators, hunting down a 'truth' (FG2; 50); for others, it was important that consultants did not impose their values on the consultee group or "shouldn't *take a position where 'one reality (is) having more intrinsic value than another'*" (FG2; 50). The following is illustrative:

Participant A: *"...some consultancies have been... with Scully and Mulder³. There was a sense of...we've got to the bottom of this, this is the reality.*

Participant B: *" they imposed their own issues on the group...rather than reflecting the issues that were being presented by the group. ...the consultant that we have now...good at letting the group...run itself "*

Participant C: *"I didn't like...the idea of one reality having more intrinsic value than another...they were...tracking down the true root. They were investigators...there isn't one truth that you're gonna come to...what you are trying (to do is) weave everybody's independent perspectives of...reality...into something which is workable and useful for looking after children" (FG2;50.*

It is clear that the theme of trust links with sensitivity about aspects of safety. It also highlights the extent to which staff members are highly sensitive toward how others within the consultation group view them.

³ A reference to the 'X files' - a science fiction TV programme.

The focus remains on the children.

Linked to the theme of trust, 'openness', and concerns about exposure, were subjects for on-going debate between members of staff about the focus of consultation meetings. Its current role was focussed on children and not on staff relationships:

"... as a team it facilitates us discussing the children ...we just talk about the kids...how the kids affect us. That's just a way of getting a better understanding of the children. We, talk about their behaviours, what they're doing, how we can help, what we can put in place" (FG5; 2).

Any move to focus on staff relationships was associated with challenge or criticism:

"We often have this argument...that we talk about the children...that isn't what consultancy is for. (But) for them to have to ...be challenged in a group arena which changes every week, which doesn't have clear boundaries is very threatening"(FG2;23).

"...We're talking about the kids, and... we're bordering on some issues, but we don't go there, because...we don't feel we can. But I do think lots of times even if we're just talking about the kids and their behaviours that other things are coming up...we have been set that agenda that it is just about the kids" (FG5;2).

Issues to do with relationships between staff members were not discussed or were avoided:

"...but we don't really explore it. It moves off quickly and goes back to the children...people don't feel they're able to start talking about ourselves." (FG5; 2), because it had been previously attempted but became negative or critical: "(FG5; 5/6).

The focus remaining on the young people is a 'safe' area for discussion. To begin to look at relationships within the team is clearly seen as a riskier enterprise, seemingly avoided by both members of the staff team and consultants (in this case). It is unclear whether an exploration of staff relationships is either asked for or indeed desirable, given what this group are suggesting. What conditions are required for members of staff to consider that such an exploration might be useful?

Staff members' issues are 'the next level'

Discussion of 'staff issues' was seen by participants as the 'next level'. Although not specific about what this meant, I took it that it referred those discussions that were more risky of anxiety provoking, those regarding sense of self or self in relationship, and that staff members were constrained from engaging in. However, to this group, by nuance, such discussions remained an aspiration:

"we need to be moved onto the next level." "The team would say to us ...that maybe....this child's...creating lots of aggression amongst the team... we (the management group) wanna go there...about that in... a (consultation meeting). Not on a just like on a basis level...but more on a level of what it is doing to you inside." (FG5; 14)

Some participants aspired to a shift to focus on dynamics between the team:

"we'd need something for the group. So we can look at the dynamics between the team, and maybe that would feed into what the kids are bringing up...where we can actually address those issues...my dream would be that we actually did it, that staff used it" (FG5;23).

Any focus on team relationships was viewed as a potential threat to safety of the group. This posed dilemmas for A.H.M.s in relation to how they should act. There was a protective element to way in which they positioned themselves in relation to their staff team:

"Is it really important that we air things that bother us about our colleagues? What if you can't guarantee that the rest of the team can take it?' If it's going to make your working life more difficult, you need to look very carefully at what it is you're hoping to gain" (FG2;27).

This was linked to A.H.M.s belief that members of staff already have to face challenges and criticism from their client group:

"...it is hard work facing challenges and criticism, particularly in an environment where, from the children you get permanent challenges and criticism....you see little of your managers, who see little of your work. For (staff members) to have to ...be challenged in a group... which changes every week, which doesn't have clear boundaries is very threatening. There are very few adults who can either be, or cope with people being to them, properly assertive" (FG2; 24).

For this group, a focus on team dynamics is risky, unsafe, and a doubtfully useful exercise, and yet remains an aspiration. AHMs position themselves as both protective and considering that a focus on team relationships would be useful.

Managers make it different.

Participants were sensitive to their status as managers in group consultation. It had implications for their place in the group discussion. They both wanted to be part of the group as equals, and yet recognised their role as managers within the group. They describe 'pushing the agenda':

"I've spotted it because I'm just me, not because I'm a manager, I want to talk about it for me. It's not that I want the situation dealt with, it's because I know it's affecting the group, it's affecting me, not as manager necessarily, just because I'm part of the group" (FG5; 19).

Consultation meetings with a hierarchy were different:

"...consultation that's got a hierarchy in it...it's so different from any other kind of consultation. I know if we (as managers) weren't in consultation... (It) would be completely different" (FG5; 42).

Participants themselves found themselves resenting manager's involvement in discussions:

"...if (the manager) brings something into a group, I seem to just switch off...it's almost like...here we go again. That's why I worry that we then do the same again" (FG5; 42),

and thought that basic grade staff members might also hold this view:

"I think...they feel like...oh well now you're here you've ruined it. 'Cause if you weren't here we could say what we wanted." (FG5; 50)

The meaning of talking

Staff in homes placed meanings and interpretations on who talked and who did not talk in consultation meetings. Talking was taken as a positive contribution, whereas not talking was seen as something more negative:

Participant A: *"...but she always talks, don't she? That's the main person that would speak in that group. Because I wonder why they don't speak...."*

Participant B: *"...when you're talking about the individual kids is you'll find somebody who's quite engaged to that child, who'll then be quite vocal, even the ones who generally are quiet...or pushed that button (yeah) or they're really peed off, they they'll be more vocal."* (FG5; 9).

It was thought that some staff members were more vocal than others:

"...you're quite right what you're saying there's some more vocal than others definitely...there are ...one maybe two, so without them even trying it's always going to be them, because no-one else ever talks"(FG5;10)

Talking appears to be an unwritten rule in consultation meetings. This is difficult to pin down, but much is made of this. It is connected with 'openness'. There seems little option, if staff members want to be seen positively by their managers, but to speak. It raises issues about the extent to which consultants, by their presence, imply that members of staff in consultation are required to speak. Managers desire to be part of the consultation group, but are aware that they are differentiated. They have what appears to be a sense of responsibility toward making the meeting 'work', perhaps leading to their desire for members of staff to talk, or that they themselves see the need to 'lead'.

Consultation is a way for the organisation to manage the staff group

One theme that emerged related to the way that managers might use consultation for 'management purposes'. For example, there was an idea that consultation conveyed important messages to staff members through the provision of consultation. A.H.M.s took both a critical stance and yet were simultaneously supportive toward the organisational in its provision of consultation. This may be connected with previously described themes relating to their shift in loyalties when becoming part of a management team. For example, they thought that consultation conveyed the message of 'a space they own':

"...to get your staff team to feel that this is a space that they owned, to give them some sense of autonomy...that they are valued, being heard, and supported...giving them lots of the right messages...at the same time also it can be used to address...difficult issues which from a managerial perspective you see arising and wish to deal with" (FG2; 37)

It was useful to the organisation conveying a 'touchy feely vibe' to the culture of the home:

"...it gives the sufficiently touchy-feely, supportive vibe to its culture that you reduce your staff sickness...that you improve your staff attention (attendance?), and hopefully you improve your staff development and a real bonus would be to have any impact on practice." (FG2; 36).

On the other hand, this implied a shift of responsibility away from the organisation:

"it does put certain responsibilities on your staff team that are useful to you....no excuses for festering...you have supervision, consultation, and informal access to the management team...the responsibility can be put on you...which is very convenient in terms of managing a team" (FG2; 38).

Consultation provided a way in which anxiety might be diverted away from the senior managers in the organisation:

"Consultancy is a useful way of providing a feedback loop so that you can step above it and avoid it...and yet have it managed. So that people do not feel like you are not listening, not being supportive, and not acting on what they are saying" (FG2;39)..."(it) gives us (managers) a bit of a breather...so I would say yeah, you can use that medium (consultation) constructively to do that" (FG2;39).

These comments articulate a more sceptical, and yet accepting stance on the way in which management thinking about consultation may be as much to do with containment of discussion or anxiety, or using it to raise issues of more concern to managers than to staff members.

Findings: Children's Homes Managers

The following reports the findings from the focus group with homes managers. Homes managers have overall responsibility for the smooth running of each home. It is self-evident that this participant group were drawn from a range of homes within the Local Authority. These included mainstream children's homes with a client group who would be likely to remain there for a lengthy period, through a shorter term assessment home with a maximum stay of around 13 weeks; homes for young children (up to 12 years); homes for adolescents (up to 18 years) and homes for young people with disabilities in which the client population were most likely to be in 'respite' care for a specified period of time (usually by arrangement with the child or young person's usual carer) .

Children's homes managers-the context of consultation

The following themes emerged from the Homes Managers focus group, in relation to the 'life at work' context in which consultation is understood.

Intense relationships.

- *Superficial/intimate relationships*
- *A unique environment*

Reliance on each other.

- *Desperately as a team to need each other*
- *Need leads to a lack of 'openness'*
- *Inherent resistance to 'opening up'*
- *Know each other as a team.*

Fear/uncertainty.

- *Uncertainty is inherent in residential work*
- *Changes of roles for staff members*
- *Uncertainty about outcomes; tasks; the children*
- *Re-creating itself in whatever group you were in*
- *Uncertain about the impact that you have on the children*
- *Being fearful of failure*
- *Feeling of disempowerment*
- *Would the consultant "stick with us",*
- *Left "holding the baby again*
- *Accept the "changing nature of everything*

Ambivalence about the work/ consultation 'a love/hate relationship

- *Ambivalent toward their day-to-day work, and consultation*
- *Some members of staff did not want resolution to issues*

Intense relationships.

This group reiterated the emergent theme of the importance placed on relationships within homes. H.M.s described 'intense relationships' developing between staff members in homes that were 'inherent' in residential care. Such relationships were 'intimate', but 'superficial'. According to this group, residential homes were a 'unique environment' in which relationships were changeable, and members of staff were not always open about their feelings. In H.M.'s minds, this was connected to the notion that basic grade staff rely on their colleagues in situations that might arise in the work:

"There aren't many other situations where you see work colleagues coming down at 6.30 with their hair all over the place and they've just squeezed a spot and da, de, dah, de dah, and in jimmies where you are exposed to other people on such a personal and intimate level Relationships develop...quickly and very intensely on a... superficial level. They're not giving all themselves- a sort of honeymoon period. But then things calm down a bit...they start to see bits they don't actually like... there is a conflict about. But I need them because we're on a shift together the shit could hit the fan but that person really pisses me off." (FG4; 31)

"I know that people of got issues with people...they're angry at their colleagues... they say they're not. I say that's crap because if S rings me up and says I'm sick I'm as angry as hell. I care for her, and care for her well-being, but inside I'm still angry, 'cos I feel let down" (FG4; 7).

Characterised here are the development of relationships of an intensity that may be particular to residential care situation in which high levels of enforced (by the context) intimacy and reliance on each other are required. Intrinsic to these characterisations is the idea that members of staff dare not look too closely at their relationships with colleagues for fear of upsetting or changing its balance. This is directly relevant to consultation discussions in which an invitation to discuss or reflect on the nature of relationships is part of its currency.

Reliance on each other.

Reliance on each other implied both the intensity of relationships as above, but also that team members 'look after each other'. This was described as:

"desperately as a team to need each other (HM 31)". It was thought that this might lead to a lack of 'openness' in consultation (See later discussion):

"If I piss you off in this meeting will you come and rescue me if I need you to" (FG4; 24),

and that staff members, might not want to look too closely at relationships with their colleagues:

"A lot of looking after each other because of the nature of the beast. There is lots of acknowledgement of the impact of it on you" (FG4; 41/42).

Participants described an inherent resistance to 'opening up'. They were *"suspicious and fearful of each other" (FG4; 14)*, not wanting to hurt each other in consultation. In contrast, HMs considered that in residential work, there was

a need to "know each other as a team...how each other will operate. A level of openness because if you have had an awkward experience with the child. (It) can drive you mad" (FG4; 16).

The idea of reliance on each other links directly to the previous theme, and is self-explanatory. Consultation discussions that require participants 'talk', and managers have a belief that 'opening up' is the required solution to tensions in staff relationships and concerns about the work.

Fear/ uncertainty.

The theme of 'uncertainty' was of some significance to this group, and pertinent to what participants expected from consultation. They described uncertainty as inherent in residential work:

"uncertainty comes with the territory" (FG4; 39). "Up against it day after day" (FG4; 37).

Uncertainty related to changes of roles for members of staff within homes having 'huge' implications. Although this was not enlarged upon, I took this to mean that

promotions of staff members to other roles within the home. Turnover of staff was further contributing factor, together with

“Inherent uncertainty about outcomes, tasks, the children that we work with. The job is never finished” (FG4; 37). “(We) never know what we’re doing most of the time. Nothing goes according to plan” (FG4; 39).

According to this group, uncertainty characterised the work,

“re-creating itself in whatever group you were in: work groups children’s groups; the shift (you) were on” (FG4; 39).

Significantly, this was linked for participants by the idea that the young people were,

“emotionally damaged in some way”; team members “never knowing whether they are mended” and being “uncertain about the impact that you have had on them.” (FG4; 39)

Uncertainty was thought to have the effect on members of staff of being fearful of failure (FG4; 29) and a feeling of disempowerment by: “*What’s going on. What you’ve been asked to do. It’s one job too many*” (FG4; 28). HMs thought that staff members were unwilling to engage in consultation because they fear “*opening a can of worms*” (FG4; 22).

Participants thought that their team members’ experience of consultation was also coloured by uncertainty: Whether the consultant would “stick with us”, or would be left “*holding the baby again*” (FG4; 37), emphasising the idea that residential workers are often left literally ‘holding the baby’ –the children in their care.

However, in spite of the acknowledgement of the uncertainties of the work, HMs considered that it was important for staff members to accept the “changing nature of everything; to ‘be O.K. with it’” (FG4; 38). They considered that their own task, as managers, was

“getting them (staff) to a place where being comfortable with the tension rather than resistant to it- being alongside the uncertainty” (FG4; 38).

These ideas return to themes of fear and uncertainty about the work, now a major emergent organising idea within the work. This group linked this with consistency

and reliability in relation to consultation. By implication, they also appear to be talking about some elusive core values regarding relationships: consistency; reliability; 'sticking with'. It might be concluded that such features of relationships are key to how they see they need to relate to their client group.

Ambivalence about the work/ consultation is a 'love/hate relationship'

A further theme to emerge from this group related to how H.M.s appeared to view basic grade staff's attitude toward the work. This group thought that staff members were ambivalent toward their day-to-day work, and toward consultation. There were descriptions of members of staff as being ambivalent about the work; uncertain about whether to stay in it (FG4; 38). This was articulated by more than one member of the focus group, suggesting an underlying position that managers adopted toward their more basic grade workers.

According to this view, there was

"a decision in their heart to leave but lots of things prevent them" (FG4; 40), or a "payoff for staff for staying in the job, including money, (this is a well-paid job for people with no qualifications), stress assessments, supervision for staying somewhere where they are no longer happy" (FG4; 42).

Members of staff were unable to leave the job even though they hated it (FG4; 40), leading to a "love/hate relationship with residential work" (HM41), creating dependency, with workers;

'getting hooked' and... get(ting) more care...reinforc(ing) dependency" (FG4;32).

This group thought that staff members were ambivalent toward consultation. It was suggested that for some staff members did not want resolution to issues that arise:

"some people are comfortable with crisis... if there is no longer a problem ... the pot can't be stirred" (FG4;10).

It was thought that they 'deliberately' set out to make things difficult either for the rest of the team, or the manager concerned:

"At the end of consultation all the issues(get) talked about fairly quickly, but they wouldn't be talked about in that big arena ...because they want to target

different people... they want the manager to feel a Muppet or whatever”(FG4;11).

The extent to which this is a universal belief is moot, and it is unclear whether this participant group were describing all workers in homes. This seems unlikely. My own interpretation of this theme is that it is an articulation of a frustration with the staff team about their seeming unwillingness to participate in something that managers would like to see supported. It may also be seen as a further articulation of managers' apparent belief that members of the staff team come into the work for personal reasons, or are 'needy'. Whilst it remains unclear where this springs from, I see this as managers holding an empathy for staff members about their working context, and yet critical of them for being disconnected or uncommitted to the work. This management position places some responsibility on staff members themselves about their working context and the way in which they relate to the consultation process. Whilst this may be a minor theme, it is likely to have implications for the consultation process.

Children's homes managers- the role of consultation

A number of themes emerged that related to the role of consultation to staff in homes. These were:

Lack of clarity

- *Lack of clarity about its role*
- *Decisions about its role outside power of basic grade staff members*

It's a way of looking after members of staff

Safe exploration

- *Exploration of the impact of the work*

Reading between the lines

- *Not allowing people to abdicate*

An aid to reflection

- *Making me think outside my own thinking*

Practical recommendations

- *Advice and practical recommendations*

Consultation doesn't provide answers

- *Doesn't change the way you function*
- *Good if you're working*

Lack of clarity

The most striking theme to emerge from this group in relation to how they saw was the role of consultation was its lack of clarity. Whilst the theme of lack of clarity about the role of consultation fits previous descriptions, HMs thought that (at least partially) basic grade workers should accept some responsibility for this lack of clarity:

"Nobody could say what they wanted out of consultancy or what they thought they should be getting" (FG4;2).

Participants acknowledged a range of both positive and negative ideas that existed within the staff teams about its role, but thought that there was reluctance amongst staff members to put those views forward. They thought that they had an expectation that the decision about the role of consultation rested outside of their decision making power.

