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UNIVERSITY OF STIRLING

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WHO CARES FOR THE CAREGIVERS?
A COMPARATIVE STUDY OF RESIDENTIAL AND DAY CARE TEAMS
WORKING WITH CHILDREN

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ABSTRACT

Who Cares for the Caregivers?

A Comparative Study of Residential and Day Care Teams Working with Children

The practice research question is first analysed from an historical and comparative perspective, using a grounded theory of enquiry to outline the perimeter of a distinctive field of study - group care. Twelve structural features of service design are identified and then used to locate the principal patterns of group care service - institutional care, residential group living and day care - within the social policy ideal of a continuum of care for children and families. The occupational focus of group care is then analysed to establish the theoretical relationship between quality of working life for personnel and the production of welfare services. Team functioning and staff experiences of life outside work are identified as central concerns in the evaluation of service production capability in teams. Basic assumptions about teamwork in the practice domain of group care are evaluated, to establish the theoretical and methodological premises upon which an assessment of 8 ideal types of team functioning can be made. This action research paradigm is evaluated with respect to empirical findings obtained from a comparative sample of 63 different teams, working for 13 separate agencies in Scotland, England, Canada and the United States between 1977 and 1982. An illuminative case study of

group care practice in one agency is also presented to highlight the relationship between resident group characteristics and patterns of team functioning for workers in group homes, institutional living units and secure units. Eight quality of working life hypotheses are evaluated through the use of a continuous comparative analysis of the data and non-linear statistics. Implications for practice are summarised for group care workers, managers, educators and policy makers.

In Memory of

Gladys Viola Anderson Culp Fulcher

1917 - 1983

and

Winifred Rushforth

1885 - 1983

who

in the same week

departed our midst and moved on
to assume caring responsibilities elsewhere.

Their caring is deeply missed,

but lives on

through the effect they had on

us

who remain,

as caregivers on-duty

here

in this world.

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CHAPTER I

WHO CARES FOR THE CAREGIVERS?

In the Autumn of 1980, I was invited to introduce the study topic "Who Cares for the Caregivers?" at a Study Day organized by the Highlands Branch of the British Association of Social Workers. At that stage in my professional career, I had just completed the fieldwork for the research that is now being reported. I was faced with the task of formulating reasoned explanations for the changing patterns of team performance found amongst residential and day care teams working with children. I was impressed then, and continue to be, as human service personnel described the occupational stresses and demands of their work. As a former practitioner, supervisor and manager in the residential and day care field, I find myself identifying readily with many of their descriptive accounts. Furthermore, like many workers in the field, I remain wary of the theoretical explanations which over the years have sought to encapsulate the dynamics and processes of human service work with troubled children. Too often these scholarly efforts have been experienced as superficial, abstract or speculative.

To date, personal experience of work in this field has reinforced a view which says that caring for children, as well as caring for the caregivers in their work with children,

involves consideration of at least three interpersonal concerns. These include: the way that caregivers perform in their work; the way that caregivers plan and evaluate the services they provide; and a consideration of how caregivers feel about the work they are doing. At the same time, I remain more wary than ever of attempts to explain what happens in residential and day care work as being dependent in the main upon the personality of individual workers and managers. It is not that I think any less highly of the unique contribution made by each member of staff in their caregiving for children. Instead, it is simply the case that too many complex problems are explained away with the accusation that someone has 'the wrong personality' for the job, or that poor teamwork performance is determined by 'a clash of personalities'. There are too many instances where the complex problems encountered in human service work are associated with what is commonly referred to as 'the system'.

Whether 'the system' refers to social policies, patterns of funding, patterns of work in large organizations, patterns of work in small organizations which are dependent on larger organizations, or patterns that exist between human service work and the personal life of staff outside work, "Who Cares for the Caregivers?" stands as a perplexing concern associated with the question of whether residential and day care personnel provide a 'good enough' service for

children and families. To introduce this study, I have chosen to provide a summary of the learning acquired through three periods in my professional career. Justification for this approach is provided by Glaser and Strauss (1967) who advocate the use of grounded theory and comparative methods of enquiry in social science research. Learning derived through practice experience helped to frame this particular question as a research problem. Care for the caregivers first developed as a concept through my direct experience of practice with children and families. Next, the question posed in "Who Cares for the Caregivers?" was clarified considerably through the experience of being a supervisor and manager in the residential and day care field. Since then, "Who Cares for the Caregivers?" has persisted as a contemporary question in the training of social service personnel, and through the activities of a would-be scholar and researcher. This chapter concludes with an overview of the study, introducing the quality of working life assessment and a comparative analysis of more than 100 residential and day care teams, involving over 800 workers. The objectives sought in this introduction are to clarify the research focus and to outline the theoretical and empirical discussion which follows.

Who Cares for the Caregivers? - A Practitioner's View

My earliest experiences in the residential and day care

field involved work in summer camps sponsored by the Boy Scouts of America. This experience, supervising a team of twenty-four staff, involved the particular task of organizing a campground community for some 120 boys and their leaders, representing seven to ten Boy Scout troops each week of a summer camping season. A programme of activities was required to supervise and constructively occupy boys of 11 to 16 years of age, with an expectation from the sponsoring organization that boys would be encouraged to participate in learning activities which earned them promotion from a lower status rank (Tenderfoot) to a higher status rank (Second-Class, First-Class, etc). Thus, as boys acquired skills in swimming, canoeing, lifesaving, first-aid, camping, hiking, archery, etc, they earned higher status amongst their peers, leaders and families. The continuous turnover of boys from week to week presented all permanent staff with the demands of creating and sustaining a supportive, task-oriented climate in a wilderness environment surrounded by forest, lake and mosquitoes. These early experiences introduced the notion that morale of staff and the atmosphere available for a resident group of children are closely related.

My next experience in the field involved practice in a reception-assessment centre for children committed by the Juvenile Courts for a period of residential assessment. The work tasks associated with this job required direct

involvement with individual children and staff to prepare a written psycho-social assessment which, along with medical, educational and group living assessments, was reviewed at the end of six weeks, to determine further placements in institutional care facilities, group homes, foster homes or a return to the family home. Such an experience confronted one with a resident group of children who, faced with the crisis of separation from their families and peer group, were continuously changing from week to week. A diagnostic assessment had to be carried out within a strictly monitored six week period, and a placement recommendation could involve twelve different institutions, eight group homes, and social workers who liaised with foster parents and natural families. The problems associated with matching resources to personal and family needs were immediately apparent in this work environment. It was while working in this setting that I first heard a now-familiar saying, "Working with the children is easy around here. It's working with all the other workers in the system that causes frustration".

A variation on that saying was heard during my third experience in this field. That work involved providing social work support through a Department of Psychiatry for the Accident and Emergency Unit of a large general hospital serving a major metropolitan area. The tasks in this job involved working in a team of four to supply emergency mental

health referral, counselling and support services during the 3:00 p.m. to midnight period, every day of the week. The emotional demands of crisis intervention work in the face of psychiatric and medical emergencies were unavoidable, whether talking with a suicide candidate at the end of a telephone line, "talking down" a drug-induced psychotic episode, or when waiting for another psychiatric emergency to occur somewhere in the city. Preserving the mental health of mental health practitioners became an interest, as I found myself requiring new coping measures and saw that I was not unique in this respect.

Early in the 1970s experience of work in this field took me for the first time to another country - to a hostel for boys and girls of adolescent age who were identified as being maladjusted, but who were living in the local community attending normal schools or working. The centre was committed to a philosophy of care described as a therapeutic community in discussions by Rapoport (1960) and Jones (1968). The tasks here involved working with individual children through the milieu of a group, supporting links for children between the residential centre and the local community, and latterly supervising the staff team in its provision of services. The focus on group work, issues concerning the use of resident and non-resident staff and the need for team support from external sources were all important features of that work assignment which have influenced my thinking since.

In the wider sense, this experience confronted me with the significance of cross-cultural patterns of practice, and the historical and ideological differences which exist between American and Scottish approaches to child care.

The next work experience took me to a psychiatric social work position at a residential institution for delinquent girls. There I was first attached to a so-called "open cottage" where activities were planned with a staff team to prepare adolescent girls for return to their communities. Within a short time, I was offered the opportunity of transferring to a purpose-built secure unit for sixteen girls, aged 14 to 18. In moving away from traditional practices which involved the use of solitary confinement and the exercise of physical restraint through reliance on handcuffs, to more humane measures of care and treatment, involving group work, special education and family work, I was particularly interested in the capacity of personnel teams to function adaptively, given stressful working conditions. Through direct practice, I confirmed the importance of a planned admission process in working with children in crisis. I was able to further examine the influence of individuals and groups on the social climate of a residential centre, and tested a crisis-counselling technique developed by Eugene Heimler (1975), which emphasized client involvement and self-help activity. A social functioning assessment was made available for discussion

between each girl and her social worker from the first day of admission, recorded on Heimler's Scale of Social Functioning. Tasks required in this setting involved life-space or "on-the-spot" counselling, group work, individual counselling, liaison with families and the monitoring of care and treatment programmes for each child.

A change of client groups was associated with the next work experience as I moved to a Community Alcoholism Center in a temporary capacity to supervise a small staff team for six months. Supervision of the centre's counselling activities was required, as was the need to carry out direct work with a small client caseload referred for alcohol-related problems. Links with the variety of social and health services in one geographic region were consistently emphasized. An interest in patterns of personnel team functioning was crystallized during this work experience as one sought to harness the contributions of a disparate group of staff into a working team. Job satisfaction, frustration and a new idea - "quality of working life" - took on importance when seeking to evaluate the quality of services being provided by a social service centre. Care for the care-givers continued to be a concern, with a first provisional statement on the problem being written and subsequently published in 1979 under the title "Keeping Staff Sane to Accomplish Treatment".

In summary, experience of being a practitioner in the human service field in two different countries has reinforced

a view that care services for clients depends to a large extent on the type of support that is made available to caregivers, both individually and in teams. This view of practice is endorsed in Maier's (1977) formulations on "The Core of Care", where care for the caregivers is identified as being the seventh component in a list of essential ingredients for the development of children at home and away from home. Generally speaking, my practice has reinforced a view which says that satisfactions in work are more often found in direct work with clients, their families, and in close collaboration with team members. The frustrations of practice are more frequently associated with making the system operate more smoothly and with trying to cope with organizational intrigue.

Who Cares for the Caregivers? - The View of a Supervisor-Manager

My first promoted post came very rapidly while working in the residential and day care field. Moving up from a Houseparent role to the position of Depute Officer-in-Charge of a hostel for adolescents, I was faced with a vast array of concerns. These ranged from an interest in the siting and physical design of a converted manor house and its use as a centre for maladjusted children, to a concern with staffing rotas and matters of staff supervision and support. As a practice supervisor for intending social workers, I was confronted with questions involving the role

of professional education as the pathway along which services for children and families can be improved. A question facing the sponsoring agency at that time revolved around the issue of working conditions. Was it necessary to raise the level of training in a personnel team, so as to justify improved working conditions? Or, was it more important to improve pay and work conditions to attract and retain good staff? Working hours in excess of 50 to 60 in a week were clearly not helpful to anyone. Furthermore, policies advocating that staff live on the premises only exacerbated the problems of staff privacy off-duty. In such a work environment, it was very easy to become preoccupied with relationships: between children and their friends; between staff and children; between staff and social workers, teachers, managers and others; and between staff members. Staff supervision - both individually and as a team - were central concerns.

As the supervisor of treatment in the role of Psychiatric Social Worker at a secure unit for girls, an equally wide range of issues were confronted. Paramount amongst these involved the planned use of time and activity where a written Action Plan approach to programme development was tested with reasonable success. The transfer of children from one type of service to another in a large service organization became an added concern. As services for children moved from a medical model of treatment to that of a behavioural

perspective, so events in the political and economic sphere brought changes in the children's legislation and the closure of institutions. A small group of lawyers was employed by the State to seek out instances of institutional abuse and to use the courts to bring about reforms in the juvenile services. In 1974-75 this small team of lawyers was guaranteed unrestricted access to all children in institutions as part of the build-up to a major shift of policy, to that of "decarceration", and eventual reform of the original 1913 juvenile code. With the enactment of House Bill 371 in 1977, Washington State provided one of the earliest examples of a justice-oriented approach to juvenile delinquency to be found in North America. All children were guaranteed due process of law in the Courts, the right to cross-examine witnesses and became subject to determinant sentencing to juvenile institutions on proof of guilt in felony crimes. One outcome of this action was a drastic reduction in the number of girls supervised by the Juvenile Courts. Thus, girls' institutions first became co-educational centres, and then became boys' institutions because of the reduced numbers of girls requiring placement. The result was, that as changing patterns of practice were developing inside a residential centre, so the ground rules changed in unpredictable ways, demanding new orientations to practice in the light of new policies.

As the Programme Director in a Community Alcoholism Center, I was again faced with the demands of matching the

different skills of staff to the particular needs of clients. The importance of staff supervision was further emphasized, as was the need for sustained links between a service agency and other community resources. Care for the caregivers remained an important aspect of service provision, even as the type of clientele changed and the setting involved day services instead of a residential service. In-service training and team development for staff became an added concern in this post, as there was an expectation that untrained workers could be helped to acquire or to improve counselling and referral skills in their work with clients. One last headache which confronted the Community Alcoholism Center involved an annual budget with seven distinct sources of financial income. As the problem of alcoholism was removed from the criminal statutes in the State of Washington, so alcoholism treatment became a so-called "growth area" in the social and health services, at the very time that institutional care for children became a "no-growth" area. Experiences such as these confirmed a view that human service organizations are controlled by external resources and policies. Definitions of need and social problems change in a changing economic climate. Throughout it all, it was relatively easy to say that care for the caregivers remained a low priority concern.

Who Cares for the Caregiver? - The View of a Teacher and Would-Be Scholar

Appointment to a teaching post in postgraduate Social Work education represented the start of a third stage in my professional career. In 1976 I was faced with the task of developing a practice curriculum for social workers intending to work in the residential and day care field. Particular features of the work involved teaching a course on residential and day care practice and tutoring a small group of students on placements in health and social service agencies. In addition, I was given responsibility for the teaching of human growth and behaviour, required in the training of all intending social workers. Later on, contributions to the teaching of comparative social administration were added. As a practitioner-supervisor turned teacher, I endured initially what might be described as a process of de-skilling, while grappling with the content of a practice curriculum for residential and day care. Whittaker's (1979) work on caring for troubled children, that of Miller and Gwynne (1972) on services for handicapped adults, and that of Davies and Knapp (1981) on residential care for the elderly have all been influential in my thinking. In relation to studies of human growth and behaviour, the work of Maier (1978) and Heimler (1975) have both been influential, as have Tobin and Lieberman (1976), Levinson (1978) and Bronfenbrenner (1979). As for Comparative Social Administration and the area of services for juvenile delinquents, Scull's (1977) analysis

of decarceration and the move to community treatment impressed, as did Parsloe's (1978) comparison of services for juvenile delinquents in Britain and the United States. Overall, the development of teaching methods and the transfer of learning from one setting to another have remained continuing interests.

In the Autumn of 1976 I enrolled as a part-time Ph.D. student in the Department of Sociology at Stirling University. My interest in personnel teams working in the residential and day care field was by this time well established. As an American living in Britain, I was interested too in a comparison of services for children on both sides of the Atlantic. I had also begun to think of residential and day care services in terms of a group care formulation (Wolins, 1974). Contact with practitioners in the field, through participation in in-service training courses, provided me with a ready sample for enquiries into quality of working life amongst human service personnel. The research developed from an intuitive base with a practical focus, to a more formal investigation of theory and its application in the analysis of empirical data. Once again it should be stated that I am indebted to The Discovery of Grounded Theory (1967) by Glaser and Strauss for providing theoretical justification for the intuitive route which my enquiries took.

Throughout my part-time studies, I have been asked by fellow students and associates for the theoretical framework which underpinned the study. This expectation assumes that by working out a theoretical base for investigation, everything else falls together. For some time this problem supplied me with a good deal of panic. I was plagued by a worry that theory was not immediately forthcoming to embrace the research problem I was studying. Bramham's (1980) study of How Staff Rule provides an interesting illustration of the lengths to which theoretical issues can influence study in the residential and day care field. Rather than being drawn in to the sociological debate on classifications of theory, I refer instead to Whitaker's (1965) and Martindale's (1965) essays on the nature, value and limits of functionalism, and the alternatives to this theoretical orientation that are available in Sociology. I make no apologies for starting my research enquiries from a functionalist perspective. At the same time, I have attempted to be cognisant of important criticisms that have been made against functionalism through reference to alternative paradigms. I leave the reader to determine whether this approach has been satisfactory.

Two other experiences which have influenced this study involved external roles associated with social work education. The first of these was connected with work as an External Examiner for courses leading to a Training

Certificate for work in the residential and day care field. Such an influence on social work education in Britain is not found in the training of intending practitioners in North America. Whereas courses in the United States and Canada are evaluated by each educational institution, in Great Britain each educational establishment has a long-established tradition of internal and external examining for all students. This means that suitably qualified persons are found outside a particular college or university to determine whether student performance is "good enough" for the award of a degree or qualification. The argument which supports such a practice is that it helps to maintain an overall standard of performance, independent of the competing influences that operate in a particular educational establishment. The second experience, along similar lines, involved membership on the Professional Studies and Qualifications (PSQ) Committee of the Central Council for Education and Training in Social Work (CCETSW), the government body responsible for accreditation of social work training in Britain. Whereas the role of external examiner requires one to consider whether students have demonstrated a "good enough" standard of performance, in the role of a CCETSW Panel Member, one is expected to give consideration to whether educational institutions provide a "good enough" pattern of training, such that it warrants recognition by an accreditation body. Both experiences

illustrated the external control that can be imposed on organizations, an issue referred to earlier, only now associated with the education and training of human service personnel.

Finally, it would be a major omission to avoid reference to the learning associated with trying to make elementary use of computer technology. From the punching of cards to the use of VAX interactive hardware, I have followed advice supplied in the SPSS Primer (1975) as if it were a hitch-hiker's guide to the universe. Many hours have been spent studying frequencies and simple statistical measures of the information supplied by residential and day care personnel. Throughout my incursions into the world of computers, I have been indebted to Richard Bland and Margaret Giles in the Department of Sociology at Stirling University. Without them, I would still be counting my fingers and wondering whether this seven year project would ever end. My experience with the computer has convinced me of the benefits which could accrue from the introduction of new technology in the residential and day care field. At the same time I am conscious all the more of lies which can be perpetrated under the guise of statistics.

In summary, I claim to have jealously guarded my associations with practice in the residential and day care field, since these experiences have been some of the most

influential learning opportunities of my life. I remain somewhat rebellious and marginally discourteous of matters academic. On the other hand, I stop far short of embracing what Dockar-Drysdale (1973) described as "a theory of the impossible task" which can be found amongst workers in the child care field. I remain an advocate of what is sometimes referred to as "practice wisdom", at the same time that I receive daily reminders of those things which I do not know. Shaw (1978) has summarized this philosophical point quite nicely in an essay entitled "What Everybody Knows".

He asserted:

"That we take things for granted and have to take things for granted is not open to dispute. Why we take things for granted, or rather, what entitles us to take things for granted is another and much more complicated question. Experience must be a key factor here ... or at least for all practical purposes it is. Other things I am entitled to take for granted, not because I have experienced them myself, but because I have been reliably taught them by people whose knowledge and judgment I trust ... Still other things, however, we take for granted not because we are entitled to do so on the grounds of experience or teaching. We simply take them for granted on the basis that everyone else does." (Shaw, 1978: 1-2)

"Who Cares for the Caregivers?" is one of those questions which can be taken for granted far too easily. In the presentation which follows, I will argue from direct experience and through scholarship that care for the caregivers is intimately related to the quality of services provided for children by any residential or day care centre.

Quality of working life and quality of care for children can thus be illustrated as two sides of a very old coin.

An Overview of the Study

Three broad patterns of human service provision - institutional care, residential group living and day care - are examined in Chapter 2 and analyzed in organizational terms as group care and treatment for children. A classification of services is used to define group care as a field of study, where twelve comparative variables are identified as structural features of service design in this field. Group care is next located within a social policy context in an attempt to illuminate various political and economic influences on the provision of child welfare services. The social policy notion of a continuum of care is presented as an "ideal programme" against which "actual programmes" of group care can be evaluated.

Chapter 3 focuses attention on the occupational focus of group care. The organizational construct of "an enacted environment" (Weick, 1969) is used to identify how group care services are supplied by individual personnel in their dealings with children. Then, moving from the analysis of individual work patterns to those of a collective response in teams, three additional influences on team performance are considered. These include: the internal

organization of teams, represented in patterns of interpersonal relation amongst the members; the scheduling and deployment of personnel, with reference to both work life and experiences of life outside work; and the influence of career patterns amongst individuals and groups of personnel in shaping teamwork performance. Next, a team functioning variable is identified which involves the collective orientation to quality of working life that is found in a team. To this end, the traditional job satisfaction paradigm (Hertzberg, 1968) is extended to include reference to both satisfaction and frustration in activities at work and outside work, making it possible to use the more broadly based, quality of working life paradigm (Davis and Cherns, 1975) to study team functioning in the group care field. A resource-dependence perspective on organizational activity (Pfeffer and Salancik, 1978) is used to move from the occupational focus of group care towards an analysis of resource factors in the production of a welfare service. Finally, the production of welfare model proposed by Davies and Knapp (1981) is amended to incorporate the team functioning variable and to take account of the ecology, or context of human development articulated by Bronfenbrenner (1979). Thus, quality of working life in the production of welfare is opened to further scrutiny.

In Chapter 4, analysis extends to the practice domain of group care, and to the practical concerns associated with

an assessment of team functioning amongst personnel. Two conceptual problems are addressed as major issues associated with assessment. The first problem, concerned with the analysis of person(s)-environment interaction, involves defining a social field at a particular time for some justifiable end. Goffman (1974), Moos (1976; 1980), McDougall (1920), Berne (1963), Hunt (1966) and Lewin (1952) have all been influential in this respect. The second problem, concerning the methodological premises which underpin assessment and social forecasting activity, requires equal attention. To this end, analysis relies almost exclusively on Emery's (1977) social forecasting perspective which concerns the responses which organizations make in turbulent environments. Consideration then turns to a discussion of team functioning assessment variables and the rationale which determines their selection. The aim throughout this chapter is to examine ways in which group care personnel adapt to changing demands in their work environments, and to illustrate the manner in which adaptation is manifest in patterns of functioning over time. Emery's (1977) formulations on adaptation and maladaptation are used to establish eight ideal types of "collective structure", identified through a process of team functioning assessment. Each type of collective structure is linked to a forecast of key performance indicators anticipated in the functioning of different teams in turbulent work environments.

Having outlined the conceptual assumptions associated with an analysis of group care as a field of study, as an occupational focus, and as a domain of practice; and having supplied justification for the selection of assessment methods, attention turns in Chapter 5 to identification of team functioning variables. Structural features of service design are used to classify each variable, along with five spheres of contextual influence which frame service production activity. A working assumption in this chapter is that evaluation methods require analysis in at least three different ways. First, it is necessary to consider any analytic assumptions that are made, either implicitly or explicitly, in the choice of methods. Second, the selection of particular evaluation criteria requires clear justification. Finally, the evaluation process itself requires scrutiny, to ascertain the extent to which concepts and methods are brought together and applied in practice. It will be argued that without reference to action, the very notion of evaluation is left open to question.

In the next two chapters, attention focuses on the work of one human service agency which participated in the study between 1977 and 1980, to provide an illuminative case study of group care services for children over a 3 to 5 year period. The agency in question - Shawbridge Youth Centres - provides group care services for English-speaking delinquent children in the Canadian Province of Quebec. Throughout the 1970s the agency sought to employ a differential treatment approach to the planning of services for children, seeking to coordinate activity across the range of its

service production centres. A description of the agency is provided in Chapter 6, with particular reference to the social policy and organisational changes which may have influenced the capability of personnel teams to produce a 'good enough' standard of service. A description is also given of the social and personality characteristics of children receiving services during the course of the study. Chapter 6 concludes with a description of the service production milieu operating for children in the agency, along with a socio-demographic profile and outline of selected work tasks required of staff.

Chapter 7 explores some of the dilemmas encountered through the use of action research techniques in an evolving service production organisation. A review is made of the research carried out by the Groupe de Recherche sur l'Inadaptation Juvénile, at the Université de Montréal during 1976-77. This research establishes a baseline for our research which continued in the same agency from 1978 to 1980. A parallel study of the impact of institutional policies, structures and staff on children in residential care - carried out by a research team at McGill University - is also summarized. Finally, a description is provided of the in-service education programme used in team development training with each team in the agency. Illustrative material is provided from work with various types of teams, to illuminate qualitative aspects in the research findings, and to illustrate the manner in which quality of working life assessments can be used with teams to facilitate purposeful planning activity in the course of group care work.

In Chapter 8, consideration moves from the qualitative analysis of service production in one agency, to a comparative analysis of team functioning assessments obtained from group care workers on both sides of the Atlantic. Assessments obtained from teams in Scotland, England, Canada and the United States are analysed, as the first step in establishing the quantitative argument for amending the production of welfare paradigm established by Davies and Knapp (1981). Team functioning, a measure of the collective structure in teams, is analysed as a human resource influence on service production in the group care field. In a similar way, staff experiences of life outside work are analysed in terms of the socio-cultural influence they represent in group care work. Descriptive statistics are used throughout this first step in the analysis, to illuminate characteristics of the sample population of teams. In so doing, it is possible to clarify the extent to which the teams represented a comparatively matched sample of group care workers from both sides of the Atlantic.

Chapter 9 extends the comparative analysis to an evaluation of team functioning in context. To begin with, particular attention is given to contextual influences that are external to the immediate relationships enacted between children and workers in a group care centre. In this manner, the case is established for arguing that quality of working life is a matter of strategic importance in the production of group care services. Similarly, empirical findings are used to establish the team functioning variable as an organisational influence on the quality of services

available. Two dimensions associated with team functioning assessments are evaluated, including an Accommodative-Assimilative Dimension and a Maladaptive-Adaptive Dimension. Each dimension is evaluated comparatively with quality of working life assessments and contextual variables embedded in 4 separate, but interlocking contexts. In order of consideration, these include: the international and cross-cultural context; the territorial and cultural context; the organisational context; and the context of relationships in settings other than a group care centre. The production of welfare paradigm, as amended, is used throughout this comparative evaluation of team functioning, to provide a theoretical rationale for data analysis.

Immediate setting influences on the functioning of group care teams are analysed in Chapter 10. Material resource influences are considered initially, to see whether features such as siting and physical design, accessibility, number of service places and so forth, are related to different patterns of team functioning. Next consideration is given to human resource influences, involving the age, sex and educational backgrounds of workers in a team. Finally, sociocultural influences on teams, such as housing arrangements and membership in a professional association or trade union, are evaluated to see whether comparative similarities and differences are illuminated. Throughout both Chapters 9 and 10, the comparative analysis relies on statistical findings to illuminate convergent and divergent themes from a cross-tabulation of quality of working life and team functioning variables, while controlling for contextual influences. Chi-square, Phi and

Contingency Coefficient statistics are used throughout, since the mathematical formulae from which these statistics are derived make non-linear assumptions about the nature of the data. To put it more simply, one cannot assume that the surest path between quality of working life, patterns of team functioning and contextual influences in group care practice will ever be found in a straight line.

Attention returns in Chapter 11 to an examination of the comparative findings derived from our illuminative case study of group care practice at Shawbridge Youth Centres. Through reference to findings contained in the University of Montreal study (Le Blanc et al, 1978) and findings obtained during this study, it is possible to construct a profile of child placement practices at Shawbridge between 1976 and 1980. Resident group characteristics are considered in relation to annual trends in the placement of children in group homes, institutional living units and secure units. Next, a socio-demographic profile is constructed for teams working in the agency between 1977 and 1980, along with a quality of working life profile for teams in each of the 3 types of group care programme. Both descriptive statistics and cross-tabulations are used to establish convergent and divergent patterns amongst the different teams working in different types of programme. Finally, the characteristics of children placed in all but one of the agency's group care programmes are analysed in terms of the potential environmental influence they represented in face to face encounters with teams. Because of limitations in the data, it was necessary to restrict the analysis to an

exploration of relationships between resident group characteristics and quality of working life assessments for teams. However, in spite of these limitations, one is able to see how the enacted environment between children and staff in a group care programme is likely to vary from year to year, depending on placement policies, type of setting and type of children referred for services.

Three final concerns are addressed by way of conclusion in Chapter 12. First, assumptions made through the use of grounded theory are reviewed, to establish the logic of scientific discovery employed in this study of group care teams. Second, a statistical test is made on the 8 contextual hypotheses, each modified from its original formulation (Bronfenbrenner, 1979), and a summary of the findings is provided. Log-linear models of data analysis are used to establish a statistical measure of causal relationships between 3 production of welfare variables, including: the ratio of frustrations to satisfactions in quality of working life for teams; the collective structure assessment of team functioning; and contextual influences on group care practice for children. This study of "Who Cares for the Caregivers?" concludes with a discussion of implications that can be drawn from the research findings for those involved or interested in the group care field. Particular attention is given to ways in which practitioners, supervisors and managers alike, can improve the performance capability of teams and facilitate the support and career development of group care workers. Action planning and the formulation of policies are both considered as practical means through which the "personalities" and "the system" |

can work together to achieve active adaptation in a turbulent social and economic environment.

Summary

"Who Cares for the Caregivers?" is a research concern which emerged through personal experience of practice with children in the residential and day care field. As a social worker, houseparent, supervisor and manager, this question presented itself in one form or another in a variety of settings. It is also apparent in the training of practitioners intending to work in this field. Quality of working life in the production of welfare looms as a matter of strategic importance if 'good enough' services are to become a minimum guarantee for children and their significant others.

CHAPTER IIGROUP CARE AND TREATMENT FOR CHILDREN¹Introduction

Any exploration of the child welfare services which exist today soon illuminates the need for these to be examined in relation to the wider social, political and economic contexts which surround them. Similarly, a review of historical trends and pressures often serves to highlight the ways in which various patterns of service have developed, and the possibility that approaches to child welfare ebb and flow with the social, political and economic tides. These reasons, amongst others, have contributed to the selection of a comparative approach to the study of residential and day care teams working with children on both sides of the North Atlantic. Having identified the research problem as "Who Cares for the Caregivers?", our next task is to locate residential and day care work with children within a particular field of study. To do so,

¹I am indebted to Frank Ainsworth, who as friend and colleague since 1971, has helped to conceptualize the notion of group care. In our first collaborative work published elsewhere (Ainsworth and Fulcher, 1981) the concept of group care was outlined as a field of study, an occupational focus and a domain of practice, referring to a range of services for children and families in North America and Great Britain. This study builds upon the assumptions and concepts outlined in this initial statement on group care.

consideration is given to three broad patterns of human service organization - institutional care, residential group living and day care services - which, taken together, comprise the group care field.

In this chapter, an organizational analysis is used to define group care and to identify the perimeter of this broad field of study as it refers to children. Next, it is possible to identify twelve structural features of service design which locate services within the group care field. Finally, the group care field is examined in relation to the social policy influences which have framed its development in modern times. A current social policy notion - that of the continuum of care - is used as an 'ideal programme' against which an evaluation of 'actual programmes' can be made. An underlying assumption in this chapter is that similar skills and methods of intervention are required of personnel who work in the group care field, even as the emphasis given to different skills and methods changes. Our aim is to illustrate the interplay which exists between interpersonal relations and organizational influences in group care work with children.

Group Care as a Field of Study

To think of institutional care, residential group living and day care services in terms of group care enables one to emphasize the varied ways in which interpersonal

dynamics and organizational contexts are related.

Briefly put, the rationale for this concept builds from an appreciation of the organizational characteristics associated with these patterns of child welfare provision. First, in each of the three patterns, services are supplied within, or in relation to, a defined centre of activity. Second, the consumer population is largely homogeneous in composition, thereby reflecting certain shared social characteristics as a feature of eligibility. Third, the services available at such centres are supplied through the medium of group interaction, with individual attention being subsumed to some extent in the requirement for group supervision. Finally, there is a recurring involvement of particular individuals and groups in the delivery of services, involvement which ranges from a few hours per week to 168 hours per week over several months or years. Thus attention is drawn to a range of services where the group focus and the shared life-space of children and adults supply the organizing principles which underlie practice and service design. Life space, as used here, refers to living and learning in a particular site over a particular period of time (Redl, 1959; Lewin, 1936; Beedell, 1970).

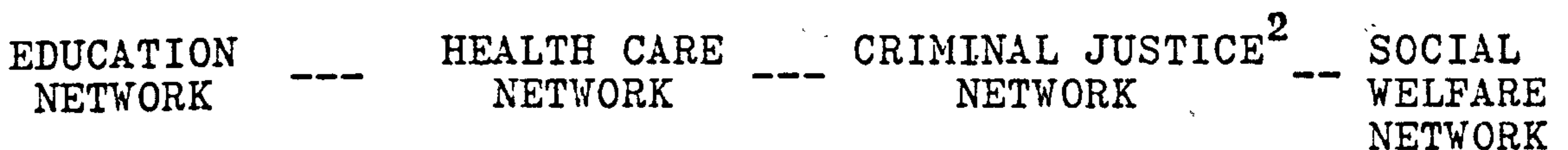
Group care services require that consideration be given to specific environmental factors associated with the location of a service centre. These services also require that one pays attention to the organizational features of

service design and to the planned use of physical and social variables. By taking account of these features, one finds that group care is a quite distinct form of service which differs from other important forms of service design, such as group counselling and home or office-based family support. Group care therefore refers to the services provided by large institutions or small residential group living centres found in virtually all industrialized countries. It refers also to a range of day care services which use the group and the shared life-space of a group as their central focus in delivering services. This means that the group care field encompasses older as well as newer forms of service where nurturing care, socialization experiences and specific learning opportunities are made available to children and families.

A classification of group care services, focusing on actual centres rather than a theoretical ideal (Glaser and Strauss, 1967), soon illustrates how the three patterns referred to above can be found within four broad groupings of service administration. These four groupings, referred to here as human service networks, are presented diagrammatically in Figure 2:1. One will note of course that these four service networks are not entirely discrete. In some situations, client populations may be the same, while in other instances, there may be considerable overlap between populations. The four networks can be said to

have evolved historically, in the manner which moved from left to right in the diagram, even though considerable blurring has existed between the health care, criminal justice and social welfare networks.

Figure 2.1: Span of Human Service Networks



The education network, with its greater emphasis on 'normal' populations has relied since early times on a variation of the residential institution as the setting wherein educational services can be dispensed. Thus, the monastery and the boarding school represent traditional forms of group care service associated with the educational network. It could be said that the leper colony represents a primitive form of group care in the health care network, even though the leper colony has carried out an important social control function since early times. Thus, while leprosy is clearly a health problem, the early treatment of this problem was to get rid of it through a pattern of exclusion. Such blurring of functions between traditional

²Various titles can be found which refer to this particular service network. From time to time, it is referred to as the law enforcement system, adult and juvenile corrections or the penal system. We have used criminal justice as the term found most commonly in the United States to refer to services involving referrals from the juvenile or adult courts. These services are normally used for those who have been judged to be delinquent or guilty of criminal offences.

health care and criminal justice services continues to a large extent in modern times, a feature that is clearly evident in services for the criminally insane. The penal colony of historic times is perhaps more easily discerned as an early form of group care service in the criminal justice network. Within the social welfare network, which emerged much later than the other three, it is perhaps the eighteenth century work house which represents an early form of group care service.

By outlining the historical development of services in the group care field, it is possible to highlight features of the social policy environment which have influenced the emergence of these services as they are known today. Scull (1977), Seed (1973) and Donzelot (1980) have all urged an historical analysis of services in this field, to illuminate ways in which the social control of deviance and economics of social control are related. It should be noted in this context that services found in the group care field emphasize both care and control. The particular emphasis that is placed on either of these dimensions will vary from one pattern of service to another, although generally speaking, institutions tend to exert the greatest control over client group activity; residential group living imposes less control; and day care services impose least control over the lifestyle and actions of service consumers. However, both care and control remain features to be accounted for in all services in the group care field.