However, in spite of this, H.M.s had ideas about what they thought consultation should be:

Safe exploration

Consultation was also a "place for people to feel safe and comfortable about how the children make you feel" (FG4;15). Consultation was also about 'exploration', but this was linked with safety. "*Consultation is about exploring feelings inside without having to fall out*" (FG4;9); an exploration of the impact of the work,

"the impact of an issue on staff-how hating a child's gut s will affect us. I want to kill this kid. People feel disloyal to the kid or think they should be caring and aren't... or be professional (sic)" (FG4;17).

Reading between the lines

For this group, consultation should "*really read between the lines, beyond the surface stuff*" (FG4;32). Consultants' roles in this respect were "*to say...this is not about this*" (FG4;12), described by one group member as "*staff (being) rumbled*", and "not allowing people to abdicate" (FG4;26).

Underlying these comments appears to be a belief in the idea of 'unconscious' processes within the staff group that consultation should legitimately address.

An aid to reflection

One participant saw consultation as an aid to reflection.

"Time to look at things- I had to take on something about me"(FG4;16), "making me think outside of my own thinking" (FG4;25).

Practical recommendations

In contrast to the above ideas, one participant, notably from the learning disability service, thought that the role of consultation should include advice or practical recommendations:

"Practical recommendations to problems e.g. disabilities, Asperger's, why do people behave that way? Put something back into the work" (FG4;4).

Consultation does not provide the answer

Consultation was not seen as a process for change. Participants thought that:

“(one) shouldn't look to consultancy to change the way you function. Consultancy is good if you're working well but if you don't (it) isn't the answer” (FG4;43).

It is evident that consultation, in spite of its lack of clarity, is seen as a support rather than a change structure. Managers appear to be seeing it as an opportunity for the staff group, to say how they feel about the work, as well as (for particular services) as a source of expert advice.

Children's homes managers - how consultation is understood.

The following is a description of the themes that emerged under this category. Participants in the Homes Managers group, citing their own staff group's views, described a range of responses to consultation, from *"its good...its a space...to what a load of old gobbledegook"* (FG4;2)

The main themes to emerge were:

Senior Management support

- *Senior Managers accepted the importance of consultation.*
- *Recognition of the need to process stuff*
- *Recognition of the pressures*

Relationships with consultants make it valuable

- *Relationship that staff members had with the consultant*
- *Related to safety.*
- *Making time*
- *Frequency*
- *Consistency*
- *Demonstrating commitment*
- *Consultants style*

Consultation does not work for managers

- *Having to accept consultation that does not 'work'.*

To talk or not to talk /is there a value to talking.

- *Openness represented a good session*
- *Encouraging members of staff to be open*
- *Staff members 'hold back*
- *You need to know each other*
- *Smaller 'sessions' were more conducive*
- *the utility of 'talking' as a whole:*
- *Analysing may make relationships or thoughts about self more difficult*

Should we be in or out?

- *Manager's position in consultation.*
- *Impact of the manager's presence*
- *Wanted to see themselves as part of the staff group*
- *Managers constrained from raising issues*

A 'level of fear and anxiety

- *A level of fear around the word*
- *Members of staff reticent to engage*
- *Consequences for voicing- fear of consequence.*

- *Staff members concerned about isolation: “The impact on each other of what they might want to say*
- *Being analysed*

Senior management support.

This management group thought that consultation was supported by senior managers in Social Care who recognised the

“sophisticated and frontline nature of the work” (FG4; 23), “accepted the importance of consultation for staff” (FG4; 21).

There was an

“acknowledgement over recent years that there's a genuine feeling... that... we need it in order to... you know... to process stuff” (FG4; 18).

It was considered that such processing should take place in consultation meetings.

HMs thought that senior managers considered that there was a

“safety in having a forum” (FG4; 18) and, a “recognition of the pressures both up and down the hierarchy of the organisation” (FG4; 22).

Relationships with consultants make it valuable

H.M.s thought that the relationships that staff members have with the consultant were central to its value, and that both shared a responsibility in creating a valuable relationship (FG4; 16; FG4; 6).

Giving or making time was a key factor in creating good relationships, related to ideas of trust and ‘feeling safe’:

“...my team need a length of time to feel safe to discuss issues that they've got. So I'm hoping that this year, my team will be able to discuss a lot more in consultancy because they have started to build a relationship with the consultants- but that has taken 6-7 months to get there” (FG4;6).

Frequency of consultation meetings was also an important factor, also related to trust and ‘feeling safe’.

“Once a month is not a safe enough environment” (FG4; 6); “gaps reinforce resistance.” (FG4; 21).

When consultation meetings were held frequently, it was thought to be central to dealing with things as they arise, although participants were not explicit about how frequently meetings should take place. Clearly, from the following, once a month was not frequent enough.

Consistency was a further key component to relationships with consultants, also related to a sense of 'feeling safe':

"...having that forum just once a month where people might go one month, might not go the next, it ...doesn't make for a safe enough environment to... get to the problems" (FG4; 5).

"There has to be absolute consistency.....we've had to cancel loads. That gives (staff) the opportunity to ...to reinforce their resistance, their reluctance, their perception of it as being crap"(FG4; 21).

Time, frequency and consistency of meetings was seen by H.M.s as both demonstrating commitment by the consultant, but also conveying a sense of valuing the staff team. It was important that consultants committed to the staff team; participants described a sense of abandonment if this was not demonstrated. Lack of commitment was seen as mirroring the experience of the children in their care.

"The consultant being around for a year and half now ...wants to continue...you feel held. As a manager I feel somebody has given me some commitment...for a year and a half nobody wanted to do it...you feel rejected like the children do. just mirroring what is going on ..." (FG4;6).

"That feeling of uncertainty about will the consultant stick with us... doing it for a bit, then...bugger off and you'll be left holding the baby again. ' Cause we have the (experience) of holding babies...you know the children will always be there" (FG4; 37)

A further component of a good relationship related to consultant's 'style'. Although this was not clearly articulated, an example was cited which was deemed inappropriate:

"We had two people before ...it... wasn't working. People didn't want to go...the approach... was far too direct... people put on the spot. They were questioned too much and were fearful" (FG4; 4).

On the other hand, it was considered that the consultant needed have credibility, to be 'charismatic', with "a personality that is in your face" (FG4; 3), rather than someone who 'sits in a corner and doesn't say a lot" (FG4; 3).

In line with previous themes to emerge from this study, Homes Managers, emphasise the importance of relationship as part of the value of consultation to staff members. To what extent do these important ideas of consistency; 'sticking with us'; being there; and so on, shape the relationships that staff members make with the young people in their care? Whilst these ideas appear to underpin important relationships, is it possible to negotiate other ways of relating between staff members, or between staff members and consultants?

Consultation does not work for managers.

Participants in this group had ideas about when consultation would be 'working' for them. They described having to accept consultation that did not 'work' because they believed there would be no alternative offered:

"Important to have... may not be working, but not wanting to give it up for fear of not getting anything else no luxury of saying give it a six week trial " (FG4;46).

To talk or not to talk /is there a value to talking.

The theme of 'talking' was significant to this group, and represented important values about how the team functioned. 'Talking' for this group had a number of facets. One facet was the idea of 'openness'. This was in some way connected with ideas about what might constitute a healthy team. Openness represented a 'good (consultation) session':

"I get... feedback about what is a really good session... they opened up a bit" (FG4; 3).

" The nature of the business is that people do come...with a level of baggage... you need to know each other...a level of openness that you've got to have" (FG4; 13).

"It's OK to voice those things in the group. People feel...disloyal... to the children or that they should be very caring. They wanna kill this kid 'cause they just don't like him, but they still have to act professional. Somebody needs to hear it, and it's about the openness of being able to

say that, and also about something maybe your colleague's done" (FG4; 14).

One participant described encouraging members of their team (to be open in consultation) by attempting to be 'open' themselves in consultation meetings:

"...by putting your own anxieties and inadequacies.....about the job...try and encourage (them) that it's OK to talk about it...Just own it... We encourage the children to talk about their issues all the time, but when it comes to us we can't face it." (FG4; 8).

The idea of openness also provoked debate between participants about the extent to which it was desirable:

"...is there a difference between openness and respect.. If you were too open in your marriage how long would you stay married? (Is it) respect for positions? (FG4; 18).

Participants had a sense those members of staff 'hold back' from speaking in consultation meetings:

"Mine will dip their toes in... the subject will be mentioned in a joking way...and then...it doesn't go any further... And you know that that person is an issue within the team...because they're really frustrated with that one particular person. But it won't ever go any further than that" (FG4; 7).

There was an acknowledgement that some staff members have difficulties with speaking in larger groups and thus, smaller 'sessions' were more conducive to talking:

"...there are some people that really don't feel comfortable airing their views... in... larger groups" (FG4; 3)

"We've had...sessions with the new people, and they are smaller... and that's worked better... more people talking in the group. (FG4; 4).

Related to the idea of talking or not talking was a concern expressed about consultation, and its reflective nature. Participants questioned the utility of 'talking' as a whole:

"Yeah (yeah) it's about... how much of me do I give up for that to be able to continue doing what. . . you know...if you're at the coal face, well if I dig too deep at that I'm actually going to become...I won't function at all" (FG4;22).

Analysing situations or relationships with their team members may make relationships or staff members', thoughts about self, more difficult:

"We dig around so much for issues and problems...we create them in consultancy... (FG4; 14)...While we're dragging that up, (unintelligible)...we're just dragging ourselves back down again (unintelligible) it just makes us feel worse" (FG4; 15)

These debates about talking or not talking, whilst without any resolution, appear to value 'openness' above other ways of relating to each other. This is a powerful idea, already referred to previously. Its opposite, 'holding back' is a matter for analysis by managers; finding reasons for members of staff not being open, some critical, some understanding, but there is no room in the conversation that questions the idea of 'openness'. The manager who discusses 'respect' seems to lose voice in the requirement for openness.

In spite of HM participants' desire for 'openness'; they understood that there may be issues within the staff group that might not allow this. For example, they had a sense that basic grade workers and managers might fear being judged: *"an anxiety about speaking out in case it makes them feel small" (FG4; 3)*. They described staff members being fearful of being criticised by other members of the team for coming into the work for the wrong reasons:

"... of being looked upon as... oh, you've come into the service to work your own shit out, and not the kids...also a real...personal fear of...Idon't wanna go there because I've shut this away for so long... without touching it, so leave it be. I think there's a lot of that" (FG4; 23).

They considered that members of the staff team were protective of each other:

Participant A: *"...Wary of the impact on each other of what they might want to say. Sometimes it might be for what could be described as good reasons, they don't want to hurt each other...."*

Participant B: *"They don't want to feel isolated. I've got fifty odd staff, with so many different personalities and baggage. It's history...complex" (FG4; 11).*

Should we be in or out?

A recurring theme throughout this group's thinking related to how they positioned themselves in relation to consultation meetings; specifically whether they should be present or not. This was closely linked to themes of openness. Managers were aware of the effect that they had on team consultation meetings. For example, one participant had been expressly asked by his team not to attend meetings, because of the impact that his presence had on the group consultation: "*everyone sitting there in absolute silence*" (FG4; 9).

Contrastingly, some HMs wanted to see themselves as part of the staff group:

"...in a group I don't feel so different" (FG4; 34). "*We are all equal partners in this*" (FG4; 10).

It was not clear whether equality had been negotiated with the staff group, or whether it remained an aspiration.

Participants described a dilemma that typified their complex position as both managers and members of a consultation group: "*do I throw it in the pot?*" (FG4;6), suggesting that participants want to be part of the consultation process, but find that their position as managers constrains them from raising issues that they might consider important or pertinent:

"There are rumbles...and you think to yourself that is an ideal subject to be brought up in consultancy...you get to consultancy and nobody says anything. Do I take charge? Do I throw it in the pot?" (FG4; 8).

A 'level of fear and anxiety

Participants thought that consultation sessions raised anxieties for the staff group.

This took a number of forms:

"I think it's a level of fear that people have around the word, that there's some hidden agendas that people are trying to get at, or cause problems or undermine or judge them." (FG4; 1).

This theme was further developed by ideas about staff member's reticence to engage in consultation. Participants thought that members of staff may be fearful (based on previous experience of being 'bullied' by managers as a result of something that they have said in consultation meetings:

"Some of them have got a fear of the consequences if they do say something, as what will happen... afterward. I've...got 3 or 4 in my team that from previous experiences feel like that. In the past, they have voiced something in consultancy... (and) there has been consequences for them afterwards." (FG4; 10)

Manager's reassurances did not work to quell team members' anxiety:

"(reassurance that) I am not going to.... having you in my office and giving you a huge telling off for what you said in consultancy. There is a fear of consequence." (FG4; 11). "They're suspicious of what's happened to them in the past, and (I)... suppose they would be suspicious, they're unsure, aren't they." (FG4; 11).

One aspect of this was that members of staff were concerned about isolation:

"The impact on each other of what they might want to say...sometimes it might be for...good reasons, they don't want to hurt each other or whatever.... They don't want to feel isolated". (FG4; 11).

Another was a concern about being analysed in consultation sessions:

"But I think there is a general fear and anxiety about, it means something, like, are we being analysed and the therapy thing and all sorts of different questions" (FG4; 2).

We return here to ideas about 'self in the group' and the associated anxieties and concerns about wanting to fit in, not expose oneself, and looking after each other. These themes link with previously described ideas about the need to rely on colleagues for support during the working day.

Findings Service and County Managers

Service Managers are at the next level of hierarchy above Homes Managers. They operate centrally, and their role and responsibilities include the smooth running of all the homes under their control and management supervision of Homes' Managers. At the time the focus group was convened there were two County-wide service managers covering the mainstream homes in the County, one service manager who was responsible for a secure unit, and one service manager for homes for children with disability. A County Manager also joined this group. The County Manager is at the next hierarchical level above Service Managers, and reports directly to the Head of Children's services in the Local Authority. Because this unique focus group was made up of representatives from each management arm of residential services, differences were brought more sharply into focus.

Service and County Managers receive their own, separate consultation from other staff groups. They do not take part in C.A.M.H.s consultation to staff teams in homes. They do however, continue to oversee and participate in its review and commissioning.

Service and county managers-the context of consultation

The following themes emerged:

A culture where relationships are important.

- *Distinct cultural difference between residential work and social work*
- *Relationships of paramount importance*

Intense environments

- *Workers found themselves in intense environments*
- *Opportunity to 'offload' limited*

Each home is special

- *Young person's route into residential care was an important organizing idea*
- *Secure unit-more stable and close relationships*
- *'lack of fit' between mainstream and children with disability/'bus-stop' behind*
- *Very different culture*

The need for a consistent approach for consultation

- *Consistent approach toward consultation services.*

Uncertainty is part of the work

- *Organizational ethos was unclear*
- *Uncertainties in the work*
- *Multi-faceted, uncertainty*
- *Managers sensed their own responsibilities toward uncertainties,*

Staff members unable to hold their anxiety

- *staff unable to on to their anxiety*

Keeping the focus on the job

- *Keeping the focus on the job'.*
- *Team relationships significant*
- *Consultation becomes a container for all of the staff members' anxieties*

A culture where relationships are important.

Participants in this group confirmed the belief in the importance of relationships within the culture of residential work. One participant commented on a distinct cultural difference between residential work and field social work, one in which relationships were of paramount importance:

“Coming in from (field work, which) is quite different to residential work. There’s a great deal of emphasis on relationships...relationships with the young people, as a staff group and in...management. That’s quite a new area for me” (FG6; 1).

Intense Environment

The importance of relationships was connected in participant’s minds with the intense environment that workers found themselves in, where the opportunity to ‘offload’ was limited:

“...but they are normal feelings, especially... when we’re working in extremely intense environments where you don’t get maybe the opportunity to offload and walk away in the way that other environments do.” (FG6; 18).

Both the intense, arguably unique nature of residential work is emphasised, paralleling previous focus group themes, with importance placed on ‘relating’ together with the intensity of the work.

Each home is special.

An important theme for this senior manager group was the unique nature of each home, and the differences between them and the children they serve. This was organising belief both about the service as a whole and in relation to consultation. Uniqueness had a number of facets to it. Both the secure unit and the homes for children with disabilities were conceived as 'different', and, although not explicit, it was clear that the difference referred to mainstream children's homes. By 'mainstream', I am referring to those homes that serve the group of children and young people who come into the residential care system most often through family breakdown. The young person's route into residential care was an important organising idea in accounting for the cultural differences between homes.

The secure unit occupied a particular place in participants mind. Whilst this was complex and sometimes unclear, it appeared that this particular home was idealised in some way, with a higher status in this group's collective mind (FG6;3).

The different 'route' into accommodation for children with disabilities (most often through a respite care service), meant that it was considered important that members of staff in those homes should receive a different kind of consultation. Participants thought that there was a 'lack of fit' between mainstream services and children with disability services. Homes for children with disabilities were described as a 'bus-stop' behind not quite fitting the 'structure' already set out for consultation to mainstream homes:

"We (disability services are) a bus stop behind you, and we came along...it was...well we had a structure.... fit into it. Our needs are different to mainstream and to (the secure unit)...but that wasn't taken into account when the structure and processes and consultancy... (were)... set up. We're taking part in something that doesn't quite fit" (FG6; 9).

Homes for children with disabilities were regarded as "a very different culture" (FG6; 26) in which the 'issues for the staff group' (and by implication consultation) were related to a view that members of staff may in some way constrain the

development of skills in the young people concerned, and was linked with the idea that children with disabilities were regarded as a 'sick child':

"... so the sick child needs to be protected... wrapped in cotton wool and because my (sic) parents are very, very involved still with their child, they visit, they'll buy the child presents. It's a...very different culture in disability. Breaking through some of those...boundaries and moving the children on into independence...challenging some of the views of parents is really, really, difficult" (FG6; 27).

The need for a consistent approach for consultation.

A contrasting theme for these senior managers was that it was important to have a consistent approach toward consultation services across all the homes:

"You can't have a... different approach in every single place, you have to have some principles or...guiding ideas about what it is you want to achieve, otherwise everyone's working in different directions. The idea is that as a group.... of individual homes, we form a residential service and we ought to have some underpinning principles that inform consultancy" (FG6; 12).

The dichotomy between confirming and indeed valuing the uniqueness of each home and requiring a common or structured approach to consultation for each home is a challenge to both the commissioning process for consultation and consultants who are working within team cultures, but also likely to be aware of the desire for uniformity. This issue is interesting in that senior managers, in spite of a desire for a structured approach, are likely to have to tolerate high levels of idiosyncrasy in the way consultation is delivered.

Uncertainty/lack of clarity

Lack of clarity emerges again as an important theme in residential services generally and in consultation. Participants described the 'organisational ethos' as unclear in relation to residential services:

"Around all that...sits the ethos and value the organisation places on what it is trying to achieve in their residential units. How do they... see them? Do they see them as an opportunity to... make a difference for a really difficult group who need ... intensive support or do they just see them as... well, we've tried everything else so it's residential. (That) is an important message about how you support the concept of residential

(sic). As an organisation the staff need to be clear about where it is we sit in relation to residential" (FG6; 14).

A linked theme related to uncertainties in the work. Participants empathised with members of staffs' uncertainties about the work. The following exchange between participants characterises this:

Participant A: *"is there gonna be any residential care").....I mean there's uncertainty isn't there?"*

Participant B: *"In every layer...It's multi-faceted, uncertainty in ...will this young person behave on my shift"*

Participant C: *"Will my colleague turn up?"*

Participant A: *"Uncertainty in..... ' Am I gonna be dropped in it by somebody ringing in saying they can't come in?"*

Participant D: *"Uncertainty in what is the expectation of my role, what am I going to be asked to do?"*

Participant E: *"Might this child go to Court?" (FG6; 37).*

Senior managers sensed their own responsibilities toward managing staff members' uncertainties:

"Do we manage effectively people's uncertainties...and we can only manage some of them, can't we?" (FG6; 37). "But you can turn that around...you limit the possibilities of unhelpful uncertainties" (FG6; 38).

It might be argued that lack of clarity at policy levels in the organisation directly contribute to basic grade staff members' uncertainties in their work in the homes.

Staff members unable to hold their anxiety

An associated theme emerging from this group was that staff members are unable to on to their anxiety. This links with themes from previous focus groups:

"Some people (are) not used to holding anxiety issues for the next consultancy session. It's...seeing the manager today, and it feels like this, and I'm gonna tell them" (FG6; 6).

Keeping the focus on the job.

There were a number of references within this group to 'keeping the focus on the job', as an expectation of staff members. Less directly, this was also related to the consultation that they receive, in that it should be directed towards this overall aim or objective:

Participant A: *“(the team) It’s got a purpose...they exist ... to do something. There has to be an outcome... care of kids... looking after kids. I don’t know how to measure that, although there are indicators...nurturing”*

Participant B: *“Stability, occupancy”*

Participant A: *“The thing being a beneficial experience... but you know it’s probably a ten year experiment” (FG6; 16).*

Team relationships were significant in relation to keeping the focus on the job because they:

“Either aid or impede the effectiveness....because one can actually spend an awful lot of time dealing with material that’s got nothing to do with doing your job” (FG6; 17). Consultation was part of this overall aim: *“(It) becomes a container for all of the staff anxieties ...and just allow(s) people to get on with the job outside” (FG6; 2).*

Keeping the focus on the job was an important idea for this group, perhaps reflecting their responsibility for delivering residential services. The delivery of consultation becomes a task of managers to maintain the focus on the job.

Service and county managers- the role of consultation

The following are the themes to emerge in relation to the role of consultation for this senior management group. The main themes to emerge:

Lack of clarity about the role

- *Chaotic.*
- *No clarity about purpose/outcomes*
- *Asymmetrical*
- *Developed idiosyncratically*
- *Asymmetrical/idiosyncratic development*
- *Need for a coherent approach*
- *Predictability, clarity of expectations/ 'measurable outcomes'*

A resilient workforce/resilient young people

- *Achieving the aims of the organization*
- *Staff members healthier, and more effective*
- *Effectiveness/health also related to broader organizational values and practices*

A container of anxiety

- *Containing/ supporting, enabling members of staff to do positive work.*
- *Their anxieties remain at a lower level*

Allowing people to get on with the job

Staff members should understand the impact of the work

- *How the work impacted on them*
- *Understand how the young people's experience had affected them*

Creating a space for staff members

- *Valuable trusting space to explore professional and personal connections.*

Support

- *Sharing any concerns or issues'*
- *Personal development*

A way of saying we care for you

- *Consultation says something about the way (the organization) supports its staff*

Consultation not up to standard.

- *Not achieving the aims*

The role of consultant

- *Understands the residential task/ working with anxieties and personal relationships*

Lack of clarity

This has become a familiar theme throughout this study. Participants in this group described little clarity about the role or purpose of consultation:

“Consultation is chaotic. In some places and...times, it is immensely valuable... there’s no clarity about the purpose...(or)...outcomes of consultation.” (FG6; 2).

I will remind the reader that this unique focus group was made up of representatives from each management arm of residential services and therefore differences were brought more sharply into focus. Participants were speaking from experience of their own ‘territory’.

“It does look... asymmetrical...across the Local Authority. It (has) developed in idiosyncratic ways. What do we mean by consultancy? What does it involve? What doesn’t (it) involve? Where are the boundaries round it? What is the approach? Do people understand what the purpose ... is? You don’t... have to understand something to get a benefit out of it, but as an organisation, we should know the general tenure around what we mean by it, what we want it to achieve, what...outcomes we want “ (FG6;4).

Lack of clarity about its role was perpetuated by the way in which consultation was introduced to members of staff. As a group of managers, they considered that they had some responsibility for this:

“...It feels like a journey. We’re not...good at welcoming people at the next bus stop, so when staff join teams, we pay insufficient attention ...(how) to help them get a proper hold on what’s on offer and why. We just expect them to get on the bus” (FG6; 5).

“...the way it’s introduced, I’m not sure that everybody’s has got a clear kind of idea of what the model’s like. I imagine... it’s quite frightening to some people ...can be quite challenging.” (FG6; 5).

Lack of clarity was related to its ‘chaotic’ (FG6; 21/22) beginning and its “asymmetrical and idiosyncratic development” (FG; 3):

“(The former director) said go ahead and create ... consultancy. It happened in... a chaotic way...a good idea but wasn’t managed very

well in...practice. What's happening now is...dealing with...the unfortunate birth of the model" (FG6; 22).

This group sought a coherent approach to and development of consultation across the Local Authority. They wanted predictability, clarity of expectations, and 'measurable outcomes:

"My problem with...counselling or therapeutic input, is...the value added to it. We need to understand what it is we're asking for, and... is measurable. Any other activity is clearly measurable isn't it? I've always struggled with how you know you're achieving what you intend to achieve within the time scales" (FG6; 10).

"Unless we're careful; have a designed kind of approach to it, we can end up with an awful lot of places where people can dump stuff that are inappropriate" (FG6; 6).

Two issues are striking. Firstly, some of this group's comments directly parallel earlier comments by residential workers, in particular the lack of clarity about consultation, and its idiosyncratic development. What is also striking is the use of language. Here, what has been thus far spoken of in more 'emotional' terms – importance of relationships; trust; reliance, and so on, is transformed in to language of evidence; added value and common processes.

A resilient workforce/resilient young people

Participants in this group had a number of ideas about what they thought the role of consultation should be. These were focussed on achieving the aims of the organisation. For example, one role was that staff members might be 'healthier', and more effective in their work:

"... having healthy individuals ... (in) the workforce, (a) healthy group⁴...working with ...difficult and damaged young people. Healthy young people achieving good outcomes. There's some link (with)... resilience."

(Author) - "What, resilience of staff?"

"Yes - and resilience of children" (FG6; 4).

Participants acknowledged that 'health' and effectiveness of members of staff was related to broader organisational values and practices than solely consultation:

⁴ I took this to pertain to the young people's group within the home.

Participant A: *“over time, knowing that the group...these aren't measurable, but was a “healthy” team...effective...was able to contain work with young people; that you didn't see huge numbers of placement breakdowns; that there weren't large numbers of incidents; that they were resolved.”*

Participant B: *“... (being) able to cope...being able to support people under pressure. A lot of those things are quite unmeasurable, because there's so many other variables; the complexity of each of the young people that are in the group; the experience and skill...of... staff members; the leadership; capacity of the manager and the AHM group...it's like a pot-pourri” (FG6; 13).*

A container of anxiety

'Containment' was a significant idea to this group as a potential role for consultation:

“if (consultation) is working well... (staff) would be containing, supporting, and (enabling staff to do)... the very positive work that they're doing right now. As... teams ... on shift together, or individuals working with young people.... containing and working (with the) level of distress that young people are exhibiting“(FG6; 11).

Containment included the idea that anxieties would remain at a lower level of the organisation:

“It does feel as if they are containing some very complex situations with young people, and are dealing with some very complex situations...the knock-on for me, I get less piles of paper to look at...less information and anxiety coming up, because it's contained at a lower level, either within the home or with the service manager group” (FG6; 33).

Allowing people to get on with the job

This group thought that consultation should be focussed on 'getting on with the job', linking with earlier comments. Getting on with the job was an organising idea:

“...if it works well, it becomes the container for all of the staff anxieties that just allow people to get on with the job. it (is)...integral in creating a space for staff to talk to each other about work, and to each other about the effect of work, and working with our kids on themselves”(FG6; 2).

Staff members should understand the impact of the work

This senior manager focus group thought that consultation should enable staff members to understand the impact of the work. This theme has emerged in previous groups in a different form. This group emphasised the 'educational' aspect for the staff group in that they should have insight into how the work

impacted on them, and understand more clearly how the children and young people's experience had affected them:

"individuals would...be able to make sense of and understand the way that young people's behaviour and the way that they outwardly express their distress, based on their background experiences, affects the way that we work and interact with them, so that they understand the impact on them as an individual(s). The impact on them within their role. The impact on them... as part of a team." (FG6; 12).

Creating a space for staff members.

It was important that members of staff had a 'space' to talk about the work.

Consultation was:

"integral in creating a space for staff to talk to each other about...the effect of the work....and working with the kids on themselves" (FG6;2). It should be a: "valuable trusting space to explore professional and personal connections." (FG6; 19)

We return to previous themes about 'trusting space' and the important issue of safety. Managers are articulating a supportive position toward staff. One dilemma for this group was the extent to which support might lead to 'change' (although this was unspecified) or whether managers should be more proactive in requiring change (again unspecified) from staff members. Participants, described 'a *dynamic to both*', considering however that consultation should be related to the personal development of staff members and a balance between "*certainty and anxiety*" (FG6; 40).

A way of saying we care for you

Participants considered that consultation was a means by which the organisation 'said something' about the way it supported its members of staff. This theme has appeared, albeit from a different perspective by Assistant Homes Managers:

"One of the things that...it does, is that it says to the staff we care for you and you care for the kids...the organisation is taking time, and putting resource into a mechanism that is about staff support" (FG6; 14).

The role of the consultant.

Participants thought it important that a consultant: "Understands the residential task (FG6; 39); and knowledge of working with anxieties and personal relationships, confident...in being able to manage emotionally charged issues" (FG6; 39). This was described by one participant as someone who "isn't just a soaker up" (FG6; 39)

The role of consultation to this senior management participant group is closely related to achieving the aims of the organization, its primary task. Support, resilience of the work force and the young people; the containment of anxiety and so on appear to be based on a discourse based on the achievement of objectives, rather than emotional experience.

Service and County Managers-how consultation is understood.

There were a number of themes that emerged from participants related to how they believed consultation was understood. These are:

Consultation is an endorsement of residential care.

- *Managerial 'diktat' and a 'supportive move'.*
- *Acknowledgement of the complexity of the work/staff members' needs*
- *Endorsement of the value of residential work*
- *Belief in residential care*
- *Set of guiding principles.*

The need for structure

- *Link between containment of anxiety and need for structure/ clarity*
- *Staff members' anxieties need appropriate place to be discussed*
- *'dumping'/ the end of shift offload*
- *Manager's responsibility to ensure clarity and appropriate use*
- *Expectation of attendance*
- *Right to request involvement*
- *Expectation that all members of staff 'support' the structure.*
- *Regularity; consistency; routine and a 'time-space'*
- *holistic approach rather than sticking plaster*
- *Expectation that consultants provide consistency*

The importance of trust and safety

- *inter-personal' aspects between staff group members*
- *Trust in organization.*
- *Linked with staff members' sensitivities/vulnerabilities:*

Fit

- *Consultants fit with staff group*
- *Appreciation that each home a unique culture*

Consultation is an endorsement of residential care.

Much of the way in which consultation was offered to staff teams was attributed to the thinking of a former director of the department. The history of its formation was important as part of the set of organising ideas for this group. It appeared to indicate a form of loyalty to his ideas. Consultation was offered as both a managerial 'diktat' and a 'supportive move'(FG6; 22).. Participants believed that it represented an endorsement of residential care and an acknowledgement of the complexity of the work and of staff members' needs:

“He thought residential work was...some of the most difficult and complex work within social care, with workers...least qualified and least valued. He was aware...of incidents of abuse... poor support, Few opportunities for discussing... (the) impact of work...” (FG6; 23). He... saw it as an endorsement of the value of residential work. The step he took was a very brave one.” (FG6; 23)

“..he spoke ...publicly about his belief that residential care was ...an option of choice rather than last resort” (FG6; 24).

These were important themes for this group, and are arguably a set of guiding principles in their thinking about consultation. It was clear that this particular former director was highly regarded by this group, and they wanted to continue with his aims.

The need for a structure

This was the most significant theme for this group of participants. It had a number of facets.

Consultation was thought of as containing anxiety, as a response to staff members' need to talk about the issues that arise for them during a working day. Participants made a direct link between the containment of anxiety and the need for structure and clarity. For example, members of staff's 'anxieties' have an appropriate place to be discussed. By implication, other opportunities for members of staff to discuss their anxieties were inappropriate. The term 'dumping' was used on a number of occasions:

“Just being able to contain anxiety... unless we have a designed...approach to it.... we can end up with an awful lot of places where people can dump stuff that are inappropriate to the (unintelligible)” (FG6; 7).

“..the end of shift offload.... Handover and offload.... ...enough of that probably gets dumped there, and never ... gets carried forward to the... planned consultation times, ...it's the place to put things today” (FG6; 7).

“If it's not managed well... you ...come out with more questions than answers. The person who chooses to dump their issue five minutes before the end, knowing that the chop-off time is 10.15” (FG6; 36)

Managers within this group considered that it was their responsibility to ensure both clarity and its appropriate use

“...we're not clear as an organisation about...this is where we channel these things, this is where you perhaps talk about those things” (FG6;6).

Participants thought that consultation was part of the structure of support for staff members. Attendance at meetings was an expectation from both the organization and managers:

“I expect my staff to go, and my managers to attend and me to be there...there is a health issue here about working in this... pressured environment” (FG6;25).

“...people have to do...things that...they don't wanna do...go into places they don't wanna go, emotionally or working with...difficult kids. As an organization we have a right to talk to people about how we might want to support them, but ...we do have the right to say that this is a structure that we would expect you to be involved.” (FG6; 25/26).

The use of terms like 'offload' and 'dumping' position are familiar, oft-used, taken for granted terms. They imply literally an unloading of a burden. This is taken as a given, and that the need to unburden oneself is addressed, staff members will unload this burden in an inappropriate place. Thus, managers insist that staff members attend, whether they want to or not. This is difficult to unpick, because it has the effect of both supporting workers, but also potentially exposing their thoughts, concerns and so on to the gaze of the organisation.

There was an expectation that all staff members should 'support' the structure. Structure included notions of regularity; consistency; routine and a 'time-space' (sic). Structure and consistency demonstrated the value of consultation:

“It needs...regularity...consistency in facilitation and commitment. A regular routine slot, a time space that makes it safe. Structural things. If there's only two people there the group happens, 'cause it's a structure... but how do you support this kind of support machine, and say I value it?” (FG6; 20).

“Valuing it... that structure and space, and when you're working with a team that works shifts...you don't know from one day to the next what their needs are gonna be and what you're gonna have to respond

to”(FG6;20).

Structure for this group also included the need for guiding ideas and principles. Participants talked about a need for a 'holistic' rather than 'sticking plaster' approach (FG6; 8).

Structure also included notions of how the consultant might manage inconsistency within the consultation session itself. Acknowledging that there could be little consistency in consultation meetings (because of shift patterns and the changing group); they expected consultants to provide consistency and continuity over time through a 'restatement' of its aims and of the issues that arise in consultation:

“...fundamentals that have just gotta be there...you can't have consistent attendance 'cause it changes. There needs to be a...recognition...that every time the membership changes or somebody joins, it's... a new group. There has to be a restatement of what it's ...about, so that people are all starting at the same point” (FG6; 19).

“It needs...issues...picked up and worked through...at the next meeting because the facilitator is still part of that. You need consistency in facilitation and commitment to that consistency...” (FG6; 19).

The idea of 'structure' as part of the management strategy becomes clearer here. Controllability, consistency, reliability are important ideas.

Trust /safety

Trust and safety have now become familiar themes throughout this study. Participants talked of 'inter-personal' aspects between group members; the need to make it safe enough to talk and to have difficult things said to you. They thought it important to have trust in the organization (FG6; 17). As in previous groups, this was linked with staff members' sensitivities or vulnerabilities:

“How do you make it safe enough to talk? Safety...within those... groups is... a fundamental issue”.

“It's gotta feel safe to be able to say difficult things... feel supportive.... having difficult things said to you. Otherwise I think that people sit on their hands and are frightened.” (FG6; 17).

“Members of the groups have to have trust in the organisation. Otherwise, they won't use the groups effectively. That this is a space that we can...talk about...the unspeakable. I ...hate this kid, or I can't stand working with you. People will ... think they're a “bad” person, who is not goodly and kind and...shouldn't be working in this environment. (These) are normal feelings that all of us have, especially...in extremely intense environments where you don't get...the opportunity to offload and walk away” (FG6;18).

This long excerpt from the data encapsulates some important ideas about how this group saw the task of residential care workers and demonstrates their insight into their needs, but also what, as managers they expect from consultation meetings.

Whilst this safety and trust have been raised in previous groups, this more senior group extended this idea of the importance of trust in the organisation. Whilst previous groups, notably homes managers, had suggested that some of the difficulties or challenges in consultation were related to the members of staff's difficulty with being open, this group seemed to suggest that 'trust' needs to come before 'openness'

Fit

For this group, the idea of 'fit' between the staff group and consultation was important. Fit was related to the consultants ability (FG6; 29) and approach.