A review of social policy assumptions found in the history of group care helps to draw attention to at least four periods of influence or eras that have featured in the development of this field. These too can be presented in diagrammatic form (Figure 2.2). Considerable blurring is found when seeking to identify each era of social policy and its potential influence as an historic antecedent in the eras which follow. Group care services in modern times may be found to incorporate influences from each of the four social policy eras identified here. Institutional care emerged as the earliest pattern of group care service. Large institutions have to some extent given way in recent times to smaller residential group living centres. Alongside these developments, one finds the emergence of day care services, representing the newest and most often preferred pattern of group care now available. Still, all three patterns of service are to be found in industrialized countries.

In spite of the severe criticisms that have been directed at institutional services in the health care and criminal justice networks (Goffman, 1961; Sommer, 1976; Stanton and Schwartz, 1954; and Morris, 1973), and to a lesser extent in the education and social welfare networks, it is still the case that each of these networks depends heavily on large institutions to provide services for certain client populations. The education system has

Figure 2.2: Eras of Social Policy Influence in an Emergent Group Care Field

(At least The Middle Ages or earlier)

late 18th century
(The emergence of the Industrial Revolution)

mid 1940s
(The end of the Second World War)

early 1970s
(Following enactment of major social legislation in Western society)

The Era of Exclusion-Confinement - During this period, social policy emphasized the social control of deviants by removing any threatening person or group from community life through death, exile, slavery or indentured servitude. Deviance is crudely identified as a threat to social order through physical (leprosy), social (witchcraft or heresy), economic (slavery) or legal (crime) means.

The Era of Institution-Building - During this period, social policy was promoted by social philanthropy and emphasized management of deviants through provision of shelter, food and work within a moral environment. Distinctions are made between the Mad (insanity and mental deficiency), the Bad (criminals), the Morally Weak (unemployed and the poor) and the Unprotected (orphans and homeless waifs).

The Welfare/Treatment Era - During this period, social policy is influenced by emerging professional interests, which emphasize personal, interpersonal and family treatment as social remedies for deviance. Specialist services are incorporated into education, health care, criminal justice and social welfare systems. Social policy and decision-making reinforce the distinctions which exist between each of the four resource networks. Service delivery draws attention to the need for blurring many of the boundaries between networks, if services are to become more effective.

The Justice Era - During this period, social policy seeks to differentiate more clearly between those who should and those who should not be contained in institutional patterns of group care service. Closure of large institutions is promoted by legislation and agency policy. Closures are supported by ideological doctrines (religious, professional and political) which emphasize individual initiative and are reinforced by economic conservatism which aims to reduce spending in the public service and non-productive sectors of the economy. Individual legal rights and the principle of social fairness provide guidelines for those responding to social deviants. Death penalties, determinant sentencing and short, sharp shock treatment returns to prominence.

many large schools, both day and boarding schools, which serve normal as well as maladjusted, emotionally-disturbed and other children with special needs. The health care network contains many large institutions for the mentally ill or handicapped. Services provided by the criminal justice system include a range of reformatory and penal institutions which contain young people. Even the social welfare network, arguably the newest of these four major resource systems, has inherited and operated social care facilities of the institutional pattern for dependent and delinquent children. A third diagrammatic presentation may help to make this point firmly (Figure 2.3).

Figure 2.3: Large Institutions Across Systems

<u>EDUCATION</u>	<u>HEALTH CARE</u>	<u>CRIMINAL JUSTICE</u>	<u>SOCIAL WELFARE</u>
Day and Boarding Schools, including Normal, Maladjusted and Emotionally-Disturbed Children	Asylums, Psychiatric Hospitals, Hospitals for the Mentally Retarded, General Hospitals	Prisons, Reformatories, Detention Centres, Training Schools	Orphanages, Lodging Houses, Emergency Care Centres, Community Homes

Partially in response to the criticisms that have been directed at the operation of large institutions, it is now possible to identify a whole generation of residential group living services which feature in the group care field. These new services emphasize small group living arrangements, situated primarily within local communities. Living units, as they are frequently called, are established in existing

buildings or in specially designed facilities, which try to eliminate many of the negative features of large-scale institutional life, such as block treatment, rigidity of routine, impersonal care and social distance between workers and residents (King, Raynes and Tizard, 1971; Tizard, Sinclair and Clarke, 1976; Mayer, Richman and Balcerzak, 1977). The new residential group living units provide care, protection and training on a more personalized scale than is to be found in large institutions.

The intention of these smaller group living units has been to promote maximum opportunity for individual attention within the resident group. Using everyday life events as occasions for social learning, group care personnel seek to create opportunities for positive interaction between themselves and their charges, thereby encouraging personal and social development. Care and treatment objectives are achieved through the planned use of educative and re-educative activities as responses to assessed needs of children and families. This development of smaller and more personalized group living services illustrates the second pattern of provision which is found in the group care field. Figure 2.4 illustrates some of the residential group living arrangements which can now be found.

Figure 2.4: Types of Residential Group Living Services

residential nursery	-- family group home	-- peer group residence	-- group residence	-- hostel, refuge or shelter	-- grouped, semi- independent living units
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All of these types of residential group living can be found, and have been developed to varying degrees, in each of the four service networks which have been our concern. Morris (1978) has suggested that the future of social work as a profession lies not in the many individualized therapeutic interventions which are currently emphasized, but in the direction of designing, implementing, managing and evaluating group care services now supplied by the social welfare system. It is important to note that this system has seen the most substantial growth in residential group living services of the type listed in Figure 2.4. This system has not had to operate the same number of large institutions, although it has inherited some from its predecessors. Thus, without the economic investment in large institutions which commit increasingly scarce resources to inflexible patterns of service, the opportunity has been available for devising new patterns of social care. Meanwhile, a process of 'de-institutionalization' (or 'decarceration' as it is also called), continues throughout all four resource systems.

The cycle of evolution from institutional care to less dominating patterns of social care provision is constantly being reinforced by imaginative alternative programmes which are community-based and include group living (twenty-four hour care), and also group activity (care lasting eight hours or less). Both types of programme are mindful of a

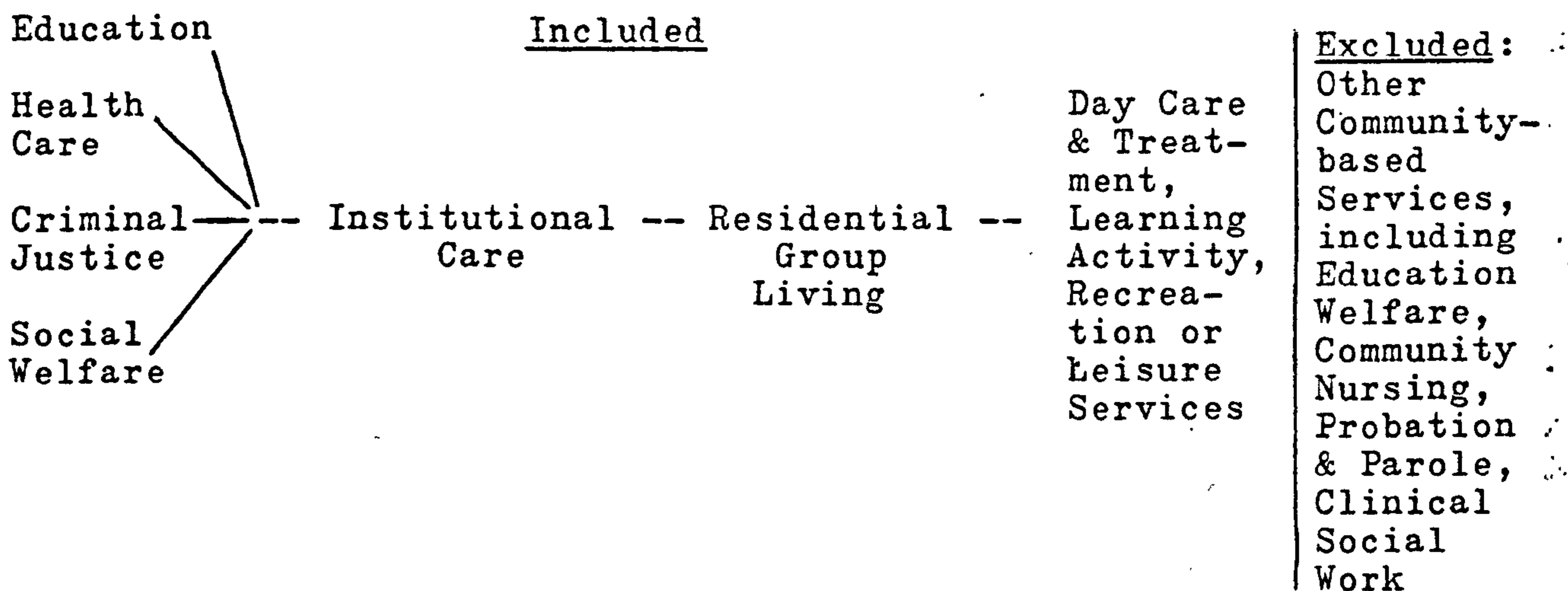
group focus and the use of life-space in their pattern of organizational design. Hence, workers seek to use the physical and social characteristics of their centre in a purposeful manner. In this respect, a third pattern of services can be identified in the group care field and can be presented in diagrammatic form, showing how day care services exist in each of the four major resource networks (Figure 2.5).

Figure 2.5: Types of Day Care Service Across Systems

<u>EDUCATION</u>	<u>HEALTH CARE</u>	<u>CRIMINAL JUSTICE</u>	<u>SOCIAL WELFARE</u>
Youth and Community Centres, Recreation Centres, Nursery Schools, Intermediate Treatment Units, Alternative Schools	Day Hospitals, Day Clinics, Health Centre Groups, Day Nurseries	Community Service Centres, Day Attendance Centres, Project Centres, Intermediate Treatment Units	Day Care, Playgroups, Activity Programmes, Intermediate Treatment Units, Day Nurseries

Finally, it is possible to combine all the illustrations supplied thus far to show how the Group Care Field refers to a range of services which supply 168 hours of care, fifty-two weeks a year; this decreases in duration through a community-based residential group living to include a variety of day services which operate in cooperation with families (Figure 2.6).

Figure 2.6: The Group Care Field Across Systems



In the education system, group care personnel are generally referred to as social pedagogues, educateurs or teachers (although it is still debatable whether all teachers are necessarily group care workers) and their service consumers are known as students or pupils. In the health care system, group care personnel are usually identified as nurses, and the consumers of their services are generally referred to as patients. Distinctions in the criminal justice system are slightly more problematic, although juvenile corrections counsellors and officers will be found to assume responsibility for groups of inmates, detainees, probationers and parolees. Finally, in the social welfare system, residential and day care workers are normally found engaging with residents, clients or trainees, whether these represent children or adults. In each instance, physical and social control, learning and guardianship feature as

distinguishing characteristics of service delivery in the group care field, although variations in emphasis are found in each resource system.

Because of the manner in which group care services span the four major resource systems, especially in Great Britain, North America and Australia, it is not difficult to see how this field of study has remained fragmented. The extreme visibility of large institutions and the negative evaluation of many types of institutional care have served to reinforce the tendency towards fragmentation, with residential group living centres and those who offer day care services seeking to avoid any identification with the negative image of institutions. However, instead of separating these various patterns of service into an institutional care element and a community care element, it is conceptually more precise to view institutional care as reflecting an earlier value position in society's provision of services for children and families. Similarly, institutions can be said to reflect different understandings of how children and families grow and develop.

The group care formulation makes it possible to see how the evolving use of institutional care, the development of smaller residential group living centres, and the emergence of day care services are all responses to changing values and ideology, new knowledge and refined methods of intervention. A principal influence in facilitating this

evolution from larger to smaller facilities may be found in the emergence of a greater appreciation of processes in child health and social development. Another crucial determinant most certainly involves the historical and contemporary influence of economics. There can be little doubt too that existing professional and occupational groups have maintained traditional domination over various portions of the group care field. This has also ensured fragmentation of the field. Nevertheless, it is increasingly apparent that the basic configuration of service organization in a group care centre remains the same whether one is looking at institutional care, residential group living or day care services.

In summary then, the group care field is delineated in the following manner. It incorporates those patterns of service - institutional care, residential group living (including but not necessarily requiring twenty-four hour, seven days per week care) and other community-based day care services (covering lesser time periods) which supply a range of educational and developmentally enhancing services for groups of consumers. Classification of a particular service within the group care field results from an identification of the ways in which each pattern of service emphasizes shared living and learning arrangements in a specified centre of activity for groups of service recipients. Further analysis of this field serves to illuminate specific

structural features which are important in the pursuit of comparative study. It is to the identification of these features that attention now turns.

Structural Features of Service Design in the Group Care Field

Any attempt to clarify certain observations in the group care field is fraught with a variety of problems. It will quickly be found that the criteria used to explain variations in practice are clouded by the absence of any global theory. Thus, what one practitioner or researcher 'sees' on visiting a centre may be quite different from what another will see. There can be no escaping the fact that orientations to planned care and treatment in different centres vary enormously. Furthermore, these differences go beyond a simple contrast between one theoretical orientation and another. For our purposes, it is insufficient to compare centres which work with children or delinquents. Nor is it sufficient to compare centres which work with, say adolescent boys in the United States, Canada and Great Britain. Our concern is with overcoming three problems in comparative research (LaPalombara, 1970).

First, it is necessary to outline structural features that are characteristic of services in the group care field. In identifying such features, a level of explanation is sought which applies to group care on both sides of the Atlantic. Second, the delineation of structural features must

facilitate comparison, including cross-cultural comparisons and comparisons between group care services operating in the same geographic or agency context. Glaser and Strauss (1967) endorse this approach, especially during the early stages of social enquiry into a substantive field such as group care. These authors argue for the flexible use of data that is grounded in social processes, implying that structural features must be verified through continuous comparative analysis. Finally, an identification of comparative features must take account of the accessibility of information and its level of comparability. Thus the history and meaning of certain information, analyzed within its particular political or social context, remains an important concern. This analysis has benefited enormously from the contributions of others working in this field, especially Wolins and Gottesmann (1971); Wolins (1974); Millham, Bullock and Cherrett (1975); Millham, Bullock and Hosie (1978); Hazel (1976); Vinter (1976); Newman and Mackintosh (1975); Mayer, Richman and Balcerzak (1977); Seed and Thomson (1977); and Rushforth (1979).

At least twelve features can be identified in the structural design of services found in the group care field. These range in complexity from those which are concrete manifestations of reality to others involving social structure and ideology. While attention may be drawn to any single feature or to a clustering of features, all present

as an interlocking whole when entering a group care centre. It is this paradox - the need to differentiate between specific elements of service delivery, while taking account of the total milieu of a group care centre - which requires confrontation.

The first in our list of structural features involves a social policy brief for services which determines to a large extent the type of population that is found in a group care centre. This feature involves the legal commission to act as a caregiving service. It involves a charge or command from superior officials to inferiors, ordering them how to act. The legislative framework or social policy brief which sponsors a group care centre and empowers it to act is thus characteristic of this feature. Whether a service is mandatory or voluntary is frequently a concern, although certain parallels can be drawn between a judge who commits a child to an institution for a period, and a parent who assigns responsibility for the care of their child to a group care worker for the day. In each group care programme, there is an element of transferred authority to act, and by definition, an object of transfer - in this case a child. Thus, it is that the social policy brief frames any enquiry into the activities of a group care centre.

A second feature around which comparative study can proceed involves siting and physical design of the centre. In this instance attention is directed towards the actual

building which houses a group care programme, its location in relation to the general population, and to those distinguishing features which give the building a history and public image. A converted manor house in the country, or a cottage built within the grounds of an institutional campus offer different opportunities for group living when compared with the opportunities available at a purpose-built centre in the midst of a large housing scheme. Features such as proximity to social amenities, the extent to which a facility can be made secure, and the extent to which architectural design supports programme activity for a particular clientele are all worthy of consideration. The use of space - both inside and outside a centre - along with the boundaries between private and public space (Maier, 1981), are also influential elements of this structural feature.

A third feature identified in group care and treatment centres involves personnel complement and deployment. One is invited here to consider the total number of people recruited to work in a centre, the various titles, roles and configurations of status which can be identified, and the way that personnel are scheduled to work in the centre over the course of a day, week or month. A common feature of all group care programmes is the existence of a staff rota or duty schedule. Through the more detailed analysis of these administrative timetables, several interesting features

of care and treatment programmes can be illuminated. Some rotas have been fixed by union-management contract while others are negotiated or renegotiated weekly. Still other rotas may highlight only those periods when members are allowed time-off, as might be the case in a religious community for the handicapped. Any interest in group care personnel and in the patterns which surround their deployment for work is often met with varying levels of suspicion on the part of staff. This point was made very early on in the course of these enquiries, a fact not surprising when one takes account of the ways in which staff rotas shape the lifestyle and personal life of those engaged in group care work.

Recurring patterns in the use of time and activity represent a fourth structural feature of services in the group care field. In group care programmes, the timing of activities is of considerable significance if daily and weekly rhythms are to be established and maintained, thereby facilitating opportunities for personal development (Maier, 1977). While the child care opportunities and principles involved in an exploration of 'the clinical hour', and of 'the other 23 hours' are important (Trieschmann, Whittaker and Brendtro, 1969), such an exploration needs also to extend to a consideration of the 168 hours in a group caring week. In so doing, one is able to consider routines of the day or week, differences between weekdays, weeknights and

weekends, and transition periods within a day or week, when certain activities may be of particular importance. Using a 168-hour frame, it is possible to draw comparisons between the working week of residential care and day care centres, thus allowing one to consider more closely how a day care service can supplement and support family life for a child (Garland and White, 1980). Variations in activity over the seasons of a year highlight further the extent to which group care and treatment services change as life moves on through Summer, Autumn, Winter and Spring. Identification of patterns in the use of time and activity is fraught with significant methodological obstacles which must be overcome if one is to use the information in any systematic study of group care and treatment. Nevertheless, the practical importance of considering this variable is enormous.

A fifth structural feature is found in the identification of admission and discharge practices. Here, the focus of attention is on ways in which new members join into the life of a centre and ways in which people leave. It is often the case that little conscious attention is given to admission and discharge practices used in a centre. In some centres, one child may be required to leave the programme in order to make room for another. In this sense, one can expect to find some overlap between the two membership rituals. Rituals of this type can be identified as being planned (as when working with a regular admissions day) or unplanned (as when responding to demands for twenty-four

hour emergency care). Some admission processes are very selective, with carefully negotiated discharge procedures. In other instances, admission may be open to a wide-ranging group of clientele and discharge may be the same for everyone, or left open to individual requirements. The extent to which practices are made formal, such as with a case conference or review board, offers yet another focus for consideration. Informal discharge can be found, as when a child absconds as an alternative to formal discharge. Rites of initiation, rites of passage, graduation rituals, termination rituals, rites of excommunication and last rites are all important features of social groups in any culture. Little wonder then why a consideration of admission and discharge practices is identified as a structural feature of services in the group care field.

Social customs and sanctions can be said to represent a sixth structural feature of service design in this field. Social customs are represented in the usual ways of behaving or acting which can be identified if one becomes a participant-observer in any group care centre. When observing children and staff together, and also separately, it is possible to highlight whether public and private customs are operating and whether these complement or impede the achievement of tasks. Interactions between residents and staff in Cottage Six at Hollymeade (Polsky, 1962) offer a vivid portrayal of the overt and covert dimensions of this feature in the group

care field. When identifying sanctions, it is to the rules or the laws of a group care centre that one looks, as when identifying the penalties imposed for disobedience. Sanctions also serve to reward members for obedience, such as when sanctioning a special treat. Here, the focus of attention is on social order and methods of social control, since sanctions imply an economic or political act by an authority to coerce another, or a group, into conformity with certain norms of conduct. Thus it is that parallels can be drawn between the microcosm community of a group care centre and the community at large. There is considerable support in the literature for identifying this feature in the structural design of group care services (Polsky, 1962; Roth, 1963; Goffman, 1961; Miller and Gwynne, 1972; Wolins, 1974, among others).

A seventh feature of services in the group care field involves the criteria used in reviewing and evaluating performance. Whether these criteria and the practices which are used to endorse them are imposed by external sources (such as legislation, administrative policy or judicial mandate), or whether the criteria are imposed according to the actions and decision-making of individuals or a staff group, some criteria will nevertheless appear whereby social behaviour of service consumers is reviewed and evaluated in every group care programme. These criteria may range from vague comparisons of one child being like

another child, to elaborate schemes which strive to evaluate psychosocial development and behavioural competence. Time, or length of stay, is frequently used as a guideline for review and evaluation, as in the case of weekly, three-monthly or six-monthly reviews. Meetings are normally the setting wherein performance is evaluated, as in a therapeutic community meeting or an inter-disciplinary review.

Programmes can be expected to vary in the extent to which staff make all decisions or where sharing occurs between children, families and staff around the timing of key decisions. An assumption underlying this structural feature is that some theoretical, ideological or value orientation will be found to justify the review and evaluation practices used in any group care programme. Whether these criteria are made explicit, or remain implicit in the actual patterns of practice, their existence remains an important feature of service design in group care and treatment.

Links with family, school/work and community life represent an eighth structural feature. At one level, a simplistic counting or census approach to observing and recording contacts between a centre and 'outsiders' will establish a baseline against which more rigorous study can proceed. Identifying periods when 'outsiders' are most likely to visit, along with clarification of which 'outsiders' come at which times, illuminates the extent to which and the

means whereby important 'outsiders' are involved in the work of a centre. It is inevitable that an identification of links with 'outsiders' will lead to a closer illumination of specific practices which are endorsed and sustained by the 'insiders'. Thus, when looking at this particular feature, it is necessary to assess both the involvement of 'outsiders' (an ideal), along with the real (or imagined) tensions which are experienced amongst the 'insiders'. It is simply the case that tensions often result from interactions which cross the boundary between a group care service and the community life which surrounds it. In this sense, interpersonal politics, role conflict and intrigue may endorse or restrict initiatives for collaborative practice, thereby giving added justification for identifying this feature in any group care service.

A ninth structural feature of services in the group care field involves the social climate of a centre. In comparison with the structural features already listed, the social climate of a centre is far more abstract and difficult to identify than those listed earlier. However, this feature is grounded in the experience of every direct care worker and supervisor who is able to sense the tone of a group by attending to particular cues which pervade the social atmosphere of a unit. McDougall (1920) conceptualized this dynamic in terms of a group mind, while more recently, Moos (1976) has endeavoured to measure the 'personality' of an environment. Moos (1976: 330-331) distinguished between

three dimensions of social climate which include: a Relationship Dimension; a Personal Development Dimension; and a System Maintenance and System Change Dimension. Aspects such as spontaneity, open expression, self-enhancement, orderliness, degree of control and responsiveness to change are all measured in Moos' paradigm. While including social climate in a list of structural features, it is still worth noting that the research evidence which supports its inclusion is still inconclusive, especially in relation to cross-cultural study. However, evidence which is available supports grounded practice to the extent that social climate can be assessed and measured, and is a permeating influence in the life of any group care centre.

A tenth structural feature to be considered here involves a complex set of cost input-output relations which are particularly distinctive for services in the group care field. Unlike other patterns of service, group care services must supply a broad range of goods which cater for physical needs (e.g. food, shelter and clothing) and services which respond to social and emotional needs (e.g. recreation activity and dependable relationships with supportive caregivers). Thus far, attention to cost factors and budgetary concerns in group care has emphasized patterns of spending and cost accounting in the operation of service centres. However, thanks especially to the work of the Personal Social Services Research Unit at the University of Kent at Canterbury, it is now possible for

added dimensions of cost accounting to be identified (Knapp, 1981). Social costs have been measured to the extent that a community makes use of a group care resource and the extent to which a group care centre, in turn, makes use of community resources. Opportunity costs have been identified to the extent that resources are available within a day or living unit programme to provide activities which stimulate growth and development amongst children, thereby enabling families to pursue similar ends. Finally, personal costs have been assessed to the extent that nurturing care, socialization experiences and specific learning opportunities are of benefit to a child and his family.

An eleventh feature of service design involves the external organization environment which surrounds a group care centre. Emery and Trist provided an early and influential description of characteristics associated with this feature listing four types of environment which can be identified (Emery, 1977: 8-11). The first type - random, placid environments - were identified as having similarities with an organization which had been dropped for the first time into a tropical jungle without a survivor's handbook for that region. Trial and error are the required activities, and responsibility for survival remains with the organization and its ability to use existing resources. The second type - clustered, placid environments - is a

development beyond the first type, where some ordering of relationships or cooperation between organizations can be found. This allows an organization to seek survival by reaching out into the environment for alliances and resources that are needed, and to avoid potential sources of threat. Disturbed, reactive environments represent a third type of external environment prevalent in many areas. Organizations enter into direct competition with each other, with strategy and tactics taking on greater significance as one organization plots survival by seeking to discover the intentions and capability of its competitors. The fourth and most complex type of environment - referred to as turbulent environments - is characterized by competition for survival as evident in Type 3 and unpredictability generated by processes that are set off in the environment itself. Thus, as an organization adjusts to hold its ground, the ground rules change in unpredictable ways. Reference to the organization environment requires one to consider both internal and external perspectives in the analysis of service design in the group care field.

A twelfth feature of service design - that of theoretical or ideological determinants - refers to technical, moral and philosophical justifications that are used by the 'producers' of a service to account for their activities with a 'consumer' group. This feature is embodied in the admission and discharge practices, social customs and sanctions,

criteria used in reviewing and evaluating performance, and implicitly frames the social climate of a centre.

Ideology also frames the social policy brief, the pattern of cost inputs-outputs relations and the external organization and social policy environment. At one level, justifications given by a junior member of staff to a supervisor concerning his/her actions with a child, may be framed in very personal terms, thereby reflecting basic attitudes, moral values and ideological beliefs. At another level, these same justifications are reflected in social policies, patterns of funding and the establishment of priorities.

While arguing that theory and ideology are structural characteristics of service design in the group care field, it is very difficult to isolate this feature from the others. Nevertheless, the impact of theory and ideology can be considerable, as indirect influences on service delivery.

To summarize again, twelve structural features have been identified which are characteristic in the design of services in the group care field. These features stand the initial test of continuous comparative analysis in each of society's four major resource systems - education, health care, criminal justice and social welfare. However, further verification, refinement and delineation is required to substantiate them further.

Having outlined the perimeter of a group care field and structural features in the design of services in this field,

the task remains to locate group care services within a social policy framework. Both the origins of group care, which involved effort on the part of voluntary and private groups, and the growing involvement of national and local government through funding, regulating and managing all sectors of the group care field, call attention to the ways in which a social policy environment has influenced the provision of group care services.

Group Care Services in a Continuum of Care

An historical review of evolving care services for handicapped people in Scandinavia provides a beginning illustration of the social policy environment which surrounds group care and treatment. Grunewald (1972) identified four stages of development which are thus illustrated. The first, or diagnostic stage, features identification of particular problems amongst a specific group of the population. From such a social diagnosis comes the formulation of plans to meet particular needs. The second stage, that of specialization, follows from the belief that particular needs are best met by special solutions tailored to meet those needs. Grunewald claimed that social policy initiatives during this second stage resulted in centralization of services in Scandinavia and the domination of services by specialists to whom the consumers of services subordinated themselves (1972: 10).

The third stage of development, that of differentiation, occurs when social policies recognize that a particular service cannot be standardized for all recipients.

According to Grunewald, Scandinavian countries in the early 1970s represented the differentiation stage of social policy development. Countries in close proximity to Scandinavia were assessed to have been mainly in the specialization stage. North American services were thought to represent the specialization stage, although in some instances, such as rural areas, development of services for the handicapped was still in the diagnostic stage. Grunewald's analysis concluded with a fourth stage of development, that in which decentralization occurs and where services for handicapped and non-handicapped people are integrated within easy access of the whole community. Another way of describing this fourth stage of development is to consider it as representing a social policy of normalization.

Grunewald argued that certain developments must have taken place before the normalization of services for the handicapped can proceed. These include the provision of enough trained personnel to supply services in a given geographical area, a transportation system for the handicapped, and a general state of readiness and relative open-mindedness amongst the population. If these hypotheses are correct, then initiatives taken by some British social

services departments in recent years are worthy of note as added illustrations of the social policy environment. Some departments have sought to develop foster care services and thus reduce the volume of placements for children in residential and institutional care centres (Hazel, 1979). These initiatives have supported a view that children should live normally in family-like environments, and that all forms of service should support children living in their own or another family unit wherever possible (Strathclyde Regional Council, 1978). In this social policy perspective, residential care is viewed as a short-term, back-up service that is directly involved in supporting families, foster families and children who are beginning to live independently in the community. Thus, a philosophy, or ideology of professional service is supported through such a programme of social policy initiatives.

It should be noted, however, that Regional government policies in Britain which encouraged the reduction of residential care services and an increase in foster care came at a time when cutbacks were being demanded in the public service sector. Central government policies, in pressing for cuts, supported a view that national and world inflation could be overcome by reducing public spending and controlling the money supply, by stimulating development in the private enterprise sector and by encouraging personal initiative or innovation to bring about a prosperous and

healthy society. Whether one supports such a government programme or not, these policies are derived from a political philosophy or ideology. Hence, public spending cuts illustrate another social policy dimension which influences services for children.

Taken together, a policy calling for the reduction of institutional care services and a policy calling for public expenditure cuts - both influences can be said to contribute towards a climate of uncertainty or turbulence amongst personnel and consumers functioning in each of society's four major resource systems. It is in this sense that one seeks to illustrate the clear relationship which exists between a social policy environment and the organization environment of services in the group care field. As organizational patterns in the supply of services are altered, so these are experienced directly by children and workers in group care centres. Thus, when social policy alters the proportion of beds in residential care and increases the number of day care or foster care places, so the service supplied to existing consumers of group care and treatment will change.

Whether change arises through externally-controlled processes or not, change is frequently reflected in reactive, or accommodative responses by personnel and children as they adapt to alterations in the life of a group care centre. When the social policy brief for a centre changes,

so do the activities which are made available there. Waning enthusiasm, undercurrents of tension and the spread of rumours amongst workers can all too easily become mirrored in groups of service consumers, with individual plans for particular children being left open to question. Falling numbers in personnel or client referrals, if even in the short-term, will influence the social climate of a centre. Similarly, a rapid increase in referrals to a day care centre, without concurrent increases in day service personnel, will influence dramatically the programme of care and treatment services on offer.

When the basic ingredients in a group care programme are reduced to the management of turbulence, then other programme dimensions begin to suffer. The range of nurturing care opportunities may become narrowed; socialization experiences may be reduced, (thus increasing the likelihood that negative socialization will replace the positive); and specific therapeutic interventions (including behaviour control issues) may become paramount concerns in the programme of activities available. As these features of a programme suffer, then individual care and treatment programmes for especially vulnerable children are left open to question, if, that is, were reasoned professional opinion sought and heeded. It should now be obvious that real dangers exist in restricting one's analysis of group care by excluding reference to the social policy environment.

One social policy conception, involving the popular notion of a continuum of care, is of contemporary interest (Kadushin, 1974; Whittaker, 1979). As articulated, this formulation aims to provide services to children in their own home when possible, but also attempts to ensure the provision of residential or institutional care when required. A central feature of this 'ideal programme' is the provision of social care personnel (psychologists, education welfare, medical or community nursing personnel, probation officers, social workers, etc.) who can intervene in the lives of children and families with a range of alternatives that are appropriate to social and personal needs. The continuum of care ideal envisages a geographic distribution of resources and seeks to allow for local variations within a broader spectrum of services. Cooperation between the private, voluntary and public sectors are programme ideals which are worthy of developing and maintaining.

Initially, the ideal of a continuum of care can be outlined in its broadest sense, ranging across education, health care, criminal justice and social welfare responses. However, for the purposes required here, the continuum of care concept is narrowed so as to illuminate 'minimum requirements' that are required in the social welfare network if the basic expectations contained in social legislation are to be satisfied. Some argue that a focus on minimum provision serves to restrict the continuing debate about

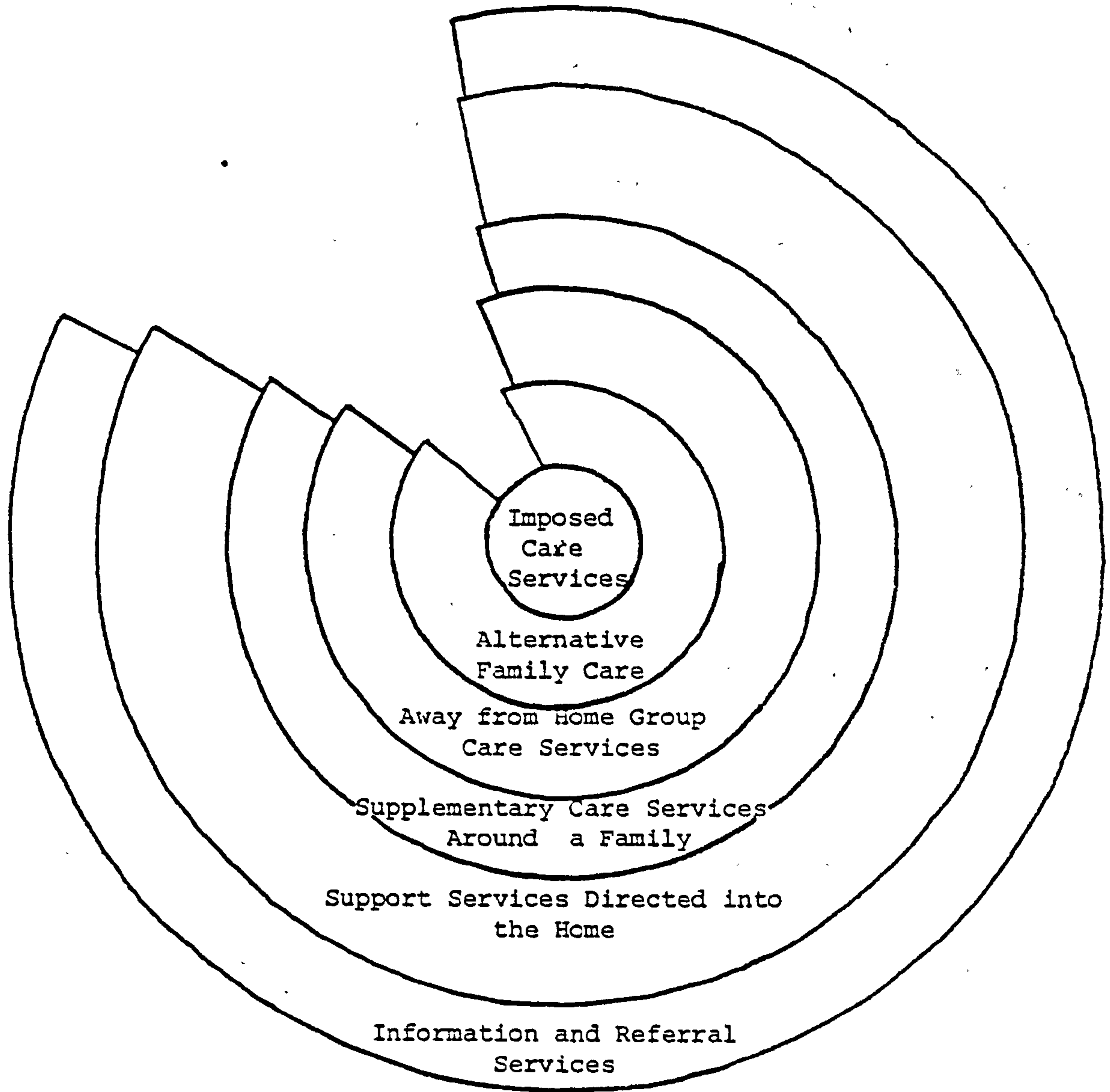
competing service priorities, priorities which are innovative and also worthy of consideration. However, it can also be argued that the notion of minimum service requirements recognizes certain economic realities, while at the same time emphasizing development of local resources and resources shared between local areas that are responsive to local needs. It also takes account of the siting of specialized resources in such a way as to support and facilitate easy access by service consumers. An appreciation for the planned use of voluntary resources is also characteristic of this social policy perspective.

In using the term 'continuum' to describe a network of services for children and families, it is important to clarify the sense in which this term is used. Beker (1981) and Davies (1981) provide helpful discussions in this respect. A simplistic view tends to locate institutional care at one end of the spectrum, while any service which is not an institution is, by definition, located at the other end of the continuum as community care. The questionable assumption here is that residential institutions are therefore not in the community, resulting in the naive view that institutional care is bad and community care is good. This is not the sense in which a continuum of care notion is used here. Instead, the conception is that of a spherical pattern - more like the ripples in a pool - reflecting outwards from a particular point of reference. Since each

element in the continuum of care will most assuredly view itself as the reference point from which the continuum extends, it is here that the structural features of service design help to locate a particular service and to illuminate its inter-relations with other services on the continuum (Figure 2.7).