Consultation needed to fit with the culture and history of a particular home:

“Consultants going in because the Department said it was a good idea and the manager thought it was a good idea...(but) maybe the fit wasn't right...or maybe they'd not worked on the fit” (FG6; 29).

It required an understanding and appreciation of the idea that each home was a unique culture. As previously discussed, the culture of the home was partly constructed by the client group, broader departmental and societal attitudes towards that client group, and the different practice philosophies associated with the staff group in that home.

Fit also extended to the appropriateness of consultants:

“... good consultancy requires... a fit between (mm) consultant style or approach and team. I'm not saying you (the consultant) have to

completely understand it, but you have to at least have an understanding of the role or the client group or the complexities.” (FG6; 8).

Senior managers consider that 'fit is important. This is a further acknowledgement of the unique nature of the culture of each home. Paradoxically, they hold on to the idea of a consistency of practice of consultation across all homes (see previous themes). Is it possible for consultants and members of staff to manage these two apparently paradoxical positions?

In the next section, a further analysis of the themes will be offered.

Further analysis of the findings

This project set out to discover more about how consultation was experienced and understood by staff members in local authority children's homes. The previous section of the study presented the main findings in some detail, organized with regard to both the residential services hierarchy and three main categories: Context; Role; and Understanding of consultation. They represent the experience of participants who took part in the study.

The following is a summary of the findings:

RESIDENTIAL WORKERS:

The context of consultation

- *The importance of team and team working*
- *Ideas of strength and weakness as a team values*
- *Being bottom of the food chain*
- *The development of close relationships with the children*
- *Fear of consequences*

The role of consultation

- *Lack of clarity*
- *Airing things' as a group*
- *Working through the impact of the work*
- *Keeping things safe.*
- *New ideas and acknowledgement*

How consultation is understood

- *Safety*
- *Ambivalence*
- *Managers and their effect*
- *Keeping it relevant*
- *Supervision most valuable*
- *Confusion about the position of consultants*
- *Consultants not containing safety*

ASSISTANT HOMES MANAGERS:

The context of consultation

- *Residential services: an unclear context creating uncertainty*
- *Anxiety contextualises the work*
- *The shift to being a manager*
- *The shift in position changes approaches to staff members.*

- *Staff members have a sense of powerlessness.*
- *Relationships are important but not always what they seem*

The role of consultation:

- *Lack of clarity*
- *A team outlet*
- *'Offloading'*
- *Not personal therapy or supervision*
- *Not a solution*
- *Prevents dysfunction and abuse.*
- *Is it validation? /Confirmation we're doing the right thing*
- *Being challenged*
- *Helps managers manage anxiety*
- *Helps managers manage*

How consultation is understood

- *Hard to define*
- *The importance of a sense of safety*
- *The issue of trust*
- *The focus remains on the children.*
- *Staff team issues are 'the next level'*
- *Managers make it different.*
- *The meaning of talking.*
- *A way for the organisation to manage the staff group*

HOMES MANAGERS:

The context of consultation

- *Intense relationships.*
- *Reliance on each other.*
- *Fear/ uncertainty.*
- *Staff member's ambivalence 'a love/hate relationship'*

The role of consultation

- *Lack of clarity*
- *A way of looking after members of staff*
- *Safe exploration*
- *Reading between the lines*
- *An aid to reflection*
- *Practical recommendations*
- *Consultation isn't the answer*

How consultation is understood.

- *Senior management support.*
- *Relationships with consultants make it valuable*

- *Consultation does not work for managers.*
- *To talk or not to talk /is there a value to talking.*
- *Should we be in or out?*
- *A 'level of fear and anxiety*

SERVICE AND COUNTY MANAGERS

The context of consultation

- *A culture where relationships are important.*
- *Intense relationships*
- *Each home is special.*
- *But we need a consistent approach for consultation.*
- *Uncertainty part of the work*
- *Members of staff unable to hold their anxiety*
- *Keeping the focus on the job*

The role of consultation

- *Lack of clarity*
- *A resilient workforce/resilient young people*
- *A container of anxiety*
- *Allowing people to get on with the job*
- *Staff members should understand the impact of the work*
- *Creating space for members of staff.*
- *Support*
- *A way of saying we care for you*
- *Consultation not up to standard.*
- *The role of the consultant*

How consultation is understood

- *Consultation is an endorsement of the importance of residential care.*
- *The need for a structure*
- *Trust /safety*
- *Fit*

The original aims of the project were fourfold:

- To investigate the meaning of consultation to members of staff and managers in the context of their work in local authority children's homes.
- To investigate beliefs about consultation held at different levels of the hierarchy within L.A. children's homes, and how it is understood by members of staff at those different levels.
- To investigate how beliefs about consultation held at one level of the organisation organise and are organised by those held at other levels.

- To appreciate more fully the complexity of the many contexts, (emotional social and organisational) of workers in Residential Children's Homes.

The findings reported in the previous section, address the first two aspects of the enquiry. It was clear from the findings that staff members at each hierarchical tier held varied experiences of consultation.

At the outset of this study, I hypothesized that beliefs and meanings held at one level of the organizational hierarchy would be likely to affect beliefs and meanings held at another and would partly frame how people understood and acted toward consultation. I wanted to look more closely at the relationship between the hierarchical tiers in relation to the different views about consultation.

Following the initial analysis, I was struck by two features of the themes that emerged, firstly, that there were themes that appeared across the hierarchical tiers. Secondly, that there were themes which, in addition to being shared through the hierarchical tiers, appeared to reflect participants' beliefs at a 'higher order' of thinking. These higher order themes looked to be more related to the culture of residential work, and indicative of a broader organizational discourse about residential work and consultation.

Further Analysis

I began to look more systematically in the data that were shared by all the organizational tiers represented by the groups, but still within the framework of the wider categories.

The following table organizes the themes for each wave of analysis still within the framework categories of 'context', 'role', and 'understanding'.

Figure 6: SUMMARY OF FINDINGS-Rearranged according to category

<u>THE CONTEXT OF CONSULTATION</u>			
RESIDENTIAL WORKERS	ASSISTANT HOMES MANAGERS	CHILDREN'S HOMES MANAGERS	SERVICE AND COUNTY MANAGERS
The importance of team and team working	Residential services: an unclear context creating uncertainty	Intense relationships.	A culture where relationships are important.
Strength and weakness as a team value	Anxiety contextualises the work.	Reliance on each other.	Intense environments
Being bottom of the food chain	The shift to being a manager	Fear/uncertainty.	Each home special
The development of close relationships with the children	The shift in position changes approaches to staff.	Staff's ambivalence about the work/job and consultation 'a love/hate relationship	Uncertainty is part of the work
Fear of consequences: -Marginalization -Feeling Undervalued -Sense of powerlessness	Residential staff have a sense of powerlessness.		Staff unable to hold their anxiety
	Staff relationships are not always what they seem		Keeping the focus on the job

THE ROLE OF CONSULTATION

RESIDENTIAL WORKERS	ASSISTANT HOMES MANAGERS	HOMES MANAGERS	SERVICE AND COUNTY MANAGERS
Lack of clarity	Lack of clarity	Lack of clarity	Lack of clarity
	A team outlet	It's a way of looking after staff	Resilient workforce.
Airing things as a group	Offloading	Safe exploration	A container for anxiety.
Working through the impact of the work.	Not personal therapy/Not supervision	Reading between the lines	Allowing people to get on with the job.
Keeping things safe.	Prevents dysfunction and abuse.	An aid to reflection	Understanding the impact of the work.
New ideas and Acknowledgement	Is it validation /Confirmation we're doing the right thing	Practical recommendations	Creating space for staff.
	Being challenged	Consultation doesn't provide answers	Support.
	Helps managers contain anxiety		Consultation not up to standard.
	Helps managers manage		The role of consultant

HOW CONSULTATION IS UNDERSTOOD

RESIDENTIAL WORKERS	ASSISTANT HOMES MANAGERS	HOMES MANAGERS	SERVICE AND COUNTY MANAGERS
Safety	Hard to define	Senior management support	Consultation is an endorsement of the importance of residential care.
Ambivalence	The importance of a sense of safety	Relationships with consultants make it valuable	The need for structure
Managers and their effect	The issue of trust.	Consultation doesn't work	Trust and safety
Keeping it relevant	The focus remains on the children.	To talk or not to talk /is there a value to talking.	Fit
Supervision most valuable	Staff issues are the next level	Should we be in or out?	
Consultants not containing safety	Managers make it different. Offloading as an idea The meaning of talking a way for the organisation to manage the staff	A 'level of fear and anxiety	

In this further analysis, particular themes stood out. For example, in relation to the context of consultation, across the four tiers of the hierarchy, the significance of 'relationships' was held as of particular importance, threading its way through many of the discussions, albeit from different points of view. A further important theme, appearing across all of the hierarchical tiers was related to anxiety about the work.

Furthermore, themes crossed the broad categories of 'role', 'context' and 'understanding' question. For example, within the category of 'context', the theme of 'importance of relationships' connected to a theme within the category of the 'role' of consultation in which participants had described a desire for 'a focus on team dynamics'.

I took a further step into the analysis of all themes across all of the categories to see if a broader organisational picture emerged.

In order to manage this stage:

- The themes from each section of the findings were transferred to 'post-it' notes, with each of their text references. These were set out on large sheets of A3 paper, originally with no reference to the main questions of the study. The use of 'post-it' notes enabled a flexibility of thinking and theorizing about connections between themes.
- Moving the themes around in this way, I developed particular higher order themes that captured meanings that seemed significant in organizing staff member's thinking about consultation. Their significance was related to the fact that they were either talked about the most often (in one form or another), or reference appeared to be paid to them within other themes.
- Eventually, I was able to produce a manageable table of higher order themes that represented the 'residential services organization'. These 'higher order themes' link the four hierarchical levels of participants.

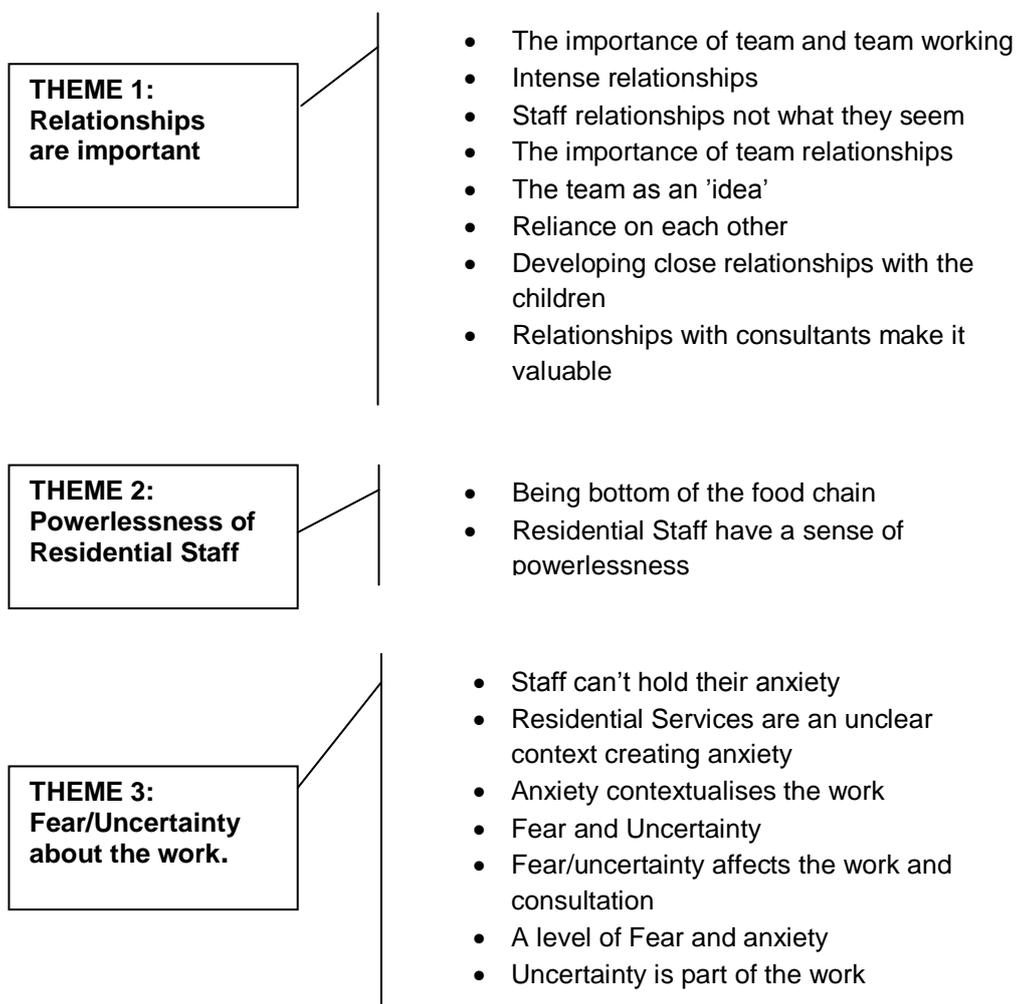
I gave titles to the higher order of themes drawn from shared words or phrases summing up a key concept, position, or sentiment.

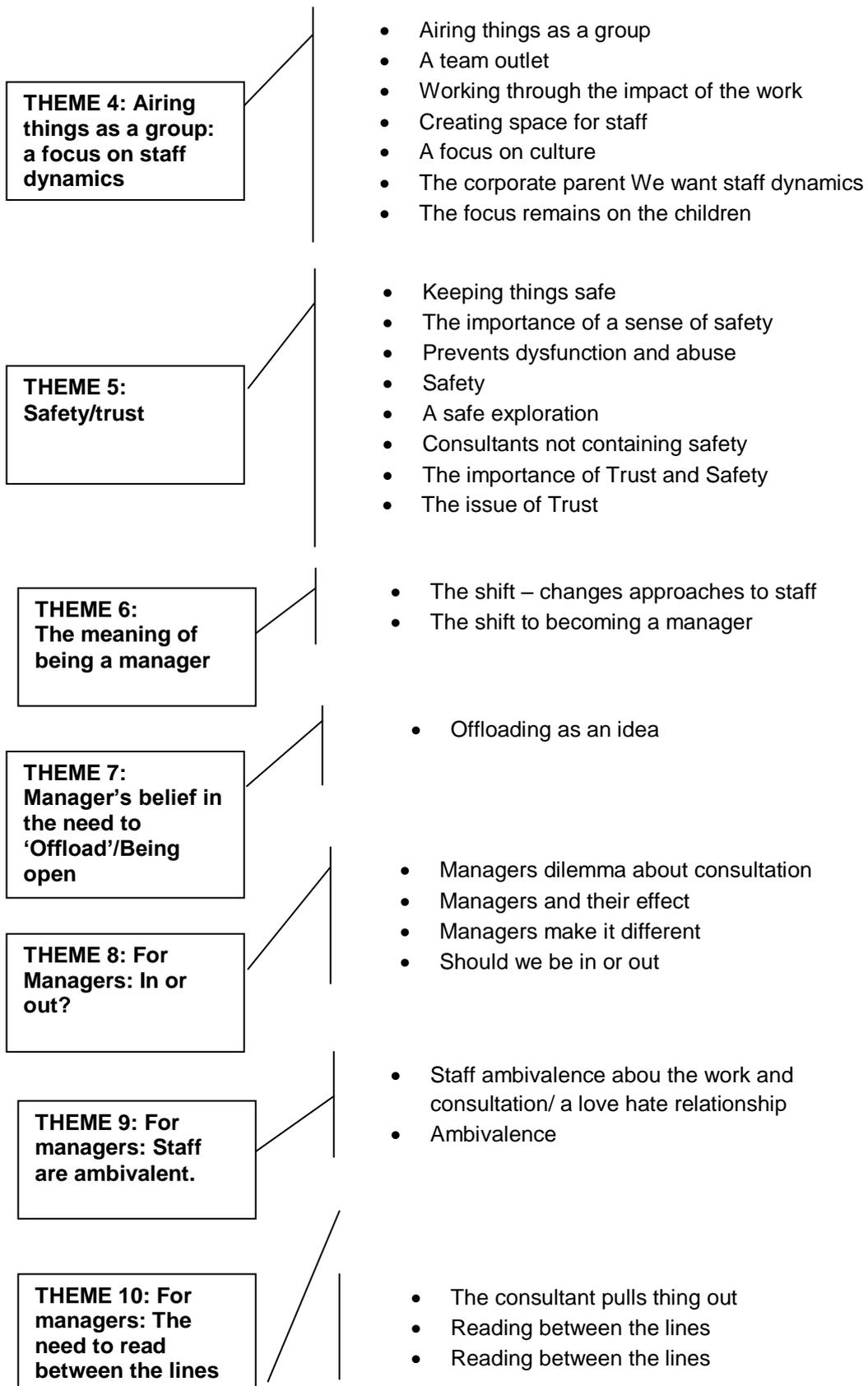
During this process, my previous hunches about concepts emerging at a number of levels of meaning became more clearly defined. The super-ordinate themes pointed to a fundamental organisational or cultural belief system that underpinned other descriptions and appeared to be central to the thinking of staff members. They were the meanings around which other views and beliefs were organised. I felt at this point that I was nearer to a fuller, though tentative, answer to the questions that provoked this study.

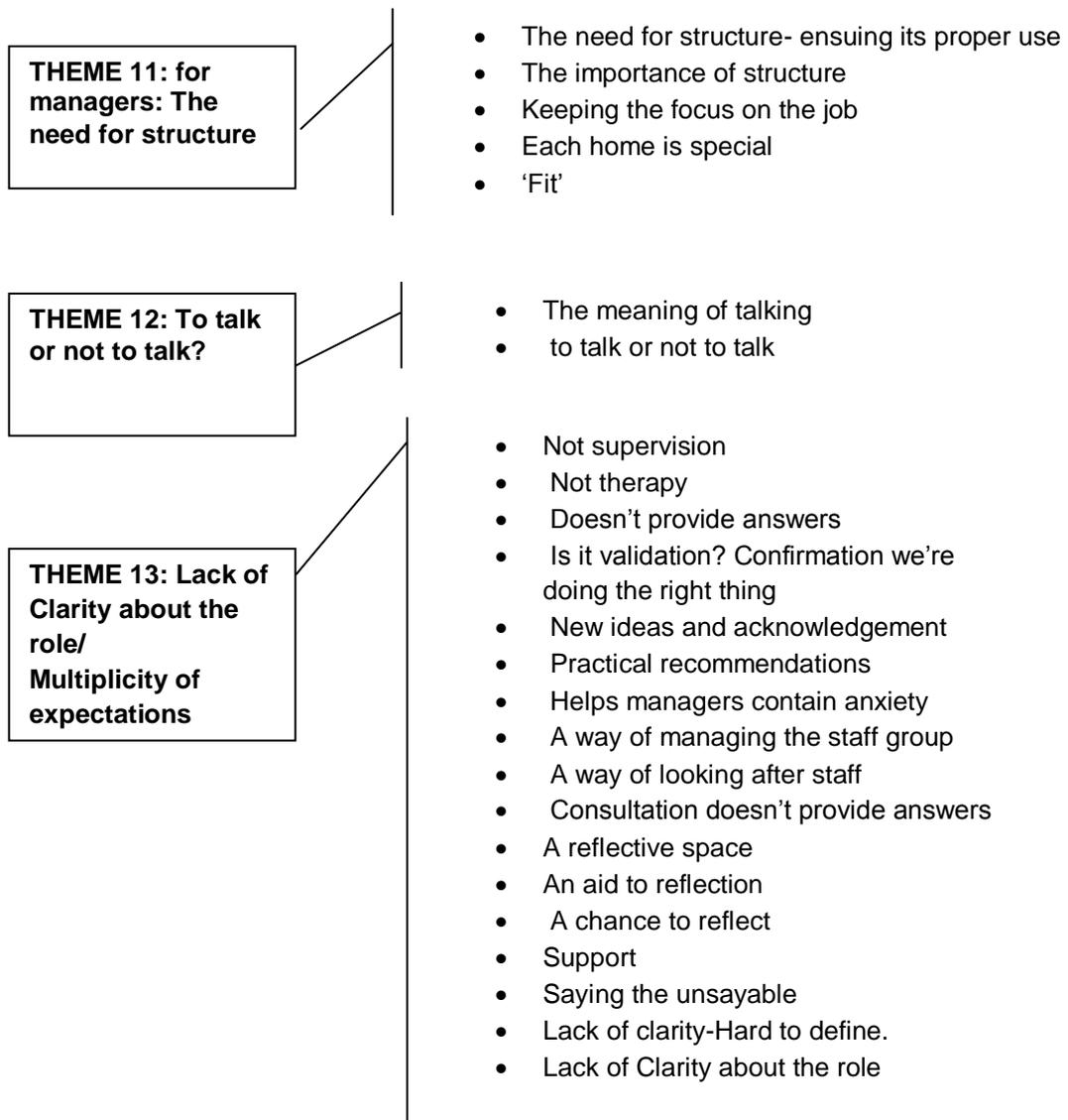
Theme clusters

The higher order themes are set out in Figure 6:

Figure 7 Higher order themes







Significant themes emerged from the data in all the focus groups. I took these as a representation of important meanings for all participant groups: 'the importance of relationships'; 'fear and uncertainty'; 'safety and trust'; 'lack of clarity', both about the work and consultation, stood out as of particular significance.

I then considered the possible 'links' between the higher order themes themselves. This was a more interpretative and speculative, less systematic process, as I moved between existing themes, my memories of the impact on me of the focus groups and my own intuitive ideas about social care organisations. For example, there appeared to be a link between 'lack of clarity about the work' and 'fear and uncertainty' – based on my idea that members of staff who work in an unclear context might be more likely to have a sense of

insecurity or uncertainty. There was a link between the importance of relationships and the staff member's expressed wish to 'air things as a group' within consultation. The themes of 'safety' and 'trust' were also closely linked. The significance of these themes was further sensitised through re-reading some of the earlier research literature on children's homes and of research material on working relationships in organisations.

In the following section, I expand on these proposed links and outline a model for understanding the associations between members of staff's understanding of consultation and their relationship with the organization.

Discussion

Introduction to the discussion

Throughout this study, I have emphasised the importance of seeing the accounts of how members of staff in children's homes within a broader socio-political, organizational and relational context. This was based on Bateson's (1973) notion that 'without context there is no meaning', and I want to utilize this idea as part of the wider discussion of the findings of this study.

In this section, I present a reworking of the emergent and higher order themes and their interrelationships across the organizational hierarchy, from a systemic perspective in the form of an explanatory model. The model, based on a systemic perspective, proposes an interrelationship of themes across the organizational hierarchy with the aim of shedding light on the meaning-making context for staff members of the consultation they manage or receive⁵.

I then conclude with some comments on how consultants might need to proceed in the light of these proposed dilemmas.

Brief Overview of the Discussion

Under the initial heading of 'The Context of the Work', I will elaborate on three key overarching themes that emerged from this study. Firstly, an emphasis is placed by members of staff at all levels on the importance of relationships. This was a central theme throughout the study, across the organizational hierarchy, and arguably, frames much of the way staff members position themselves toward their work and relationships, and importantly consultation. Secondly, basic grade staff members experience an underlying sense of powerlessness in their role and position that underpins their sense of lack of agency in the consultation process. Thirdly, members of staff in homes experience anxiety and uncertainty that pervades their work and the consultation they receive.

These key values and beliefs lead to a central dilemma. On the one hand, the desire of front line staff members to preserve good relationships with their

⁵ One of my aims in discussing the interrelationships between the themes has been to avoid presenting them in a linear form, with one them or belief seeming to lead directly to another. However, it is necessary to start somewhere. In the following, the reader should not assume that the order in which I present these ideas reflects their order of significance or their clear primacy in the accounts of the participants.

colleagues means that they want to use consultation to reflect on the way they work together as a team; to 'focus on team dynamics'. On the other hand, their underlying 'fearfulness of consequences', especially in relation to preserving good relationships, together with on-going uncertainties about the work, means that they are unwilling to engage in discussions that may risk self-exposure or of undermining their relationships with their team members. There is thus an underlying concern about trust in the consultation process.

In the first section the discussion I will review these three main themes relating to the context of the work. Further themes also surfaced, arguably not of the same order, but closely connected to the three key themes above, which were significant in terms of the meanings of relationships within the home and highly pertinent to consultation. Within the overall work context, it was important that members of staff are seen by their peers as 'strong'. This appeared to be related to a sense of safety and self-preservation in which they were unwilling to expose their vulnerability to their colleagues. I will discuss each of these in turn, arguing that they frame both staff members and managers' views and beliefs about consultation.

I then move on to consider how these contextual factors relate to the research participants' views of consultation. For the managers, whilst responding in some degree to the same cultural context an important shift occurs. This shift is an important organising belief that changes manager's alignments and loyalties toward the organisation, and away from the basic grade workers for whom they are responsible. This shift also represents a change in perspective toward consultation. Managers, often having 'come up through the ranks' of residential care, believed that the complexities and difficulties in the work require the work to be 'processed' in an open way with members of staff needing the opportunity to 'offload'. This was in the belief that residential work teams would work more effectively, because openness led to healthier teams, and was a key to good workforce relationships. Managers spend some time encouraging them to be 'open'.

Manager participants in this study appeared to hold on to beliefs about the work and the staff team that might position them in conflict with each other. For

example, emerging from this study was the belief of managers that staff members in homes were 'needy', often ambivalent about the work and consultation; that they bring 'baggage' into the work that affects their ability to manage their anxiety. Managers believed that they may avoid of working on team relationships (in consultation sessions) and thus, that consultants needed to 'read between the lines'.

Another important organising idea for managers in this study was that certain 'structures' need to be in place for both the service as whole and for managing the support needs of staff members, including consultation.

Thus, the beliefs of staff members about the consultation process, its aims and focus, were juxtaposed with the beliefs of managers. Staff members are reluctant to speak openly within consultation because of the threat that it potentially poses to team relationships, whilst managers believe that 'openness' is the key to good working relationships. This leaves both staff and managers in a conflict about consultation. Staff team members believe that openness is not possible within sessions, but that there is pressure from managers to be so. They become concerned that consultation is being 'managed', or manipulated by managers. Managers on the other hand, want to staff members to be 'open' about their work related thoughts and feelings, encouraging them to be so, and are critical of them when they are not so. Consultation has a multiplicity of expectations placed upon it that are likely to be difficult, if not impossible to meet.

In what follows, I set out a more detailed discussion of this explanatory model.

I will argue that evidence from this study suggests that members of staff come to consultation with a complex web of interacting beliefs and influences that make it very difficult for them to engage in consultation in a constructive way.

I will draw on the Coordinated Management of Meaning (C.M.M.) model (Cronen 1994; Cronen and Pearce 1985), as part of the development of systemic ideas in consultation. I will also draw on the work of Maturana and

Varela (1987) and 'Domains of Experience'. I will draw on both these models as part of this discussion.

I conclude with some comments on how consultants might proceed in the light of these proposed staff dilemmas.

THE CONTEXT OF THE WORK

(a) The importance placed on the idea of relationship

Staff team members place a great deal of emphasis on the idea of relationships. This emerges from this study as one of the most significant organising themes for residential workers, both in their work with the children and young people and in relation with colleagues. It was a highly significant organising belief in their relationship with consultation. Whilst the importance of relationships is likely to be a significant part of any professional group or team, amongst residential workers its primacy as an organising idea was striking.

Evidence for the importance of relationships emerged in a number of ways. For example, good relationships with the young people in their care was emphasised and was central to how they saw themselves as workers. Relationships were both functional- doing the job; fulfilling care plans; ensuring that young people develop and move on- but also had an emotional component to them. They talked about developing close relationships with the young people.

This created a dilemma for staff members between maintenance of a professional distance with an 'objective' view of the young people's needs and a more emotional closeness, described as 'wanting the best for them'. They seemed caught between seeing closeness as a positive, helpful part of their relationships with the young people, and closeness as a feature that might bring their judgment into question. Workers wanted both to relate on a close emotional, personal or intimate level on the one hand, and on the other keep some sort of 'professional' distance.

This was an important feature of the context in which staff in teams operate, and are a significant facet to their professional sense of self. There was a

dilemma between the valuing or privileging the 'emotional' engagement with young people, and the privileging of the 'professional' relationship. Whilst the two are not necessarily in conflict with each other, the dichotomy appears often to place residential workers in the position of having to 'discount' one in favour of the other in their relationships with other parts of their organisation. It might be hypothesised that they may hold a belief that it is necessary to bring only their 'professional' self to consultation meetings, believing that the 'emotional' self was less valid.

Ideas from C.M.M. and Maturana and Varela's model of Domains of Experience may be useful in conceptualising these matters. For example, workers may see the organizational culture as requiring them to 'be professional'; do a job; keep a distance; keep to organizational structures and demands. However, workers also drew from their own experience of working directly with the young people; their sense of their identity as member of staff in a children's home; their relationship with the young people; having knowledge or perceptions of their emotional needs; perhaps intuitively utilizing their own experience of close relationships to extend how they understand the young people's needs. Using the CMM model, we could see them drawing meaning from one 'level'- say 'this organization requires me to maintain a professional distance' as congruent with their withdrawal from developing close relationships. Maintaining this position however, is not congruent with the level of meaning which says something like 'residential workers should show the young people what good relationships are like'.

This seeming conflict of meaning levels (Pearce 1994) puts residential workers in a shifting position between fulfilling the perceived demands of the organization, and fulfilling the perceived demands of the young person. As diagram below illustrates, this may be seen as a 'strange loop'.

The need to maintain good relationships within the team was also a key feature of staff members' thinking and a highly significant aspect of the organizing context for them. Good relationships with colleagues were of key importance. Although not able to offer a comparative analysis within other sections of social care, the idea of 'team' seems to take on a special significance for residential workers. This was difficult to deconstruct and requires further investigation. It may be connected with their own 'felt' need for support in such a difficult, challenging, and isolated environment, or it may be that the culture of residential work somehow dictates a particular understanding of what constitutes a 'good quality' relationship. 'Good' relationships with colleagues appeared to mean close but non- confrontational.

The importance of teamwork and 'relationship forming' in residential work has been supported by many other studies (Baldwin 1990; Hicks et al 1998; Balloch et al 1995; Hicks et al 2007; Hicks 2008; Hicks et al 2009). In Baldwin's (ibid) study for example, residential workers identified effective teamwork as the foundation of child centred care. In her study she described most staff members as believing it essential to have group cohesion, and were 'extremely concerned about the effects of disagreements they might have about working methods on the children they were working with' (p82). She describes members of staff in homes holding a view that they needed to pay much more attention to their own group dynamics and working practices, and for close support from within their working groups. Hicks et al (1998) also supported this view, arguing that becoming and maintaining a good working team was instrumental to the 'entire task arenas' in which work must be done. They reported that residential workers identified effective teamwork as the foundation of child centred care (Hicks et al ibid p163).

In a later study, focussed on management and leadership functions in residential child-care, Hicks et al argue that of primary importance to the management role was achieving a collaborative team dynamic which worked consistently over time ((Hicks et al 2009 p834). They argue that the concept of 'group' is implicit to the work of children's homes, be it members of staff or

residents, and suggest that staff members require expertise and skills in group work in order to maintain a balance between individual and group needs.

In a further paper, Hicks et al assert that relationship forming is crucially important (and) management of staff in children's homes involves much more than the administration of a bureaucratic system (Hicks et al 2008 p243). This supported Balloch et al's (ibid) findings, who argued that (being) 'part of a team that's working well is a highly rated source of satisfaction for residential social workers (Balloch et al 1995 p333).

In this current study, it was important for some residential workers to think of themselves as 'working well together': mutual support was valued, including the ability to talk with each other (described as 'informal debriefing'); teamwork was the ability to 'bash things out' to find solutions to their dilemmas or to problem-solve as a team. This was offered as one of the arguments against the need for consultation.

Managers in the study however, whilst underpinning the belief in the importance of good relationships, took a more skeptical view of relationships within homes. For example, manager participants believed that relationships between staff members were 'superficially close'; 'professional' but 'untrusting', 'genuine closeness' being absent rather than present. It was believed that relationships between staff members were 'intense' (something that was seen as inherent and specific to residential work) developing quickly but subject to change. I would argue that this skepticism might be seen as a desire by managers to support the team in developing and maintaining relationships. What constitutes a 'good relationship' was never defined, and its characteristics remained unclear, raising further questions about how residential workers make judgments about working relationships with colleagues.

An important aspect of a good relationship was the ability to rely on each other. Both members of staff and managers described 'situations' arising within the home during the course of their working day. I took this to mean situations in which team members might have to work together to contain potential risk. They were 'protective' of each other, looked after each other; did not want to

hurt each other. Relationships were protected by not saying anything to upset the other. A dilemma for team members appears to be, on the one hand a desire to reflect on their relationships with each other (to make them better), and a concomitant fear that to reflect on relationships might put such relationships at risk:- it's better not to look too closely.

One of the significant aspects of good relationships according to a number of participants was the value attached to consistency. Offering consistency to the young people was seen as a valuable component of good relationships with them. It was part of the 'measure' of a good relationship, and was fundamental to team members' sense of themselves as doing 'good work'. Simply being there all the time was connoted positively. A consistent presence in young people's lives was linked with being 'skilled' and doing a good job. Although there is little evidence within this study of this being a consideration in staff members' other relationships, say with their team colleagues, it may be reasonable to consider that this may have been a possibility. It was a consideration for staff team members in their relationships with consultants.

(b) An underlying sense of powerlessness

The theme of sense of powerlessness threaded its way through all the focus group discussions with both residential workers and their managers. It was a significant organising belief for workers and their immediate managers about the Residential Social Care context, and underpinned their experience of consultation and the meaning they placed upon it.

Powerlessness emerged in a number of ways. One strand was a belief that residential services, within the general framework of services for children, were necessary but marginalised by public policy: a 'necessary evil'. Residential services were working with a client group with increasingly complex needs, in a socio-political context that lacked clarity-no 'grand scheme'. This was believed to permeate aspects of the unclear 'organisational ethos' of residential work, resulting in members of staff finding it difficult to have a clear idea about what they were expected to do.

Residential workers described themselves as having little power to influence decisions, especially about planning for the children in their care. For them, power and influence existed 'elsewhere', often in different parts of children's services. Control was believed to have existed elsewhere, with workers unable to 'give their best', because of the way in which planning decisions were taken.

This theme parallels many findings from previous studies. Colton and Roberts (2007) for example, comment on shifts in philosophy and public policy away from residential homes toward foster care, the negative impact of research studies, and a number of abuse scandals having led to the perception of residential care as a 'placement of last resort'. Baldwin (1990), in a large scale study, describes a sense of powerlessness as a theme which coloured many of her discussions with residential staff, who are constrained by what she describes as 'distant decision making' - decisions made in other parts of the child care system, and within society generally. In her study, residential workers saw themselves as powerless to deliver a child-centred service; as having little influence over many aspects of policy making or resource allocation; little power to control their areas of work'. Hicks et al (2007) in a study related to the effective management of children's homes raises the significance of the importance for staff members and managers to have a sense of control over admissions, particularly in relation to the 'mix' of young people in the home. However, they describe a mixed picture of the degree to which homes managers had this level of control, and this was linked to the considerable variation in the power of managers to 'hold out' against a requested placement something that was often related to the manager's standing within the organization.

Baldwin argues that residential workers have been at the bottom of the hierarchy, with poor training and qualifications, and often with low status (Baldwin 1990 p340). Hicks et al (1998) comment that staff members were found to need, but not often receive, recognition from higher managers.

In this study, I found that staff members' sense of their position led them to a belief that they were an undervalued group. Because of their perceived lack of power and influence, they undervalued their own expertise in fulfilling the needs

of the young people in their care. This echoes a previous study by Heron and Chakrabarti, who argued that that 'disempowered staff, who often feel unable or ill-equipped to meet (the young persons') needs is an essential dimension (in) maintaining the impoverished position of residential care within social care' (Heron and Chakrabarti 2002 p356). Hicks et al (2007) in her study of management of children's homes reiterates the importance for managers of children's homes of the importance of 'being valued'. She found that being held in high regard, with proper recognition throughout the organization, was felt to be reaffirming and to legitimize managers' access to further professional development.

Of particular pertinence to this study was that staff members also thought of themselves as having little sense of agency or influence over the content or process of consultation.