Access to the continuum of care in any geographic area develops from a social assessment of family or individual need. Such an assessment may involve a vague sense of need, felt by family members; or it may result from a growing sense on the part of others that special needs are evident. In determining what action is required, particular others - such as family doctor, lawyer, teacher, social worker, religious leader, friend or policeman - may require several options available to them when seeking supportive resources. Six particular options can be delineated as representing minimum requirements in a continuum of care for children and families. Our point of reference begins with a community-based service which involves the least interference over client lifestyle. Then, using interference (or social control) as a dependent variable, the elements in a continuum of care can be identified, moving from services involving least interference to services involving most interference over client lifestyle. Where possible, attempts have been made to differentiate between those elements which overlap education, health care, criminal

Figure 2.7: Minimum Service Requirements in a Continuum of Care for Children and Families



justice and social welfare responses, and where overlap is less likely to be found. Examples are also supplied to illustrate ways in which the continuum of care ideal relates to existing programmes.

The first option required of those seeking supportive services involves an anonymous source of information about resources which may be available. Information and referral services need to be readily accessible and be capable of supplying detailed and up-to-date knowledge about support services that are available within a geographic locale. Whether located within an acute and emergency unit at a centrally located hospital, a local social service agency, a specialist service in the voluntary sector or the police, the aim of this form of service is to ensure prompt and humane responses to requests for information. It involves working indirectly with families through collaboration with a vast network of service-providing agencies.

The second option involves providing children and families with support services directed into the home. Examples of this more substantive form of care involve personnel who supply services, such as home helps, volunteer babysitters, housekeepers, decorators and Meals on Wheels, as well as the provision of aids and goods. The emphasis is on practical support in the expectation that temporary relief and specific assistance will enable families to regain an equilibrium following a crisis, or support families

through the duration of a stressful period. This form of service may be provided by agency personnel from a wide range of public, private and self-help groups. It is also possible for some of these services to be supplied by certain types of offenders, working under community service supervision. These services are more interfering than those referred to in the earlier option since they are no longer anonymous and the consumer is more precisely labelled as a recipient of services.

Supplementary care services around a family make up the third form of social care provision in this continuum ideal. This form involves the supply of supportive casework services, group work and certain aspects of day care, along with sponsorship of playschemes, mother and toddler groups, holiday and relief programmes, and the support of community self-help schemes. Intermediate treatment and alternative education also feature in this grouping. Many of the services under consideration here are provided by local and voluntary groups, churches or synagogues, pre-school education and social services. Various community nursing schemes can be identified under this heading, as can certain aspects of the service provided by General Practitioners under the National Health Service in Britain. A distinguishing characteristic of this form of service is the way that the consumers participate in a series of activities which are designed to support them. However, participation is for specific, time-limited periods.

The fourth option involves away from home, group care services. Particular types of day care may be considered here, along with phased care and other planned uses of residential group living. These services might involve links with special education, hospital care or group home care for delinquents. Each can be viewed as a substitute service, aimed at supporting families in the care of their own children. Support is a central feature, whether the service is offered concurrently (as when a child is living at home), or periodically (when a child moves between living with his family and living in a group care centre). Normally this form of care involves smaller residential group living units which are situated in close proximity with social amenities. In many respects this form of service can be said to be less interfering than a group residence situated within the perimeter of an institutional campus. A principal distinguishing characteristic between residential group living and institutional care involves siting and physical design of the centre. Where the centre is situated, and what the living unit looks like, unavoidably influence the extent to which families are able to collaborate in the care provided for their children. Thus, family involvement is seen as an important feature in this ideal form of service provision.

The fifth, and increasingly interfering form of service in the care continuum, involves alternative family care.

Fostering and adoption services are particularly evident under this grouping. A spectrum of foster care responses can be identified, including short and long-term resources which sustain children through situational crises, or which offer supplementary care and substitute family care.

Small group, peer-group and family group fostering may be identified, along with foster care for individual children of various ages and degree of social handicap. Foster care schemes often overlap with a variety of adoption services, especially for larger families which stay together, or in the case of older, more difficult to place children who present particular handicaps or social characteristics. These services are highly interfering in their impact on children and families, since in many respects, they are similar to the assistance which is offered to refugees or immigrant families. A child is expected to adapt to a new set of social and cultural expectations. In short, a new lifestyle - but hopefully one which enhances quality of life for a child - is required in alternative family care services.

The sixth and final grouping involves what is best described as imposed care services. This form of provision contains the most interfering types of intervention: community responses where extra containment, surveillance and security feature as characteristics of the facility and its staffing pattern. Some overlap may be found between

imposed care services and away from home, group care services. In a similar way, overlap may be found in relation to supplementary care services and alternative family care. Imposed care services are likely to include special education, medical consultation and family social work collaboration, and can be found in restricted numbers within each of the four service networks.

While imposed care services are more naturally found within the public sector, as is the case in Great Britain, it is not uncommon in North America to find private corporations or voluntary agencies contracting with government to provide such services. The adult services of jail and secure psychiatric wards have their youth-oriented equivalents in detention-assessment centres and psychiatric in-patient units for children. Examination of the staffing pattern in both clearly illustrates a specialization of professional roles in the work of these services. The isolation cell, locked bedroom or 'quiet room' with immovable bed and fixtures, are all architectural features which serve to distinguish this grouping of services from others. The imposition of care exerts a powerful influence over the lives of children, through the character, appearance and style of caregivers working there. This can be a dehumanizing experience, comparable to that described by Goffman (1961) as taking advantage of the willing, good-natured or gullible child (Rushforth, 1979). The influence can also be a positive one (Wolins, 1974). It is because

of the need to hold these 'most interfering' services publicly accountable that one argues for their being made the central core in a continuum of care policy. Potential for unacceptable levels of social interference is heightened when these services are hidden away from public attention.

Summary

In summary, attention has been drawn to three patterns of service design which are found in most Western countries. These three patterns - institutional care, residential group living and day care services - were presented as major components in the group care field, a field which cuts across four major resource networks in industrialized societies, including education, health care, criminal justice and social welfare. The group care formulation was shown to highlight the varied ways in which inter-personal relations and organizational contexts are related in the delivery of services. Twelve structural features were identified as being distinguishing characteristics of service design in the group care field. These range from variables which are very concrete in nature to those which are of greater complexity, each feature influencing the operation of group care centres. Finally, consideration was given to the social policy environment which surrounds group care and to the potential influences on service

delivery which are derived from this external source.

The contemporary notion of a continuum of care was outlined as an ideal programme with six minimum service requirements, all found in the social welfare network for children and families. Throughout the discussion, attempts were made to illustrate the inter-relatedness of social policy, organizational dynamics, environmental context and human development when evaluating the supply of group care services for children.

CHAPTER III

QUALITY OF WORKING LIFE IN THE PRODUCTION OF WELFARE

Introduction

In turning from an analysis of group care as a field of study to the organizational analysis of group care as an occupational focus, one quickly finds just how little is written about the dynamics of teamwork as it applies to this field. From a practical point of view, the problems of team work call to mind a poster seen hanging in the office of a twenty-four hour emergency care centre. The poster illustrated a group of workers caught in the middle of marsh-like terrain, surrounded by large reptiles. A feverish warning appeared at the bottom, saying: 'When you're up to your neck in alligators, it's hard to remember that the original aim was to drain the swamp!' In practical terms, there are so many influences which can make teams function at less than their potential, that all too frequently, task achievement in group care is left open to question.

In analyzing the essential characteristics of care and caring environments for children, Maier (1981: 23) has urged consideration of various influences which surround a child's growth and development and which have a substantial bearing on what actually happens to children during their

involvement in group care. Maier postulated:

"The care offered to children shapes their lives, and the children in turn shape the actual mode of care provided. Moreover, this mutually intertwined caring experience is not merely determined by the interactions between caregivers and care-receivers. Of equal importance is their physical setting, the material goods at their disposal, and above all, the external forces and institutions which support and negate their efforts ... Whether these outside influences are the child welfare agencies and institutions, the neighborhood and wider community, or the laws and society's conceptions of children's developmental requirements, all serve as salient partners in group care work."

A prevalent assumption in group care work has been that some level of cooperation and collaboration is required between workers if 'good enough' services are to be provided for children and families. It is this assumption which stimulates an organizational analysis of group care work by individuals and teams. Weick's (1969) concept of the enacted environment is used to identify ways in which group care services are supplied by individual personnel in their dealings with children. Then, moving from the analysis of individual work patterns to that of collective activities in a team, three additional influences on team performance are considered. These include: the internal organization of teams, represented in patterns of interpersonal relation amongst members; the scheduling and deployment of personnel, with reference to both work life and life experiences outside work; and the influence of career patterns amongst individuals and groups of personnel in shaping teamwork performance. Next, a team functioning

variable is identified which involves a collective orientation to quality of working life. To this end, the traditional job satisfaction paradigm (Herzberg, 1968) is extended to include both satisfaction and frustration in work and activities outside work (Heimler, 1975), allowing the quality of working life paradigm (Davis and Cherns, 1975) to be applied to questions of team performance in the group care field. Both internal and external influences on team functioning are identified through reference to a resource-dependence perspective on organizational performance (Pfeffer and Salancik, 1978). Finally, the production of welfare model (Davies and Knapp, 1981) is amended to incorporate team functioning as a human resource input in group care service production. Further refinement of the Davies and Knapp model is achieved through identification of five interlocking contexts which frame service production in this field. The structural characteristics of service design, referred to in Chapter 2, are identified in each level of contextual analysis. In this way, eight hypotheses are reformulated from Bronfenbrenner's (1979) social ecology model to evaluate quality of working life for personnel in the production of group care for children.

The Occupational Focus of Group Care

In her classic study on the functioning of nursing staff in a general hospital, Isabel Menzies (1970)

described the development within social organizations of a number of interacting factors. Crucial among these were: "the primary task of assignment, including such environmental relationships and pressures as that involves; the technologies available for performing the task; and the needs of the members of the organization for social and psychological satisfaction ..." (Menzies, 1970: 8). Later work extended these formulations to an analysis of task and anti-task dynamics in the functioning of personnel in adolescent institutions. Task was interpreted generally to incorporate "activities which an enterprise must perform in order to survive" (Menzies, 1977: 13). This work identified "a danger of primary task being implicitly redefined when the task, as originally and perhaps more realistically defined, becomes too difficult; or when societal pressures against task definition are too great. In other words, task may implicitly slip over into anti-task" (1977: 16). Conclusions drawn from this study stressed the importance of staff support systems which help to sustain positive task performance amongst group care teams.

The literature provides an ever-expanding discussion of the occupational stresses in group care work. Mattingly (1977; 1981), Freudenberger (1977), and Dunham (1978; 1981) represent work carried out on both sides of the Atlantic associated with prolonged involvement in

group care work with children. Consideration is repeatedly given to the relationship between staff wellbeing (or quality of working life) and quality of life for the consumers of a group care service. Most of these explorations concentrate on the particular nature of group care work and on the personal characteristics of workers in this field. Themes such as: the emotional and physical demands of the work, the suitability of particular personalities to the work, and the influence of outside-work activities on job performance, are found quite commonly in this literature.

No matter where the enquiry begins, one cannot escape the fact that in supplying a group care service, the assignments to which personnel are posted require the attentions of more than one individual. The primary task must be shared, requiring at a minimum, some elementary level of cooperation and teamwork. This means that the unique life histories of workers along with their status and particular style of working are all important. On the one hand, team members may be treated as replaceable or expendable objects, as may have been the case in an infantry platoon during the First World War. Or, team members may be treated as highly valued and skilled participants in a complex task. Whichever the case, experience has shown that children in receipt of care make very careful discriminations between each member of a

staff team. This dynamic is illustrated in the way that children become unsettled when careworkers who are unknown to them take charge. It is also illustrated in the way that individual workers are blamed for problems in the work. It is a persistent belief that individuals play an important part in the functioning of teams.

However, before looking at individual influences in the functioning of teams, it is first essential to consider the actual work place to which individual workers are assigned. This work place, complete with specific architectural features, imposes very real limitations on the performance capability of personnel. A group care team whose work-place is situated in a highly populated area will be faced with work demands which differ from, say, a team of personnel working in a semi-isolated work place, sheltered away from public amenities. Families and friends of children in care are similarly influenced, illustrating further the way that the siting and design of the centre are important influences in group care work.

The events encountered by a team of workers in a group care centre do not present themselves with neat labels and interpretations. Rather, team members and the children with whom they work give meaning to the events. Here Weick's (1969) concept of the enacted environment is of use. A prevalent view, found amongst practitioners

and administrators alike, assumes that group care environments are created by the adults and children who interact together there. Furthermore, this view holds that as these environments are created and used, so the system of referring agencies and professional groups adapt to these services and endorse them as being of assistance to children. Weick modified this view by postulating that as human actors, the personnel and children inhabiting an environment do not just react to their environment. In many ways, they can be said to enact it.

In looking for uses of the term enactment, one discovers that it conveys meaning in two different ways, although both involve action in one form or another. The first is 'to decree by legislation or policy directive', while the second is 'to re-create or represent something as by staging a play'. Both of these processes are to be found in the analysis of events in a group care environment. Personnel are directed to a particular workplace and there - along with other personnel - they engage children and are engaged by children in activities which are both play and drama. Thus, speculation about what a group care service is remains meaningless without reference to the focal environment, and more precisely, to the individuals who plan and carry out the activities which take place there.

Weick identified several properties of the enacted environment, each of which applies to the occupational

focus of group care (1969: 65). First, in the process of enactment, the creation of personal and social meaning comes from remembering, and thereby paying attention to events which have already occurred. Second, since attention is directed backward from a specific moment in time, whatever events are occurring at that time will unavoidably influence what a person or persons recall from their past experiences. This means that as attention is directed backward from a given moment in time, the specific memories from past experience that are fixed upon form the basis for further actions in the present. Memories become mental cues for enactment. The experienced worker, faced with a difficult situation, is likely to recall previous situations which resemble that encounter. Hence, if even through an instantaneous mental process, memories become cues for enacting the new drama. Goffman (1974) explained this process as a person framing their experience in such a way that it makes sense to them and thereby informs their actions. Maier (1978) analyzed the same process through the application of Piagetian principles in professional helping.

A group care worker facing a difficult situation helps to clarify the third property which Weick postulated as being central to the process of enactment. This is that memory - be it memory retention, recall or reconstruction - influences the meaning which workers convey to experiences.

A middle-aged woman, herself a single-parent mother of adolescent boys, was hired to work as a group life counselor in a school for delinquent girls. She reported for her first day of work, dressed in skirt and high-heeled shoes which seemed befitting of the professional status accorded to counselors. On arriving at the school, this woman was directed to one of the residential living units and soon found herself locked in one of the first secure treatment units for delinquent girls in the United States. Within minutes of entering this work environment, a riot broke out injuring the supervisor. The new worker lost her high-heeled shoes and barely managed to alert security in time to avert a mass breakout. The experience had a telling effect on her subsequent performance. Some years later, while working again in the same secure unit, this woman exuded tension and increased authoritarian responses at the slightest indication of rowdiness amongst the residents.

The fourth property of enactment is clarified as the illustration continues. Only when this staff member's authoritarian responses occurred in the centre did the various stimuli which initiated those responses become identified. Weick's explanation of this last property was that "an action can become an object of attention only after it has occurred" (1969: 65). While the staff member was acting in an authoritarian manner, and thereby changing

the tone of the environment, the reasons for her action were not entirely clear. Thus, in the early days of her return to working in the secure unit, it was not unusual for people to wonder what was bothering this woman and what was the source of her motivation. Later, through the aid of supportive supervision, this same staff member was able to develop alternative responses for dealing with tense situations in her work.

There are various problems which arise in the enactment of group care environments, problems which may adversely affect workers' prospects for continued survival and success and their capacity to adapt to their environment (Pfeffer and Salancik, 1978: 79-83). The first type of problem arises when workers do not perceive correctly either all the external groups and individuals on which they depend, or the relative importance or power of each. The second problem arises when an individual, group or organization is recognized as being influential, but the focal group - in our case a team or management group - misreads the criteria being used or the demands being made. Such a misunderstanding may be the result of selective perception where the filtering of information helps to explain how workers pay attention to that which they have been trained to notice, and to those factors which are relevant to their own particular jobs. A paradox which confronts group care workers is that if attending to

everything, they will be swamped with information and be unable to function. On the other hand, if not enough information is forthcoming, then important changes can occur outside a centre, leaving workers unprepared to face ensuing threats to ongoing performance. Commitment to doing things in a certain way, and the problem of balancing demands between many individuals and groups, represent other dilemmas associated with environmental enactment. Under the not-so-secure blanket of ignorance, the solutions to one set of problems in a group care environment can create the conditions for new difficulties.

As the concern here is with finding ways to explain variations in the functioning of group care teams, the notion of an enacted environment holds several attractions. In that the discussion so far has concerned processes whereby individuals give meaning to certain events, so these processes become complicated even further as attention turns from the individual worker to the work team. In a team context, collective rather than individual influences control the interpretation of meaningful events. This means that the internal organization of a work group is of major importance. Early on McDougall (1920) argued that any attempt to understand or to predict the behaviour of groups (or teams) must take account of the ways in which mental processes of members are modified by the very fact of being members of

a team. This requires that one examine the interactions between members of a team, and also the interactions that take place between a team as a whole and each member.

McDougall postulated that groups differed greatly from one another in respect of the kind and degree of organization they possess. In group care teams, individuals have certain determinate relations with one another which have arisen in one or more of three ways (1920: 21-22). First, certain relations may have been established between the individuals before they came together in a team. If so, these previously recognized relations will continue to play a part in determining the team's collective deliberations and actions. Second, if a team enjoys continuity of existence, certain more or less constant relations of subordination, deference, cooperation and leadership will become established between members. Finally, a team may have a continued existence and a more or less elaborate and definite organization which is independent of the individual members. In such cases, individuals may change while the formal organization, or pattern of functioning within the team, persists. Each person who joins the team is received into some more or less well-defined position, and these formal positions determine in great measure the nature of individual relations with other members in the team, and with the team as a whole. Thus, as the interpersonal features of

group care work are examined concurrently with the structural characteristics of service design, one can illustrate how the staging, lighting and props in an environment are of critical significance for the human drama and play that is enacted there.

The scheduling of when team members work, or the specific personnel complement and their deployment, is especially important in the enactment of group care services. Here, the hours of work, patterns of on- and off-duty, length of service, and the benefits which have accrued over a particular period of time are all important. Immediate details are available in the first instance by examining the weekly or monthly work schedule which will be found in varying forms near the office of every group care centre. Initial enquiry suggests that the impact of shift-work, of on-call duty, and of over-time duty in group care work is consistent with findings from other service-producing and goods-producing sectors of employment (Faunce and Dubin, 1975; Agassi, 1975; Ginzberg, 1975; and Reed, 1977). Attention to when personnel report to work and return home again serves to highlight the patterns of interaction between working life and personal life. Furthermore, if personnel stay in tied accommodation or live on the premises, one is likely to find a blurring of boundaries between working life and personal life, such as when workers 'come home to work' after a quiet evening with friends.

Any consideration of when personnel work also requires clarification of career patterns in what Levinson (1978) describes biographically as representing an adult life structure, or a basic pattern or design in a person's life. This formulation was developed so as to illuminate the ways in which an individual engages with society, allowing one to examine such engagement from three points of view. The first involves an individual's socio-cultural world which can be said to represent the preconditions for personal action. The second perspective includes various aspects of the self, including patterns of thinking, feeling and acting, along with personal values, beliefs and attitudes. Finally, there is the individual's participation in the world, focusing attention on the landscape, the cast of characters and the variety of resources or constraints which apply as people fashion their lives. Thus, one can argue that certain developmental influences help to shape patterns of functioning amongst group care teams over time. Caution is required if one takes account of the criticisms that have been directed at the ego psychology assumptions which underlie the work of Levinson and his associates. These criticisms relate to the subjectivity, the speculative nature and the biographical foundations of a psychosocial orientation. Others, however, including Maier (1981), VanderVen (1981), Weber (1961) and Menzies (1970; 1977)

have arrived at parallel conclusions in their analyses of personal and professional functioning amongst group care personnel.

When an external event has a decisive impact, it is sometimes useful to consider how processes in the self may have helped to bring it about or to mediate its effects. Similarly, when an inner conflict leads to dramatic action, it may be useful to consider how external influences may have touched off the conflict and determined how it would be played out. Working along similar lines, Holmes and Masuda (1974) and Harrington (1977) have demonstrated how certain correlations can be drawn between significant life events and illness susceptibility. Meanwhile, Brown and Harris (1978) have shown that significant life events, while being generally influential across a population, are still likely to influence different people in different ways. Thus one must question how various aspects of a person's world influence the formation of a life structure and shape its change over time.

Levinson and his associates found that occupation and marriage/family represented the major components which shape life structure in men. It was through participation in these two social arenas of life that a person engaged most directly with the world. Occupation represented the primary factor in determining income, class, prestige and a particular place in society. Family life, on the other

hand, connected one to various other components of life, including a family and class of origin, ethnicity and occupation. In terms of the occupational component of life structure, several studies of group work with children have shown where high staff turnover, limited career mobility and restricted training opportunities leave personnel in this field in a disadvantaged occupational position (Cawson, 1978; Millham, Bullock and Hosie, 1980; Newman and Macintosh, 1976). In terms of family and domestic life, group care work can be said to influence life structure in at least two ways. First, the scheduling of work, as referred to earlier, shapes the rhythm of interaction with family life in ways which are similar to that found in other occupational groups. Second, there is the added dimension of close emotional involvement between workers and those with whom they work. This involvement includes both children and colleagues and it is not uncommon to find these emotional demands becoming a threat to family life at home.

In summary then, the occupational focus of group care builds from an analysis of the internal organization of work in a service-oriented environment. A process of enactment is represented in the interpersonal relations of workers and children, while the structural design of an environment supplies the context against which the meaning of events is interpreted. When personnel work - along

with influences associated with non-work events (such as marriage, birth of a child, or loss of a loved one) - all become elements in the enactment of a group care service. It is in this sense that Maier's assertion, referred to early on in this chapter, can be amended to read:

"... the care offered children shapes their lives and the children in turn shape [the lives of the caregivers and] the actual mode of care provided".

The Functioning of Personnel Teams in Group Care Work

A distinguishing feature of personnel teams working in the group care field is that, like other production teams, they are continuously engaged in some way with the recipients or assembly line of care. At one extreme, group care personnel are expected to supply a 168-hour service, fifty-two weeks a year, while in a day care service, this 'production' period may be reduced to a few hours a day or week. In this sense, a relay team can be used metaphorically to describe how personnel on one shift hand over the 'baton' of responsibility to another, for running the next lap in an athletics event. Some group care teams may be functioning in 'sprint' or 'middle-distance' events, such as might be the case in an observation and assessment centre. Other teams may function in 'marathon' or 'endurance' events, presenting different demands and varied stimulation for individual team members. A group

care team providing for children with profound mental handicap, or working in a long-term secure unit might at times feel like they are participants in an endurance test.

Whichever the event - the handover of duty, being on call, or being off-duty - they all imply some level of cooperation and transfer of responsibility in the work. As in the relay race, group care personnel frequently carry their own 'baton' or responsibility, sometimes in the form of keys. Perhaps responsibility rests simply in the particular title which has been given. Thus the titles of 'staff', 'volunteer' or 'parent' distinguish between one worker and another. In all cases, responsibility is transferred from one team member to another and then back again, throughout the course of a working week. This means that any analysis of team functioning must look at the organization and deployment of work teams, patterns of decision-making and a consideration of how teams go about their work.

To begin with, team functioning can be identified according to the pattern and structure of particular contributions made by individual team members in a group care centre. Berne (1963), Cartwright and Zander (1968) and Davis (1969), amongst others give support to McDougall's (1920) proposition that group structure - or certain recurring and expected patterns of interpersonal behaviour - is a determining influence on team performance. Factors

such as age, sex, educational background, domestic arrangements and occupational title are all influential in determining the patterns of teamwork that will be experienced by children in group care. This takes one back to Menzies' (1970) findings concerning the needs of group care workers for social and psychological satisfaction in their work.

Exploration into the quality of working life for group care personnel is still decidedly lacking in the literature, this at the same time that considerable attention is given to the quality of life for clientele (Goffman, 1961; Polsky, 1962; Moos, 1974, 1975; Tobin and Lieberman, 1976; Davies and Knapp, 1981). Quality of working life, as an occupational concept, refers to the quality of interactions which are present between employees and their work situation, interactions in which the very nature of the work plays a central role. This constitutes a critical area for enquiry in studies of occupational groups for two broad reasons. First, quality of working life has very important structural characteristics in that it is the meeting point between the individual employee, the employing organization and the broader community. Second, quality of working life is an ever changing construct in that both the employing organization and the employee are in continuous interaction with the social environment within which they function. Yet the structural and dynamic properties of working life are not

separate entities. It is the complex character of work - the tasks, responsibilities and demands - which gives the interaction between employee and employing organizations its special meaning.

In group care, the special meaning of work is inextricably woven into the quality of service supplied by personnel and the quality of life experienced by clients. In a similar way, the characteristics of group care personnel in their many relationships with an organization's task serve to heighten the dynamics of working life, making them very powerful influences indeed. Thus, the way that a group care service recruits, organizes and supports its workforce influences the way that tasks are both identified and carried out. It is in this sense that quality of working life is an area of strategic importance for workers at all levels of an organization, and is an especially important concern for group care service organizations (Fulcher, 1979). Reference to the term 'quality' indicates some normative position, suggesting that the quality of working life can be low or high, depending on certain criteria.

Various attempts have been made to use the notion of job satisfaction as the criterion by which to measure the relationship between an employee's work performance and the organization of their work place. Seashore called attention to the principal limitation of this approach as being "its almost exclusive reliance upon the expression of satisfaction

by the individual worker as evidence of high quality of working life" (1975: 107). Arguably, this is a very restricted perspective in that: (1) it assumes a very limited time perspective, based entirely upon present characteristics and takes little account of past occurrences or future possibilities; (2) its scope is restricted to the very narrow characteristic of 'job' as compared with 'working life', thus allowing very little attention to be given to the place of individuals within a dynamic and ever-changing life cycle; and (3) it assumes that a job is sufficiently influential as to evaluate a person's working life, ignoring the ways in which jobs are interdependent with other jobs in organizations, and with other non-job roles for individuals outside their work. Seashore concluded that research based on job satisfaction alone follows a static paradigm that makes few allowances for change which occurs in organizations, jobs and individuals.

Russell's (1975) enquiry into the attitudes that are held by workers concerning employment and job satisfaction gave further substantiation to this point. Russell used a work orientation variable to identify the extent to which workers list their wants and expectations in order of priority, especially as these relate to their employment. Russell challenged Herzberg's (1968) two-factor theory of job satisfaction which postulated that factors leading to job satisfaction are separate and distinct from the factors

which lead to job dis-satisfaction (1975: 301-302). Herzberg's differentiation of factors has resulted in the traditional analysis of job content factors (motivators) and job context factors (hygiene) as determinants of job satisfaction amongst workers. Job content factors were said to include the need for recognition, achievement, growth potential, advancement and responsibility, along with characteristics associated with the work itself. Job context factors were said to include salary, interpersonal relations, technical supervision, agency policy and administration, working conditions, factors in personal life, status and job security.

Russell claimed that Herzberg's motivator-hygiene theory had resulted in inconclusive research evidence. He argued that the way in which workers perceive their work - as satisfying or dis-satisfying - is directly related to the values which are given to various aspects of the job and its environment. Thus, job satisfaction was shown to be a positive function of workers attaining their priority work needs. Furthermore, workers' expectations of their priority work needs were found to be a function of their orientation to work. This sociological perspective implies that workers can be responsive to both intrinsic and extrinsic rewards. Similarly, both types of rewards may be reported by workers to be satisfiers and dis-satisfiers at the same time (Russell, 1975: 306). Support for this position was

obtained from findings which show that workers who are instrumentally oriented (e.g. labourers on an assembly line) derive work meaning from extrinsic rewards (e.g. money), whereas workers who are expressively oriented (e.g. many group care workers) derive their work meaning from intrinsic rewards (e.g. feelings of satisfaction from relationships with children).

Another paradigm, that which was developed by Heimler (1967) relies on the idea of satisfaction and parallels to some extent the framework presented by Herzberg. However, Heimler's formulation is more consistent with Russell's findings and goes some way towards alleviating problems associated with the traditional job satisfaction paradigm (Seashore, 1975). Heimler postulated that the absence of satisfaction is different from dis-satisfaction and that an alternative construct - that of frustration - is required in order to account for the emotional significance of work (1975). To this end, both job satisfaction and job frustration must be identified simultaneously. At the same time, account must be taken of satisfactions and frustrations in life outside of work in order to highlight the particular ways in which quality of life and quality of working life are related.

Developing from experience in Nazi concentration camps during 1944-45, Heimler came to postulate that orientations to life satisfaction were defined in terms which are both

personal and socially influenced. He claimed that satisfactions are associated with five broad areas of functioning, including: work life, financial life, social life, home life with family and significant others, and personal life. In a similar way, orientations to life frustration can also be thought of as being defined in personal and social terms. Frustration, like satisfaction, becomes identified through the dual influence of a person's direct experience in the world both historically and in the present, and from factors which are embedded in a person's social and cultural environment. Orientations to life frustration come to be expressed experientially, through: activity, health, personal influence, moods, and habits. Heimler's conclusion was that an economic distribution of energy is desirable, if not required to sustain a reasonable level of social functioning over time, meaning that some relative balance is expected between satisfactions and frustrations, and between areas of satisfaction and frustration. Thus, the lower the level of satisfaction and the higher the level of frustration, the greater the probability that a worker's job performance will become known to team members and the supervisory process.

Russell's work orientation construct justifies the extension of a traditional job satisfaction paradigm to include Heimler's human social functioning paradigm when measuring quality of working life amongst personnel.

As applied to the performance of personnel teams in the group care field, work orientation is likely to be reflected in differing patterns of satisfaction and frustration, all operating within the same group of workers. However, certain dominant themes can be expected to emerge which are indicative of common ground within a team - themes which represent work orientation and quality of working life for a team. It can therefore be postulated that a coalescence of themes can be identified in any work group concerning satisfactions and frustrations in working life. These themes will be influential at the level of individuals as well as at an organizational level and will be instrumental in shaping patterns of team functioning and performance over time. It is in this sense that work orientation, job performance and team functioning become central concerns in any evaluation of activities carried out within an employing organization.

Since patterns of team functioning are expected to exert an influence at both an individual level and at an organizational level in group care work, further clarification is required to determine the potential influence which individuals might have on organizational performance. This is especially important when one takes account of the reasons that are so often put forward to explain poor team performance, reasons such as poor leadership, personal incompetence and weak commitment. A basic important

question concerns the extent to which one assumes that individual influences shape team activity and outcomes. Alternatively, it may be more accurate to assume that team activity and outcomes are associated with contextual influences; and individual influence, while important, is not all that important in determining the shape of things.

Several theoretical reasons have been noted for expecting that individuals will have less effect on organizational outcomes than would influences arising from an organization's context (Pfeffer and Salancik, 1978: 9-10). These include the following justifications. First, both personal and organizational selection processes are likely to lead to similarity amongst the organization's leaders. This in turn restricts the range of skills, characteristics and behaviours found amongst those who achieve positions of importance. Second, even when a relatively prominent position has been achieved in an organization, the discretion permitted to a given individual is still limited. Decisions may require the approval of others in the organization; information used in formulating decisions comes from others; and some persons may attempt to influence or put pressure on others in their work roles. All these social influences further constrain the discretion available to individuals. Finally, it is simply the case that many of the things that affect individuals and teams are outwith the control of participants within the

organization. Considering all these factors, it is not likely that individual workers and managers will have all that large an effect on the outcomes produced by group care centres.

Pfeffer and Salancik (1978) have called for greater attention to be given to specific conditions under which greater or lesser impact can be anticipated in shaping organizational performance. On research evidence presently available, derived primarily from an internal view of organization activity, these authors claim that personnel may be much less influential in determining organizational outcomes than has been assumed to date. Instead, what is required is an orientation which takes account of individual performance but also takes account of the extent to which organizations are dependent upon external influences. As a prerequisite to the understanding of their resource-dependence perspective, Pfeffer and Salancik claim that an appreciation of at least three general concepts is required. These include organizational effectiveness, organizational efficiency and the symbolic role of management. Each of these concepts is summarized accordingly.

The effectiveness of an organization is defined as its ability to create acceptable outcomes and actions (Pfeffer and Salancik, 1978: 11). Caution is urged against confusing effectiveness with efficiency. Effectiveness is measured by the ratio of resources used compared with the

outcome produced. On the other hand, efficiency involves doing better what the organization is currently doing. As such, efficiency is an internal standard of performance while effectiveness represents an external standard concerned with how well an organization meets the demands of various groups that are interested in its activities. Often the call for effectiveness is translated by managers and workers into an internal plea for efficiency of operation. However, the credibility of an organization and its activities is ultimately judged by those outside the organization.

An extreme example, which illustrates the relationship between these two organizational concepts, can be found in the Nazi death centres of the 1940s (Heimler, 1963). Slaughter was carried out very efficiently in these centres and the 'service' was deemed to be quite effective by those who formulated social policy in Germany at that time. However, these same extermination centres were later judged by the external world to be an abhorrence to civilization. Individual officers and executioners were subsequently convicted and punished for their effective and efficient work. It is the conviction of individuals in this example which serves to illustrate the third organizational concept, that of the symbolic role of management. This also requires explanation.

Pfeffer and Salancik have noted with others (Kelley, 1971; Lieberman and O'Conner, 1972; Heimler, 1975) that

individuals desire a feeling of control over their social environments (1978: 16). This tendency to attribute great effect to individual action, particularly actions taken by persons in designated positions of authority, may be partially accounted for by this desire for a feeling of personal effectiveness and control. Thus, a major function of the team leader or manager is to serve as a symbol, or the focal point for a team's successes and failures. By symbolic reference, a leader may come to personify a team, its activities and its outcomes. These authors claim that endowing leaders with an aura of power enhances individual feelings of predictability and control, giving observers an identifiable, concrete target for emotion and action. People want to believe in the effectiveness of leadership and personal action, and to say that managers serve as symbols is not to deny their importance. The sacking of an unsuccessful football coach, a supervisor or an agency executive provides an emotional release, or catharsis, which is too real to dismiss as being unimportant. Those who remain in the organization are left with the hope that things will be improved, thus reaffirming a belief in the importance of individual action.

To summarize again, the case is developed further for a concurrent examination of the occupational focus and the functioning of personnel teams in group care. The very nature of the work and its pattern of organization demands it. Quality of working life for personnel employed in this

field is the essential complement of quality of life for the consumers of a group care service. Consideration of work orientation amongst personnel serves to broaden the scope of traditional job satisfaction study, and further justifies inclusion of a parallel influence on job performance, that of frustration. Furthermore, both satisfaction and frustration as job-related responses are closely associated with reported satisfactions and frustrations in life outside work. Patterns of satisfaction and frustration amongst a group of workers are transformed into a coalescence of themes which are influential in the functioning of teams. Thus, patterns of team functioning become a performance variable of concern to any organization, representing as they do the quality of working life for individual personnel. Furthermore, collective patterns of work orientation for the personnel group are enacted through the organization of work. The notion of teamwork must therefore be examined as a higher order construct, where individuals may change without necessarily changing the patterns of team functioning over time. Finally, any analysis of team functioning, derived from the internal assessment of organizational performance, must also take account of the external environment which surrounds the operation of a group care service. It is to the further clarification of relations between internal and external influences in group care service production that attention now turns.

Contextual Influences on Teamwork in the Production of Group Care Services

Until recently, little attention has been given to the study of group care centres as service production organizations. Davies and Knapp (1981) have opened new avenues of enquiry in this field by presenting their production of welfare model as an evaluative framework which guides the study of outcomes produced by residential homes for an elderly population. Following the general conventions of a production relations approach, these authors grouped what is referred to as 'quality of life' for residents in group care with other 'benefits' derived from the provision of residential care. These characteristics they identified and analyzed as outputs. The determinants of these outputs were, in turn, considered and evaluated as inputs. In so doing, the traditional economic analysis of outputs-inputs relations was extended to an exploration of the service production process which is called group care and treatment.

Davies and Knapp defined outputs as "all those consequences that so directly reflect aspects of welfare in residential [group] care that they are valued in their own right" (1981: 5-7). They argued that since old peoples' homes are in practice a variation on the almost self-contained community, it follows that nearly all aspects of the quality of life for residents are influenced by inputs. The authors asserted that any theory which

seeks to explain relationships between inputs and the quality of life for residents requires therefore an attempt to explain an impressive range of phenomena. Different aspects in the quality of life for residents living in a centre require consideration. The conclusion drawn was that quality of life requires measurement of the differing experiences of individuals, and not simply in terms of satisfaction registered by clients and their significant others.

One reason for this conclusion, claim Davies and Knapp, was that individuals enjoy different immediate experiences as clients in a group care centre. For example, the characteristics of other residents with whom a room or dining table is shared count greatly for the quality of life experienced by each person. Other justifications for individual measurement include: the ways in which contacts between residents and individual staff in the same establishment can vary enormously, implying that care staff may contribute very differently to the welfare of clients; and the emphasis which is given to personal treatment plans acknowledges the need for individual residents to receive personalized attention. Thus, as people respond differently to similar environments, "there is," say the authors, "a sense in which the individual is a part of the process which produces his own welfare" (1981: 7). In so stating, they echo Maier's assertions referred to earlier, that "the

care offered to children shapes their lives, and the children in turn shape the actual mode of care provided" (1981: 23).

A distinction is made in the Davies and Knapp model, between three types of resource inputs - resource inputs, non-resource inputs, and quasi-inputs - all of which encompass influences upon output. Resource inputs such as staff, physical capital, provisions and other consumables are distinguished from factors such as staff attitudes, characteristics of the social environment, characteristics of the resident group, and so forth. These non-resource inputs are assessed as factors which will be found operating inside a group care centre, while quasi inputs impinge from outside the domain of a production unit. For example, the attitudes and orientation of a unit supervisor are assessed in this model as a non-resource input in the service production process. On the other hand, the personalities and experiences of clients entering care are more appropriately analyzed as quasi-inputs, generated primarily from outside the production unit. For the purposes here, the production of welfare model dictates that a team functioning variable must be delineated further, through three levels of analysis.

To begin with, the number of staff and the professional composition of teams should be analyzed as resource inputs. Attitudes and orientations to group care work should be analyzed as non-resource inputs, even though these are closely inter-connected with the resource input variables.

Other aspects of team functioning, while principally a non-resource input, should be analyzed as quasi-inputs. Just as the activity of individual residents is influenced by factors which are outwith the centre, and which were especially important prior to admission, so team functioning is influenced by factors in a worker's life outside the work. A second postulate can therefore be stated:

Quality of life for the consumer of a group care service and quality of working life for service personnel employed in the production of welfare are complementary influences in any group care service.

The production relations approach extends contemporary thinking in the group care field in three ways (Davies and Knapp, 1981: 12-13). First, while the literature reflects many perspectives on the analysis of social care services, no one paradigm is readily available which takes account of the various influences which determine outcomes in group care. The production relations approach is alleged to remedy this deficiency. Second, the production relations approach provides a convenient technical vocabulary for focusing upon and describing complex relationships. It provides a research methodology that can facilitate analysis through the technical substitution of inputs in the production of outputs; a methodology which applies equally to resource and non-resource inputs. Third, this approach provides a repertoire of statistical techniques, which may be used to manage the logical problems that arise in studying

relations between inputs and outputs. These techniques are said to follow the exact contours of the intellectual problem. Davies and Knapp have been quick to clarify that nothing in the production relations approach should encourage perception of complex human relationships as being simple and mechanistic. Instead, the technical information which this model supplies and the conceptual distinctions that are made in it encourage precision around issues which can otherwise be fudged.

Davies and Knapp called attention to the similarities which can be found between their production relations approach and others which rely on a systems orientation (1981: 14). Both conceptual orientations are concerned with the goals of group care and with the specification of objectives which are directed towards a particular task or course of action. Similarly, both are concerned with the relationship between a client and his environment. Each seeks to highlight the ways in which clients do not react passively, but bring attitudes, expectations and indeed whole personalities to bear on the environment which is being enacted around them. No attempt is made in either approach to assume that causal relationships exist independently of changes in the environment.

Still, in spite of the similarities which exist between the production relations approach and a systems approach, Davies and Knapp have argued that the production relations approach offers three added benefits to research in this field. First, it clarifies more systematically important

theoretical and practical questions, since as a higher-order theory, it allows for a more context-specific analysis and theoretical argument. Second, there is a more highly developed repertoire of modelling techniques which are available to test relationships with statistical evidence. Finally, the authors argued that in tests of large-scale evidence taken from the education, health care and social welfare services, a production relations approach has been the more successful.

The production of welfare model holds many attractions for the study of team performance and the analysis of team functioning in the group care field. However, slight modifications are required in the original model to take greater account of the team functioning variable that has been our concern. To begin with, the case is justified for altering, and thereby refining the labels that Davies and Knapp assigned to their inputs variables. To this end, resource inputs can be more usefully identified as material resource inputs and then include staff posts, both operational and logistical; physical capital; provisions; and consumables. Non-resource inputs can be more usefully delineated as human resource inputs, enabling one to rid the classification of its unintended negative connotations. Human resource inputs would then include: characteristics of the clientele as a group; staff attitudes; social climate of a centre; formal organization of programme;

and recurring patterns of team functioning. These two internally significant patterns of input can be distinguished from socio-cultural inputs which impinge from outside a group care centre. The rather arid description of quasi inputs may not convey satisfactorily the complex social meaning that is associated with factors such as: characteristics of individual children; their life experience prior to admission; staff experience of life outside their work; and a social policy brief for service. The remainder of the model can then stand as originally presented, although it may be rather more realistic to analyze any outputs instead of final outputs, and to measure these in terms of normative criteria for quality of life for children and significant others.

One cannot help but take account of the rigorous arguments which are provided by the Kent economists in advocating the production relations approach to service evaluation in the group care field. However, having restricted their review of the systems theory literature to that which applied only to services for the elderly, the authors did not take account of recent developments in systems thinking in work with other groups. Various qualitative features associated with human resource and socio-cultural inputs can be clarified further than Davies and Knapp acknowledged in their original discussion. This becomes evident through a wider review of the literature, drawn from the range of services found in the group care field.

One quickly finds that the literature on child development and child care is much more expansive than is found relating to group care for the elderly or the adult handicapped.

In keeping with the organizational realignment of services which delineated the group care field (in Chapter 2), attention is drawn to further aspects of service production as they apply to group care for children and families.

In the early seventies, development of thinking about group care in North America moved towards consideration of an ecology within which individuals and groups can be said to function (Whittaker, 1975; Moos, 1974; 1976; 1976a; Bronfenbrenner, 1977; 1979). Moos outlined the historical antecedents of the social ecological approach listing several features which have made this approach distinctive. First, the social ecological approach attempts to understand the impact of the environment as experienced by the individual. Second, attempts are made in the social ecology model to synthesize the study of physical and social environments, thereby drawing attention to the basic unity found in any milieu. Third, individual patterns of adaptation, adjustment and coping are of special concern, since these emphasize the mechanisms by which an environment acts on man through its essentially stressful nature, limiting, resisting or inhibiting activity in some instances, while at the same time selecting some living organisms or people by favouring certain characteristics. The environment is thus viewed as an active and positive force which

stimulates and challenges the individual. A fourth distinguishing feature of this approach is said to be its applied orientation. It encourages the exploration of ways in which individuals and social environments can be matched to encourage optimal development. Moos claimed that the social ecological approach retains an explicit value orientation which seeks to increase the amount of control which individuals have over their environments. It opens the way towards further questioning about how environmental planners such as group care managers and practitioners can develop environments which take account of their role as agents of social control in society (1976 : 28-31). Moos concluded that the social ecological approach seeks to identify man's most central needs and to obtain information about the ways in which human environments can best satisfy these needs.

The social ecological approach holds various attractions for the study of service production in group care, even though the title is rather unattractive. Indeed, several features of this orientation actually help to clarify the production of welfare model that has been our concern. The principal contributions involve: the attention given to weather, physical space and design; the interest given to population density, crowding and the use of space; and the concern with noise and pollution. These characteristics of physical environment influence the organization of social environments in such a way as to account for the social

climate variable included by Davies and Knapp in their original formulation. It follows that quality of working life for group care personnel is also influenced by characteristics of the physical environment of work. Thus, the human context of service production requires that attention be given to physical and social influences experienced by workers and clients, and which interact to give an environment its social personality, culture and climate.

It is to Bronfenbrenner (1979) that one turns for the most thorough analysis to date of an ecology of human development where explicit regard is given to research and evaluation of services in the group care field. Building on the theoretical contributions of Lewin (1935) and Piaget (1954), Bronfenbrenner challenged the discipline of psychology to take far greater cognisance than has been the case historically, of the context of human development in any analysis of individual and social behaviour. A blue-print was offered for a reformulated psychology of development, one which is ecologically valid and which takes account of the many spheres of influence which shape human development over time.

Bronfenbrenner attacked contemporary thought when asserting that a prevailing ethos of developmental research is best characterized as "the study of development out-of-context" (1979: 21). The author's intellectual task entailed that of systematically building context into a

research paradigm for developmental study. A series of definitions were presented that cover the substantive focus; the general phenomenon of movement through ecological space; the problems of ecological and developmental validity; experimentation and selection of research strategy; and the nature of human activity in its interpersonal relationships and roles. In summary, Bronfenbrenner defined four systems of influence on human development including: microsystem; mesosystem; exosystem; and macrosystem. These were conceptualized and illustrated in terms of the Russian Doll metaphor, each sphere of influence being nested in another. A series of propositions were also presented which isolated various principles associated with the application of this perspective in group care research. These concern: the identification of research models; selection of methodology; the analysis of properties in relationships between people; and relations between people and settings. This model supplies guidance in a study of service production involving group care for children since it frames interpretive statements that can be tested through the statistical analysis of data.

Our analysis of the occupational focus of group care work in teams is consistent with Bronfenbrenner's definition of an ecological experiment (1979: 36).

Definition 10:

An ecological experiment is an effort to investigate the progressive accommodation between the growing human organism and its environment through a

systematic contrast between two or more environmental systems or their structural components, with a careful attempt to control other sources of influence either by random assignment (planned experiment) or by matching (natural experiment).

Bronfenbrenner has offered considerable guidance to anyone initiating research in the group care field. A richly textured theory base is supplied, including fifty ecological hypotheses which can be used for exploring relationships-in-context. Most of these hypotheses are already supported by existing research evidence, while those lacking support are framed in such a way as to make them theoretically possible.

However, some components of the Bronfenbrenner model require modification if it is to be used in association with the production of welfare model outlined earlier. First, it would seem preferable to refer to contextual spheres of influence instead of retaining Bronfenbrenner's use of the more technical systems terminology. A second and more fundamental alteration involves the further refinement of Bronfenbrenner's exosystem and macrosystem to facilitate the comparative study of teams functioning in an organization's social policy environment. At the end of this chapter, eight of Bronfenbrenner's ecological hypotheses are reformulated to evaluate contextual influences on quality of working life for group care personnel. However, before this can be done, the five reformulated spheres of contextual influence must be identified. All of these will be shown to influence the process of service production in group care for children.

I. The Immediate Context: Group Care Activity in One Setting

One of the early landmarks in the group care literature is Polsky's (1962) investigation involving the social system analysis of one residential group living unit in a large institution for delinquent boys. Polsky, with Claster (1967) later identified four recurring patterns in the work activity of staff which were seen to be influential in the interaction between staff and residents. Through these patterns of interpersonal relations, certain roles and tasks become associated with particular social imperatives in the cottage social system. Nurturer, comforter and supporter roles corresponded with pattern maintenance functions. Counselor, guide and teacher roles were associated with goal attainment functions. Mediator, integrator and friend roles corresponded with an integration function. Meanwhile, custodian, monitor and supervisor roles corresponded with an adaptation function. These authors concluded that this complement of four role segments serve to complicate a group care worker's position in his work, since roles are constantly ridden with potential conflict.

Roth's (1963) little known but significant investigation into the passage of time in hospital treatment, further illuminated features of life in the immediate context of group care. First as a patient in tuberculosis hospitals and then as a social scientist exploring other settings, Roth identified how people try to reduce the uncertainty of

what lies ahead of them during their stay in a group care centre. People draw, where possible, on the experience of others who have gone before them, or who are going through the same series of events. As a result of these comparisons, norms develop for entire groups about when certain events may be expected to occur. Careers may thus be investigated when many people in an interacting group go through the same series of reference points on their way to a definite and recognizable end-point. The sequence and timing of events can be investigated as career timetables, while the consensus of expectations in a group concerning when events should occur can be investigated as timetable norms. Long stretches of time are made more psychologically manageable by residents and staff through breaking time up into smaller segments, or signposts of time. In retrospect, these signposts become the reference points from which further progress and enactment is predicted. Both individuals and groups use timetable norms as a means of measuring their progress. Roth concluded that by comparing one's own rate of progress with the norm, both staff and residents come to determine whether someone is behind, on or ahead of schedule in their progress towards discharge (1963: 116).

A British study of institutions for the physically handicapped and young chronic sick (Miller and Gwynne, 1972) further illuminated aspects of the immediate context in group care service production. These authors identified three major processes which occurred in the group care

centres they investigated, including: an import process; a conversion process which included physical care, resident activities and support whereby residents adapt to life in care; and an export process, as residents die or are discharged from hospital. Co-existing with these processes were: a dependence system, associated with physical care; an independence system, representing activities whereby individuals satisfy their needs as independent persons; and a support system, associated with the encouragement and instruction of residents in activities which do not increase dependence on the centre itself. Like Davies and Knapp (1981), these authors were interested in inputs and outputs, although their conclusions were that competing systems of influence must be identified and weighted accordingly in any production relations analysis.

Hey (1973) and Billis (1980), working through the Brunel Social Services Unit in London, helped to take this discussion further. They have sought to examine the links between work, care, policy and organization in the production of group care services. No inherent contradictions were found between care and organization as influences in the immediate service setting. Billis asserted "What we might discover is that it is precisely the lack of analysis, thought and interest in organizational design that contributes to unsuitable standards of care" (1980: 113). An alternative approach is recommended, where attempts are made "to disentangle the strands of [group care] work and examine the prime

forces which lie beneath the concept of a therapeutic environment" (1980: 114). In order to mount such an analysis, some knowledge is needed of what actually happens in and around a group care centre. Billis advised "It [the knowledge] cannot be so general and vague as to have little practical significance; similarly it should not be so detailed as to overwhelm us with its unwieldiness. We require a middle range of functions or activities which can be used as a tool for the discussion of environment, standards of care and departmental structures" (1980: 114). Billis (1980) summarized the work of the Brunel Social Services Unit in attempting to analyze and define the functions carried out in residential settings. Their orientation is to differentiate between output and supporting functions when evaluating service production. The person becoming a resident or client may expect that his 'state of social functioning' will be maintained and developed, or at the very least that his level of social functioning will not deteriorate at a rate faster than it would were he not to have entered the group care centre. Billis concluded that "the positive change or prevention of deterioration in social functioning is the output of a [group care] establishment" (1980: 116). While aspects of the Brunel Unit's work help to illuminate the immediate context of group care, one is required to extricate these from a wider preoccupation with the organization of Social Services Departments in England and Wales. In so doing, the sub-

headings used to differentiate between functions can be redefined and rearranged.³ Thus Table 3.1 represents a modification of the Brunel framework which classifies functions according to direct and indirect service tasks, and combines staffing, training and managerial/coordinative work under one heading. The remainder of this schema remains as presented by Billis (1980: 115).

To summarize then, the immediate context of service production in group care is identified through examination of a variety of influences operating in one setting. This means that one must first isolate specific elements of life and activity that are taking place in a centre at a particular time. The structural variables of group care service design, referred to in Chapter 2, help to frame the organizational context of immediate settings. Siting and physical design of the centre, personnel complement and deployment, and recurring patterns in the use of time and activity are all influential in this sphere of activity. Furthermore, a social policy brief mandates the type of residents or clients who will be served. These structural variables can be used in association with the amended Brunel framework, thereby allowing structural and interpersonal dynamics to be investigated concurrently. Bronfenbrenner referred to

³It is interesting to note how the headings used by the Brunel Unit reflect the division of labour found institutionalized in the Social Service Department bureaucracies throughout England and Wales.

Table 3.1: Service Production Tasks Enacted in Group Care for Children

Output Functions

Direct Service (Boundary) Tasks

- making or contributing to assessments of need and of appropriate response.
- providing information and advice.
- monitoring and supervision of residents or clients.
- helping individual residents or clients to maintain and develop personal capacity for adequate social functioning.
- arranging provision of other appropriate services for residents or clients.

Direct Service (Care) Tasks

- providing clothing, other goods and money.
- providing meals.
- providing accommodation.
- providing help in daily living (including help with personal hygiene, dressing, moving, looking after personal property, etc).
- providing recreation, social and cultural life (including the fostering of links with the local community).

Direct Service (Support) Tasks

- providing aids for specific disabilities.
- providing medical or para-medical treatment.
- providing formal education or vocational training opportunities.

Supporting Functions

Indirect Service (Intermediary) Tasks

- recruitment, selection or sharing in the selection of staff.
- induction of new staff and prescription of work.
- personal appraisal and development of staff, including student training.
- dealing with welfare problems of all staff and of the interactions between staff.
- coordination of work between staff activity and the needs of particular residents or clients.

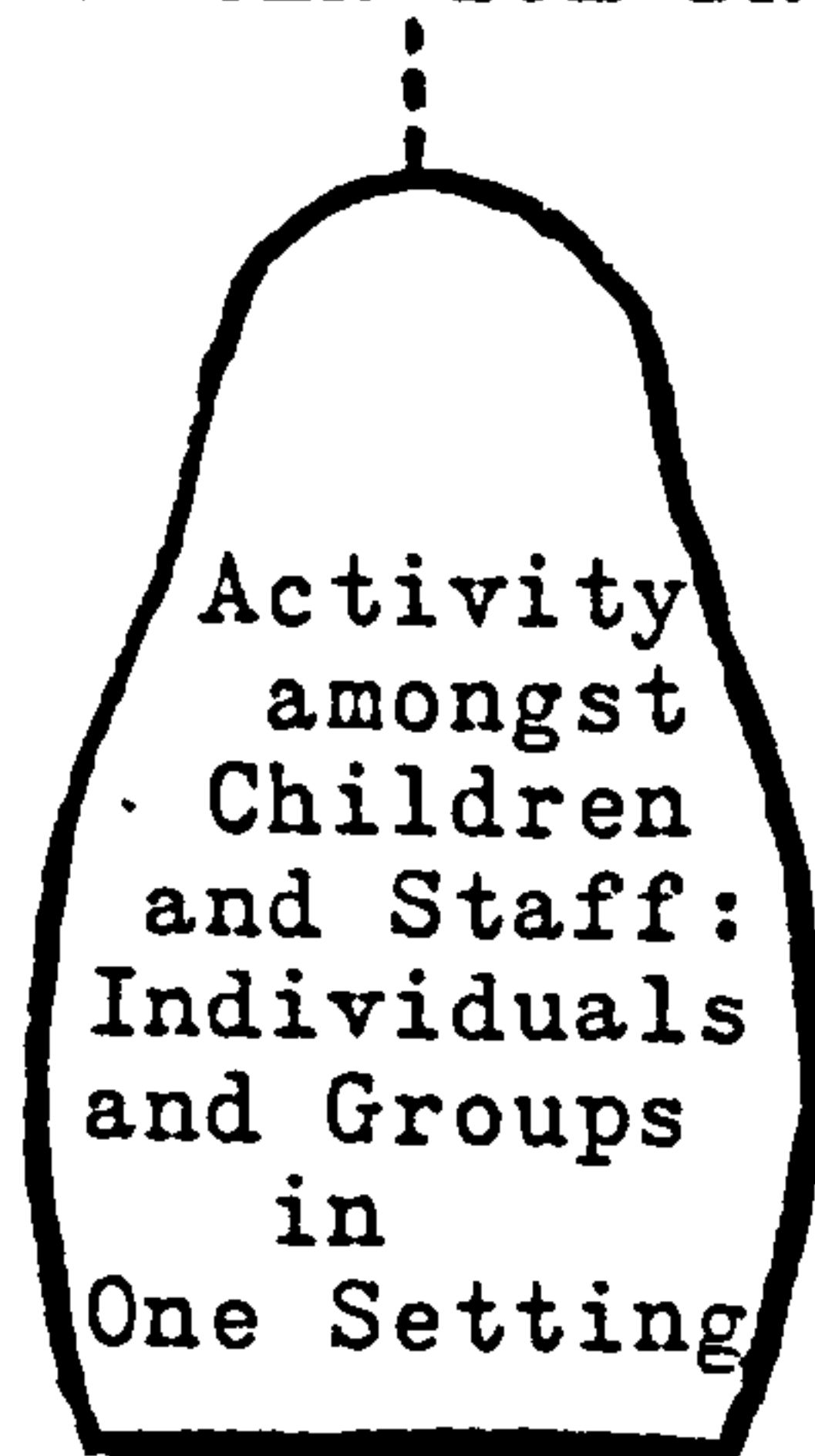
Indirect Service (Support) Tasks

- ordering of supplies, replacements and repairs.
- collection and banking of incoming money and control of petty cash.
- local fund raising.
- maintenance of various records and preparation of various reports.
- care and security of stock and premises.

the immediate context as a microsystem and delineated twenty-five hypotheses which can be used to evaluate human activity in group care centres. As an initial sphere of influence the immediate context can be illustrated diagrammatically as the smallest in a cluster of Russian Dolls (Figure 1).

Figure 3.1: The Immediate Context - Group Care Activity in One Setting

CONTEXTUAL SPHERES OF INFLUENCE IN
GROUP CARE SERVICE PRODUCTION



II. Multiple Contexts - Group Care Activity Between One Setting and Another

Glaser and Strauss (1967) have helped to extend thinking about service production in more than one setting through their investigation of nurses' responses to dying patients in hospital. Their findings developed through a continuous comparison of activity as it occurred between settings. Building upon earlier work, including that of Roth (1963), Glaser and Strauss concluded that early

comparisons between one incident and another soon leads to more substantive comparisons which illuminate characteristic properties, and the ways in which these influence activity in more than one setting. The methodological assistance offered by a grounded theory is that it serves to illuminate similarities and differences which appear across a variety of contexts, while maintaining a close correspondence between theory and data (Glaser and Strauss, 1967: 111). The formulation of substantive theory, pertaining to the group care field, can proceed. In so doing, the way is opened towards potential articulation of formal theory, pertaining to the functioning of personnel teams in service production organizations.

Several studies are available from both sides of the Atlantic which illustrate comparisons between services at this level of analysis. Mayer, Richman and Balcerzak (1977), Vinter (1976) and Hepworth (1975) summarize American and Canadian enquiries into the variety of group care services operating for children on the North American continent. Meanwhile, Millham, Bullock and Cherrett (1975), Millham, Bullock and Hosie (1978), Newman and Mackintosh (1975), Seed and Thomson (1977), and Garland and White (1980) represent British enquiries into a vast array of service production centres for children. Particular characteristics which apply to the multiple context sphere were illuminated by Garland and White (1980) in their investigation of day nursery activity. The authors identified different patterns

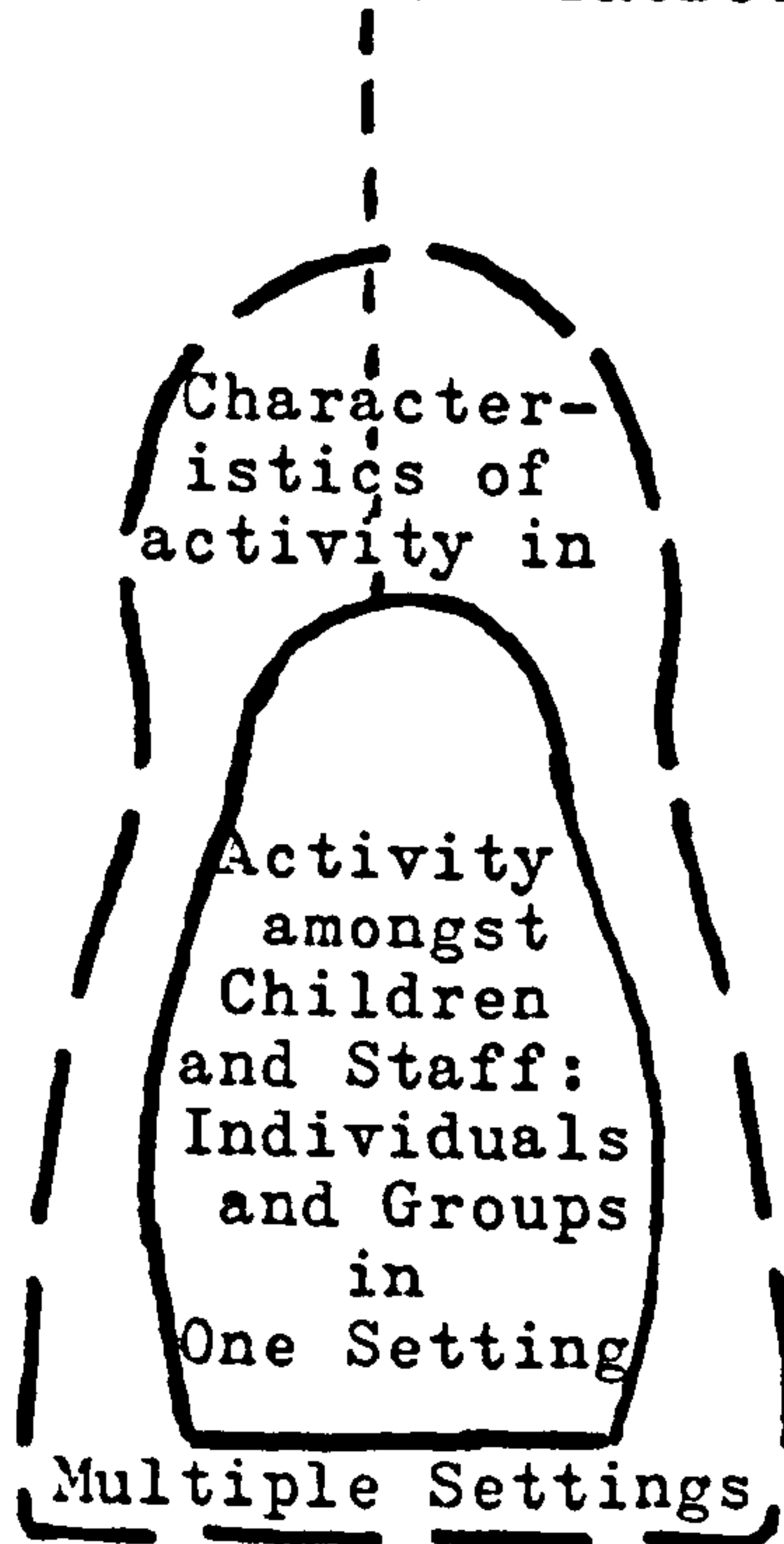
of activity operating in day nurseries, relating to style and orientation of workers who supplied the nursery service. Different patterns of activity were also analyzed in terms of complementarity between day nursery and home life activity for the under-fives. The authors concluded that predominant goals and underlying values change as one moves from one setting to another, and these are supplied as influences for children and families through the direct service activity of staff. Staff influences are, in turn, reinforced or negated by the actions of significant others (parents, siblings, grandparents, etc), and vice versa (1980: 106-125). Taken as a whole, the variety of studies which have investigated this multiple settings context call attention to a complex and richly textured collection of influences which frame service production in the group care field.

Bronfenbrenner referred to the multiple settings context as being a mesosystem which contains the properties of several influences that shape a child's behaviour (1979: 25). Seventeen contextually-based hypotheses were specified calling attention to the significance of transitions between settings, and the ways in which transitions are characteristic of all human activity. Another five structural variables of service design in group care (see Chapter 2) are illuminated through analysis of the multiple settings context. These are: admission and discharge practices; social customs and sanctions; the criteria used

in reviewing and evaluating performance; links with family, school/work and community life; and the social climate of the centre. Social policy brief is illuminated further through comparing restrictions imposed on activity between one setting and another. The multiple settings context can be illustrated diagrammatically as the second doll in a cluster of Russian Dolls (Figure 3.2).

Figure 3.2: Multiple Settings Context - Group Care Activity Between One Setting and Others

CONTEXTUAL SPHERES OF INFLUENCE IN
GROUP CARE SERVICE PRODUCTION



III. Organizational Context - Group Care Service Production Networks

The conceptual justifications used to delineate this sphere of contextual influence were presented in Chapter 2. Four major resource networks were identified - education,

health care, criminal justice and social welfare - which sponsor group care service production for children and families. Earlier in this chapter reference was made to Menzies' investigations which identified organizational systems of defense amongst nursing personnel as they adapted to the occupational stresses of group care work. These studies and several other British explorations have emphasized the importance of primary task and patterns of organizational functioning when evaluating service production in the group care field. Such concerns have been of particular interest to those working at the Tavistock Institute for Human Relations in London since the early 1960s (Emery and Trist, 1960; Miller and Rice, 1967; Miller and Gwynne, 1972; Ackhoff and Emery, 1972; among others). By calling attention to the evolution of caring systems, Hunter and Ainsworth (1973) helped to extend this orientation by illustrating ways in which social policy, organization management and staff group supports are related in the production of caring services. Ainsworth (1981) later identified how group care is organized and enacted through indirect service activity which promotes or inhibits direct service activity in face to face encounters between staff and children. Activity in the organizational context is also reflected in a sociotemporal order, as clearly illustrated in the patterns of time which become structured in hospital life. These patterns span the course of a year, the rotation, or period of work in one assigned place, and

specific duty periods including a week, day, night or shift (Zerubavel, 1979).

In referring to the external organization environment of group care and treatment, attention was drawn in Chapter 2 to four types of environment which represented a developmental hierarchy ranging from the least complex to the most complex type of organization. In analyzing patterns of adaptation and maladaptation in the most complex type of environment - one characterized by turbulence - Emery (1977) identified three forms of maladaptive behaviour which are commonly found. These were: dissociation, superficiality and segmentation. Dissociation, the first pattern of maladaptive response is what Emery referred to as a transverse dimension or one of disinclination (1977: 58). This pattern is essentially an individual, passively-adaptive response and develops from what happens at a social level rather than at the organizational level. Here the individuals try to reduce the uncertainties in their work environment by denying the relevance or usefulness of others as partners in a shared task. The characteristic attitudes are those of indifference and cynicism as members take up the stance that "somebody else will take care of it". It is not so much the complexity and uncertainty of the work environment per se that encourages this pattern of passive adaptation. It is the increasing unpredictability of what might follow from involvements with others. As personnel withdraw from public commitments, the reasons for their behaviour are less

available and thus less open to the understanding of others. People are compelled to judge each other in terms of the external and visible features of their behaviour and relationships between team members become superficial, less dependable and more prone to social intrigue.

Superficiality, the second pattern of maladaptive response was described by Emery as possessing a depth dimension (1977: 58). This pattern is identified when the deeper roots or the wider implications of a task are denied. On a personal level, it occurs when an individual denies feelings and attitudes which are basic to their normative pattern of functioning. The characteristic attitude in this pattern of response is one of intolerance where one wishes that an increasing number of people just did not exist. 'They', 'He' or 'She' become the target for things not working in a team and little attempt is made to improve working relationships. Three types of attitude were thought to be associated with this pattern of maladaptive response (Emery, 1977: 33-34). These were: (a) instead of the critical "Is this necessary?" response, there is acceptance that "This is the way things are"; (b) instead of pursuing a response to "What should be?", there is the admonishment to "Be grateful for small mercies"; and (c) leisure is not pursued as free uncommitted time, but as relief from bad feelings. Each of these attitudes can be seen as a denial of individual character, whether of a person or of an organizational team. As such, it constitutes a

tactical retreat from an environment that is uncertain and complex.

Segmentation or fragmentation is the third pattern of maladaptive response which Emery identified as an ends-means dimension (1977: 58). Here sub-goals become goals in their own right, and various goals are pursued independently of any real or apparent purpose. The social field is transformed into a set of social fields, each integrated in itself but poorly integrated with each other. In these instances, work groups may move beyond superficial explanations of their tasks but come to overemphasize the differences between members, simplifying their choices between 'Ours' and 'Theirs'. In this pattern of maladaptive response, the characteristic attitude is prejudice with the expectation that "People ought to stay in their place and do what they are supposed to". Thus, as organizations seek to move beyond superficial responses, they can very easily fragment into parts pursuing their own ends, with factions interacting without respect for the teamwork demands which are required in the primary task.

Alongside the influences which bring about maladaptive responses, there are other influences which help to bring about active adaptation to work demands in a turbulent environment. Emery discussed two ways in which personnel teams can actively adapt to environmental turbulence (1977: 67-123). First, personnel can be organized into teams and deployed in such a way as to view each part as being a

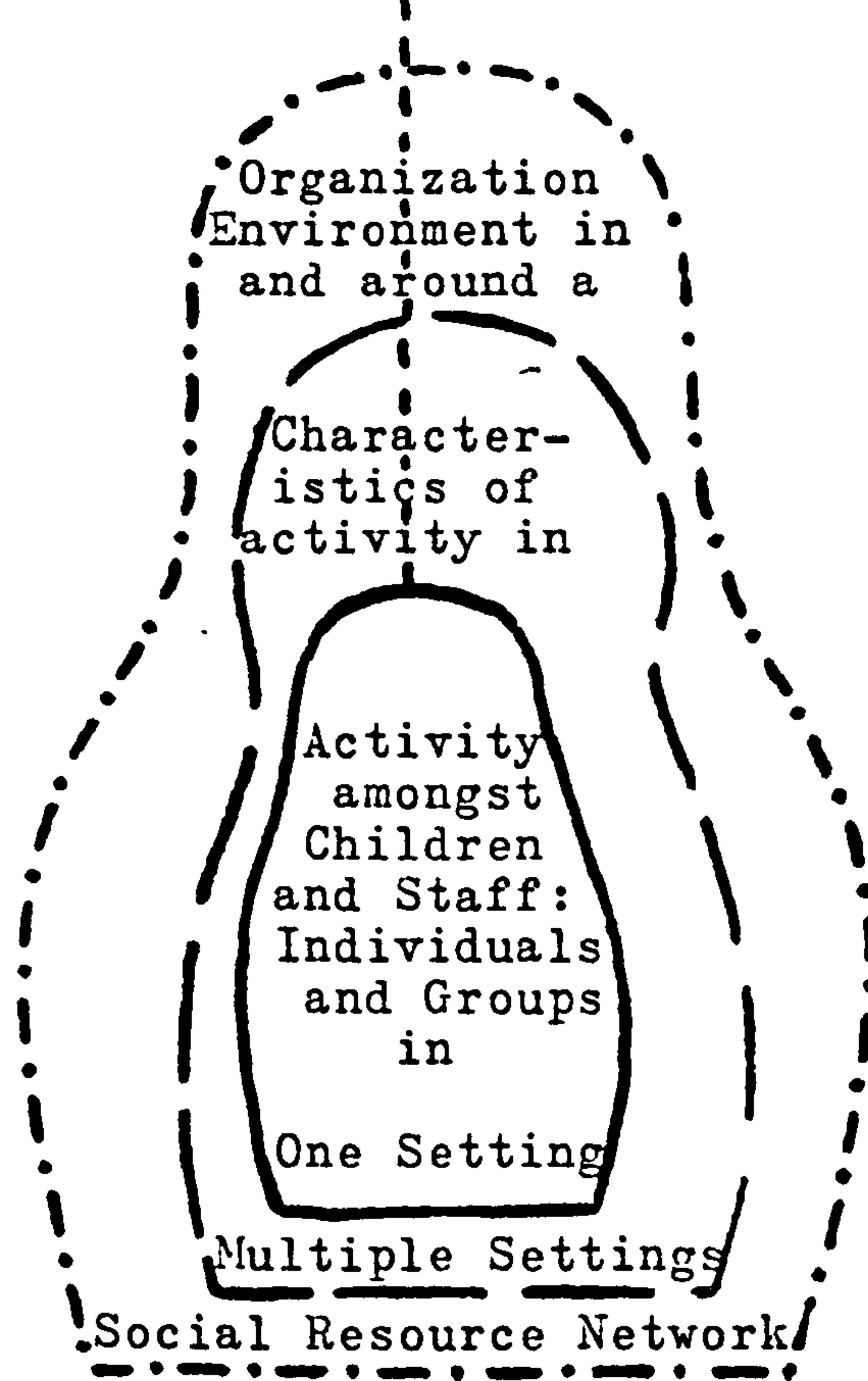
replaceable production unit in the organization of service delivery. As and when one part fails to function satisfactorily, another is put in to take over the task. Special controls are required to determine if the parts are performing efficiently and effectively, and extra quality controllers are required to keep track of section controllers. This pattern of adaptive organization, nicely exemplified by armies, is inherently prone to error and considerable time is required to retrain personnel for complex and unpredictable work demands.