The overall sense of powerlessness and marginalization that residential workers experience; their sense of abandonment; a belief that they have little control over their work and professional lives; a feeling of being undervalued with little 'voice' are all-powerful underlying beliefs. They described themselves as stuck between agencies (just as the young people), suggesting perhaps that they may closely identify with how they perceived the powerlessness of the young people in their care.

(c): Uncertainty, lack of clarity and fear

Uncertainty, lack of clarity and a 'fear' or anxiety associated with them appeared to be endemic in the culture of residential services. In my view, all three are profoundly important in understanding how residential workers make sense of consultation.

Uncertainty was described as multi-faceted and operated at different levels in staff members' thinking. There were uncertainties about tasks, roles and outcomes for the young people. These themes emerged in all the focus groups, but most clearly in those of managers who were able to 'name' it. In this study, it was difficult to disentangle uncertainty, lack of clarity, and anxiety, the terms

often used interchangeably. However, I would argue that these act as a backdrop to the way in which residential workers approach their work.

Managers in the study, who it might be argued, had a broader perspective on the service, thought that uncertainty arose from a lack of clear policy about residential services, because policy makers were not clear about how they want residential work to operate: as a positive experience for the young people or as a last resort. They considered themselves to have a responsibility to create 'certainty', but realised that their ability to do so was limited. For residential staff there were uncertainties about the future of services; whether colleagues on their rota would turn up; whether the young person would behave on their shift or whether they would have to appear at Court. Uncertainties existed in relation to the expectations of their role.

Lack of clarity also appeared to pervade all organizational levels, and compounded the complexity of the day-to-day task, provoking anxiety.

Anxiety was taken to be 'integral' to the work, and 'part of the way the organisation works'. Managers thought it was inherent: it '*comes with the territory*'. Managers described residential workers having a 'fear of failure' and this was given as a reason that they might be unwilling to engage in consultation.

The greatest concerns that arose were related to fears of criticism: of persecution; of being misunderstood; of feeling silly or embarrassed; of being ostracised. Participants worried that if they shared their fears or anxieties about either themselves or their relationships with colleagues, 'things might be taken out of context', 'amplified' or 'be understood out of proportion' by colleagues or the organization. There is a clear link here with the importance of the preservation of relationships within the team.

Clarke and Rowan (2009) looking at team dynamics in a family therapy supervision group, confirming the intense emotions and high levels of anxiety related to shame of self-exposure, loss of autonomy, challenges to competence in group settings. They hypothesize that for team members may 're-experience'

conflicts associated with basic childhood crises, crises associated with trust, autonomy, incapacitating self-doubt, anxiety and obedience.

It is these three main contextual themes - (a) (b) and (c) - that emerge as of major organising significance in the day-to-day work of residential workers. Further themes also emerged, arguably not of the same order, but closely connected to the above, which were significant in terms of the meanings of relationships within the home and highly pertinent to consultation. These were 'be strong, do not be seen as weak or incompetent' and the importance of 'safety'. I will discuss these in turn, before further arguing how these frame workers' and managers' views and beliefs about consultation:

(d) Be strong- do not be seen as weak or incompetent.

There was a strongly held belief held by residential workers, that they needed to be seen as 'strong' by other team members. This relates to the themes already discussed of uncertainty and powerlessness, and can be seen as a direct extension of the importance that staff members attach to the idea of 'team', and one's place within it. Being strong was framed in contrast to 'rather than weak or incompetent'. The importance of being seen in this light by other team members is likely to directly affect members of staff's approach to and engagement with the consultation process.

I have already argued that members of staff in homes are sensitive to the gaze of their colleagues in their working group. It was important for them that they present themselves in a particular way. It was as if they sensed a prevailing team culture within their home, and they reflected on the extent to which they fitted in to it. This was linked with an idea of 'being professional'. They worried about the interpretations by their colleagues of their behavior: how for example shedding tears might be interpreted as a sign of weakness, not coping', 'unprofessional', or 'incompetent'. The expression of feelings was a considered a 'taboo' subject for discussion in a wider team context (including consultation), and only shared with close or trusted colleagues. Staff members described being watchful for signs of 'fizzling out', or 'cracks showing' in others, believing that the young people in the home intuitively knew when they were showing signs of weakness, and might exploit the weakness.

In contrast, 'strength' was seen as an important idea, and the antithesis of the expressions of emotions. 'Strength' included physical and emotional 'strength, adaptability, and the ability to get on with things. It is striking that, on the surface, this, might be seen as a masculine view of strength, even though in most homes women constituted the majority of the staff team, and certainly constituted the majority of participants in this study. Indeed, the 'macho' culture of some children's has been criticized previously as one in which the potential for abuse is higher (O'Neill 2008). I am not suggesting that I came across cultures in homes in this study that would even hint at the possibility of abusive situations arising. It would appear, however, that cultures within homes in this study do not easily allow for the showing or sharing of emotion, staff members generally finding it intolerable, except with those with whom they are particularly close.

(e) The importance of safety

A further important theme to emerge from this study, again closely linked with team relationships was the importance attached to safety and trust.

Considerations of safety, and the associated issue of trust, were significant overarching themes throughout this study and were commented upon in every focus group at all the hierarchical levels. Participants in the study referred to ideas of safety as if its meaning was a given, but it was never defined. It was evident in discussions that this meant a kind of psychological safety rather than physical, and linked to a sense of self-preservation.

Edmondson has written extensively on the topic of psychological safety (For example: Edmondson 2002; 2004) in organizations and working teams. There is a fit between the findings of this study and her work. Psychological safety relates to the degree to which people perceive their work environment as conducive to taking interpersonal risks. In psychologically safe environments, people believe that if they make a mistake others will not penalise them or think less of them based on taken for granted beliefs about how others will respond when one puts oneself on the line. Edmondson argues that individuals engage in a 'tacit calculus' at micro-behavioural decision points- 'if I do this will I be hurt,

embarrassed or criticised' (Edmondson 2002). Those that believe that their capability is in question are more likely to feel judged or monitored and thus may keep their opinions to themselves (Edmondson 2004):- a particularly salient idea in this study.

In this study, workers alluded to the primary importance of their colleagues' view of them; their concern about exposing their feelings or ideas, for fear of being seen as incompetent or weak (see (d) above).

It is important to recall that participants in this study worked in a Local Authority setting. The nature of the organisation may not lend itself to being able to offer psychological safety within working teams. To some extent this is borne out by Smith et al (2003), who described participants in their study focusing on social workers' experience of fear, as experiencing a fear of disapproval or rejection by seniors and managers, particularly when they had acted in unexpected ways, or failed to act in expected ways. These authors suggest that this is the consequence of a 'blame culture', reporting one participant as feeling that she had more to fear from the institution she worked within than from potentially violent users (p668). Contrastingly, the findings from my study would suggest that of the greatest concerns of basic grade staff members were related less to management approval or disapproval, than to the extent to which they considered themselves to be part of or approved of by 'their team'.

Summary

In this first part of the Discussion, I have noted five themes to be considered as part of the contextual meaning-making discourses informing the culture of the work in children's homes. It is clear that they have a significant bearing on the way in which members of staff engage with consultation and inform the beliefs that exist about it. At this point in the discussion, I will try to articulate the way basic grade staff members and their managers occupy different positions in relation to the role of consultation. I will first discuss themes that emerged from the focus groups of basic grade staff, and go on to discuss those themes that emerged from manager groups.

THEMES RELATED TO PERCEPTIONS OF CONSULTATION

I have argued that the five themes outlined above should be considered to be part of the contextual meaning-making discourses informing the culture of the work in children's homes. It is clear that they are brought also to the team consultation discussions. They have a significant bearing on the way in which residential workers engage with consultation and inform the beliefs exist about it. At this point in the discussion, I will articulate the way that basic grade staff and their managers, although both informed by the above meaning -making contextual themes, occupy different positions in relation to the role of consultation. I will first discuss those themes that emerged from the focus groups of basic grade staff, and go on to discuss those themes that emerged from manager groups.

BASIC GRADE STAFF

(a) A focus on team dynamics/airing things as a group.

It has already been established by previous studies, and was confirmed by this one, that residential workers operate together in often highly emotionally charged situations, and workers develop close working relationships with each other. Workers are sensitive to issues of trust, and their expectations of each other. Hicks et al (2007) in their study of the management of children's homes, for example, argue that developing the skill to be able to take criticism from peers without it being seen as a personal slight is important.

Related to the high value that staff members placed on the idea of the team, and how they saw themselves within it, participants, both basic grade staff members and managers frequently expressed a belief that consultation should be focused on team relationships, team dynamics, or 'how you work as a group'. We saw in the findings the ways in which this was variously described: 'a team outlet'; 'what is going on culturally within the team; a 'space' for bringing out feelings; '(to) see working relationships'. According to this view, it should have a reflective aspect, offering the opportunity to discuss the work and its effects. Consultation should; 'explore professional and personal connections'; 'an emphasis on relationships, with young people, the staff group, and management'. Frustration was expressed about consultation being solely

focused on the children. This was common ground amongst managers and basic grade staff.

It can be seen that this is a range of descriptions, but seemingly within a family of ideas about supporting workers to speak about the work, the difficulties and challenges represented by the client group, and how the staff group face and manage these together. Many generic terms were used that were difficult to define.

Other studies have supported the idea that consultation should be focussed on team dynamics. Baldwin (1990) as part of her action research, offered consultation to residential staff that was focussed on team dynamics and reported that it led to them feeling more 'supported' (Baldwin 1990 p124). She suggests that meetings that look at dynamics act as a symbol of the importance of communication amongst the whole group. She argues that: "given that the group dynamics within residential establishments are at the core of effective functioning, periodic access to an outside consultant should be seen as a normal part of the supportive structure" (Baldwin 1990 p170). She described participants in her study as saying that they needed to establish group cohesion, to be open and trusting in their relationships, before they could have the energy to look outwards constructively (p93).

(b) A focus on safer practice.

Interestingly, bearing in mind staff members concerns about safety (related to exposure of self to the gaze of others), some participants thought that one potential role of consultation was that it offered the possibility of 'safer practice', or might prevent 'dysfunctional organizational patterns from arising. They acknowledged that talking together as a group contributed toward safer practice, providing a form of monitoring of workers behavior; its 'outside perspective' helping them to maintain their boundaries in their relationships with the children. This outside perspective referred as much to the staff group's contributions as it did to the outsider view of the consultant. This is a direct reference to the potential for abusive cultures to develop in residential children's homes. Members of staff, both managers and basic grade saw the potential for

maintaining safe working practices through the group gaze, but are unwilling to expose themselves to such a gaze.

(c) The risk of consultation

Evidence from this study supports the idea that members of staff aspire to having 'relational' conversations with their colleagues. They are strongly influenced by the context of a residential work culture that places importance on the maintenance and preservation of good relationships with their colleagues. They are reliant on other team members at particular times.

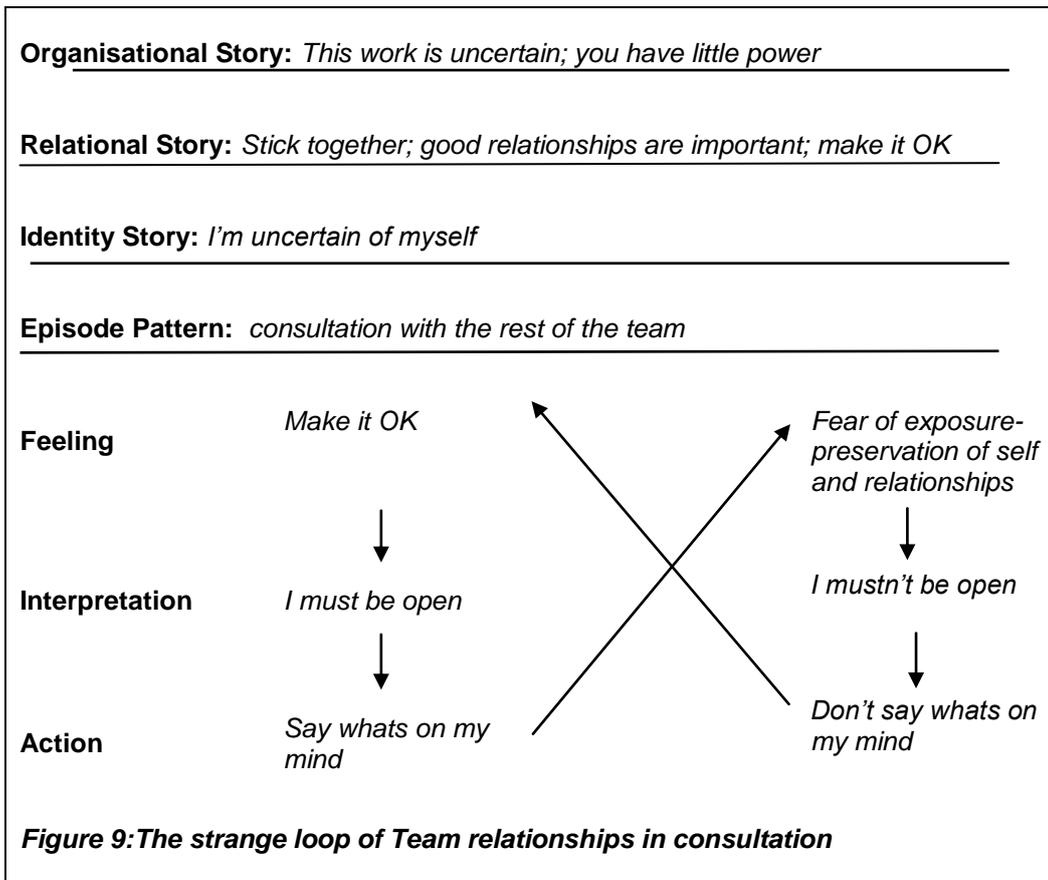
The aspirations of staff members for consultation meetings are hence predicated on the need for safety. They want to be able to trust their team to validate them as members, and want consultation sessions to provide a context in which such validation might take place. Talk of 'openness' was a code for speaking honestly about one's own feelings and about sensitive relationship issues within the team. 'Safety' in this study was always connected to relationships, and concerns of staff members about how they would be seen within the team - how their behavior would be interpreted by colleagues.

However, they were very concerned about engaging in consultation in an 'open' way, believing that it was best not to do so. They tended to disengage. They seemed to sense the imperative from managers to 'be open' as just another way of being managed, and to perceive that consultation is simply another structure for management. To some extent this idea was borne out by comments from some managers who thought that consultation might be a deliberate strategy by the organisation to convey to homes staff that it was a 'space they own', giving a sense of autonomy, and convey the idea that they were valued and heard. Another aspect of this view was that it was, at times, used by managers to communicate difficult issues to the staff group. A more cynical view was the idea that consultation gave a 'touchy feely vibe' to the home's culture, but in effect, might act as a diversion of feedback up in the organisational hierarchy.

There was a belief, at least amongst some basic grade staff members, that the consultant should maintain safety within consultation groups, but there was little

confidence that this was the case. This is a challenge to consultants, bearing in mind the key issue of concerns about exposure, the shift patterns, changing membership of the consultation group and the concomitant lack of stability within them.

Utilising Cronen and Pearce’s CMM model, as modified by Oliver (2005), the following diagram is my interpretation of the bind that front-line staff find themselves in in relation to the interconnecting themes discussed so far:



This sets out the way in which staff members might construct the paradoxical meanings that they experience in consultation sessions. The overarching context is one in which powerlessness, uncertainty, and strong beliefs about the importance of team relationships prevail as organising ideas. Within these, consultation sessions may be thought of as an ‘episodic’ event. Members of the staff team enter the sessions with a desire for it to ‘feel OK’ – to experience say support or confirmation of themselves with their peers, or the possibility of relief from an experienced pressure of the work. There is some managerial pressure

to 'be open', perhaps confirmed by the presence of the consultant whose stock-in-trade is based on conversation and openness. However, they may then experience the fear or concern that they are likely to be exposed in the gaze of their peers, leading to a lack of openness or unwillingness to engage in the process.

MANAGERS IN TWO MINDS

There are five important themes that represented the management perspective on consultation, and served to organise the meanings that management placed upon it.

(a) Empathy with basic grade staff.

A strong sense of empathy with staff members with the regard to the challenges of the day-to-day work pervaded the views of manager-participants in this study. They acknowledged that the work provoked anxiety and created uncertainties.

However, whilst nearly all the managers had been basic grade staff at some time in their career, becoming a manager critically demanded a shift in loyalties-described as 'acceptance' of the organisation. Hicks et al. (2007) describes the challenge for managers of 'establishing oneself' with a new identity following promotion, and this links with what emerged from this study. Participants talked about the importance of a 'unified front' - not being seen as divided from their manager colleagues.

It was also clear from the study that managers wanted to demonstrate their support for the workforce. They believed that consultation should be offered to the staff team for positive and protective reasons, even though they were aware that they did not have the option to withdraw from the process. It was seen as a demonstration that the organization understood the difficulties of the work. There was a desire, through consultation, to develop a resilient workforce: healthy individuals able to work with the young people.

(b) The need to offload.

The need to 'offload' is an idea that is clearly linked with participant manager's empathy for staff members. This was a frequently used term, but never

defined. It appeared to refer to the way in which members of staff might manage their emotional response to the work and not to 'hold on to their anxiety'. There was a belief amongst some managers in the study that staff members bring 'baggage' into their working lives and relationships. My view is that the 'need to offload' is linked by managers with an acknowledgement of the complexity and stressful nature of the work, and their belief in the need for staff members to be able to discuss the nature of the work with colleagues and peers. This clearly links with their belief in the process of consultation. Clough et al (2006) makes the point that 'supervision' needs to address the human experience of carers as much as checking that they have fulfilled their formal duties. They stress also the importance of professional support for staff members as being paramount if they are able to give their best.

(c) Openness is healthy

In line with the above, managers in this study held a strong belief that staff members should be 'open' in consultation. According to this view, openness led to healthier teams, and was a key feature of good workforce relationships. Managers described spending time encouraging their team to be open and described frustration when they were not so. It was important, particularly for homes managers, that consultation should be an opportunity for reflection and exploration.

Although there was some debate amongst manager participants, about what constituted 'openness', nevertheless, 'opening up' represented a 'good session'. Being able to be 'open' about one's feelings about the children was seen as a healthy approach to the work of the home.