Alternatively, personnel may actively adapt to environmental turbulence by striving for a pattern of organization in which the element of diversity is built into the membership of teams while ensuring that considerable overlap of skills is available within each team. At any one time, some of the skills which are available within the 'resource pool' will not be required. As and when one team member is unavailable to perform, there are other members who can step in and continue producing a team effort. In this respect, team performance is less dependent on key individual contributions. All members cannot function alike, but their collective performance is greater than the sum of the parts. So long as any member retains some capability for satisfactory service production, that member is of some value to the team. The classic example for this pattern of team organization is found in the winning football team which is able to call on reserves from the bench to score goals.

Consideration will be given in Chapter 4 to criteria which can be used to assess maladaptive and adaptive patterns of response amongst teams who function in turbulent environments. Let it be sufficient here to say that the organizational context of group care and treatment imposes specific limitations on the service production capability of teams. Bronfenbrenner referred to the organizational context as an exosystem, calling attention to the ways in which events can occur in one sphere of activity and change the course of events elsewhere (1979: 25). Three contextually-based hypotheses were identified, giving special recognition to administrative patterns and the maintenance of service networks which reinforce opportunities for task-oriented activity. Of the twelve structural features associated with service design in the group care field, the complex set of cost input-output relations, the external organization environment and further aspects of the social policy brief are illuminated through this level of analysis. In addition, certain aspects of the theoretical or ideological determinants of service production come to the fore. The organizational context can also be illustrated diagrammatically, representing the third doll in a cluster of Russian Dolls (Figure 3.3).

Figure 3.3: Organizational Context - Group Care Service Production Networks

CONTEXTUAL SPHERES OF INFLUENCE IN
GROUP CARE SERVICE PRODUCTION



IV. The Social Policy Environment I - Territorial and Cultural Sphere

The social policy environment surrounding group care and treatment has already received consideration. The notion of a continuum of care, moving from least interfering to most interfering services, was used to illustrate a planning dimension of service production. This planning dimension influences direct and indirect service activity

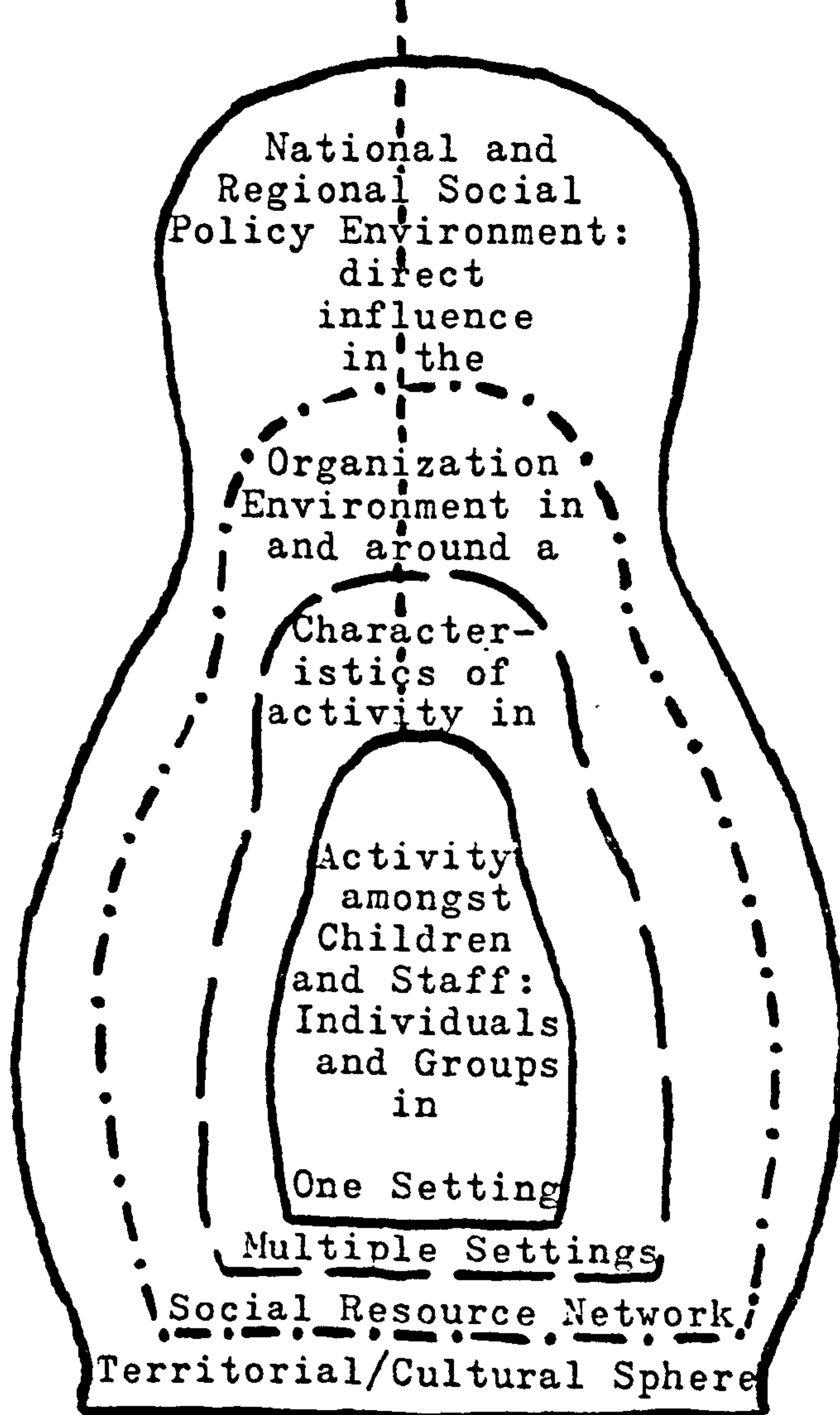
through authorization of funding and regulatory functions. The source of a social and moral mandate is normally found in legislation, although sometimes the same outcomes are achieved by policy directives handed down through an organizational resource network. Beker (1981) called attention to the potential influence that a social policy environment can have on group care services through a redefinition of work roles in service production for children and families.

The first social policy environment, as delineated here, is to some extent blurred in Bronfenbrenner's formulation. Some aspects of the territorial and cultural sphere are included in his exosystem construct, while other aspects are more closely associated with his macrosystem. The distinction that is made here concerns territorial (state, province or region) influences and the particular cultural orientations that are represented in the policies enacted for a specific territory. This is a broader sphere of influence than that which is associated with the organisational context, but it is more specific than a second social policy environment, represented in international and cross-cultural influences. Three structural features associated with service design in the group care field are seen to be embedded in this sphere. These include the social policy brief in its most formal sense, the external organization environment and the ideological determinants which justify funding patterns for service production.

Bronfenbrenner listed four hypotheses which apply to both spheres of the social policy environment. These require a more specific level of analysis in the territorial and cultural sphere, while comparisons in the wider sphere illuminate general features which cut across territorial and cultural boundaries. This first social policy environment can be illustrated diagrammatically as the fourth, or largest doll in a cluster of Russian Dolls (Figure 3.4).

Figure 3.4: Social Policy Environment I - Territorial and Cultural Sphere

CONTEXTUAL SPHERES OF INFLUENCE IN
GROUP CARE SERVICE PRODUCTION



V. The Social Policy Environment II - International and Cross-Cultural Sphere

In speaking with group care practitioners and managers on both sides of the Atlantic, the distinct emphasis given to uses of the term programme or program will soon illustrate differences associated with service production at this level of analysis. Patterns of practice in North America, whether in the education, health care, criminal justice or social welfare networks, have been heavily influenced by planning and instructional dimensions of care and treatment programming. In so doing, social care policies and practices come to reflect the extent to which individualism and liberal philosophy underlie service production in the United States, and to a lesser extent in Canada (Pinker, 1979). Socialization processes through primary school, secondary school and higher education have emphasized learning requirements which are identified and subsequently developed through programmed instruction. Attention is given to the acquisition of verbal skills, social competence and interpersonal adequacy, thereby 'producing' individuals who are socially acceptable, equipped with marketable skills and suited to life in a highly competitive socio-economic milieu. In many respects, patterns of group care practice in North America can be said to parallel this philosophy of learning.

Such views of practice, whether referring to service production in any of the four major resource networks, are

generally met with disquiet in the United Kingdom. The notion of programme prompts the suspicion that overt social control is to be used to manipulate certain groups in society. To this end, the young, the old or the disadvantaged come under the control of groups who have greater wealth, political position and resources. By implication, the more powerful groups will programme the less powerful groups to 'behave properly' and hence to further the ends of the programmers. Different historical and cultural traditions in Britain have emphasized the distribution of wealth and political power as major concerns in social policy. Instead of giving primary emphasis to the rights of individuals, as in the United States, emphasis is given more to the balance between obligations and rights. In this respect, a right leads to obligations and obligations establish rights, emphasizing a concern for the place of individual welfare within the welfare of the group.

As indicated earlier in relation to the territorial and cultural sphere of this environment, Bronfenbrenner has combined these two distinct, although highly-related spheres of influence in a macrosystem construct (1979: 26). Comparative study across national boundaries requires that these two spheres of influence be separated, while comparative study across cultural boundaries positively dictates it. Theoretical or ideological determinants of service design are often illustrated implicitly through analysis at this level, reflected in the assumptions which

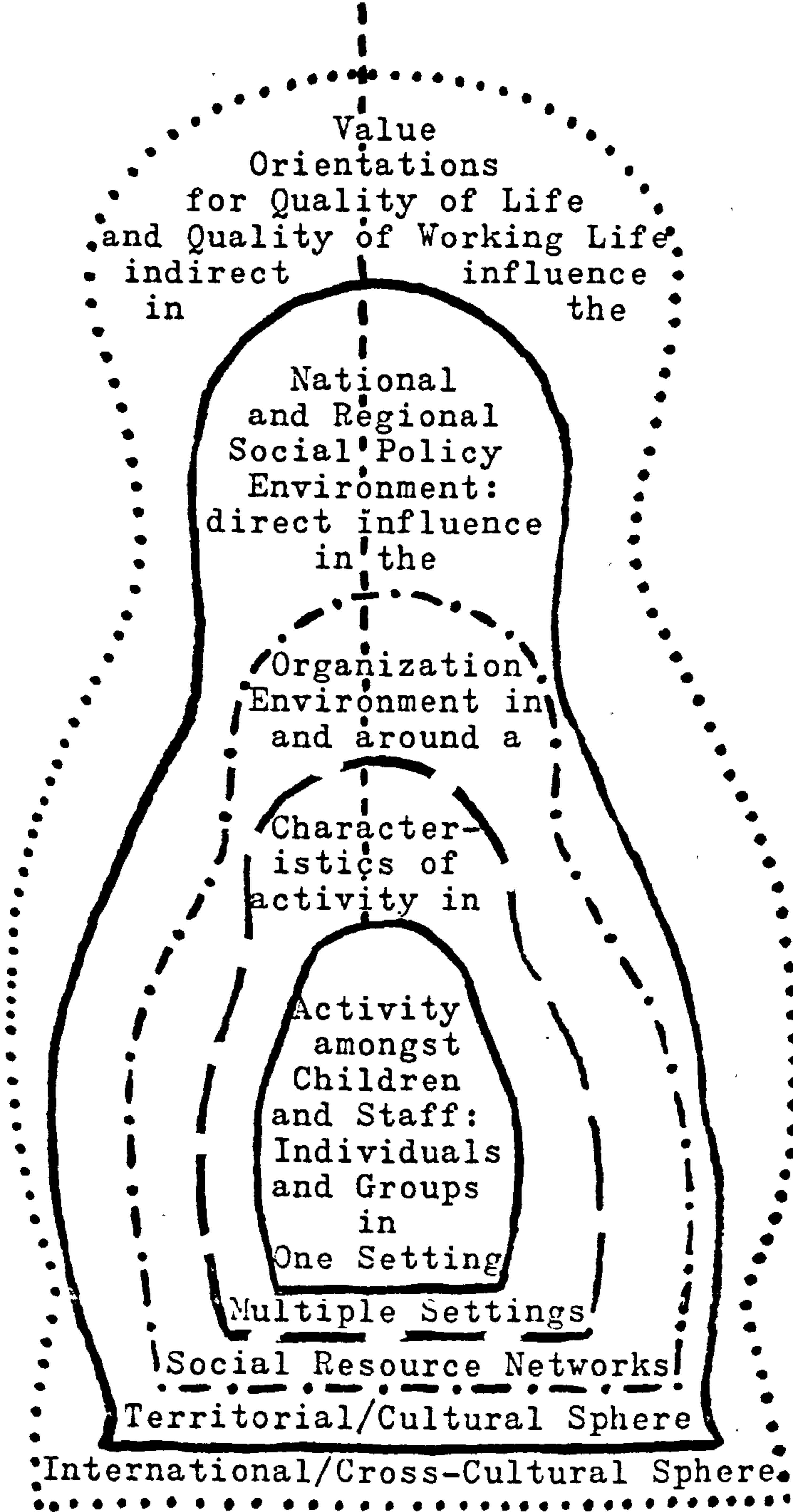
are made by personnel teams as they discuss their work. A comparison of the social policy brief for centres in different countries further illuminates differences at the international and cross-cultural level. This fifth sphere of influence can be illustrated diagrammatically as the visual image of a Russian Doll cluster, representing how it might appear when purchased in a commune village of the Soviet Union, as the toy of a crofter's child in the Western Hebrides, or on the shelf of a suburban home in middle-class America (Figure 3.5). In short, the Russian Doll must be identified and examined in its own social context, to assess whether it is indeed a child's toy and not just a convenient holder for the odd assortment of treasures.

Group Care Teams in the Production of Welfare

The case has now been established for refining the original production of welfare model (Davies and Knapp, 1981) through a synthesis with the social ecology model (Bronfenbrenner, 1979), which has been amended to allow investigation of the service production process through five contextual spheres of influence. Team functioning has been shown to have an organizational influence on service production in the group care field, reflecting as it does the collective work orientation and quality of working life experienced by personnel in various settings. Thus, individual experiences of life and of working life in one

Figure 3.5: The Social Policy Environment II - International and Cross-Cultural Sphere

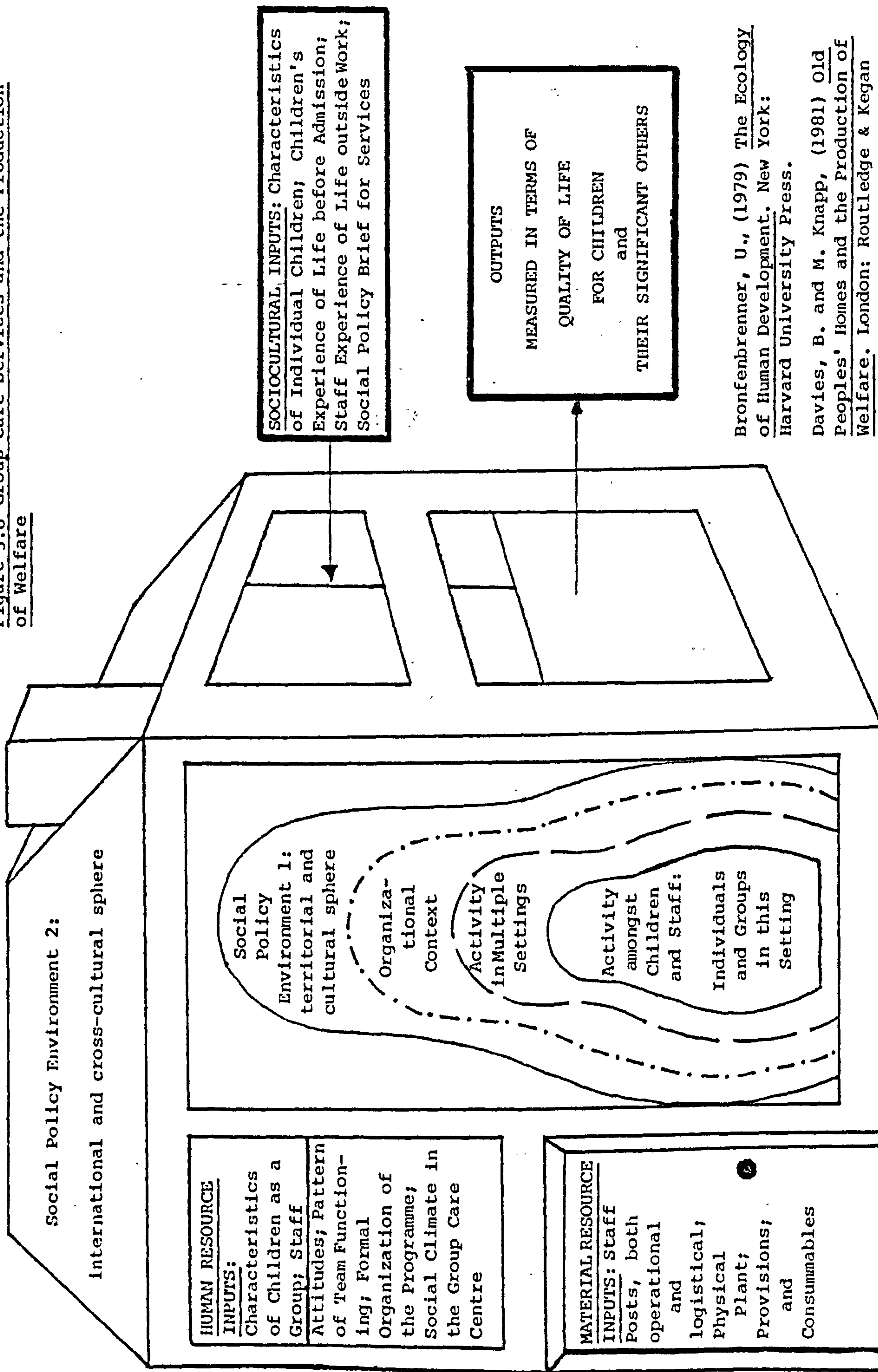
CONTEXTUAL SPHERES OF INFLUENCE IN
GROUP CARE SERVICE PRODUCTION



setting, and between settings, accumulate into normative expectations for quality of life and working life. These expectations, in turn, influence group care service production throughout the whole enactment process. To return to the original theatrical metaphor, actors, supporting actors, staging, lighting and props are no less important than the lines of a script in determining whether a performance is understood and well-received by the audience (Goffman, 1974). Group Care Services and The Production of Welfare can now be illustrated in such a way as to facilitate investigation into the performance of personnel teams working in this field (Figure 3.6).

Many of Bronfenbrenner's original hypotheses can be reformulated in such a way as to focus attention on quality of working life for group care personnel. While quality of working life constitutes a significant narrowing of Bronfenbrenner's original formulations, there is nevertheless justification for doing so when taking account of Levinson's (1978) findings on the significance of occupation in determining adult life structure. While in general agreement with Bronfenbrenner's distinctions between a microsystem, mesosystem, exosystem and macrosystem, these labels have been nevertheless set aside in favour of the less technical term, context. Each of the reformulated hypotheses serves to identify a specific quality of working life characteristic. Eight hypotheses - which will be tested in this study - are listed below. A third postulate

Figure 3.6 Group Care Services and the Production of Welfare



Bronfenbrenner, U., (1979) The Ecology of Human Development. New York: Harvard University Press.

Davies, B. and M. Knapp, (1981) Old Peoples' Homes and the Production of Welfare. London: Routledge & Kegan Paul.

can now be articulated and supported by the arguments presented thus far: team functioning represents a composite portrayal of life events and work orientation that is disclosed by individual workers during the course of their work, where various titles and role expectations associated with work in particular centres are analyzed as intervening variables which frame service production in particular service organizations operating in different countries.

In the reformulated hypotheses which follow, the specific wording of Bronfenbrenner's original statements is retained, and any alterations are underscored so that the reader can distinguish between the original and the reformulation.

Hypothesis 15: (Closedness of Setting) - A group care environment is most likely to be damaging to the quality of working life for a worker under the following combination of circumstances: The environment offers limited possibilities for worker-client interaction in a variety of activities, while the physical setting restricts opportunities for locomotion and contains a restricted variety of objects that the worker can utilize in spontaneous activity (Bronfenbrenner, 1979: 143).

Hypothesis 18: (Age of Entry) - The long-range deleterious effects of a physically and socially impoverished group care environment decrease with the age of the worker upon entry into such a work environment. The older the worker is when starting work in an institution, the greater the probability of recovery from any disequilibrium in quality of working life after leaving that work environment. The more severe and enduring effects are most likely to occur when the worker does not have a strong emotional attachment to someone outside of the institutional work environment (Bronfenbrenner, 1979: 150).

Hypothesis 25: (Areas of Satisfaction) - The nature and complexity of the interpersonal relationship opportunities

available to and engaged in by the worker in a group care setting affects her quality of working life as manifested by the nature and complexity of the relationships initiated or entered into by the worker in other settings, such as the home and social life (Bronfenbrenner, 1979: 204).

Hypothesis 35: (Multiple Supports) - The quality of working life potential of a group care environment is increased as a function of the number of supportive links which exist between that setting and other settings (such as home and family). Thus the least favourable condition for quality of working life is one in which supplementary links are either non-supportive or when relationships are weakened between one setting and others (Bronfenbrenner, 1979: 215).

Hypothesis 44: (Locus of Control) - The quality of working life potential of a group care environment is enhanced to the extent that there exist direct and indirect links to administrative decision-makers through which workers in the original setting can influence allocation of resources and the making of decisions that are responsive to the needs of the group care worker and the efforts of other team members with whom and clients for whom she acts (Bronfenbrenner, 1979: 256).

Hypothesis 45: (Administrative Hierarchy) - The quality of working life potential of a group care environment varies with the number of intermediate links in the administrative hierarchy connecting that setting to settings of power (Bronfenbrenner, 1979: 256).

Hypothesis 46: (Social Policy Brief) - Quality of working life for a group care worker is enhanced through her involvement in responsible, task-oriented activities outside the immediate work environment that bring her into contact with adults and others who are not centrally involved in that work environment (Bronfenbrenner, 1979: 282).

Hypothesis 47: (Team Functioning) - The quality of working life potential of a group care environment is a function of the extent to which the roles, activities and relations occurring in that setting serve, over a period of time, to set in motion and sustain patterns of motivation and activity in the performance of a worker that then acquire a momentum of their own. As a result, when a worker enters a new setting, her pattern of functioning in a team is carried over and, in the absence of counterforces, becomes magnified in scope and intensity. Specific contexts that exhibit

these properties and effects are referred to as primary settings, and persisting patterns of motivation and activity that they induce in the individual worker are called career trajectories (Bronfenbrenner, 1979: 284).

In conclusion, a fourth postulate can now be stated: the service production capability of group care teams can be analyzed according to the content, complexity and variance of orientations to quality of working life for personnel (Immediate context analysis); working as participants in a team with other workers of various titles and role expectations (multiple context analysis); in particular service organizations (organizational context analysis); operating within a particular legal and social policy framework (social policy environment: territorial/cultural analysis); in different countries (social policy environment: international/cross-cultural analysis).

Building upon the tradition of systems thinking through analysis of its special applications in the group care field and relying upon a constant comparative method of qualitative analysis, it is possible to amend the social ecology framework in such a way as to frame service production activity through five contexts or spheres of influence in the group care field. In so doing, the production of welfare model developed by Davies and Knapp (1981) is extended.

CHAPTER IV

TEAM FUNCTIONING ASSESSMENT

Introduction

Thus far, two major tasks have been accomplished. First, three patterns of human service - institutional care, residential group living and day care - have been drawn together because of shared design features and presented as a group care field within a social policy continuum of child welfare provisions. The group care field has been shown to cut across the boundaries of four major resource networks found in Great Britain and North America, including education, health care, criminal justice and social welfare. Second, the occupational focus of group care has been analysed to show how teamwork activity is an organizational feature of service production in this field. The production of welfare model (Davies and Knapp, 1981) has been used to identify resource inputs in group care which, taken together, produce an ecology of human development (Bronfenbrenner, 1979) and thereby influence the quality of life experienced by the recipients of a service. Twelve structural features of service production have been shown to be embedded in five spheres of social context, each supplying a variable influence on capability for service production in any group care centre. Quality of working life for personnel employed in the group care field and quality of life for the recipients

of a group care service have been shown to be complementary objectives in each pattern of service provided. It has thus been possible to define team functioning as an organizational variable associated with: the material resources made available for a centre; the human resources found inside a service centre; and the sociocultural influences which impinge on service production from outside a group care centre. Emphasis has been given throughout to the varied ways in which interpersonal dynamics and organizational contexts are related.

The next task is to enter the practice domain of group care and to discuss the practical details associated with an assessment of team functioning with personnel. Two major conceptual problems require consideration since both represent central concerns in any team functioning assessment. The first problem is associated with the analysis of person(s)-environment interaction and involves defining a social field at a particular time for some justifiable end. The second problem involves the clarification of methodological premises which underlie any team functioning assessment and social forecasting activity. Attention can then turn to a discussion of assessment variables and the rationale used in their selection.

The aim of this chapter is to consider ways in which group care practitioners adapt to changing demands in their work environment, and how adaptation is manifest in

patterns of team functioning over time. It remains our persistent belief that team functioning assessment must be capable of translation into practical language that has ready meaning in the practice domain of group care. In the Theses on Feuerbach, Numbers VIII and XI, Karl Marx argued that "Social life is essentially practical. All mysteries which lead theory to mysticism find their rational solution in human practice and in the comprehension of this practice ... Philosophers have only interpreted the world, in various ways; the point is to change it" (Livingstone and Benton, 1975: 423). It has been our experience that considerable demand and scope for change is required if the recipients of a group care service are to be given a minimum guarantee, that at the very least, a person's level of social functioning should not deteriorate at a rate faster than it would have were he not to have entered a group care centre (Billis, 1980). If one accepts Emery's (1977) assertions concerning human adaptation in turbulent environments, then one must attempt to frame (Goffman, 1974) person(s)-environment interactions in such a way as to identify properties associated with these interactions. In so doing, one is required to make a qualitative assessment of whether teams are producing a 'good enough' service for children and families. There can be little doubt that in answering this question, significant theoretical concerns require consideration.

Human Competence and Coping

By outlining five major influences which have shaped interest in human adaptation, Moos attempted to summarize a long-standing debate on person(s)-environment interaction (1976: 3-16). Darwin's analysis of the adaptation of animals (including humans) to their environment is thought to have been an early influence. The two basic elements in Darwinian theory - variation of the species and natural selection - have been seen as representing internal and external influences in a continuing process of human adaptation. Variation, the internal factor, has been assessed to be a positive and creative force within individuals, while natural selection, the external factor, has been associated with destructive forces which eliminate the harmful, less fit or less useful variations. In this way, Darwin argued that the more beneficial or useful variations in a species have developed and multiplied, allowing that species to adapt to the particular character of its environment. From an evolutionary perspective, it is the reproductive success of a population which constitutes adaptation. Therefore, communal or group adaptation presupposes and must be studied in conjunction with individual adaptation.

A second influence to have shaped interest in human adaptation involves the psychological theories concerned with human fulfilment and growth. Extending beyond the

deterministic assumptions put forward by Freud, various theorists have argued that human beings wish to reduce excessive tensions in their environments, while at the same time requiring at least some stimulation, novelty and excitement as an alternative to boredom. In short, human beings have drives toward mastery and control of their environments, drives which have been described by White (1976) as being associated with competence or a "feeling of efficacy". Early on, McDougall (1932) postulated that a characteristic feature of human behaviour involved the general tendency towards purposive activity, as people react to and enact their environment. Maslow (1954) identified two underlying patterns of motivation in humans. The first, deficiency motivation, was said to involve the decrease of tension arising from unfulfilled needs, as in the case of hunger or thirst where deficiencies become a motive for survival. The second pattern was said to involve growth motivation, referring to the urge to enrich one's experience or to expand one's horizons. Maslow called this a tendency towards self-actualization. Piaget's work (Maier, 1978) established a claim that adaptation occurs through a dual process of accommodation and assimilation. As social experience is organized into personal meaning through mental activity, this meaning is subsequently internalized into a cognitive framework through which active adaptation in the social environment is

achieved. Most growth and fulfilment theories actually developed through the study of abnormal functioning, although all have led to the study of normal, healthy people and their patterns of adaptation and coping. One may reasonably conclude from these studies that adaptive behaviour is closely associated with both emotional and cognitive responses to environmental stimuli.

A third influence to have called attention to the dynamics of human adaptation was said by Moos to have involved consideration of a developmental life cycle amongst people. Here, the flexibility and variability of individual development throughout a lifetime has been stressed, along with significant life events and their association with relevant environmental influences. Erikson's (1963) theory of psychosocial development has been particularly influential in this respect. According to Erikson, the life cycle is broken into eight stages, each of which represents a new challenge or transition that must be negotiated satisfactorily if the individual is to take full advantage of the potential found in the next stage. As referred to in Chapter 3, Levinson (1978) further refined Erikson's stages of adult development by reinforcing the view that adaptation continues throughout adult life, especially in relation to work/occupation and marriage/family. It can be argued that a biographical perspective such as this helps to facilitate an understanding

of general issues and transitions that occur throughout the life cycle of human experience. It also provides an important rationale for various interventions, including group care, that seek to help individuals perform more competently throughout their lives.

The study of how people cope with extreme life stress represents a fourth influence to have aroused interest in human adaptation. Moos identified two areas of enquiry that have been influential in this respect (1976: 11-12). The first includes studies of coping behaviour under conditions of extreme stress, as found in the participant-observation accounts of adaptation in Nazi concentration camps, where living conditions were comparable to the most harrowing experiences ever endured by man. Those who survived and wrote about their experiences pose recurring questions about how individuals manage to cope with life-threatening crises of this magnitude (Kogen, 1958; Heimler, 1959; 1962; Steiner, 1967). The second area, concerning man's ability to cope with life stress, developed out of an interest in the relationship between life change and illness. Holmes and his colleagues (1974) have identified how social readjustment to change in one's accustomed pattern of life, regardless of the desirability of that change, is associated with illness susceptibility. For example, life change events have been shown to cluster significantly in the two year period preceding the onset of tuberculosis, heart disease, skin disease and hernia. Brown and Harris (1978)

refined and qualified these findings in their studies of depression, showing how the social origins of illness are experienced and ameliorated in different ways by different people.

Moos claimed that each of the four preceding orientations have been influential in the emergence of a fifth orientation, that of crisis theory, which involves a concern with life transitions and preventive intervention to assist human adaptation. Crisis theory has supplied the assertion that people generally operate in consistent patterns which bring about an equilibrium with their environment, solving problems with minimal delay by habitual mechanisms and reactions. When the usual problem-solving mechanisms do not work, tension arises and feelings of discomfort or strain occur, leaving the individual to experience some disorganization of functioning. Various factors have been said to influence the outcome of a crisis, including: previous experience with similar crises; the degree of seriousness of the crisis; the degree of support available in the environment; the degree to which family members facilitate or inhibit the healthy resolution of a crisis; the degree of help available from significant others in the community, and so on (Moos, 1976: 13). Caplan (1964) amongst others has been concerned with effective coping behaviour which cuts across different types of life transitions and crises. In this respect, coping is said to involve two distinct but related tasks

which involve both the requirements of an external situation and one's own feelings about that situation. These two tasks are not necessarily dealt with simultaneously since the coping process is dynamic and involves both the demands of the situation and the strategies adopted by the individual who is changing as time passes. In engaging someone who is experiencing a crisis, this orientation claims that it is possible to identify an acute phase where energy is directed towards minimizing the impact of stress, and a reorganization phase where one can expect a gradual achievement of renewed equilibrium, with changed circumstances and new feelings being integrated into the individual's pattern of functioning and self-image.

It should be noted that each of the five theoretical influences listed by Moos (1976) have all approached the problem of human adaptation from an individualistic perspective. Each theory supported the argument that group or communal patterns of coping are partly an outgrowth of creative solutions developed by individuals. Such an argument, however convincing, cannot stand unchallenged when one takes account of the fact that virtually all human adaptation takes place in a social environment. Thus, group adaptation may be less influenced by individuals per se, but by the organisation of individuals through various patterns of association and coalition. This distinction is too important to be blurred by semantics. The structural properties of group organization

and the social dynamics of coalition-formation are clarified somewhat when one takes account of: first, the characteristics of membership in highly-organized groups; second, the peculiarities associated with highly-organized groups; and third, differentiations such as between groups according to selected criteria. This clarification is essential if one is seeking to assess competence and patterns of coping amongst personnel teams as they adapt to turbulent work environments.

Team Functioning in Turbulent Work Environments

McDougall (1920) identified five basic conditions which determine whether the collective mental life of dissociated individuals will be transformed through the desires and volitions of particular members to develop a group mind. This transformation from a collection of individuals to the collectivity of a group represents a fundamental challenge which must be addressed in any assessment of team functioning. The first of McDougall's conditions - and the basis for all the rest - is that some degree of continuity of existence is required amongst the interpersonal relations in a collection of individuals (1920: 49). Continuity of existence may be represented in the persistence of the same individuals as an interacting collectivity, or in the persistence of a generally recognized set of positions which are occupied by a

succession of individuals. McDougall claimed that the most highly organized groups exhibit both forms of continuity, both found in group care teams through the administrative allocation of positions, with differential status, and through the continuity of particular team members over any length of time.

McDougall's second condition, evolving from continuity of existence, was that in the minds of the members of a group there is formed some adequate idea of the group, of its nature, composition, functions and capacities, and of the relations of the individuals to the group. In relation to group care teams, this second condition is accounted for through the aims and objectives of service production in a centre, and also through the scheduling of personnel to perform particular tasks according to different job titles at different times of the week. Here, the interplay between individual motives for action and the motives of members as a collective team is emphasized. As the team members experience continuity of existence, they are assigned or begin to clarify particular aims and objectives that are associated with their collective task. A status hierarchy, normally defined in terms of job titles allocated to individual members, becomes increasingly apparent through the leadership and authority roles which are enacted in a team, and interpersonal relations are to a large extent framed by the particular patterns of

deployment amongst personnel. In fulfilling this second condition, group members become conscious of themselves as being a team. It was McDougall's claim that the emergence of a group (or team) consciousness was in many respects a parallel experience to that of individuals becoming conscious of themselves as members of a particular team (1920: 50).

The third condition to which McDougall referred involves the interaction of a group with other groups animated by different ideals and purposes, or perhaps swayed by different traditions and customs. This was not thought to be essential in the development of highly organized groups, but the interaction with other groups through cooperation, conflict or rivalry serves to reinforce group consciousness and a consciousness of group membership amongst individual members. In relation to group care teams, this condition is fulfilled most directly through the presence of a group of residents or clients who experience the teamwork activities which are enacted with them during the course of their stay in care. This immediate interaction between staff group and children's group serves to reinforce a collective identity amongst both groups, through reference to that group in which they are not a member. In this way, the emergence of group consciousness is reinforced through reference to 'other group' consciousness. Other groups to which a group care

team must respond are numerous. They include the family group of children in care, other group care teams, and other people such as social workers, teachers and so on, who are 'grouped' according to team traditions into one category or another. Managers at various levels are themselves grouped into a 'management' category, one that is quite different from other groups which a team will encounter. Thus, in its most basic form, McDougall's third condition for team organization involves a collective consciousness of 'Us' and 'Them'.

As team organization evolves, a fourth condition is gradually fulfilled through a greater appreciation of factors which determine relations between groups, and between group members. The existence of a body of traditions, customs and habits in the minds of team members come to determine their relations to one another and to the team as a whole. Such traditions and customs are further influential in determining relations between teams and other groups. With respect to group care teams, McDougall's fourth condition is fulfilled through the various means that traditions, customs and habitual responses of staff are transmitted to children in recurring patterns of activity in a day, week or month. Similar traditions and customary responses can be found in a group care team's involvement with other groups and families. As a team gains more experience of work with a group, families or

individuals, so this experience further determines the relations between team members, as it does relations between the team and others.

The last condition to which McDougall referred involves differentiation and specialization of functions amongst members in highly organized groups. Fulfilment of this condition was said to result in the emergence of classes or coalitions of individuals within a group. Such organization may rest wholly or in part upon the traditions, customs and habits which have previously emerged, or they may be imposed on the group and maintained by the authority of some external power. In group care teams, this last condition is also important. It is simply a fact that most group care teams refer to an external authority which lies beyond their specific centre of activity, an authority to whom the team members are held accountable and under whose jurisdiction they function as a group care service. The external authority is reinforced through various means, including the legal code, funding practices and agency policy, or through the administrative tasks carried out by individual managers and management groups. The division of labour in group care practice - from basic grade careworker working with a small group of children, to a departmental director managing thousands of personnel - only serves to reinforce the influence of McDougall's fifth condition in group care teams. In

modern times, group care personnel and the children with whom they work are unavoidably influenced by bureaucracy.

Having identified the characteristics of highly organized groups, McDougall went on to distinguish between natural and artificial groups (1920: 89). Natural groups were said to emerge through family and kinship ties, or through reference to activity in a particular geographic location. On the other hand, artificial groups were said to include three major classes: the purposive group; the traditional group; and the mixed purposive-traditional group. In purposive groups, teamwork is developed and maintained through the existence of a common purpose in the minds of all, or a majority of its members. Various classes of purposive groups were noted beginning with groups who meet together for a shared end, to groups who come together to engage in a commercial enterprise, to groups whose association is formed to achieve some public end. In the last, and most complex type of purposive group, the motive of financial gain is subordinated to, while cooperating with, the desire for achieving a public good. Benefits to the whole community are not dependent on the contributions of individual members.

It can be argued that group care teams are influenced by features that are characteristic of all three types of purposive group. In order to function with any level of efficiency or effectiveness, some pattern of shared purpose

must be attained by the team members. Second, as employees in a group care service, the team members are more often than not engaging in a particular type of commercial activity which brings them financial gain. Finally, there is an implicit (if not explicit) expectation that financial gain will remain secondary to the public ideal of helping to improve quality of life for children and families in need of care. McDougall's classification of traditional groups - those historical groupings which are illustrated in the caste system of Hinduism - is of less relevance in making assessments of team functioning unless one is considering group care work carried out by a religious order. However, groups of the mixed type, partly traditional and partly purposive, have a long history in the group care field through the involvement of voluntary and religious groups in the production of child care services. An essential weakness of these mixed groups in turbulent social environments is that tradition may tend to overshadow purpose. If group organization is set so rigidly that it is incapable of adapting itself to changing needs of the present and the future, then maintenance of tradition can become an end in itself. In such instances, the primary purpose of a team risk being subordinated. McDougall made the following assertion when summarizing his analysis of the peculiarities of groups:

"At the present time we see a strong tendency to the growth of occupational groups of the purely purposive type, which, lacking the guidance and conservative

power of old traditions, and depending for their strength largely upon the identification of the material interests of each member with those of the group, show a narrowness of outlook, a lack of stability and internal cohesion, and a tendency to ignore the place and function of the group in the whole community" (1920: 94).

There are some who would make the same assertion today concerning the activities of trade unions and management teams in the group care field.

More recently, Berne (1963) helped to extend the basic framework proposed by McDougall when offering his transactional analysis of the structure and dynamics of organizations and groups. One is encouraged once again to assess both the group as a whole and the individuals who make up the group. Berne asserted that groups (or teams) can be consistently and usefully assessed on the basis of their structure, their dynamics of cohesion and tension, their work and purpose, their authority and culture and their "psychological" aspects which include expectations on performance, attitudes and demeanor (1963: 169-170).

Perhaps one of the most controversial aspects of Berne's group formulations concerned his assertion that "nearly all groups are 'authoritarian' because the members must comply with the group canon" (1963: 162). Whether adopting a democratic canon which assumes that every member has an equal say in the operation of a group care team, or an authoritarian canon which determines that no member has a say in the management of team affairs, it is the existence of a group canon itself which makes the difference in a

team. As Berne argued, "if someone in the first group tries to deprive another member of his right to participate in team decision-making, there may be just as much trouble as when someone in the second group tries to interfere with the decisions of an autocrat" (1963: 162). It is in this sense that one can begin to account for the influence of coalitions in teams, through whose actions the group canon or pattern of normative functioning is established and maintained.

Weick's (1969) discussion of the social psychology of organizing further clarifies the important role that coalitions play in teams. Weick referred to Allport's original concept of collective structure which assumes that whenever

"there is a pluralistic situation in which in order for the individual ... [or a team] ... to perform some act that he 'desires' to perform (or for which he is 'set') it is necessary that another person (or persons) perform certain acts (either similar or different and complementary to his own), we have what can be called a fact of collective structure. It is either collectively actualized or potential" (Allport, 1962).

Weick argued that while it may be sufficient to assert that collective structure emerges to produce order and regularity, there may be other reasons why collective structures emerge. It may be that if other persons are around, it is rewarding to them and to us to have our mutual presences acknowledged. Thus, reciprocal acknowledgement by itself constitutes an elementary form of collective structure, even though this by itself is of limited importance.

As Weick suggested, one must "look for instances in which with regularity A emits an act which is followed predictably by an act from B, and B's act then determines A's subsequent act" (1969: 46). In so doing, several implications of the collective structure concept are opened to scrutiny.

It is important to note that it is behaviours and not persons that are interstructured in teams. Furthermore, a person does not invest all his behaviour in a single group; commitments and interlockings are dispersed among several groups. Once this point is recognized, one can move closer to accepting Weick's claims about why some predictions about teams are not confirmed. "The simple reason," he said, "is that a member of the team may have interlocked fewer of his behaviours with other members of that team than the investigator may initially assume" (1969: 46). A second point is that persons differ in their involvements in particular structures, and once a structure is formed, people try to preserve it (Allport, 1962: 20). The relevant point about collective structure is that it is assumed to be a basic property of groups from which other properties derive. The concept retains the fact that groups are composed of individuals and that groups (and teams) are defined in terms of observable behaviours. However, it does not overlook the fact that groups are in many respects unique. The uniqueness of collective structure is anchored in a property not found in isolated

individuals, namely that teamwork is defined by repetitive interstructured behaviours. Patterns of team functioning are assessed in a similar fashion.

In Chapter 3 we referred to Weick's concept of the enacted environment where instead of assuming that human actors react to their environment, it is perhaps more correct to say that they enact it. To fully appreciate this notion, it is essential to understand certain characteristics about time. Weick claimed that time exists in two distinct forms. The first form involves pure duration which is perhaps best described as being a stream of experience, where coming-to-be and passing-away remain undifferentiated. It is the second form of time where discrete segments of time are experienced as having distinct spatio-temporal properties, that most accurately describes our sense of time. Experience as we know it has a quality of discreteness and separateness, and the only way we get this impression is by stepping outside the stream of experience and directing attention to it. Here, Weick asserted, "It is only possible to direct attention to what has already passed; it is impossible to direct attention to what is yet to come. All knowing and meaning arise from reflection, from a backward glance" (1969: 64). If one accounts for the significance of memory, cognitive influences interacting amongst team members, and meaning that is given to certain events through the collective structure of teams, it is then possible to use

Weick's enacted environment concept as a rationale to assess team functioning in group care.

Whenever there are human actors in a collectivity, one can assume that each is immersed in an ongoing flow of experience. Once lived, this experience is potentially available for attention, although most of it remains unnoticed. If the actors are removed from the ongoing stream of experience in a group care environment, and gaze reflectively at that which has already passed, then it is possible for the experience to become distinguishable, well-defined experiences, the meaning of which will be determined by whatever attitudes prevail at that moment in time. The pervasive attitudes work to determine the kind of attention that will be directed backward, and this mode of attention is what frames the meaning that the experiences will have (Weick, 1969: 68-69). In terms of team organization and the production of welfare in group care, a team functioning assessment must be concerned with the primitive meanings or bits of enacted information that are made available in a team.

Enactment as a process in group care environments is only loosely structured, suggesting that the diversity of its outputs can be substantial. It is the function of decision-making processes in teams to sort through equivocal outputs and make them less equivocal. The enactment process is more concerned about "doing something", and less concerned with questions of "why are we doing this?"

or "what are the implications for the wider system?" A team functioning assessment must therefore seek to overlap both processes, drawing attention to "what is happening in this team?" and "is this what the team is wanting to happen?". The organizational nature of group care means that yet a third question must be asked, namely "is the overall performance of this team good enough?" Weick claimed that the major constraint associated with assessing and influencing the enactment process is that of making it possible for team members to give meaning to events that have already occurred and which may be influencing performance (1969: 71).

Throughout the discussion thus far, each aspect of team functioning assessment has been derived from a consideration of mental processes in groups of individuals. McDougall (1920), Berne (1963), Weick (1969) and Piaget (in Maier, 1978) have all assumed that cognitive activity is a major ingredient in all human adaptation and is therefore a feature of team performance. At least one other dynamic of cognitive origins is important to note since it too may influence patterns of team functioning over time. This involves a perspective based on conceptual development that has been articulated by Hunt (1966). In this framework, the basic unit of analysis is the conceptual system, defined as "a schema that provides the basis by which the individual relates to the environmental events he experiences" (1966: 278). Hunt was concerned with how






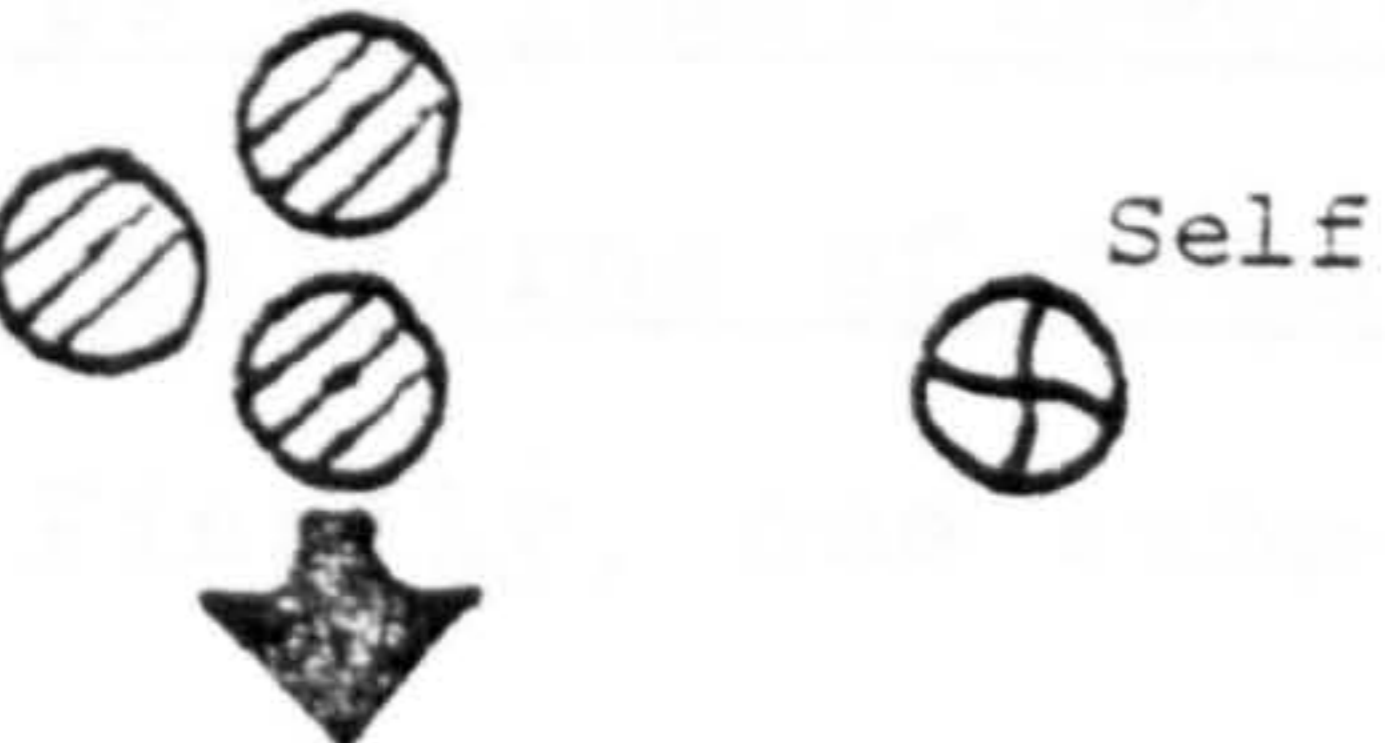
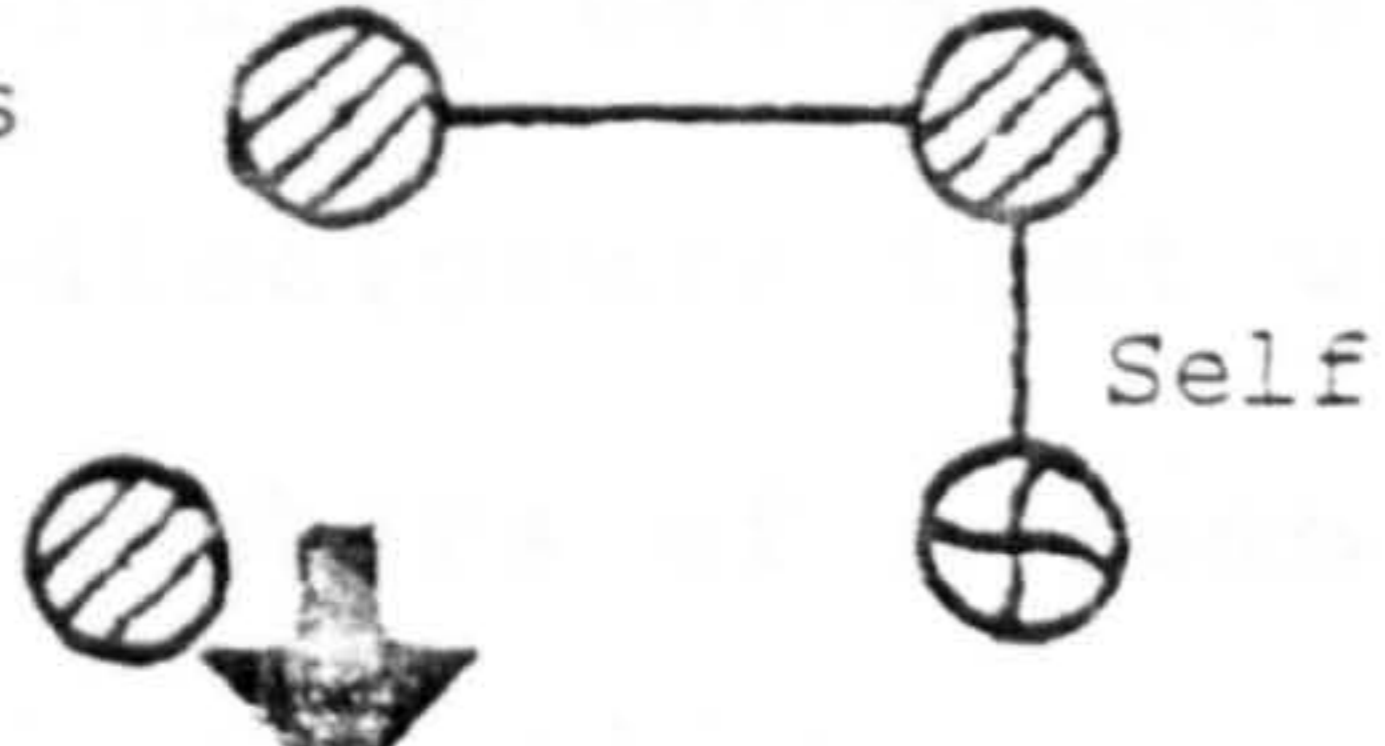
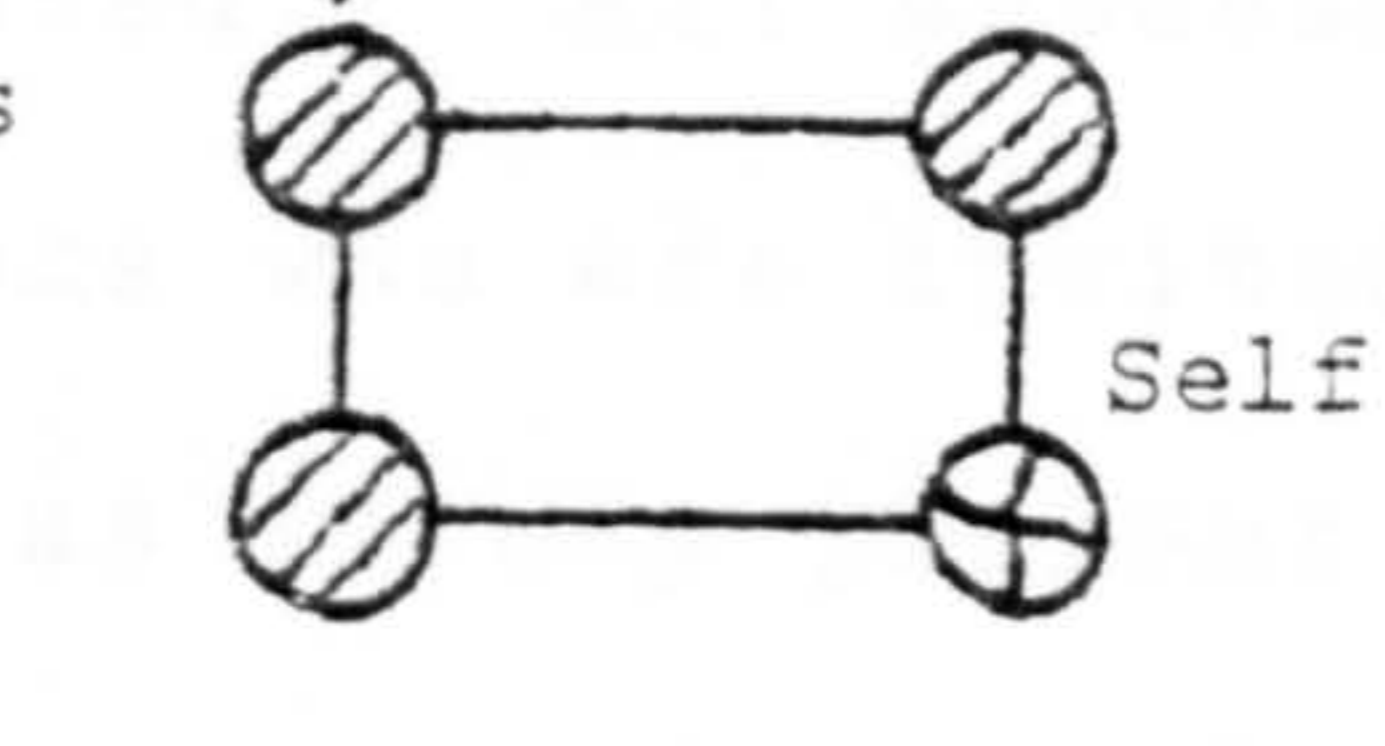
individuals relate to objects through modes of subject-object relations. Thus, when the "object" is another person, then a conceptual system characterized the form of self-other relatedness or interpersonal orientation. It involves how a person conceptualized himself, others and the relationship between himself and others. Hunt and his associates have applied their conceptual systems change model in a variety of group care settings, including schools, hospitals, juvenile institutions and group homes (1974). Perhaps one of the most important features of this approach for group care is the way that conceptual level, measured in terms of concreteness to abstractness, applies to both staff and the children with whom they work.

In terms of making a team functioning assessment, Hunt's (1966) notion of conceptual level is particularly important in that it is likely to be an influence on interpersonal relations amongst team members, and between team members and the children with whom they work. Hunt claimed that conceptual development is a continuous process which, under optimal conditions, proceeds in a given order to the most abstract, or flexibility-tolerating state. One is encouraged to analyze this continuous process in stages or segments as one might represent a motion picture sequence by selecting representative still shots from the sequence. Hunt segmented the developmental sequence into four stages by focussing on the "conceptual work" which

characterizes each stage (Table 4.1) under optimal conditions (1966: 281). As one can see, the chart attempts to depict the general course of development from the very concrete to the most abstract structure, emphasizing increasing abstractness through increasingly differentiated patterns of self-other relatedness. The major developmental work of Stage I is that of defining the external boundaries and learning the generalized cultural standards which apply to both self and others.. As such, it involves learning the ground rules for self-other relations. In Stage II, the person moves away from the prescribed standard to accept individual responsibility for outcomes. In so doing, the first awareness of one's own feelings as cues for differential action is obtained. The self-delineation acquired in Stage II serves as the empathic basis for understanding the feelings and experiences of others as being similar to or different from one's own feelings and experiences. It is at Stage III that one notes the first awareness of others in terms of their own personal feelings and values. At Stage IV, the person integrates the standards which are applicable to both self and others, enabling the person to understand both himself and others as occupying different positions on a continuum rather than having simply different standards.

Since Hunt's conceptual systems change model is concerned with achieving the optimal match between conceptual ability and environmental complexity, it is readily apparent

Table 4.1: Developmental Stages of Conceptual Orientation to Self-Other(s) Relations under Ideal Conditions

<u>Stage</u>	<u>Diagrammatic Representation</u>	<u>Nature of Development</u>	<u>Specific Conceptual Tasks</u>
A		Articulation of Stage A Learning	Learning the "ground rules" of self-other relations which apply to everyone.
A/B Generalized Other		Progression to Stage B	Consolidation of learning in relation to the "ground rules" of self-other relations.
B Other		Articulation of Stage B Learning	Learning about one's self and how one is distinct from generalized standards
B/C Other		Progression to Stage C	Consolidation of learning in relation to how one's own actions are distinct from other's actions.
C Other		Articulation of Stage C Learning	Applying these self-anchored conceptions to an empathic understanding of other persons and the differences between them
C/D Other		Progression to Stage D	Consolidation of learning in applying self-anchored conceptions to an empathic understanding of others & their differences.
D Others		Articulation of Stage D Learning	Placing these conceptions which apply to self and others into a meaningful integrated relation
D/E Others			Consolidation of learning about self-others roles and relations, and locating these in an historical and cultural context.

Adapted from Hunt, D. (1966) "A Conceptual Systems Change Model and its Application to Education," in O.J. Harvey (ed) Experience, Structure and Adaptability. New York: Springer Books.

why it is now being embraced and applied in the group care field. While no attempt has been made to use a conceptual level assessment in our analysis of team functioning, this approach has been used and is recommended by Brill (1979) as an action research method in group care work with children. Another reason for summarizing the conceptual systems change model here concerns the fact that the agencies in which our research was conducted have embraced Hunt's ideas for assessing and placing children in selected group care milieux. Further reference to assessment criteria for children will be made in Chapter 6, where characteristics of our Canadian sample will be discussed along with a description of agency organization and its division of labour. In the meantime, let it be said that the degree of conceptual concreteness to conceptual complexity operating in a team - between individual members and within the collective structure of the team as a whole - will be at least theoretically influential in helping to frame patterns of team functioning at any given time.

Finally, one cannot discuss the problems of team functioning assessment without reference to the problems of self-disclosure that will be encountered through contact with members of a team whose pattern of functioning is being assessed. All assessment endeavours of this sort provide persons who are invited to participate with an opportunity, just as it may present them with doubts about whether to disclose something about themselves to somebody who will

tabulate and interpret the 'results' of their presentation. Obviously, if the persons who are being invited to participate do not trust the person who is making the assessment, they may choose to misrepresent their situation in response to the questions that are being asked. Here, Jourard's (1971) notion of self-disclosure is preferred to that of the more traditional and negative assumption that people will "lie" about their social situation. By staying with the idea of self-disclosure, it is possible to assess individual responses in relation to team responses and to identify patterns where little information is disclosed, some information is disclosed, or a great deal of information is disclosed. In so doing, one is able to use the degree of self-disclosure as a further dimension in any team functioning assessment.

In the preceding section, attempts have been made to clarify some of the conceptual issues which underlie a team functioning assessment. Our central concern has been to outline a paradigm which can be used to assess patterns of social functioning in turbulent environments. Problems associated with individual competence and coping were shown to become increasingly complex as one moves from an assessment of individual responses to those contained in the collective structure of a team. Throughout this discussion, a position has been taken which assumes that mental processes and cognitive activity represent the major

organizing influences on interpersonal relations in an enacted environment at any given time. This is not to imply that emotional concerns and conditioned patterns of response are less important. On the contrary, we share the view proposed by Maier (1976) which asserts that at least three dimensions of human functioning should be identified - thinking, feeling and acting - and that each dimension requires differential assessment and responses if intervention is to be effective. In turning attention to differential assessment, it is necessary to explore the methodological problems associated with defining a social field at a particular time, and with using a team functioning assessment to forecast team performance at some time in the future.

Social Forecasts Based on a Team Functioning Assessment at Given Times

One would find it very difficult indeed to explain the rise of evaluation research to a place of prominence in service-producing organizations on both sides of the Atlantic without reference to the growing involvement of national and local government agencies in every aspect of community life. Elsewhere (Ainsworth and Fulcher, 1981) it has been argued that the involvement of government agencies in all sectors of the group care field has hastened the need to consider group care as a domain of practice and that special factors must be addressed if evaluation

research is to be little more than a justification for social policy change. Calls for fiscal accountability and for the demonstration of service effectiveness and efficiency have increased the attention given to group care as a costly and complex service structure. However, in spite of various attempts to close institutions, to care for children with special needs in 'normal' environments, and to maintain children in the mainstream of community life, it still seems realistic to assume that group care will continue to play an integral part in the range of services offered in the education, health care, criminal justice and social welfare networks of Europe and North America.

Yet, as group care services seek to survive, and more optimistically, to gain confidence in their capacity to work effectively with children, so the people who operate these services must now be more watchful of the changing social policy environment within which they operate. Social policy environment, as referred to here, incorporates the political and economic policies which apply at local, regional and national^{levels}, and also at an international level, as illustrated in the way that world economic recession influences group care services in many countries. In calling attention to the social policy environment, it is not our intention to discover whether one environment is better than another, or to determine whether a particular environment is better than the one from which it evolved. Instead, our concern is with the problem of what happens in

the microcosm of a group care service when changes occur in the macrocosm. The large-scale re-organization of services on both sides of the Atlantic beginning in the 1960s has frequently brought about rapid change in the microcosm of group care practice.⁴ Partly in response to changes in social policy, group care jobs have been refashioned and redefined within a very short period of time, with children being moved from one place to another, or being kept for a short time in a variety of places, as new policies and procedures are worked out and implemented. Judging from the scarce literature which is available, one can conclude that very little is known about the impact that changes of this type have on children and staff who are enacting a group care environment amidst changing circumstances, with their lives being influenced by forces well beyond their immediate control.

⁴The reorganization of social services in Scotland in 1968, in England and Wales in 1970, and the later reorganization of local government throughout Great Britain in 1974-75 resulted in two major alterations in the pattern of provision for group care services within a very brief period of time. The closure of all juvenile institutions in the State of Massachusetts in 1972 over the space of a few weeks, along with reform of the juvenile codes in the State of Washington in 1978 and the Province of Quebec in 1979 provide comparable examples of major, externally imposed change on group care service production in North America.

If one is to examine the literature on programme evaluation, most of which is North American in origin, one is almost certain to find many unresolved problems of a conceptual, methodological, political and ethical nature (Weiss, 1972). Given that this is the case, it is necessary to consider how evaluation research comes to influence the management and practice of group care. Evaluations, and the assessments upon which they are based, are essentially judgments of worth or value - of people, activities, objects and events - which are based on a continuous review or on regular, systematic reviews of programme functions. In this way, evaluation has been used to revise objectives, priorities and methods of practice in the group care field. Payne (1981) has claimed that there is still no universal agreement about the desirability of formal evaluation in group care. Some have criticized evaluation as being too mechanistic, offering the complaint that evaluation instruments are insufficiently sensitive to reflect the underlying realities of group care practice with its complex interplay of personal and social forces. Others have argued that consideration must be given to how particular social environments evolve from the discrete objects and people that comprise a group care service (Moos, 1980).

Payne helped to clarify some of the issues which confront evaluation research in the group care field, by identifying various purposes to which research of this kind can be applied. He asserted, "We need to consider

evaluations as no more or no less than as organizational and professional tools that have instrumental value on different levels of policy development and decision-making" (1981: 251). Four such levels were identified. First, at the level of strategy, evaluation research can help to determine what provisions should be made in terms of the kind and quality of services for the children requiring group care. Second, at the level of executive decision-making, evaluations can assist with the planning and development of service delivery. At an operational level, evaluation can be used to shape the nature and direction of particular treatment programmes. Finally, at an individual level, evaluation can help to assess whether changes in children's behaviour and patterns of functioning are consistent with group care aims and expectations. Furthermore, for group care staff, evaluation can be helpful in identifying strengths and weaknesses in performance, along with helping to clarify potential supervisory and training needs. Overall, Payne concluded that there are two primary objectives which are closely related in any evaluation of group care practice. The first objective is to increase the accountability of service delivery to resource controllers, and ultimately to the broader community; the other is to bring about changes and improvements in service delivery itself (1981: 252). However, this clarification of objectives still does not resolve the problems associated with a selection of evaluation methods to assess patterns of group care practice.

Moos (1980) has argued that the development of environmental assessment procedures constitutes a necessary first step in programme evaluation within the group care field. In the person-oriented approaches that have been used in most studies, investigators have first sought to identify changes that have occurred amongst individuals and then examined features of the environment within which individuals functioned to see what might be responsible for the changes. In contrast, Moos has advocated an approach which develops "concepts and methods to measure the environment and then to examine the 'impact' of environmental dimensions on individual and group outcome" (1980: 221). Moos claimed that in this manner, it is possible for one to specify which environmental factors are related to particular outcome criteria. This, he claimed, will enhance the likelihood of results being replicated, or of isolating the contextual variations that result in the failure to replicate. Moos concluded that in order to fully understand the social climate and the impact of a group care environment, "one must focus on physical and architectural features, on the types of people in a setting, and on the organizational structure within which they function" (1980: 214).

Moos' early methods of assessing staff team climate and measuring treatment unit environments were used in a major study of group care services for juveniles in the Canadian province of Quebec during the late 1970s (LeBlanc,

1976-79). Our association with the same Canadian services from 1977 to 1980 provided several opportunities to enter into discussions with the research team conducting this study and to review early findings that emerged from their data. The strength of Moos' team climate measures seem to develop from the collective responses of individual team members that are used to derive a team climate assessment. This development, representing an advance in the evaluation methods used earlier, helps to respond to the problems outlined earlier in relation to individual and team patterns of adaptation and change.

However, two weaknesses seemed apparent in the way that Moos' material was being used in the Quebec study. First, the team climate variables which were assessed, while interesting, were nevertheless couched in such generalized terms as to have limited meaning for staff groups who participated in the project. Second, a considerable period of time elapsed between the point of interviewing staff teams and the point of feeding back the results. While this second limitation may have been the result of administrative delays, staff interviewed during our pilot study reported that the feedback sessions based on Moos' criteria were interesting, although the teams reported difficulty in working out just how to apply the results after such time delays. These responses reinforced our view that a team functioning assessment should be derived from measures

which make practical sense to group care staff, are as unobtrusive as possible, and have the capability for giving rapid feedback to members of a team so that assessment material may be used in problem-solving or decision-making within a short period of time. Furthermore, the properties to which one refers in making team assessments should make it possible for individual members of staff to locate themselves within a group care team and facilitate comparisons between one team and another, and comparisons for the same team between one assessment and another.

It is in this respect that the guidance supplied by grounded theory (Glaser and Strauss, 1967) has helped enormously. The twelve structural features of group care identified in Chapter 2, and the differential influence of these in shaping service production capability referred to in Chapter 3 are particularly helpful in framing a team functioning assessment. While controlling for particular structural features, one can then engage in the constant comparison of incidents, which according to Glaser and Strauss, "facilitates the generation of theories of process, sequence and change pertaining to organizations, positions and social interaction" (1967: 114). Through the inductive method that grounded theory advocates, a continuous comparative analysis allows one to test certain properties of team functioning in terms of its internal development and its changing relations with other variables. It is here that the production of welfare model (Davies and Knapp, 1981)

helps to provide a structural overview of the research problem in group care practice, while analyzing the ecology of human development (Bronfenbrenner, 1979) helps to clarify the contextual details that make group care practice so complex and difficult to evaluate. A grounded theory approach serves to endorse our commitment to the inclusion of properties associated with both structure and process in any team functioning assessment. It is important, however, to acknowledge Moos' (1980) warning about exercising caution in the use of evaluation research to develop policy. Moos argued that evaluation research requires considerable debate and scrutiny by the scientific community, even though this requires a great deal of time and reflection. "The admonition that researchers should not 'publish while others perish' may strike a responsive chord amongst action-oriented policymakers", concluded Moos, "but hastily conceived policies can create new problems that may be as serious as those they are intended to solve" (1980: 223). In short, it is almost inevitable that a team functioning assessment will be used to influence policies (Payne, 1981).

Child (1972) has helped to clarify some of the political dynamics which accompany evaluation activity in group care service organizations. The notion of a dominant coalition was used to identify those who collectively hold most power in an organization over a particular period of time. As such, dominant coalitions are able to make strategic choices which influence future courses of action

taken by organizations. In some instances, it is possible to find situations where more than one dominant coalition is operating, where one group constrains or challenges another. The use of this concept does not imply that other members of an organization do not have some power to modify plans and decisions that have been formulated. Indeed, information reaching the dominant coalition is open to re-interpretation at the hands of the people who have to pass it on. Those in boundary roles who are capable of screening information that comes from the external environment, and those in work roles lower down in the hierarchy who are capable of restricting information that passes upwards are both illustrations of the politics of decision-making that can be found operating in group care organizations. In this way, the dominant coalition concept helps to open up a view of group care organizations which takes account of the distribution of power and the process of strategic decision-making that relies increasingly in modern times on evaluation research.

Emery (1977), in developing a conceptual basis for social forecasting, has gone some way towards clarifying some of the organizational and social policy issues that have been our concern. Essentially, the question remains: How does one assess patterns of team functioning while at the same time acknowledging that the very nature of assessment assumes that the findings will be used as the basis for practical or strategic planning within any organization?

Emery has taken the view that planning is the extension of choice for individuals, groups and organizations. The underlying assumptions associated with this approach are that men and women have some ability and desire to shape their futures, given the qualification that (a) they can proceed only from the objective conditions of the present; (b) they tend to pursue only those goals that seem to be achievable (and hence may often be blind to possibilities that have newly emerged); and (c) the means they choose may frequently have unanticipated consequences for other goals (1975: 9). Two other problems remain if one is to move from a statement of belief, as contained in the preceding assumptions, to a more rigorous conceptual statement that assists one to make a social forecast on the basis of a team functioning assessment. These problems include: first, knowing how to detect social developments as these might operate in the future; and second, knowing what developments should actually be planned for, given certain expectations about what is likely to happen.

Before considering these problems, it is first necessary to distinguish between three terms that can become confused in evaluation research. These are predictions, projections and forecasts. Johnston makes the following distinctions between the three evaluation concepts (1978: 429-431). Predictions are most closely associated with an explanation of outcomes which result from an analysis of the laws which govern the operation of a system. Traditionally,

prediction has been accepted as the ultimate test of scientific understanding. However, given the lack of agreement which exists concerning the "laws of explanation" in the social sciences, as compared with developments in the physical sciences, it is quickly apparent that the dynamics of prediction are extremely problematic in this field. Projections, on the other hand, are perhaps best seen as conditional predictions. Johnston claimed that these typically follow the same format: "an assumed system whose governing principles, combined with a specified set of initial conditions, provide a basis for deducing future states of the phenomenon in question" (1978: 430). The crucial difference, however, is that projections need not reflect known causal relationships, and may rely instead on the extrapolation of observed trends in some periodic measure of interest. Forecasts are regarded as a projection that has been selected as representing the 'most likely outcome' from among a set of alternative projections. In Johnston's view, forecasts in the social sciences serve as substitutes for the outright predictions of the more exact sciences and must accordingly reflect realistic, or at least plausible combinations of assumed conditions. Forecasts differ from projections which are used to delineate a range of possible alternative outcomes, by placing emphasis on a 'reasoned judgment' that some particular outcome is deemed suitable to become the basis for a programme of action. Ideally, projections provide a range of alternatives for

consideration; forecasts provide a basis for action.