Managers in this study believed that staff in homes had an inherent resistance to opening up, and an unwillingness to look too closely at relationships. The perceived lack of openness left managers in a dilemma about how to conduct themselves within consultation sessions. For example, one particular manager actively encouraged staff to be open by being 'open' himself within consultation meetings. This was linked with the idea that there was an expectation that young people be 'open' about 'their issues'. Others described 'pushing the agenda', and yet simultaneously appreciating that pushing the agenda would

position them as managers. Being involved in consultation sessions appears to put managers in unresolvable 'double position' of both holding management responsibility for wanting to encourage openness, and participating in the team and wanting to be accepted as an equal member, perhaps with similar anxieties about the work, and the same desire as the team to have an opportunity to discuss it. Being involved, albeit holding the double position, may also connect with what others (Hicks et al 2007) have described as a managers belief in the need to 'keep pace' with the home. They found managers used formal and informal channels to attain consistency in team practice and insight into how things were for the young people.

(d) Staff members are ambivalent.

In spite of the largely empathetic view that managers hold in relation to the support needs of staff members, there was a more critical emergent theme amongst some participant managers. Although it was not possible to ascertain the extent to which the following were widely held views about staff members and their relationship with consultation, it may still be argued that these views are part of the repertoire of management thinking about staff motivations in consultation.

Here I am seeing managers as holding a kind of 'dual' position - both demonstrating strong empathy with staff members, and yet questioning their motivations for taking the position they do in consultation. Whilst I do not believe that this view of staff members fully explains their unwillingness to engage in consultation, I believe that it is a view that supports the managers' desire for them to be open in consultation. Not to be open signifies to the managers an ambivalent position, and may increase their desire to apply pressure on staff to comply.

There may be many other explanations for so-called ambivalence. In a review of the literature on social work stress and burnout, Lloyd et al (2002) pointing to many of the factors already discussed in this study regarding residential workers experience of the work highlight evidence of high levels of emotional distress amongst social work staff (including residential work). They argue that

there is little evidence for a belief that social work as a profession appeals to vulnerable or unstable people, and they affirm high levels of general anxiety.

(e) The need for structure

Managers were largely empathetic and understanding about the anxiety-provoking nature of the work. Furthermore, they acknowledged and emphasised the unique culture of each home and the differing staff members' needs (in relation to consultation) within them. However, alongside this, a significant organising theme for them was a 'need for structure'. This was demonstrated in a number of ways, and acted as a backdrop to their thinking when analysing the service, staff needs, or consultation.

Structure was important to how managers saw themselves as a management team, for example, needing to resolve differences amongst themselves before presenting an issue to the staff team. It was also related to a sense of responsibility for providing clarity of purpose, and a means by which anxiety in the staff group might be contained. A commitment to regular and consistent attendance from consultants and members of staff as part of the structured approach toward consultation also featured in the accounts of managers.

The idea of structure was particularly pertinent to how they viewed consultation and how it was delivered to the staff teams. They emphasised the importance of the differences between homes, their unique culture, and a need for a fit between consultation and each home.

Perhaps paradoxically, they also took the view that it was important there was a need for a clear and uniform set of principles to guide consultation. Managers thought it important to set down standards of efficacy and evaluation, or 'measurement'. They thought that the delivery of consultation was chaotic; its growth over time was ad hoc. They saw it as their responsibility to provide structure, clarity for consultation, and its appropriate use by team members.

Thus, on the one hand, senior managers in this study held on to the 'uniqueness' of each home's culture and needs (in relation to consultation) and yet required a uniformity of approach. These apparently conflicting notions

become focused at the point of delivery of consultation to staff teams. A number of questions arise from the managers' dual position: Is the need for 'structure' a more significant organising belief than the need for members of staff to receive useful and tailor-made consultation? Does this dual position affect the way staff members understand and use consultation?

Drawing briefly on Maturana and Varela's ideas about 'domains of experience', managers have an appreciative, empathetic stance toward their staff teams on the one hand, but on the other, albeit born out of belief in the need for teams to receive consultation, they want to set down standards for its delivery and find measures for its effectiveness. In one domain, the '*domain of explanation*' they talk about supporting the workforce, empathy toward staff members, acknowledging that the work lacks clarity, that it provokes anxiety, and that each home has differing needs. On the other hand, within the '*domain of production*', they describe the need for targets, structure, evidence, indicators, and outcomes.

What would be interesting to investigate further would be the extent to which members of the staff teams believe that managers are empathy-led, or production-led.

This may also have its effect on the consultants to the staff team, who may find themselves caught between managers having to manage these two language domains. On the one hand being asked to provide a service by managers whose request has sprung from their thinking whilst in the domain of explanation, and on the other, finding that the consultation provided does not give managers what they need when their thinking shifts to the domain of explanation. These two accounts are difficult to draw together into a cohesive account of consultation, leaving the staff team and managers with the possibility of not being able ever to feel comfortable with its delivery.

Drawing further on the CMM model, the following is an attempt to embed the 'two minds' of managers within the broader contextual framework of the organisation.

Organisational Story: *Measure effectiveness; keep the focus on the job; create a structure*

Relational Story: *We care about our staff they need to discuss the work*

Identity Story: *As a manager I need to keep in touch with my staff.*

Episode Pattern: *In considering consultation*

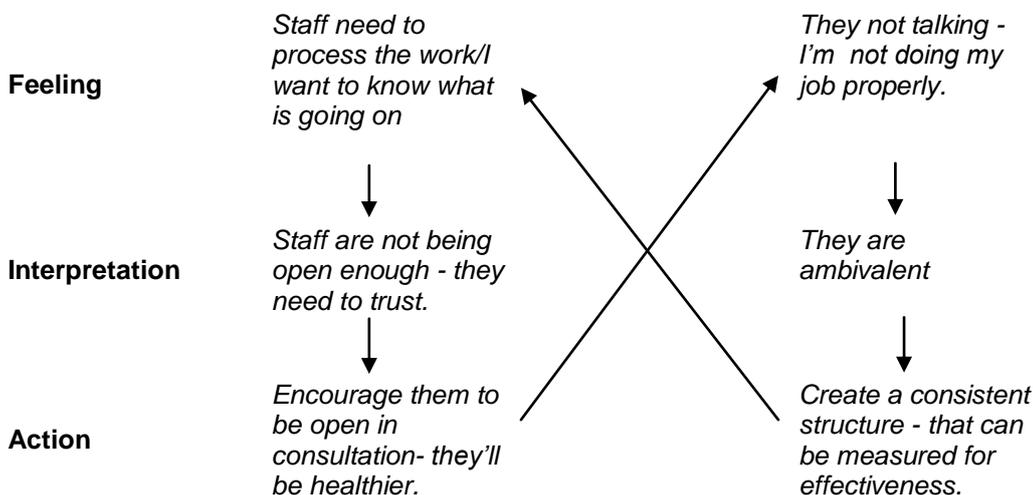


Figure 10; The strange loop of managers views of consultation

It is unclear how, given the way in which consultation is delivered, by a range of CAMHS staff, with a broad range of theoretical constructs and beliefs, from two (at the time of writing) Health Trusts, there can be a uniformity of delivery to the range of homes all with staff of different needs. The effect on consultants may be that they experience a sense of frustration from managers who may appear to want to 'manage' the process, leaving consultants with a permanent sense of not providing what is required.

CONCLUDING THOUGHTS

It is evident from this study that residential workers operate within a highly complex and interwoven set of conflicting working contexts, beliefs, and values in what to them is, at best, an unpredictable and unclear day-to-day environment. This complexity provokes anxiety and a sense of lack of safety. It is clear that basic grade staff members, whilst supporting the idea of consultation, are also ambivalent about it. There is a 'distrust' or uncertainty about the process.

Throughout this study, the importance of relationships has been emphasised by participants as the most significant organising belief in both their day-to-day work and in the approach to consultation offered to them. It is seen as very important that relationships with colleagues are protected and preserved, and this is at least partly connected with how one is seen by one's colleagues. However, the working context in which one of the highest context markers for their interaction with each other is the preservation of good relationships, means that they are wary of engaging in conversations that might put such relationships at risk. Protection of self and of others is a key priority. The importance placed on team and team relationships appears unique to residential work. This may be linked to the unpredictable or precarious nature of the work.

Set within this is an imperative to 'be open', on the basis that this promotes the health of the team. It is clear from the findings in this study that this is the position that managers in homes maintain, and indeed something that staff members aspire to. Managers (certainly in this study) also place a high value on good relationships, believing that engaging in conversation with each other will lead to the preservation and promotion of good relationships.

Furthermore, in the context of this particular study and this particular Local Authority, it also might be suggested that the imperative to 'be open' comes from consultants, who almost exclusively come from a psychotherapeutic or mental health background, and whose stock in trade is likely to be conversation and discussion. In a sense, there can be no consultation without talk.

Openness becomes a given from which no one can escape. However, staff members 'know' that to be open is to potentially threaten relationships with their colleagues. One assistant homes manager described 'defensiveness' as being "a major cause of on-going problematic dynamics'.

In the next section, I will give consider how the themes to emerge from this study have implications both for the practice of consultation to this group, and for future research.

Implications for Practice

In this section, I will set out my views on the practice implications of the most significant findings of this study.

I outline the way in which the findings challenged my own thinking about consultation to this group, and give some consideration to frameworks that may serve to address some of the issues that consultation to members of staff in children's homes present to a would be consultant.

A challenge to my assumptions; a challenge to consultation

This small-scale study makes no claim to generalizability. The findings and claims within it can only be argued as 'local', to people, place and time.

Residential work and its culture change constantly, and were the research to be repeated, different themes would be likely to emerge.

However, consistent with previous research into residential work three key themes emerge from this study:

- Members of staff at all levels in residential work place great emphasis on relationships and teamwork; cohesion; trust; and reliance on each other. This was a central theme throughout the study, spanning all the hierarchical tiers. Arguably, it frames much of the way staff members position themselves toward their work, and appears unique to residential care amongst social welfare teams.
- For basic grade members of staff there is an underlying sense of powerlessness that underpins a sense of lack of agency about their work.
- Anxiety and uncertainty pervades their work. Managers spend considerable energy on supporting their team to manage the anxiety provoking nature of the work.

It would appear, from this and previous research, that these particulars are remarkably resilient to change. My view is that they are connected to the multiple contexts in which residential staff work and that these are brought into the 'consultation room'.

What was most striking to me, as a seasoned practitioner and consultant, about the results of this study was the extent to which these three main themes

influence and affect the consultation process. Prior to this study I had held a view that members were ambivalent about consultation, reluctant to engage with it in an 'open' way. I attributed this to the effect of power and authority relationships within the organization that served to prevent them from engaging fully in the process; that they 'knew' what the organization allowed them to say or not say.

This view was challenged by the findings in the study, and I now believe it to be a greatly oversimplified analysis. The study has demonstrated that staff members' engagement with consultation is a complex issue, but profoundly connected to the importance of making and maintaining relationships.

What follows from this is that the role of consultation to this group is unclear. It is evident that at each level in the organization (as represented by participants in the study) there are multiple expectations of consultation - it is different things to different people. To quote one participant manager, 'no single group idea about what an ideal consultant would be and what 'good' consultation would be'. Unsurprisingly, therefore, few participants in this study reported that consultation met their needs.

Looking at consultation as a phenomenon, I would argue that, for members of staff, it represents both a threat to team relationships, *and* a 'promise' that it might help them to maintain and support team relationships. These conflicting meanings put staff members, managers, and consultants in a bind. For managers, consultation represents a way of offering members of staff some support in what they know is a difficult, anxiety-provoking area of work. However, this requires staff members to be open, which they are reluctant to do.

The challenge for consultation is to bring these two seemingly disparate parts together, so as to offer staff members and managers something useful and constructive in their challenging day-to-day work. Here I want to explain the implications of this study and suggest ways forward, without being prescriptive about what consultants should do. Different consultants carry out their work differently, informed by their own frameworks and theories. How they take on

board the implications of this study is dependent on how they hear it. However, I will set out some systemic responses to the challenges posed by this study.

Working with multiple contexts

In my view it is an imperative that would be consultants spend time mapping out with managers and the staff team the multiple contexts within which they operate, how they influence, constrain and enable them in their work. It is also important for consultants to understand how multiple contexts frame staff members' engagement in the process.

Managers play an important part in the life of the home, partly setting the tone for its culture. Residential staff members respond to this. It is important that consultants work toward members and managers appreciation of each other's position about the working context. Both managers and members of staff operate in a very complex organizational culture, including a set of cultural mores specific to residential work. It is important to examine these mores, and the underlying assumptions that staff members at all levels bring to the consultation process.

Working with the importance of relationships

In line with the above, the findings of this study suggest that maintaining relationships with colleagues is the one of the highest order contexts for the work, and likely to be the highest in organizing the thinking in relation to consultation.

Whilst the significance of good relationships to this group is in no doubt, the key qualities of what constituted a good relationship did not become clear in this study. Further research into the way staff members in homes relate to each other would be useful. However, would-be consultants to this group need to pay particular attention to the unique ways in which members of teams relate to each other, to young people, managers and others including consultants. Consistency and reliability in relationships are particularly valued by this group, and consultants should consider the commitments that may have to be made in this respect.

Furthermore, it is important for consultants to understand more about residential workers' concept of 'team'; and staff members' sense of themselves within it. One line of enquiry for consultants may be to think more with residential staff teams on what the important qualities of a 'good team,' and a 'good team member' is. For example, in this study 'strength' and 'weakness' had particular definitions. Is it possible to broaden such descriptions? Are there other ways of being a 'good team'?

Working with ambivalence

However, prior to being able to engage with members of staff on some of the above useful areas of enquiry, consultants have first to engage successfully with the group and, particularly, find a way of working with ambivalence. The results of this study suggest that for this group, there is both optimism and ambivalence about consultation. Staff members position themselves as hoping for the best, and expecting the worst. This makes participation difficult. My view is that this links with their sense of a lack of agency and relative power. They believe that they can exercise little influence over the consultation process. Managers, with a sense of responsibility to make consultation workable, and the best intention to support their teams, may, through taking a lead in openness or agenda setting, further, though inadvertently, undermine staff members' sense of agency.

Working with the need for psychological safety

In addition to staff members' sense of their own power in consultation, ambivalence is also connected with their sense of psychological safety. This is of key importance to them in relation to their working teams, and to the consultation process.

Consultants working with this group need to find a means of addressing the issue of safety. Specifically, to what extent is it possible for consultants to offer a space of psychological 'safety' within the context of the residential care workers' experience? Whilst there are a number of established methods within group work aimed at addressing issues of group trust and safety, e.g. contract making, agreeing group rules and so on, I am not convinced that such

methods are always very useful or practical in this context, to least not in the traditional way. It is important to bear in mind that as a work-group, staff members bring with them into the consulting room existing relationships.

The findings of this study suggest that because the preservation of relationships is paramount to this group, they are unwilling to engage in any action that might jeopardize them, including risking exposure to the rest of the team. To be 'open' is to take a risk of jeopardizing one's existing relationships and one's standing in the group.

Openness is a given in therapeutic work and consultation. Consultants expect it, and are technically skilled in eliciting it. To not be open suggests avoidance or ambivalence. There is evidence in this study to suggest that both these interpretations of the attitudes and behaviour of basic grade staff members exist in the organization.

I would make the case that it simply may not be feasible to engage in consultation as an exercise in 'openness'. There are powerful discourses preventing staff members in homes from engaging in this way. Because managers in homes tend to consider that openness is a necessary part of the process, consultants engaged in an expectation of openness may be seen by the staff team as 'siding' with managers in the organization.

A key question for me is when does the context allow a staff member to be open? There is a need to explore what openness means for them and identify its potential consequences or gains - a form of cost/benefit analysis of openness perhaps? Assurances of trust by a consultant, or by managers will be meaningless when the primary goal of residential workers in consultation is to preserve or maintain their relationships with their teams. More pertinent perhaps, is respect from the consultant about staff members their need to preserve relationships; and to explore to a place where dilemmas can be felt by all those in the organization.

Talking might be useful

So how do we convince staff in homes that talking can be useful? How do we create a context in which 'talking' can take place? Campbell (1999; 2000) describes creating 'safe environment' as one of the core tasks for consultants, so as to get to a place where dilemmas can be felt by all those in the organization.

Possible approaches

Latterly, Campbell and others (Campbell and Groenbaek 2006; Campbell 2008; Groenbaek 2008) have developed a framework based on positioning theory that considers the way in which meanings are created in a dialogical process. Their thinking is based on how people position themselves in relation to various discourses within an organisational culture. They describe 'semantic polarities' in which discourses are articulated as polarities. In the case of consultation to children homes, this could be, as we have just seen, between openness and lack of openness. Participants in consultation gauge where they might place themselves on a continuum between the two specified poles of the continuum. The consultant then devises exercises that focus on creating discussions between participants with regard to what might need to happen for a shift in view to occur, for any one person to move from one place on the continuum to another. Campbell (2008) describes identifying conflicts and obstacles and then creating a context in which such conflicts and obstacles may be addressed, so as to enable the team to move forward. He sets out to enable a conversation among appropriate people who are able to listen and to be influenced by other people's ideas. The key point is that *the acknowledgment and valuing of a person's position* enables him or her to loosen their grip on that position and begin looking around for new ideas and positions that will facilitate development.

Holding the dilemmas up to the light.

Many of the dilemmas and conflicts of 'levels of meaning' (Cronen and Pearce (1985) are part and parcel of everyday life for residential workers. Some of these dilemmas may be unresolvable. I am thinking here about those that have already been articulated in this study: for example, the way in which workers need to maintain a professional distance from the young people, but also need

to create close relationships with them. However, it is important for consultants to this group to explore such dilemmas and search for new ways to view such dilemmas, to make them explicit, acknowledging their 'unresolvability'.

Huffington and Brunning (1994) describe this process as 'exploring and staying with the dilemmas', with a focus on 'bringing the clients subjugated story to the surface' (Campbell 2000)

A focus on problems is not useful.