Having distinguished between predictions, projections and forecasts, it is interesting to note how Emery's early work (Emery and Trist, 1975) developed around concepts of prediction, but that later (1977) these formulations were modified to take greater account of the action-oriented principles of forecasting. It has not escaped our attention either that Emery's early work in penal institutions (1970) and in labour-management relations (1976) lends an applied orientation to his work. In our view, this grounded orientation enables one to translate his concepts more easily than others into an evaluation paradigm for the group care field. Emery's framework for social forecasting research is in many ways consistent with Weick's (1969) notion of collective structure in an enacted group care environment and the idea that group care practice is especially susceptible to externally-controlled influences (Pfeffer and Salancik, 1978). Taken together, these concepts help to clarify some of the issues associated with the definition of a social field (team functioning in group care practice) at given times.

To begin with, forecasts of the future (derived from assessment and analysis) can always be challenged by pointing out that one can only know what has been experienced or is being experienced. Since the future does not yet exist, it cannot be experienced or known. "Such scepticism," says Emery, "reduces itself to the position that one can

know only that which is presently being experienced because the past is also non-existent and one has no way of experiencing, hence knowing, whether what we think was experienced was actually experienced" (1975: 10). At the other extreme, it could be argued that the past and future are completely given in the present array of matter and future. Emery contended that even though one cannot experience that which does not exist, one can know something scientifically if one can, given present conditions, create the relevant experiences through experiment, test or observation. "This," according to Emery, "copes not only with why we believe that we know something of the past, but also with why we believe we know something about the future, since we can experimentally demonstrate that exposure to present conditions will lead to a particular set of events at some point in the future" (Emery and Trist, 1975: 10-11).

The field theorist, Kurt Lewin (1952) called attention to this problem early on when suggesting that the notions of contemporaneous causation helped one to define the field at a given time. Lewin argued that two different procedures can be used to determine the properties of a social field at a particular time. "The first procedure," said Lewin, "is to base one's statement on conclusions from history (anamnesis), while the other is to use diagnostic tests of the present" (1952: 49). It was Lewin's conclusion that both approaches to assessment should be used. Chein (1948) helped to extend this notion when arguing that much

of the present is organized into spatial Gestalten which allow a person or persons to give meaning to their present experience within the social field. If one extends this concept to consider temporal Gestalten, or patterns in the appreciation of time, it is then possible for one to take advantage of Emery's claim that "the present is also embedded in overlapping temporal Gestalten (1977: 209). This means that as a person's experience of events in a social field are framed through mental processes, so that experience takes on meaning. It follows that the meaning given to events serves to shape actions that are used in responding to particular events. In a similar way, the experience of time in the present is framed into a sequence of present experiences. As the sequence of present experiences overlap, they are assimilated in ways which are not dissimilar from a video-taped replay of independent moments in time, linked together to form an experience of continuous action (Goffman, 1974).

When moving from the consideration of individual processes (such as when someone is learning a new skill) to the consideration of processes in more complex systems (such as team functioning), Emery argued that other phenomena must be taken into account (1975: 13). When various independent processes overlap, a new process emerges and a class of events is generated which has no history prior to the initial overlap. While there may be degrees of independence between the events and the processes which contain these

events, the new hybrid processes are likely to display a special degree of unpredictability. Emery asserted that it was this characteristic - unpredictability - amongst others which must be overcome when one is attempting to forecast future action from the analysis of existing processes.

Emery identified four factors with which to outline the theoretical possibilities and limits of forecasting the future of concrete processes in teams, given knowledge of their present and past events (1977: 211-213). The first factor, familiarity, assumes that the more one knows about a particular team and its past, the more one can understand it and thus forecast events which are likely to occur in its future. The second factor, phase distance, assumes that when looking at two phases of the same team functioning process, a forecast may be theoretically possible concerning the future of subsequent phases, although the specific characteristics of subsequent events cannot be forecast. The third factor, inclusiveness, involves an expectation which is derived from the general properties of part-whole relations. Generally speaking, this means that knowing the individual patterns of functioning for the members of a team allows one to forecast events in the team as a whole. However, in this case, forecasting events for the whole team cannot be as specific as would be the case for individual members. The last factor, emergent overlap, applies when one is examining two processes which occur simultaneously in proximity with each other. While both processes may have

begun separately, some of the new properties may predictably survive in a newly emerging pattern of functioning. One can forecast that merging themes such as these will also retain the more persistent themes of an earlier identity, while processes set in motion by the merging of the old and new processes are less predictable and thereby harder to forecast.

It was Emery's contention that the forecasting of potential functioning for complex systems, such as teams and organizations, is dependent upon procedures that facilitate complexity reduction. To do this, he advocated that one's "unit of analysis must be the social field or environment that includes the set of systems whose changes we are studying" (1977: 213). In the group care field, such an environment would be the particular agency organization and its place within a social resource network, operating in a particular geographic location. Group care teams can then be analysed in relation to the organizational characteristics which define a team's place within a service-production agency, and also in relation to the agency work force as a whole. Emery claimed that complexity reduction in the assessment of teams and organizations can be usefully achieved through an analysis of the leading part(s). This does not mean that one makes some type of reduction across the board in order to pick out the key elements in all of the parts. Instead, one seeks to reduce the total complexity that is contained in a pattern of team functioning by

ignoring a great deal of the specific characteristics of all but the leading part(s). In so doing, Emery concluded that one is able to assess, and hence forecast from "the internal environment of the total system" (1977: 214).

According to the criteria formulated by Emery, one final set of problems remain if one is to engage in social forecasting on the basis of a team functioning assessment. These problems are associated with the detection of emerging processes in teams and organizations. Emery asserted that "if social life is properly characterized in terms of overlapping temporal Gestalten, then many of those processes that will be critical in the future are already in existence in the present" (1977: 214). Some of the critical processes may be concealed within other processes, or they may appear as something they are not. It was Emery's view that a social process which passes for something other than what it is should be distinguishable in terms of both the energy required to keep that process operating and the way that it stretches or distorts the vocabulary appropriated from a competing process. Menzies (1977) referred to the same dynamics when she examined task and anti-task processes amongst staff groups working in adolescent institutions. Emery claimed that the energy requirements of an emerging process "may be difficult to detect, not only because we lack scales for many of the forms of psychic and social energy" found operating in a team or organization (1977: 215). It may also be that an emerging process is able to accomplish

what its supporters in a dominant coalition claim, and to do so more easily. Once again, account must be taken of how coalitions operate to influence strategic planning in a team or organization.

Another reason why emergent processes are difficult to detect is that teams and organizations rely a great deal on the sharing of parts. It was Emery's view that this sharing of parts "enables social processes to grow for quite long periods without detection" (1977: 216). This applies to processes which are adaptive as well as to those which are maladaptive. Translated into the practical employment concerns of group care personnel, the notion of emergent processes having shared parts can apply in a multiplicity of ways. It may help explain sub-group dynamics that are operating within a team, whether through pairings, factions or supervisor-team dissention. It may help clarify some of the issues that are influential in the labour-management relations which operate within a group care agency. It may also identify some of the social dynamics which are taking place in the private lives of group care personnel, including social life and family distractions which may impair job performance.

It was Emery's conclusion that if most, or even some, important social processes are not detected, then one is presented with a methodological approach which can facilitate such detection, since one must expect some interference in the existing patterns of team functioning as a new pattern

develops. Using criteria articulated by Angyal (1966), Emery summarized a general classification scheme which can be used to analyze team functioning assessment variables (1977: 216). To begin with, when the emergent patterns of team functioning are relatively weak, there is likely to be a reduced energy potential in the team, manifested in the dynamics of debility. A team in this state will probably find it difficult to mobilize energy and/or people, to perform expected functions. There is also likely to be a slowing down in the team's responsiveness to new demands. The reasons for increased variance, or error in the performance of a team in this state are said by Emery to "be sought within the organization [or team] itself" where the level of integration is weak (1977: 217). In such cases, team functioning assessment proceeds from an analysis of variance between selected internal factors. A second classification is available when one assesses that an emerging pattern of team functioning is stronger, but still not strong enough to displace the existing pattern. In this type of team, one may expect to identify the dynamics of intrusion, and social phenomena such as prejudice or intolerance which may be apparent. Emery claimed that it may be difficult to differentiate between the emerging and the existing patterns, although a continuous comparative analysis advocated by Glaser and Strauss (1967) may facilitate such differentiation.

When an emerging pattern of team functioning has developed to the point of being roughly in balance with the existing pattern, one may identify a dynamic called mutual invasion, the third classification in Emery's analytic scheme. At this stage of development, it is quite obvious that a new pattern of team functioning is in operation, although mutual retardation, a general uncertainty or lack of decisiveness may result. The new team identity may develop as a negation of that which has been established and a negative identity or counter-culture may emerge. The methodological task in this type of team is to identify, in the midst of uncertainty and drama, the characteristics of a new pattern of functioning, one which is not simply a reaction to an earlier one.

Throughout each of the three classifications - debility, intrusion and mutual invasion - Emery argues that early detection of emergent processes is a worthwhile pursuit in that it increases the range of potential responses that a team or organization can make in the turbulent environment which surrounds it. In so doing, teams and organizations can exert greater control over their own development and production capability, and thus increase the amount of time available for important decision-making. This is particularly important if group care practice is to be something more than a crisis response to unpredictable crises. In Chapter 3, Emery's formulations concerning maladaptive and adaptive

responses were summarized and considered in relation to the functioning of teams in the organization and social policy environment of group care. If the classifications mentioned above assist one to detect maladaptive patterns of functioning, so a final set of criteria are required if one is to assess active adaptation in turbulent group care environments.

Emery identified two ways in which teams and organizations can actively adapt in environments that are characterized by unpredictability and turbulence. First, a pattern of organization may be devised in such a way as to view each part as being replaceable, as exemplified in the case of a traditional assembly line where each worker is responsible for a particular part of the production process. Alternatively, a pattern of organization can be evolved which builds the element of diversity into its membership, to ensure that a considerable overlap of skills is available within each team. As a traditional assembly line is refashioned into a small team of workers responsible for producing a whole product, so the second type of active adaptation is illustrated. Emery claimed that the first pattern of organization is inherently error-producing and that considerable time is required to introduce new ways of working. The second pattern was thought to be far less reliant on selected individuals, since assuming that all members cannot work alike, the collective performance of the team is greater than the sum of the parts (1977: 67-123).

In each pattern of organization, it is possible to identify a set of ideals which are conveyed implicitly through a team's pattern of functioning. . In Emery's first pattern - that which emphasizes replaceable parts - a team is prone to struggle on, believing that a particular way of doing things will be successful. Such teams are prone to believing that ample resources and more trained personnel will bring about a successful achievement of the primary task. Hard work and commitment is believed to be associated with success, and success with having good efforts recognized and rewarded. Participation in this type of adaptive team is likely to require heavy commitment and it is not always easy to know when contributions are 'good enough'.

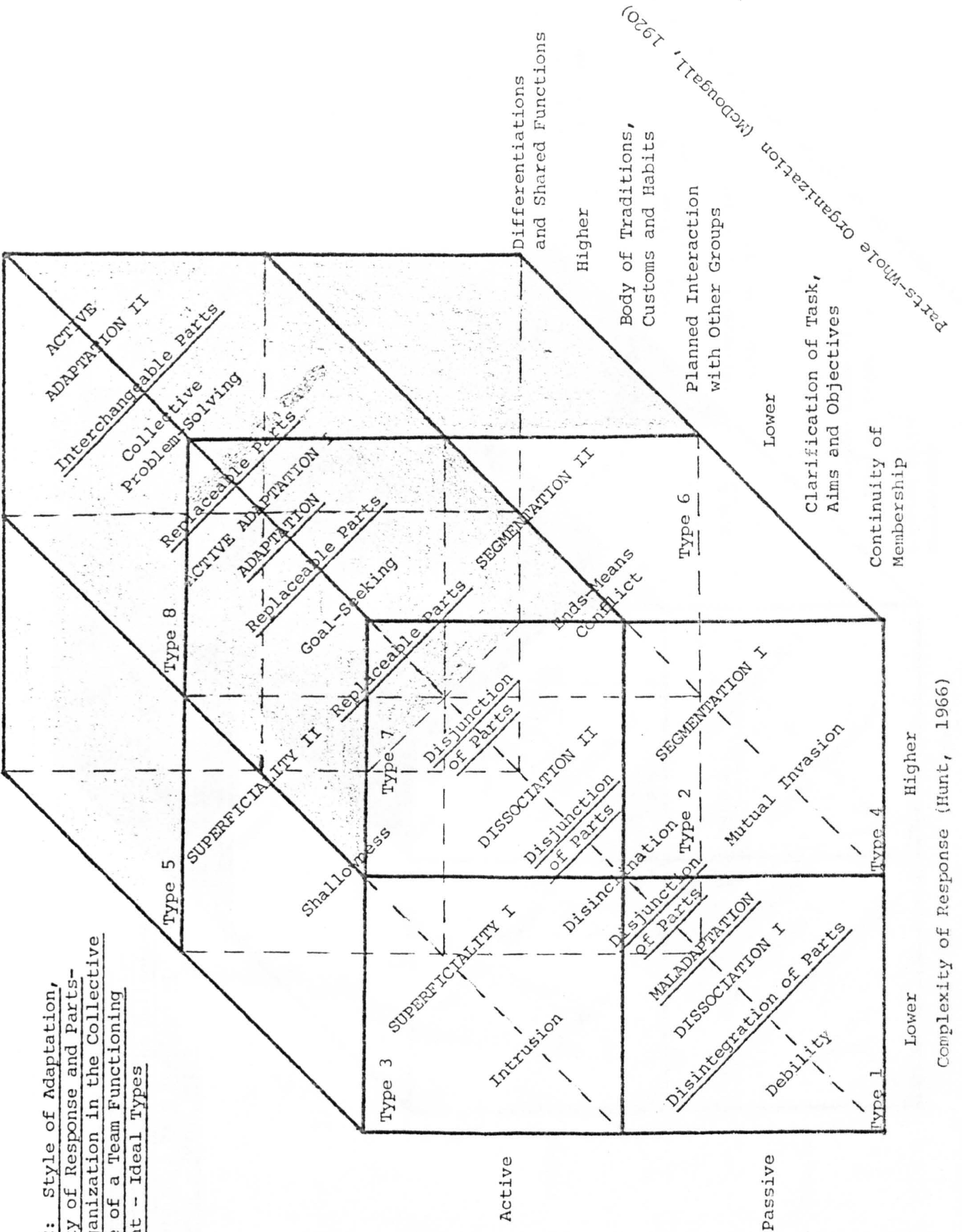
In the second pattern of organization - where diversity of skills is more important than the individual parts - Emery suggested that people are implicitly required to make choices amongst ideals. Members may seek after a sense of teamness, rather than always 'doing their own thing'. They may seek mutual help and a sense of nurturance in the team, rather than imposing their own will on other members. They may strive after the ideal of humaneness, along with other factors that are taken into account when determining task effectiveness and efficiency. And though it may be a difficult notion to grasp, work environments which nurture a sense of teamwork, and which emphasize humane relationships performing a collective task, are settings which people find more enjoyable to be in. If people enjoy their work and

the other people in their work environment, then enjoyment becomes a force for creativity and purposeful action in their lives. It is in this sense that quality of working life takes on substance. If people do not enjoy working with children, and especially in group care practice, then the consequences for children in care are significant.

Conclusion

It should now be obvious that genuine theoretical questions are involved in an attempt to forecast the performance capability of teams and organizations at some point in the future, given a periodic team functioning assessment. These theoretical concerns are distinct from, but closely related to important methodological problems which must also be overcome. Emery's formulations concerning active adaptation and maladaptation in turbulent environments (summarized in Chapter 3 and in the preceding section) can now be presented in a two X two X two table which facilitates the analysis of patterns in any team functioning assessment (Table 4.2). A characteristic style of adaptation should be discernible, according to whether the collective structure of a team is represented in passive or active patterns of response (Heimler, 1975). In a comparable way, the complexity of response to environmental turbulence should also be discernible, according to whether the collective structure is characterized by lower or higher complexity (Hunt, 1966). Finally, the analysis of

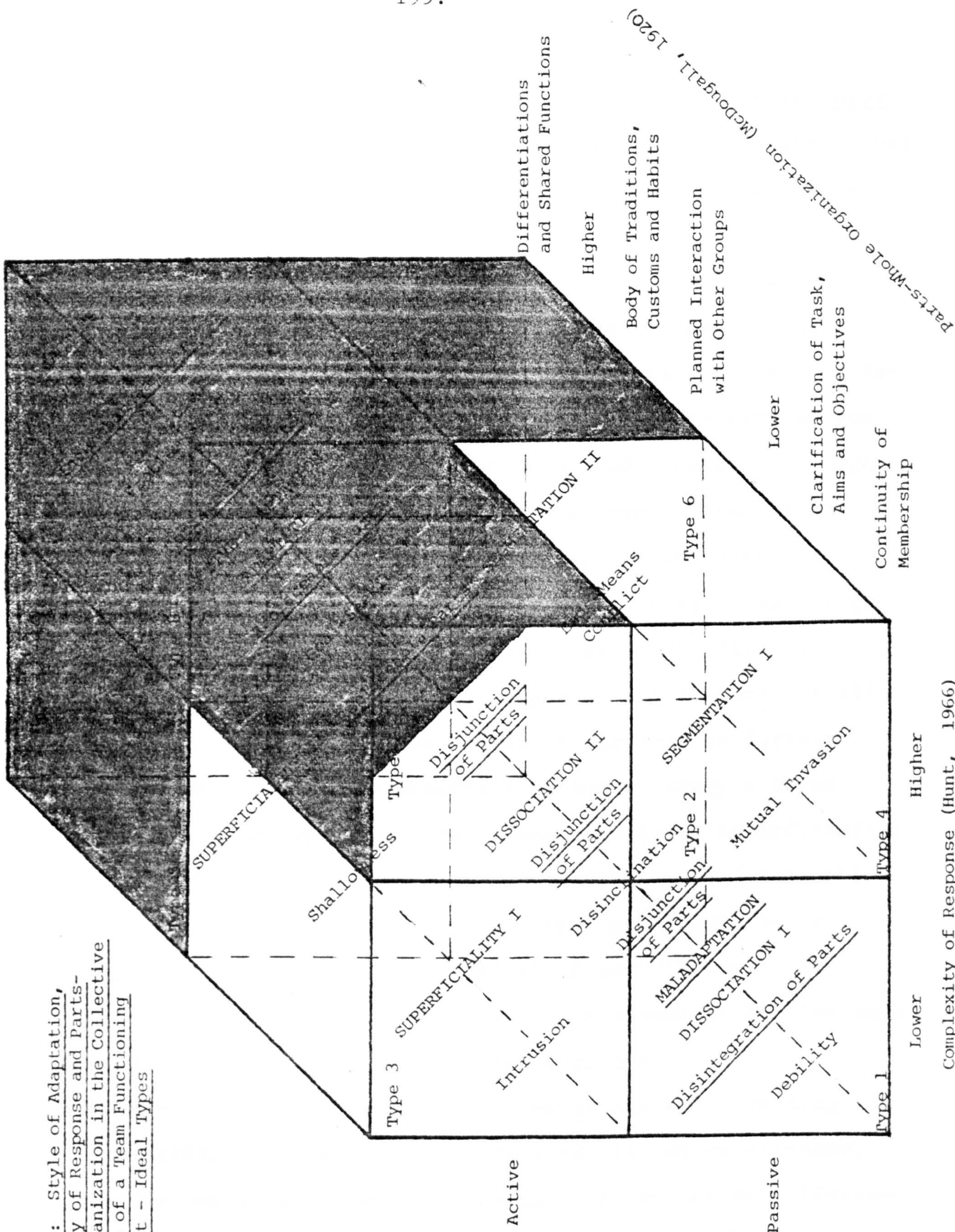
Table 4.2: Style of Adaptation,
Complexity of Response and Parts-
Whole Organization in the Collective
Structure of a Team Functioning
Assessment - Ideal Types



Style of Adaptation (Helmler, 1975)

Complexity of Response (Hunt, 1966)

Table 4.2: Style of Adaptation, Complexity of Response and Parts-Whole Organization in the Collective Structure of a Team Functioning Assessment - Ideal Types



Style of Adaptation (Heimler, 1975)

Complexity of Response (Hunt, 1966)

parts-whole organization should yield an indication of lower or higher variance between the response patterns of individual team members and the collective organization of the team as a whole (McDougall, 1920).

Meanwhile, the team functioning assessment criteria (identified in Table 4.2), the analysis of the leading part(s) and the detection of emergent processes in the parts-whole relation can now be used to differentiate between one type of collective structure in teams and others. A slight modification is required in Emery's original paradigm to take account of eight possible maladaptive and adaptive types of team structure. This is achieved by integrating the accommodation-assimilation processes identified by Piaget (Maier, 1978) as being complementary features of all adaptation activity. This makes it possible to further delineate the adaptive potential in two of Emery's three types of maladaptive response, those involving superficiality and segmentation. It is then possible to make a forecast of the key performance indicators that are likely to be found in each of eight ideal types of team (Table 4.3).

Through an analysis of multiple assessments for the same team (temporal Gestalten) one can make use of the four factors identified by Emery to enhance one's forecasting capability. These factors - familiarity, phase distance, inclusiveness and emergent overlap - assist one to differentiate between enduring characteristics in the collective structure of teams, and those emergent features that reflect

Table 4.3: Forecast of Key Performance Indicators for Teams Functioning in Turbulent Environments

<u>Ideal Type</u>	<u>Team Functioning Assessment Criteria</u>	<u>Status of the Leading Part(s) Disintegration of Parts</u>	<u>Emergent Processes in the Parts-Whole Relation Debility</u>	<u>Collective Structure Accommodative Maladaptation: Dissociation I</u>	<u>Forecast of Key Performance Indicators Characterized by Fragmentation</u>
1	Passive Style of Adaptation Lower Complexity Response Lower Organization of Parts	Disjunction of Parts	Disinclination	Assimilative Maladaptation: Dissociation II	Characterized by Indifference
2	Active Style of Adaptation Lower Complexity Response Lower Organization of Parts	Disjunction of Parts	Intrusion	Accommodative Maladaptation: Superficiality I	Characterized by Inhibition
3	Passive Style of Adaptation Higher Complexity Response Lower Organization of Parts	Disjunction of Parts	Mutual Invasion	Assimilative Maladaptation: Segmentation I	Characterized by Impedence
4	Active Style of Adaptation Lower Complexity Response Higher Organization of Parts	Replaceable Parts	Shallowness	Accommodative Adaptation: Superficiality II	Characterized by Restrictions
5	Passive Style of Adaptation Higher Complexity Response Higher Organization of Parts	Replaceable Parts	Ends-Means Conflict	Assimilative Adaptation: Segmentation II	Characterized by Restraint
6	Active Style of Adaptation Higher Complexity Response Lower Organization of Parts	Replaceable Parts	Resource Availability Task Orientation Commitment Enjoyment	Active (Accommodative) Adaptation I	Characterized by Goal Seeking
7	Active Style of Adaptation Higher Complexity Response Higher Organization of Parts	Interchangeable Parts	Teamness Nurturance Humaneness Enjoyment	Active (Assimilative) Adaptation II	Characterized by Complexity Reduction

change in the structure over time. Thus, one assessment of team functioning (a test of the present) can be compared with earlier assessments (an analysis of history) to enhance the likelihood of forecasting accurately the performance capability for that team in the future. Comparative analysis of assessments from many teams helps to verify properties which are characteristic of different types of team. Because of a commitment to action-oriented assessment, it is assumed that availability of this type of information may assist teams to determine actions which will sustain or enhance a given level of performance. It must be remembered throughout, that social policy issues associated with power, authority and control are interwoven into every aspect of assessment and evaluation. While these issues may have been clarified somewhat, it is still important to recognise that basic ethical questions remain and must be responded to at each stage of the assessment process.

CHAPTER V

ASSESSMENT CRITERIA

Introduction

Having outlined concepts which underlie group care practice and our selection of evaluation methods, it is possible now to identify particular variables which can be used to assess team functioning in the group care field. The structural features of group care and treatment, outlined in Chapter 2 and located within the various contexts of service production in Chapter 3, provide the initial framework for the identification of variables. Later, in Chapter 7, a detailed description is provided of the process involved in making a team functioning assessment with group care personnel. Here, the focus remains with a brief description of the assessment criteria used, with little reference to their practical application. An underlying assumption is made that assessment methods require examination in at least three parts. First, one must consider the theoretical constructs which are implicitly or explicitly contained in any choice of assessment methods. Second, one must become familiar with the specific criteria which are to be assessed through the selection of assessment information. Finally, one must examine the assessment process itself, to determine the

manner in which theory and methods are brought together and applied in practice. Without reference to the application of theory and methods, the whole notion of assessment is invalidated.

Criteria Associated with the Social Policy Brief for Services

The Continuum of Care framework outlined in Chapter 2 provides a six point typology that embraces the variety of child welfare services found in the criminal justice and social welfare networks on both sides of the Atlantic. With the inclusion of a seventh classification, that of Service Management, it is possible to classify teams according to the collective tasks that are required of them in the course of their work. A sub-classification under Service Management allows one to distinguish between (a) Senior Management teams and (b) Middle Management teams. A further sub-classification under the heading of Imposed Care Services allows one to distinguish between (a) open institutional living units and (b) secure units, since different social policy issues apply. In this way, criteria associated with the social policy brief can be listed within a seven point continuum of care services.

Social Policy Brief

- (1) Service Management: (a) Senior Management
(b) Middle Management
- (2) Information and Referral Services
- (3) Support Services Directed into the Home

- (4) Supplementary Care Services around a Family
- (5) Away from Home, Group Care Services
- (6) Alternative Family Care Services
- (7) Imposed Care Services: (a) Open Institutional Living Unit
 - (b) Secure Unit ---

Criteria Associated with the Siting and Physical Design of a Centre

Five variables associated with this structural feature are of interest here. These include: geographic location; accessibility; basic design; number of service places; and patterns in the use of space. Each of these siting and physical design variables can be identified during the course of field work and classified according to differential criteria. In relation to the number of service places, these are normally determined by management policy, especially when considering day care services. In residential centres and institutions, the number of beds and bedrooms available for client services may be totalled for this purpose. In this manner, a classification of the siting and physical design variables can be presented.

Geographic Location

Accessibility

Urban Commercial District	Public Transport Available
Urban Residential Neighbourhood	Limited Public Transport
Suburban Residential Neighbourhood	Private Transport Required

Basic Design

Commercial Office Building

Converted Commercial Premises

Ordinary Neighbourhood Dwelling

Purpose-built Centre

Institutional Living Unit/Centre

Secure Unit

Patterns in the Use of Space

Relative Freedom of Movement - Public Space

Relative Freedom of Movement - Shared and Private Space

Restricted Movement - Shared and Private Space

Restricted Movement - Shared Space

Restricted Movement - Private Space

Number of Service PlacesCriteria Associated with Personnel Complement and Deployment

Variables associated with this structural feature of group care and treatment can be identified under four specific headings. To begin with, the number of staff in a given team requires consideration, both in relation to the number of personnel allocated to a team and the number of posts that are actually filled and available to a team at a given time. In some instances, teams will be required to carry a vacant post or cover for holidays, thus reducing the overall complement of staff and requiring compensation

amongst the remaining members for any vacancies. Even participation on training courses may require the use of relief personnel to release workers to attend. For our purposes, the number of staff is taken to include the total workforce available in a team at the point of assessment. A second variable, division of labour, is represented by the number of different job classifications contained within a given team at the time of assessment. Levinson (1978) and Davis and Cherns (1975) help to justify the compilation of a socio-demographic profile (working life), allowing one to identify particular social background variables which may influence orientations to work and the quality of working life.

Work schedules are of special concern since they allow one to determine the total number of hours that each member of a team is expected to work, and also provide one with the basic pattern of team deployment. To reduce the complexity contained in the detailed analysis of work schedules, a simple classification has been used to account for the number of hours that personnel have worked in the seven days prior to assessment, and the type of schedule which team members followed. In the future, it is apparent that extra attention needs to be given to the relationship between different patterns of scheduling and patterns of service production in the group care field. In the meantime, it is possible to identify the selected personnel complement and deployment variables.

Number of StaffDivision of Labour

Total Workforce Available
to the Team at the
Time of Assessment

Total Number
of Job Classifications
Contained in the Team

Socio-demographic Profile
(Working Life)Work Schedule

Age Sex
Educational Qualifications
Membership in a Professional
Organisation
Membership in a Trade Union
Length of Time in Post
Hours Worked in the Past 7
Days

Professional Hours
Shift Schedule
Living-in Schedule

Criteria Associated with Patterns in the Use of Time and
Activity

It has been shown that when operating at full production, group care services must account for 168 hours of activity each week in the organisation of teamwork. This weekly production period is sustained over the 52 weeks of a year in an institutional secure unit, while it is reduced proportionately in the operation of a day care centre. Even though a day centre functions for fewer than 168 hours per week, the fact remains that team members must take an interest in what happens with children and families while they are away from the centre. Many of these 'happenings' in family life outside the centre are brought into and become a part of the interactions that develop between workers and children in a group care service. Similarly, while most children can be expected to sleep during the night time in a residential

unit, some children may be unable to sleep and may present staff with a crisis or problem, justifying the need for teamwork over the 168 hours of any week.

For our purposes here, it has been possible to identify two team functioning variables with respect to patterns in the use of time and activity by personnel. In a selected number of instances, team members were asked to identify the greatest frustration they had experienced in the past seven days of work, briefly describing the critical incident with which the frustration was associated. In a similar way, members were asked to identify the greatest satisfaction they had experienced in the past seven days of work, once again describing the critical incident with which the satisfaction was associated. These variables have been coded according to the criteria developed by Hey (1973) and Billis (1980), and amended in Chapter 3. Experience in group care practice seems to suggest that clustering of reported critical incidents during particular periods of the week, or in relation to the same critical incident, will heighten the meaning of such incidents and serve to influence patterns of team functioning at particular points in time. Major incidents, such as a fire or death, are likely to influence the functioning of teams for longer periods. The selected variables associated with patterns in the use of time and activity can now be identified as follows.

Critical Incident Tasks associated with
the Greatest Reported Frustrations and Satisfaction
in the Past Seven Days of Work

Direct Service (Boundary) Tasks
Direct Service (Care) Tasks
Direct Service (Support) Tasks
Indirect Service (Intermediary) Tasks
Indirect Service (Support) Tasks

Criteria Associated with Family, School/Work and Community
Links

When identified initially, this structural feature referred primarily to the consumers rather than the producers of a group care service. However, closer scrutiny would seem to suggest that links between a work force and their families, local community and socio-economic world are also important in the production of group care services. To a large extent, the links between working life and personal life are difficult to identify amongst group care personnel because of the ethical questions which serve to define the boundaries between public and private life. It is simply the case that many workers consider it "no one else's business" what they do outside their work, even though repeated instances can be noted where workers have found difficulty in preventing issues in their personal life from influencing work performance.

Throughout the foregoing analysis, both theoretical and experiential justifications have been provided for arguing that quality of working life and quality of life outside work are complementary influences in group care work. As one

extends this notion to accept the idea that quality of working life for personnel and quality of life for the consumers of a service are complementary influences, then justification is available for making enquiry into selected aspects of the personal life experience of group care personnel. Throughout such an enquiry, one must remember that a level of trust is required between the worker and the researcher. This trust is associated with shared controls which guarantee that any personal information will remain confidential and will not be used in such a way as to adversely affect the future wellbeing of informants. On the other hand, global patterns associated with the collective experience of a team of workers may be open to discussion amongst the members, and to some extent between one team and others.

It is immediately apparent that a large number of variables might be identified in relation to a group care team and its links with family, community life and the socio-economic world which surrounds them. Once one accepts that selected enquiry is justified in connection with this feature of practice, the next question involves the selection of instruments and measures which can be used to obtain the necessary information in an unobtrusive and reliable fashion. A third problem presents itself when seeking to determine whether the information supplied by personnel bears any relation to the quality of working life issues being investigated, and whether these are comparable for different groups

of workers. Our concern has been with identifying instruments and measures which are grounded in the direct experience of group care personnel. It is anticipated that workers will supply information about their personal and work lives if the questions they are asked make sense to them, and if they accept the conditions laid down concerning the disclosure of that information.

Earlier, in Chapters 3 and 4, the conceptual formulations developed by Thomas Holmes, Rudolph Moos and Eugene Heimler were outlined. Interview schedules developed by these investigators have been tested with satisfactory results in several action research projects involving large populations of adult men and women. The Schedule of Recent and Anticipated Experience, developed by Holmes and others (1967; 1974) was used in its amended form by Harrington and colleagues (1977) to assess the impact of life change on potential illness and health care needs for married men and women. It was found that a clustering of life events which required life adjustment was associated with the onset of illness. Brown and Harris (1978) qualified these findings in arguing that different people cope in different ways with changes in the personal and working lives. Billings and Moos (1982) found that health symptoms may precede events and that there is a consistent individual propensity to experience events, findings which further confound the relationship between life events and patterns of functioning. "However, even after

controlling for these alternative 'determinants' of the event-functioning association," Billings and Moos found "a significant relationship remained between negative events and symptoms of mental and physical distress. Negative events had a greater impact on women than on men." (1982: 113) These researchers concluded that events and functioning may have reciprocal effects on each other and that other factors, such as coping responses and social support may mediate the events-functioning relationship. Personal functioning needs consideration as a multi-dimensional construct in any type of assessment (1982: 114).

In addition to the Schedule of Recent and Anticipated Experience, Harrington and his associates (1977) used the Heimler Scale of Social Functioning (Heimler, 1967; 1975) to explore the relationship between life events and social functioning in a health care setting. This second instrument was found to be an especially unobtrusive measure in the screening of a large population of adults, capable of assessing adaptive and maladaptive responses to change amongst men and women. It was also shown to be of use in predicting the take-up of services in a large health care complex. Maher (1969), Griswold (1977) and Rodway (1977) are amongst the few validation studies carried out with the instrument, although each of these reported validation within respectable limits. Burnell and Norfleet reported that Heimler's Scale of Social Functioning was capable of discriminating sharply

between a group of persons who had not identified themselves as needing health care attention, and another group of persons who had initiated contact with an outpatient psychiatric clinic (1982: 148). These investigators concluded that the scale had potential as a screening instrument in the health care field.

Reference to the Schedule of Recent and Anticipated Experience, Short Form (Appendix A) has been extensive in the popular literature, as well as the professional literature (Holmes and Masuda, 1974; Moos, 1976; Billings and Moos, 1982). In the community health care project reported by Harrington et al (1977), information was supplied to all participants explaining how the stresses associated with life changes are related to potential health changes. Information was also provided about what people could do during periods of particularly heavy strain to ameliorate any harmful effects. The aim of this continuing education project has been to raise the level of health care consciousness amongst patient populations, in the hope that people will take a more active part in the maintenance of their own health. In so doing, a health care organisation sought to place greater emphasis on health care in community medicine, instead of the more traditional emphasis on sickness care.

In the information provided by the Kaiser-Permanente Center (1977), participants were instructed on how to assess

the level of life change experienced in the preceding twelve months, and anticipated in the year ahead. Having identified life changes, the participants were then instructed to use the numbers provided between the Past and Future columns (numeric weightings) to arrive at a total Life Change Score for each column. According to the information provided, these life change scores are associated with the probability of health change within two years. The following guidelines were offered (Harrington et al, 1977: Appendix K):

0 to 150 score = 25% chance of a serious health change through illness or injury within 2 years.

150 to 300 score = 50% chance of a serious health change through illness or injury within 2 years.

300 plus score = 80% chance of a serious health change through illness or injury within 2 years.

NOTE: 20% of people scoring more than 300 do not experience a health change through illness or injury within 2 years.