Many C.A.M.H.S. clinicians think as 'therapists'. Entering into the field of consultation with residential staff members becomes a therapeutic endeavour, perhaps problem-centred. Some emergent themes in this study have suggested that a belief exists (mainly amongst managers) about the emotional or psychological vulnerability of staff members. Consultation can then become focused on addressing and changing this perceived neediness. This study has described the way in which the complex organisational culture in which they operate means that staff members at all levels in the hierarchy hold many sets of conflicting meanings about the work. Both residential workers and their managers are held in a position by these conflicting meanings, which for many reasons may be outside of their sphere of influence. Such meanings may not be changeable, and will almost certainly not be available for change by a consultant working with members of staff in homes. I consider that it is not useful to see such conflicts as a 'problem' to be solved, but a context in which staff members, managers and consultants have to operate, and finding some form of manoeuvrability.

Privileging what works.

What follows from the above point is therefore that rather than focusing on the problem, it is a more useful project to privilege 'what works' for staff members and managers in homes. This means that clinicians may have to avoid being seduced into discussing difficult relationship issues between staff or managers, or other specific 'problems', and focus instead on enabling them to value their contribution to the work of the home.

The broad approach known as Appreciative Inquiry (Cooperrider and Srivastva 1987) may be a useful guide in this regard. Appreciative Inquiry (AI) is

described as an action research model of enquiry, but at its most basic, it is collaboration between consultant and organization or team to search for what works well in organizations or teams. This information is used to generate knowledge about what the organization or team should do more of or less of, in such way to envisage developmental opportunities. According to Cooperrider and Srivastva (1987), AI appreciates the best of "what is" to ignite intuition of the possible and then firmly unites the two.

The model, readily compatible with a systemic approach, provides a useful framework to focus on the potential of staff team members to be able to contribute constructively to the work of the home within a theoretically respectful construct.

The Contract.

The above considerations point clearly to the need for consultants, staff members and managers, to engage in creating an contract for consultation that underpins the work. In the context of the working with staff members in local authority children's homes, understanding what is expected of staff members, managers, and consultants is particularly important. For example, it may be that consultants are commissioned to support, rather than problem solve or effect change in the organization. Describing or defining the consultant's role is a key task. It is important to negotiate what is expected and what can be delivered, with a full exploration of the possibilities. Bearing in mind the impoverished sense of their own agency, the extent to which such a negotiation is possible with basic grade staff members is moot. However, there are many techniques that most CAMHS clinicians are familiar with that should enable their involvement in this process.

The negotiation of contract is on-going and not a 'one off' process at the beginning of the work. One possibility may be to embark on a discussion with homes staff members into the implications of particular avenues of enquiry, before embarking on them.

It is also important for consultants to appreciate the position that managers (both in and outside of the home), hold in relation to consultation: to be curious

about the extent to which these positions are negotiable and to address the potential conflict between what managers might like to explore, and what staff team members are willing to explore.

It is necessary to clarify, and set down boundaries around who consultation is for: the staff team; the home; the managers; or a combination of all of these. This will affect what kind of conversations may take place. These issues point toward a process of joint negotiation between the staff group, managers, and consultants, in which all positions are respected and a tentative agenda formulated.

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Appendix i

INITIAL INVITATION TO PARTICIPATE LETTER TO STAFF IN HOMES (VIA HOMES MANAGERS)

Dear team,

I am writing to invite you to participate in some research that I am doing as part of a Doctoral study. The focus of my study is the way in which staff in homes make use of consultation.

As a consultant to staff in homes I have become interested in how you as staff members make use of and make sense of the consultation they receive, and have planned a project with aim of finding out more about it.

My plan is to meet with groups of staff to focus on consultation and the issues around it. Initially these groups will be made up of residential grade staff. Later in the project I plan to meet with groups of Assistant Homes Managers, Homes Managers, and Senior Managers with a similar focus. I am interested in what differences of view and perception of consultation that there might be between the different levels in the organisation. In all, the study will involve about 10 groups.

I would like you to consider volunteering to form a group from this home to take part in the study. I would need 5 or 6 volunteer participants to form a focus group. The group would meet for 1-1 1/2 hours. It might be something that could be added on to a regular staff meeting.

The data that I gather will consist of an exact transcription of the conversation that takes place. In order to accurately record the conversation, it would be necessary to videotape the meeting, so that I know who is saying what.

In the transcription, I will ensure that comments by individuals within the group are made anonymous in the text so that they cannot be identified as by any one person. Following transcription the tapes will be erased. Of course, you will be part of a group and confidentiality might have to be part of working contract between all the participants. I anticipate that within my study, individual homes will not be identifiable.

I would welcome the opportunity of speaking with you about my plans and would be happy to meet with you to discuss them.

Yours sincerely

Keith Faull

Appendix ii

INFORMATION SHEET.

A STUDY INTO THE PLACE OF CONSULTATION IN CHILDREN'S HOMES.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

The focus of my study is the way in which staff in homes make use of consultation. As you may know I acted as a consultant to staff in and I have become interested in how staff make use of and make sense of consultation in their work and this project aims to find out more about it. Overall, the study will take approximately three years to complete.

As part of residential services for children, you are being invited to take part in a focus group made up of your peers. There will be a number of groups convened each made up from staff at one level in the organisation. For example, Residential Social Workers level; Assistant Homes Managers level; Homes Managers level and Service and County Managers level. There will be 10 focus groups in all over the period of the study. I expect that each group will consist of 4- 6 staff.

It is up to you whether or not you take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

You will be asked to participate in one group meeting made up of team members from your own home. This meeting will last approximately 1-1 1/2 hours. I will facilitate the meeting, asking a number of questions aimed at opening up group discussion. The meeting will be video recorded. This will help me to transcribe the discussion exactly, for later analysis. Your part in this process will be to join in the discussion. I recognise that there may be some issues that arise which you as participant may have some concerns about sharing with the group, or may worry about what will happen to the material. I would want to have some understanding within the group meeting about how participants might respond to each other's comments, particularly in relation to what may or may not be shared outside. I am able to reassure you that the material that I collect will be made anonymous after transcription, and the video recordings erased. Within any report on the findings or analysis each individual and each home will rendered anonymous.

Whilst in the group, you are able to offer your views freely. As in any discussion group sharing your views does imply some exposure of those views to your colleagues who may or may not be aware agree. There may be some risk that views expressed in the group will be shared outside. Although I as facilitator would strongly encourage the use of group rules about confidentiality, and sharing within the group, it is ultimately impossible for me to provide a

guarantee of complete confidentiality. A further consideration is one that I would call a general duty of care. Should I hear anything within the group that I consider indicates a risk to another person, I would reserve the right to report that matter to the necessary authority.

As I have already pointed out, all the information gathered by me during the project will be kept strictly confidential. Any information about you will have your name and the homes name removed so that you cannot be recognised from it. Your name will not be disclosed to anybody in relation to this research.

The results of the research will be written up and become part of my submission to the academic board of university of east London and the Tavistock Centre. The research is being carried out because my own interest, and forms part of an academic degree. It may be that some aspects of the study will be published in an academic journal. I would also want an opportunity to present my findings to you and your staff group.

Should you want any further information please feel free to contact me at the above address or telephone number? I would be happy to discuss the project with you.

Thank you for taking part in the study. You will be asked to provide written consent to taking part in the study. I will provide you with a copy of this information sheet for you to keep.

Appendix iii

INFORMATION SHEET FOLLOWING ACCEPTANCE TO PARTICIPATE

Dear Participant,

Thank you for agreeing to take part in this group. The focus will be on the consultation that you receive here in the homes. There are a few things that are important for you to understand and I want to set them out clearly.

This study is part of a course that I am completing at the Tavistock Centre. My reason for carrying it out is because of personal and professional interest. Social Services have not asked me or commissioned me to do the research, although I have consulted with senior managers who have contributed to the formation of my ideas. The project has not been set up to make policy decisions, and I have no power to influence Departmental policy. It is inevitable that the findings will be presented to senior managers in the department.

Residential social work is a difficult job. Consultation, as I understand it, is attempting to support you through the work. The study is intended to understand enough about the consultation you receive so that it can be most useful to you, and ultimately to the children and young people in your care.

I am particularly interested in what consultation means to you, and how the meanings that you all 'attach' to it affects how you see it. There may be some questions that are important that you feel I have missed out. Please feel free to raise them in the conversation or to let me know.

As you are aware, our conversation will be video recorded. From the recording, I will transcribe the material onto computer disc. The conversation will be made anonymous within the text, both in relation to individuals but also in relation to which home you work in. The things you say will find their way into the study, most likely as general ideas or themes.

Appendix iv

CONSENT FORM

NAME OF PARTICIPANT:.....

Title of the project:.....

Main investigator and contact details:.....

Members of the research team:.....

1. I agree to take part in the above research. I have read the participant information sheet, which is attached to this form. I understand what my part will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.
3. I have been informed that the confidentiality of the information I provide will be safeguarded unless I raise issues about my being hurt or abused.
4. I have been provided with a copy of this form and the participant information sheet.

Data Protection Act 1998: I agree to the researcher processing personal data that I have supplied. I agree the processing of such data for any purposes connected with the research project as outlined to me. I further agree to the researcher processing personal data about me described as sensitive data within the meaning of the Data Protection Act 1998.

Name of participant

.....
(print)

.....
Signed

.....
Date

Date

Name of witness

.....
(print)

.....
Signed

.....
Date

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

If you wish to withdraw from the research, please complete the form below and return to the main investigator named above.

Title of project:

I WISH TO WITHDRAW FROM THIS STUDY

Signed:..... Date:

.....

Appendix v.

Transcription Guide

Extracts in the text of the study have been taken from verbatim transcripts of focus groups

All extracts from the raw text data have been rendered anonymous through exclusion or changing of identifying names or references.

Appendix v sets out a specimen transcript. Names and references have been changed to render them anonymous.

Extracts have been selected on the basis of their offering supporting evidence of a theme.

Extracts have been edited. In the edit, an attempt has been made to maintain the sense or sentiment and emphasis of the extract where appropriate.

Key

Extracts are in italics and in quotation marks.

Names have been removed from the text.

Symbols are as follows:

... represent words edited out of the extract. These include beginnings of sentences, repeated words, and hesitations in the speech pattern of participants.

() are used where a speaker has used an identifiable name. This has been replaced in a neutralised form.

() are used to identify replacement words in sentences that would otherwise lose their meaning.

FG following by a number, semi-colon, and a further number refers to Focus Group number and page number in the script.

Vernacular words or phrases have been included where it was considered that a speaker was wishing to place emphasis on or represent a particular point and where the exclusion of the word or phrase would have meant that such emphasis would have been lost.

Appendix vi

THE SCHEDULE OF QUESTIONS

The following is an outline of the schedule of questions posed to each group to focus thinking on the topic:

If you think about consultation, what is your first reaction? Why?

What do you understand by consultation?

What would your definition of consultation be?

How do you and your colleagues make use of consultation?

- What things get talked about?
- What things do not get talked about?
- What issues are more likely to be brought to consultation?
- What issues are less likely to be brought to consultation?
- How do you decide what to bring to consultation?
- Who defines the topic?
- Is the way in which you use it the way that your managers or the Department expected?

What beliefs exist about the value/task of consultation to your team?

- Who holds the beliefs most strongly?
- Are they influential people in your group or are they held outside of your group?
- What prevents certain issues being brought up?

What do you think consultation should be about?

- What areas should it cover?
- What areas should it not cover?

Do you think the Managers and the Department also had an idea about what it should be?

- What do you think the Department had in mind when they decided to arrange for Homes to have consultation?
- Where do you think the idea came from that consultation would be helpful to you?
- How do you think it went down with your team? What were their worries? What were their fears? Was their idea the same as yours?

Where do you think consultation for the staff team fits into the Departments overall strategy for Children's homes?

Do you think there is a difference between what you or your staff group thinks about consultation and what managers or your Department thinks about it?

Do you think it helps or does not help in how you manage your work?

- What things make consultation easy?
- What makes it hard?
- What are your dilemmas about consultation?

How do you see the differences between consultation and say supervision?

- How do you know where to draw the line?

For your team, what do you look for in your consultant?

- What qualities make the perfect consultant?

Do you think consultation helps you manage your anxiety about the work?

- Which anxieties does it help you contain-which does it not help you contain?

Note: The order of questions may be seen in a form of concentric circles (See below) with the focus on consultation. They were conceived so as to begin with general comments about consultation, moving in to people's personal experience of it; 'outward' to gain the perceived views of others within the organisation; to questions designed to elicit responses related to the culture of the organisation. Later questions were focussed on participants' concerns about the work, and the extent to which these were addressed by the consultation process.

Questions 1 to 3 were aimed at eliciting immediate personal responses from participants-a 'gut reaction' to the word. I thought that this might provide some important, immediate, subjective value judgements about participants' consultation experience to act as a springboard into the topic.

Questions 4-6 shift the focus of the group into participants' views of how consultation might be understood by their team.

Questions 7 to 9 broaden the scope of the focus to views about wider organisational beliefs and values about consultation.

Questions 10 to 13 focus on aspirations about consultation, and whether it fulfils its expected role.

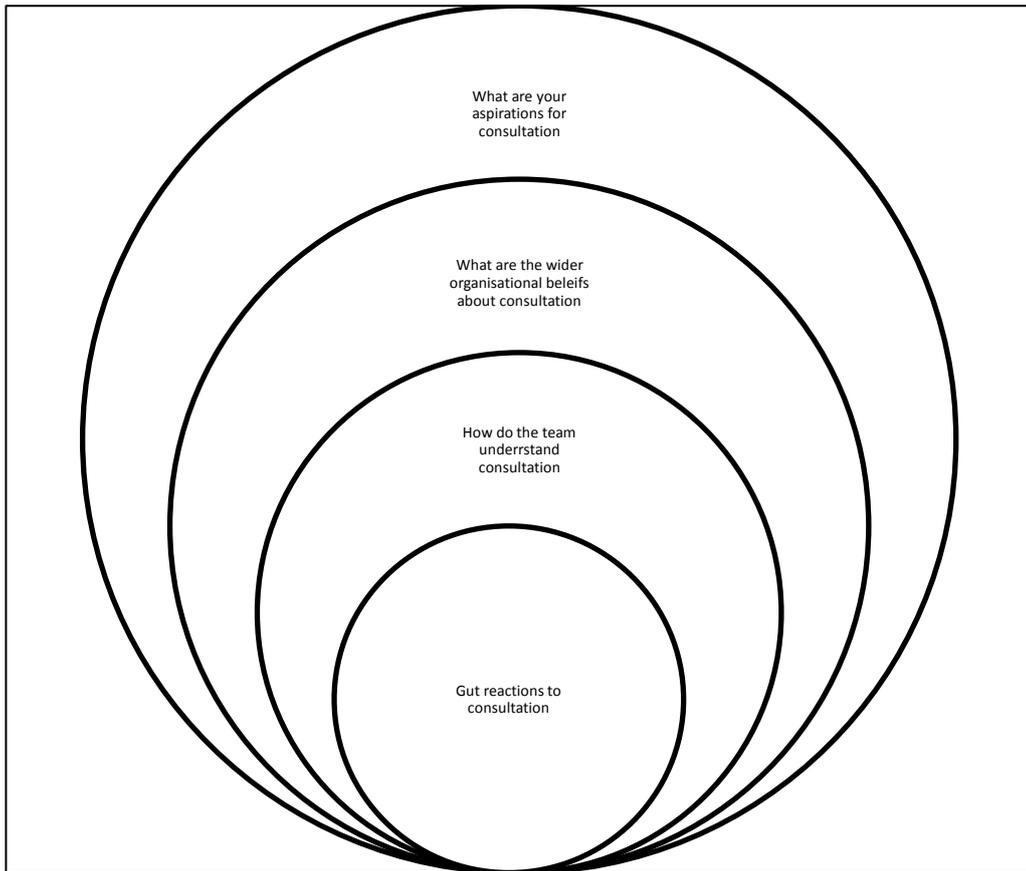


Figure 11 Diagrammatic representation of focus group questions

<p>Team dynamics and about how you work as a group If your team is not working you're not working well with the children</p> <p>Importance of working as a group</p> <p>What children bring to you.</p>	<p>Alice: Well I think we were told that consultancy is about everything, <u>it is about team dynamics and about how you work as a group and whether or not you'll work</u> because the idea behind it <u>was if your team is not working together then you're not working well with the children.</u> If you've <u>got issues about how you're working with the people that you're working with, how can you be doing your job properly with regards to the children?</u> There are issues about what the children bring to you and how you deal with it, and I believe that that is the case, so you know, I (inaudible).</p>	<p>The importance of RW of teamwork as a value.</p> <p>The way children affect how you are.</p>
<p>Consultancy in this place solely about children</p> <p><u>don't really talk about what it brings up in us</u></p> <p>they just sort of sit there and go all right</p>	<p>Bethany: This is the only place that I've ever worked <u>where it has solely been about the children.</u> It has been (unintelligible) consultation. I hate it here. I absolutely hate it and I would do anything to get out of it. Because it is solely about the children, I find that both the people that (unintelligible) would change whatever it is. <u>We don't really talk about what it brings up in us,</u> it is about...it...they just sort of sit there and go all right, yes, is that the child that this? Or I don't remember... and I just think hang on, you've not said anything that's made me think, let's try another way.</p>	<p>The importance of what it brings up for us</p> <p>Hating it because it's not about us.</p>
	<p>Facilitator: So do you ever bring up the stuff that it brings up in you, the (unintelligible) it brings up in you?</p>	
<p>We've tried to raise it but its rejected.</p>	<p>Alice: I have to say that I have noticed and I haven't been one of them because I am very close to (unintelligible) that some people have tried and they have been steered back to "it is the children that we are here to talk about" so it has been steered away.</p>	<p>Control/position of the consultants</p>
<p><u>, because I could actually address what I was feeling as a result of what was going on with this child, and felt very comfortable to do it on an individual basis with them, just them and me.</u></p> <p>I don't think it has ever become personal here because we re not allowed to go there</p>	<p>Bethany: That's why I say at a personal level why I like it on a one to one, it is more successful, <u>because I could actually address what I was feeling as a result of what was going on with this child, and felt very comfortable to do it on an individual basis with them, just them and me,</u> and that's why I think the group bit, I think Alison is right in that respect, it can become personal. I do not think it has ever become personal here because I don't think we've ever been allowed to go there.</p>	<p>Being able to say what you feel and what was going on (<i>relates to trust?</i>)</p> <p>Wanting to deal with the personal safely</p>
	<p>Alice: We don't go there</p>	