Heimler's Scale of Social Functioning is less well known than the instrument developed by Holmes. Earlier, when referring to the Social Functioning orientation proposed by Heimler, it was noted that a simple 55 item questionnaire had been devised to assist people in assessing the level of satisfactions and frustrations in their lives. Elsewhere (Fulcher, 1977), a review was presented concerning the background and early research developments associated with this instrument during its first decade of use in Europe and North

America. In 1970 Heimler produced and briefly tested an amended version of his original instrument, referring to it as the Scale of Organizational Functioning (Appendix B). This 1970 amendment was modified in 1978 and introduced into our study of personnel teams as the Schedule of Employee Functioning (Appendix C). This instrument was refined further in 1981 when it was simplified and renamed the Work Orientation Schedule (Appendix D). Each of the three instruments follow the basic pattern contained in Heimler's original instrument, although enquiry is restricted to the public and interpersonal aspects of a respondent's working life. Enquiry is not made into a respondent's most intimate affairs. Approximately one-half to three-quarters of the questions contained in the original instrument are retained in the revised Schedule.

The Schedule of Employee Functioning (1978) and its simplified version, The Work Orientation Schedule (1981), are essentially divided into three major sections: a Satisfaction Index, a Frustration Index and an Outlook on Life Index. Each of the first two indexes are sub-divided into five Area Indexes, and each of these contains five questions that are answered according to a three-answer response pattern: Yes - Perhaps - No. The five Areas of Satisfaction include questions about Work Life, Finance, Friendship/Social Life, Family/Home Life, and Personal Contract. The five Areas of Frustration contain questions associated with Activity

(paralysis of activity), Health (somatic complaints), Influences (persecution), Moods (depression), and Habits (escape routes). Each set of five Area Index questions elicit responses which can be coded according to criteria associated with Maier's (1976) three dimensions of human functioning - affect/emotion, behaviour/actions and cognition/evaluation. Similarly, the same questions can be coded according to Levinson's (1978) characteristics of adult life structure, including aspects of self and participation in the world.

While the response pattern in the Employee Functioning and Work Orientation Schedules reflect a respondent's perceived physical and social environment, the response pattern also provides a temporal gestalt of the influences contained in that environment. Thus, quality of working life and quality of life outside work can both be assessed in terms of the respondent's experience in these spheres at a given time. The Outlook on Life Index, set out on a scale from 1 to 20, was developed in Heimler's original Scale of Social Functioning (1967) to cross-reference a respondent's view of present satisfactions and frustrations, with a world view of achieved ambitions, hope for the future, meaning in life, opportunity for self-expression and the relative worth of past struggles. Overall, the 55-item instrument is easily completed and basic results can be fed back to respondents within minutes.

At least one other set of variables require identification, referring as they do to aspects of the socio-cultural world found in Levinson's (1978) discussion of adult life structure. Associated with family and community life outside work, these variables are referred to here as a Socio-demographic Profile (Personal Life) including type of accommodation, domestic arrangement or marital status, age of spouse, age of children and spouse's occupation. Together with the variables contained in the Schedule of Recent and Anticipated Experience and the Work Orientation Schedule, these added variables help provide an outline sketch of the sources of support to which a worker refers outside work. On the whole, there exists an implicit expectation in group care practice that workers will be relatively supported in their work through family and social experiences outside work. When these supports are not available, then the emotional stress and fatigue of group care work may be transformed into occupational risks and the prospect of fatigue and 'burn-out' (Cherniss, 1980; Mattingly, 1981). With these issues in mind, it is now possible to list the variables associated with the assessment of quality of working life for group care personnel.

The Schedule of Recent and Anticipated Experience

<u>Past 12 Months</u>	-	<u>Past and Future 12 Months</u>	-	<u>Future 12 Months</u>
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		working life changes		
working	life and	personal	life	changes
		personal	life	changes

The Work Orientation Schedule

<u>Areas of Satisfaction</u>	-	<u>Areas of Frustration</u>	-	<u>Outlook on Life</u>
Work Life		Activity		Achieved Ambitions
Finance		Health		Hope for the Future
Social Life		Influences		Meaning in Life
Family/Home Life		Moods		Opportunity for Expression
Personal Contract		Habits		Relative Worth of Past Struggles

55 items which assess
Quality of Working Life
according to a
Yes - Perhaps - No
response pattern
and a
Scale of 1 to 20

Socio-demographic Profile
(Personal Life)

Type of Accommodation
Domestic Arrangement or Marital Status
Age of Spouse
Number of Children
Age of Children
Spouse's Occupation

Criteria Associated with the Social Climate of a Centre

When referring originally to this feature of group care, it was noted that the social climate of a centre is far more abstract and difficult to identify than many of the other features. In noting Moos' (1976; 1980) criteria for measuring social climate, it will be remembered that three interpersonal dimensions were identified, including relationships, personal development and maintenance-change. These are compared with three structural dimensions including type

of facility, its physical features and the policy influences which frame its activities. Earlier, it was asserted that one of the methodological contributions offered by Moos was the way that he aggregated individual characteristics to derive a social construct called climate. It is the aggregate feature of Moos' formulation that has been used here, although the focus has been narrowed to consider team functioning as a climate of orientation to quality of working life in groups of workers. Other aspects of the methods developed by Moos were rejected in favour of an evaluation that is more easily fed back to workers in a short period of time, making the assessment more useable for action.

In relation to the quality of working life variables listed above, aggregate responses from individual team members have been used to construct an assessment of team functioning in group care centres. The first aggregate measure involves disclosure of recent and anticipated experience in a team. The second involves the magnitude of life change contained within the membership of a team. Both variables are derived from the aggregated responses of team members on Holmes' (1974) Schedule of Recent and Anticipated Experience. A more detailed content analysis can be made of the 43-item checklist, although only these more restricted variables were used in this study.

In relation to Heimler's (1970) Work Orientation Schedule, there are at least thirty-two variables which can

be identified. It is in relation to aggregate measures that the Work Orientation Schedule would seem to be particularly suited for use as a team assessment instrument. The three-option response pattern, while initially a limitation of the instrument, allows each response to be coded (Yes = 4; Perhaps = 2; No = 0) and then aggregated to derive a mean response for a team. The mean scores for each of the 50 satisfaction and frustration questions can then be aggregated to identify the dominant high and low satisfaction response themes, the high and low frustration response themes and a potential uncertainty response theme. This last variable is represented in the largest number of aggregate Perhaps responses to a particular question. The satisfaction, frustration and potential uncertainty themes can be analyzed according to Maier's (1976) dimensions of human functioning and two of Levinson's (1978) dimensions of adult life structure. One can also make reference to the quantitative aspects of each aggregate score.

The aggregate scores for individual questions can next be collated into Area Scores for Satisfaction and Frustration, and these in turn can be collated into Global Satisfaction and Frustration Scores. The Yes responses can be aggregated separately to obtain a measure of certainty, while the Perhaps responses can be aggregated with the Yes responses to obtain a measure of potential uncertainty. The Area Score which contains the largest aggregate of Perhaps responses

can be identified as the area of potential uncertainty.

The relation between overall satisfactions and frustrations can be derived from a comparison of the Global Satisfactions and Frustration Scores. Finally, the Outlook on Life Index yields three additional variables, including a global outlook on life/satisfactions relation, an opportunity/ambition relation and a global time orientation. Some or all of these aggregated variables, derived from individual responses to questions on Heimler's Work Orientation Schedule, can now be used to evaluate patterns of team functioning in group care centres.

The Schedule of Recent and Anticipated Experience

<u>Disclosure of Events on the Schedule of Recent and Anticipated Experience</u>	<u>Magnitude of Life Change on the Schedule of Recent and Anticipated Experience</u>
Little or Nothing Disclosed Disclosure of Past Experiences	Mean Life Change Score Past Mean Life Change Score Future
Disclosure of Past and Future Experiences	Mean Life Change Score Past and Future
Disclosure of Future Experiences	

The Work Orientation Schedule

<u>Low Satisfaction Theme</u>	<u>Potential Uncertainty Theme</u>	<u>High Frustration Theme</u>
<u>Maier's Dimensions of Human Functioning</u>		<u>Levinson's Dimensions of Adult Life Structure</u>
Feeling Acting Thinking		Aspects of Self Participation in the World

<u>Area of Satisfaction Scores</u>	<u>Area of Potential Uncertainty</u>	<u>Area of Frustration Scores</u>
Work		Activity
Finance		Health
Social Life		Influences
Home Life		Moods
Personal Contract		Habits
<u>Global Satisfaction Scores</u>		<u>Global Frustrations Scores</u>

Global Satisfaction/Frustrations Relations Scores

Satisfactions Certainty/Uncertainty Ratio
 Frustrations Certainty/Uncertainty Ratio
 Functioning at Best Ratio
 Functioning at Worst Ratio
 Average Satisfaction/Frustration Ratio

Global Outlook on Life/Satisfactions Relation

Outlook more than 8 points above Mean Satisfactions
 Outlook 5 to 8 points higher
 Outlook 1 to 4 points higher
 Outlook equal to Mean Satisfactions
 Outlook 1 to 4 points lower
 Outlook 5 to 8 points lower
 Outlook more than 8 points below Mean Satisfactions

Outlook on Life Opportunity/Ambitions Relation

Opportunity 7 or more higher
 Opportunity 5-6 points higher
 Opportunity 3-4 points higher
 Opportunity 1-2 points higher
 Equal Opportunity and Ambitions
 Opportunity 1-2 points lower
 Opportunity 3-4 points lower
 Opportunity 5-6 points lower
 Opportunity 7 or more lower

Outlook on Life Time Orientation

Past-Present-Future
 Past-Future-Present
 Present-Past-Future
 Present-Future-Past
 Future-Past-Present
 Future-Present-Past

Criteria Associated with the Review and Evaluation of Performance

Earlier it was pointed out that some criteria can be found in any group care centre whereby the performance of clients is assessed and evaluated. These criteria may range from vague comparisons about one child being like another, to quite elaborate attempts to evaluate psycho-social development and behavioural competence. Length of stay is another factor that is frequently used in any review and evaluation of client performance. One can invariably expect that some theory, philosophy, ideology or value orientation will guide the process of review and evaluation. Thus, whether the criteria are made explicit, or remain implicit in the production of services, it remains important to attempt an identification of how group care teams assess and evaluate the differential characteristics and performance of children in any centre. It should be noted that little general agreement can be found about the criteria that are most beneficial in reviewing and evaluating the quality of services provided for children. Whittaker (1979) has summarized the major approaches to residential treatment found in North America - the psychoanalytic, behavioural, educational and peer group orientations - calling attention to the fact that none of these approaches has demonstrated a greater level of relative effectiveness than the others.

While the criteria used to review and evaluate performance of individual children can be identified in most centres, there are considerably more problems if one wishes to evaluate the collective influence of individual clients

in a group care service. This is especially important if one assumes that different children affect patterns of team functioning amongst workers in different ways. Major difficulties must be overcome when seeking to identify and measure selected characteristics of a group of children and the extent to which these influence the social climate of a centre. One is left with the decision of either making use of external measures, derived from instruments such as those developed by Moos, or making use of existing measures used by teams to plan service production activity in a group care service. The second option, that of relying on existing criteria used to review and evaluate performance amongst clients, has been used in this study to the extent that such information was forthcoming. Further details associated with agency organisation and the production of welfare services will be given in Chapter 6 when the problems of sampling are addressed. In the meantime selected variables associated with review and evaluation criteria for children can now be summarized (see the following page).

Criteria Associated with the Organisation Environment of a Centre

The last two sets of variables to be identified here involve features of team and service organisation. The internal organisation of service production is identified through reference to the collective structure assessment of team functioning for a centre. The eight ideal types of

Characteristics of the Children as a Group

Number of Children in the Centre

Mean Age of the Children

Median Age of the Children

Age Range of the Children

Conceptual Level Assessment (Hunt, 1966)

Conceptual Level Mean of the Group

Dominant Conceptual Stage of the Group

Percentage of Children at Conceptual Level 0 to 0.89

Percentage of Children at Conceptual Level 0.9 to 1.2

Percentage of Children at Conceptual Level 1.21 to 1.5

Percentage of Children at Conceptual Level 1.51 or Higher

Interpersonal Maturity Level Assessment (Warren, 1964; 1983)

Percentage of Level 3 (Other Oriented) Children

Percentage of Level 4 (Self-Other Oriented) Children

Percentage of Conflicted Behavioural Subtype Children

Percentage of Conforming Behavioural Subtype Children

Percentage of Power-Oriented Behavioural Subtype Children

Percentage of Other Behavioural Subtype Children

Number of Behavioural Subtypes in the Children's Group

Number of Neurotic Acting-Out Children

Number of Neurotic Anxious Children

collective structure, adapted from Emery's (1977) four original types, enable one to differentiate between maladaptive and adaptive patterns of organisation in production teams. An assessment of collective structure is facilitated through an analysis of individual and group responses to Heimler's Work Orientation Schedule through reference to the overall pattern of response, the complexity of that response and the parts-whole organisation found within the response pattern. In many respects, the internal organisation of service production teams can be said to represent a measure of the potential enacted environment for children in a group care centre.

By way of contrast, the external organisation of service production is identified through reference to Emery's (1977) four types of organisation environment outlined in Chapter 2. These involved: (a) a random, placid environment; (b) a random, clustered environment; (c) a disturbed, reactive environment; and (d) a turbulent environment. In assessing the external organisation of service production, it can be said that one is adopting a measure of the reactive environment to which a group care centre must respond when seeking to provide services for children. According to Emery, the interface between external and internal organisation is of strategic importance in determining whether the outcomes of service production will fulfil the guarantee that children will not get worse as a result of their time in care. To this end, the variables associated with the

organisation environment of group care can now be listed.

Collective Structure Assessment

Maladaptive Responses

- Type 1 - Dissociation I
- Type 2 - Dissociation II
- Type 3 - Superficiality I
- Type 4 - Segmentation I

Adaptive Responses

- Type 5 - Superficiality II
- Type 6 - Segmentation II
- Type 7 - Active Adaptation I
- Type 8 - Active Adaptation II

The External Organisation Environment

Type 1 - Random, Placid Environment

(Adaptation is Dependent on
the Actions of a Team)

Type 2 - Clustered, Placid Environment

(Adaptation is Dependent on
the Actions of a Team
in Cooperation with Other Teams)

Type 3 - Disturbed, Reactive Environment

(Adaptation is Dependent on
the Actions of a Team
in Cooperation with Some Teams
and in Competition with Others)

Type 4 - Turbulent Environment

(Adaptation is Dependent on the
the Actions of a Team in
Cooperation with Some Teams, in
Competition with Other Teams, and
in Their Responses to Other Unpredictable Demands,
such as those involving intake and discharge)

Summary

More than a hundred team functioning assessment variables have been specified. These were identified in relation to eight of the twelve structural features of group care and treatment outlined in Chapter 2. The task which remains is that of cataloguing the variables under each of the major service production inputs (Davies and Knapp, 1981) and then to cross-reference these within each of the five spheres of contextual influence (Bronfenbrenner, 1979) that frame practice in the group care field. In so doing, the way is cleared for a description of the sample agencies and teams which participated in the study, and a delineation of the assessment process used in data collection.

Table 5.1: Group Care Services and the Production of Welfare - The Evaluation Paradigm

<u>Production of Welfare Input</u>	<u>Service Production Variable</u>	<u>Sphere of Contextual Influence</u>
<u>I. Material Resource Inputs</u>		
1. Staff Posts	- Number of Staff - Division of Labour (diversity)	The Immediate Setting The Organisational Context
2. Physical Plant	- Geographic Location - Accessibility - Basic Design - Number of Places	The Immediate Setting
3. Provisions	see Davies and Knapp (1981), especially Chap. 4: Resource Inputs: Labour and Capital, pp. 69-107.	The Immediate Setting (Secondary influence is anticipated from: Multiple Settings, the Organisational Context and the Social Policy Environment.)
4. Consumables	No variables under either of these two headings have been evaluated in this study, although the case is clear for including such material in future studies.	

<u>Production of Welfare Input</u>	<u>Service Production Variable</u>	<u>Sphere Contextual Influence</u>
<u>II. Human Resource Inputs</u>		
1. Characteristics of the Children as a Group	<ul style="list-style-type: none"> - Number of Children - Mean Age - Median Age - Age Range - CL Mean - CL Stage - Stage A - Stage AB - Stage B - Stage BC - Other Oriented Children - Self-Other Oriented Children - Conflicted Subtypes - Conforming Subtypes - Power-Oriented Subtypes - Other Subtypes - Multiple Subtypes - Neurotic Acting-Out - Neurotic Anxious 	The Immediate Setting
2. Staff Attitudes (Orientation to Quality of Working Life)	<ul style="list-style-type: none"> - Certainty of Satisfaction in the Areas of: <ul style="list-style-type: none"> Work Finance Personal Contract - Potential Satisfaction in the Areas of: <ul style="list-style-type: none"> Work Finance Personal Contract - Certainty of Frustrations in the Areas of: <ul style="list-style-type: none"> Activity Health Influences Moods Habits - Potential Frustrations in the Areas of: <ul style="list-style-type: none"> Activity Health Influences Moods Habits 	Multiple Settings

<u>Production of Welfare Input</u>	<u>Service Production Variable</u>	<u>Sphere of Contextual Influence</u>
2. Staff Attitudes (Orientation to Quality of Working Life) contd.	<ul style="list-style-type: none"> - Achieved Ambitions - Hope for the Future - Meaning in Life - Opportunities for Self Expression - Past Worthwhile - Opportunity/Ambition Relation - Time Orientation 	Multiple Settings
3. Pattern of Team Functioning	<ul style="list-style-type: none"> - Certainty in Global Satisfactions - Potential in Global Satisfactions - Certainty in Global Frustrations - Potential in Global Frustrations - Outlook on Life - Potential Uncertainty of Satisfactions - Potential Uncertainty of Frustrations - Functioning at Best - Functioning at Worst - Functioning at Average - Outlook-Satisfactions Relation - Area of Potential Uncertainty - Collective Structure Assessment 	The Organisational Context
4. Formal Organisation of the Programme	<ul style="list-style-type: none"> - Use of Space - Work Schedule - Mean Length of Time in Post for the Team - Mean Number of Hours Worked by the Team in the Past 7 Days - Most Frustrating Tasks - Most Satisfying Tasks 	<p>The Immediate Setting</p> <p>The Organisational Context</p> <p>The Immediate Setting or Multiple Settings</p>

<u>Production of Welfare Input</u>	<u>Service Production Variable</u>	<u>Sphere of Contextual Influence</u>
5. Social Climate of Orientation to Quality of Working Life	<ul style="list-style-type: none"> - Disclosure of Change - Life Changes: Past Future - Maier's Satisfaction Theme - Levinson's Satisfaction Theme - Heimler's Low Satisfaction Theme - Maier's Uncertainty Theme - Levinson's Satisfaction Theme - Heimler's Uncertainty Theme - Maier's Frustration Theme - Levinson's Frustration Theme - Heimler's Frustration Theme 	Multiple Settings

III. Sociocultural Inputs

1. Characteristics of Individual Children	<ul style="list-style-type: none"> - Age - Conceptual Level Assessment - Interpersonal Maturity Level - Interpersonal Maturity Subtype 	Multiple Settings
<p>These variables are considered further in Chapter 6.</p>		

<u>Production of Welfare Input</u>	<u>Service Production Variable</u>	<u>Sphere of Contextual Influence</u>
2. Children's Experience of Life Prior to Admission	No Variables under this heading have been used in this study. LeBlanc (1976-79) and Reichertz (1978) summarize these factors for the large Canadian agency participating in this study. These are summarized in Chapter 6.	Multiple Settings
3. Staff Experience of Life Outside Work	<ul style="list-style-type: none"> - Age of Staff - Sex of Staff - Education - Unqualified - Membership in Professional Organisation - Membership in Trade Union - Accommodation - Marital Status - Age of Spouse - Status as a Parent - Age of Own Children - Spouse's Occupation - Certainty of Satisfactions in the Areas of: <ul style="list-style-type: none"> Social Life Home Life - Potential Satisfactions in the Areas of: <ul style="list-style-type: none"> Social Life Family Life Home Life 	Multiple Settings
4. Social Policy Brief for Services	<ul style="list-style-type: none"> - Social Policy Brief - External Organisation 	The Social Policy Environment

CHAPTER VI

WORKING WITH CHILDREN IN A CLIMATE OF CHANGE

Introduction

In turning from the analysis of group care and a consideration of assessment methods, the next problem involves testing the extent to which theoretical constructs can obtain empirical support in the world of practice. In this respect, Bronfenbrenner's (1979) notion of an ecological experiment offers guidance as one sets about the tasks of selecting a sample and carrying out the necessary fieldwork. In this chapter, an introduction is given to the teams of personnel who participated in the study, with consideration given to the question of whether this sample is representative of teams working with children on both sides of the Atlantic. Then attention focuses on the context of service production in one Canadian agency which participated in the study between 1977 and 1980. This agency receives special consideration because it supplied the most detailed information collected in the study and because it provided longitudinal data over a three to four year period.

No attempt has been made to conceal the identity of agencies who participated in this study, as done by Polsky (1962), Bramham (1980) and others. Individual workers and specific teams are protected with anonymity, while the different types of team included from each agency are identified.

In relation to Shawbridge Youth Centres of Montreal, more specific details are considered since this agency was involved in two major research projects carried out in Quebec between 1975 and 1978, funded by the Ministry of Social Affairs. This research is summarized so as to provide a backdrop to our own investigations which began in 1977. Attention is first given to the potential influence which social policy and organisational changes may have had on service production capability in the agency. Second, consideration is given to the ways in which personnel in teams adapted to organisational changes in the agency. Third, a description is provided of the characteristics of children served by the agency during the period leading up to, and overlapping with early data collection in this study. Finally, consideration is given to the service production milieu that operated in the Shawbridge agency, including reference to the characteristics of staff teams and the particular assignments carried out by each team. Once these issues have been addressed, it will be possible to outline the team assessment process itself and to carry out a quantitative analysis of the research data.

The Research Sample

In the analysis of service production offered in Chapter 3, a definition of the ecological experiment was provided. Bronfenbrenner claimed that the primary purpose of an ecological experiment was that of discovery - where one seeks to identify properties and processes that affect, and are

affected by, the actions of individuals and groups (1979: 36-37). As our research has attempted to investigate patterns of team functioning through a systematic contrast between two or more environmental contexts and their structural components, care has been required in order to control for alternative sources of influence which could distort the results. Bronfenbrenner claimed that two sampling techniques could be used in an ecological experiment: the first involving random assignment which was recommended in a planned experiment, and the second involving matching techniques, recommended in a natural experiment. It should be noted in this respect that traditional problems of sampling have confounded this research from the start.

Random assignment has not been used for three reasons. First, the research design was that of an exploratory and descriptive study, necessitated by the limited amount of research available on the topic of teamwork in group care for children. Second, the comparative orientation which informed the study remains developmental in nature, and as such did not have sufficient empirical support as to warrant the rigorous sampling techniques of a planned experiment. Finally, it is simply the case that the group care field remains unbelievably fragmented, leaving numerous dilemmas which militate against the use of random assignment. It has been necessary therefore to rely on basic matching techniques, with every effort being made to match occupational characteristics for personnel teams from both sides of the

Atlantic. Teams from both voluntary organisations and public agencies have been included, where comparable work was being carried out with, or on behalf of, children and families.

Teams participating in the study were for the most part self-selecting, included through participation in a variety of training and development initiatives. Data was collected by the principal investigator, with assistance from three colleagues who collaborated to varying degrees throughout the study. In all, 63 different teams were included: 20 teams from Canada; 8 from the United States; 27 from England; and 8 from Scotland. Multiple assessments were carried out with 28 teams: 5 teams having been assessed on four occasions; 9 teams assessed on three occasions; and 14 teams assessed twice. Data collection began in 1977 with the assessment of 6 teams. Another 30 teams were assessed in 1978, 4 of these being reassessments. In 1979, the peak year of data collection, 45 teams were assessed, with 23 of these reassessments. In 1980, 20 reassessments were carried out. During the data preparation and writing up stages of the project in 1981-82, a further 9 assessments were completed on new teams, making a total sample of 110. None of the reassessed teams remained unchanged between one assessment and the next. Normally, one or two members of each team changed and in several instances, up to half of the membership changed.

The research sample includes teams from 13 different parent agencies. These are listed in alphabetical order on Table 6.1, illustrating the number of teams and the number of assessments carried out in each agency.

Table 6.1: Characteristics of the Research Sample by Parent Agency

<u>Parent Agency</u>	<u>Number of Teams</u>	<u>Number of Assessments</u>
Aberlour Child Care Trust (Scotland)	1	1
Barnardo's, Scottish Division	5	5
Central Regional Council (Scotland), Social Work Department	1	1
City of Newcastle (England), Social Services Department	19	24
Kent County Council (England), Social Services Department	1	1
London Borough of Barnet (England), Social Services Department	7	13
Lower Columbia Council on Alcoholism (Washington State, U.S.A.)	1	1
Province of Newfoundland (Canada), Department of Child Welfare	1	1
Shawbridge Youth Centres (Quebec, Canada)	18	52
St. Francis Boys' Homes (Kansas, U.S.A.)	3	3
State of Maryland (U.S.A.) Division of Youth Services	4	4
Strathclyde Regional Council (Scotland), Social Work Department	1	3
Youth Horizons (Quebec, Canada)	1	1
	<hr/>	<hr/>
Total	63	110

The number of teams participating from all but 2 agencies is insignificant and cannot be considered as representative of the service production teams in the respective parent agencies. However, in the case of City of Newcastle Social Services Department and Shawbridge Youth Centres, the research samples

are representative. The Newcastle sample represents approximately two-thirds of the residential child care and management teams employed by the agency. In the case of Shawbridge Youth Centres, the research sample includes all of the group care and management teams working in the agency. When taking account of the total number of assessments carried out in each agency, confirmation is given to the significance of the Shawbridge Youth Centres sample. In order to achieve a moderate level of matching, the total sample was divided for analytic purposes into a grouping from Great Britain and a grouping from North America. Table 6.2 illustrates the extent to which the total sample represents somewhat more reliably group care teams operating on both sides of the Atlantic. In Chapter 8, the British and North American teams are subjected to a detailed comparative analysis, to establish a baseline for other types of contextual analyses. In the meantime, attention turns to a detailed review of service production capability in Shawbridge Youth Centres between 1975 and 1978.

Table 6.2: Characteristics of the Sample for Great Britain and North America

<u>International Grouping</u>	<u>Number of Teams</u>	<u>Number of Assessments</u>
GREAT BRITAIN	35	48
NORTH AMERICA	28	62
Total	<u>63</u>	<u>110</u>

Evolving Patterns of Service Production in a Canadian Agency

During the 1970s, group care services became increasingly the subject of analytic writing. One theme in this literature was the criticism of service providers for the vagueness with which they specified ends and means, and their interconnections. It is not surprising then to find great interest being shown in any group care service where there was a self-conscious commitment to an articulated set of principles. This new literature (see for example Durkin and Durkin, 1975) acknowledged the complexity of relationships that had been lacking previously, although much of it remained theoretically vague and lacked analytic rigour. A second theme in this literature highlighted the implications for social policy of the interdependence between group care and other forms of service. There would seem to have been a growing recognition that services can be combined in various ways to provide a range of alternatives for many clients who, at one time, may have had the option of institutional care only. Such a history can be said to parallel the development of Shawbridge Youth Centres during the 1970s.

The agency was founded in 1907 as a voluntary trust and sited in the foothills of the Laurentian Mountains near a small town called Shawbridge, some forty miles north of Montreal in the Province of Quebec. The original centre, called Boys' Farm and Training School, typifies the cottage style campus that was frequently constructed at that time. Private philanthropy, not unlike that found in Great Britain

and the east coast of the United States, featured greatly in the early development of this service for English-speaking boys from the greater Montreal area. Throughout a long period of the agency's existence, Boys' Farm and Training School was associated with the activities of the Wylie family, who established a long record of public service in the Anglophone community of Montreal.

In 1968, the agency began a period of change that was to take it from a custodial institution working with 100 boys on an operating budget of \$260,000 to a multi-service agency working with approximately 150 delinquent youths in 1979, on an operating budget of nearly \$6 million (Annual Report, 1979). In 1969 the agency management established a number of medium and long-range goals which were intended to substantially reorganise the institutional programme for which the agency was responsible. In seeking to take account of failures in many residential and community-based services for delinquent youths, the agency sought to develop a differential diagnosis and treatment programme which could include a variety of services using the continuum of care model. Thus, between 1968 and 1979, the agency moved from an institutional service for boys, to a co-educational service with observation and assessment resources, secure treatment and non-security care in differential treatment environments, greatly expanded recreation and education programmes, and community-based group homes and project centres, with emergency back-up services. Perhaps

more uniquely, the agency achieved some measure of integration between residential and community treatment personnel which contrasted with the traditional separation of these groups of workers in Great Britain and much of North America.

Change was promoted throughout the 1970s in the belief that many delinquent youths, presently institutionalised, could be more effectively treated in community-based settings.

Community care was the preferred alternative to institutional care.

In 1968, the agency Board of Directors were informed that all clinical and educational personnel required upgrading through training and/or replacement. In addition, a significant increase was required in the total number of clinical personnel required to support the proposed developments. Within the first two years of its development plan, the agency experienced a staff turnover rate amongst clinical personnel of 90 percent. In 1971, the agency initiated a world-wide recruitment campaign which continued to the end of the decade, in search of qualified personnel who could assist in the reorganisation programme. Staffing levels increased from a total of 56 personnel in 1968 to a total of 225 in 1979. Special training programmes were instituted, along with secondment to qualifying courses, and new personnel policies and procedures were established in what became the largest organisation of its kind in the Province of Quebec with non-unionised personnel.

When viewed from a national perspective, the population of children in receipt of substitute care during this period far exceeded that of any other Canadian province. In 1973, Quebec had 36,392 children in care, while Ontario with the next highest number had 15,146 children in care (Hepworth, 1975: 5). In 1976, Quebec had 12,214 children in residential care and over 20,000 children in foster care (Reichertz, 1978: 2). The passage of An Act Respecting Health Services and Social Services in 1971 brought about several attempts to re-organise Quebec's existing child care network into a continuum of care for children and families. The directors of group care agencies in the English-speaking sector of the province voluntarily formed the Group Care Committee which became "a program planning and consultative body for English-speaking children in Montreal" (Reichertz, 1978: 3). This committee eventually received de facto recognition as an advisory committee to the new agency responsible for providing social services to the majority of Montreal's English-speaking population. It also became the advisory body to the Regional Council of Health and Social Services of Greater Montreal and the Ministry of Social Affairs at provincial level.

While lacking formal powers to implement its recommendations, the Group Care Committee proposed to the Ministry a series of mergers, changes of mandate and the development of new resources. The ultimate goal of these initiatives was to consolidate existing programmes and administrative

activities through a reduction in the number of smaller inefficient programmes and the anticipated decrease in network costs. Documentation in support of these recommendations was supplied in a report entitled Children in Institutional Care (Baillin and Schlangen, 1975) which became the first major submission on the reorganisation of services for English-speaking children in residential care. Several problems were identified in the operation of group care services. Personnel were seen to vary greatly in their approaches to children. Budget problems, high staff turnover and low levels of qualified personnel were seen to have reduced the overall standard of services for children with severe behavioural difficulties. The Committee recommended the development of transitional resources, group homes and more centrally determined admissions criteria (Baillin and Schlangen, 1975: 127-140). These recommendations were incorporated into the five-year plan for 1975-1980, developed by the Regional Council for presentation to the Ministry of Social Affairs.

At the same time that child welfare planning was proceeding at professional and ministerial levels, Reichertz (1978) claimed that attention was drawn to child care practices within security and detention facilities, and to inadequacies in the variety of services available for non-delinquent children requiring protection. Montreal newspapers documented some of the abusive practices being carried out in Quebec institutions, such as instances of isolation,

detention of children in adult jails and the use of corporal punishment. Such media coverage helped to precipitate the formation of the Children's Defense Committee, a coalition of citizens and community groups who were committed to reform in the child welfare system. This group set about the task of escalating and maintaining pressure on the government at provincial and local levels, urging alternative responses to the problems of child welfare in the institutional sector.

The Ministry of Social Affairs responded by the setting up of another committee to investigate the conditions and programmes of the Province's detention and institutional facilities, and to make recommendations of possible reorganisation. Early in 1975, the Batshaw Committee as it came to be known, produced its Report of the Study Committee on Socially Disturbed Children in Juvenile Institutions.

During the Batshaw Committee's deliberations, approximately 70 centres were visited in Quebec and 54 of these were assessed to be "functioning satisfactorily" (Reichertz, 1978: 6). Almost half of the child care personnel had no formal qualifications and approximately 5000 residents, the majority of whom were boys, were found to be housed in juvenile institutions. In summary, the Batshaw Committee concluded that the network of services did not have the diversity of resources required to meet existing community needs, and that a wider range of services was justified.

The Batshaw Report reiterated concerns expressed in earlier reports about children in institutions who were not considered in need of such a drastic pattern of social service response. The Report further stressed the view that inadequate attention had been given by institutions to safeguarding the rights of children and their families, or to ensuring active participation in the treatment process. Children were judged to have been poorly prepared for their return to the community. Programmes were criticised too for the insufficient attention that had been given to particular handicaps amongst many children in care, such as those in need of remedial education. Of the 166 recommendations contained in the Batshaw Report, many specifically addressed the need for reorganisation of the institutional services network, and the need to avoid institutional placements wherever possible. The Report recommended that all institutional placements be considered as temporary, with immediate provision being made for social rehabilitation and after-care to ensure a gradual and non-traumatic return of a child to the community. Such an aim was to be achieved, depending on the age of the child, through direct work with families, through an orientation and training for employment, and through participation in the cultural and social life of the community (Batshaw, 1975: 89-93). Institutions, rather than being eliminated, were to be reformed into reception centres which could serve as "an organisational base from

which new resources could be developed and co-ordinated in the service of children who come to its attention" (Batshaw, 1975: 37-38).

The new reception centre was defined by the Batshaw Committee as "an administrative entity which assumes the management of one or several services for young socially maladjusted youth" and was to offer both residential and community services (197 : 37-38). Admission to a residential facility was to be dependent on a decision that a child was a danger to himself or others, or that a child could not be helped in a more open environment. In addition to residential services, the reception centre was to offer consultation and support to parents; to be affiliated with a resource network of hostels, foster homes and group homes in the community; to form links with day centres, probation schemes and community re-entry services; and to have back-up resources in the form of a high security centre. It was also recommended that reception centres should be enabled to contract for services with private programmes so as to widen the range of resources available for children and families. In-service education was to be provided for personnel on a continuing basis, to expose staff to the necessary knowledge and skills required in the development of effective intervention services. The Government was urged to establish a commission for the evaluation and accreditation of reception centres to ensure that all facilities would meet minimum standards of operation (Reichertz, 1978: 8-9).

A major research initiative was established in the Autumn of 1975 through the joint funding of Provincial and Federal government and the Boys' Farm and Training School Foundation. This project, administered by the Groupe de Recherche sur l'Inadaptation Juvénile at the University of Montreal, became the first of its kind to be established in the Anglophone sector of the social services in Quebec. With the assistance of two full-time and three part-time researchers, the Project was given the task of developing a five-year evaluation of the differential treatment programme that was being established at Boys' Farm and Training School. The original goals of the project were: (a) to measure change in clients while at Boys' Farm and Training School, and to follow clients for one or two years following discharge; and (b) to determine which factors in the treatment process brought about the observed changes (LeBlanc, Hanna and Brill, 1975).

A few months later, it was necessary to revise the goals of the Boys' Farm Research Project. It had become apparent that some programmes were not as stable or clearly defined as had been assumed at the outset. The research design and methodology were dependent upon the maintenance of reasonably stable group care units. Shortly after publication of the Batshaw Report, Boys' Farm and Training School were invited to provide detention facilities for anglophone delinquent adolescents from the Montreal area and develop treatment facilities for anglophone girls. The organisational changes,

necessitated by these externally controlled expectations, resulted in the establishment of new research goals by the University of Montreal project (Brill and Reitsma, 1978a: 3). The focus shifted from that of programme evaluation to that of a description of agency treatment programmes over a 3 year period. An additional goal was established to provide treatment teams with relevant and immediately useful information about their clientele and their treatment milieu on a regular basis.

Concurrently, a second research project was funded and mounted at the University of McGill to focus attention on the impact of institutional policies, structures and staff on children in residential care (Reichertz et al, 1977; 1978). This project sought to examine the extent to which institutional services in the anglophone sector of Montreal were community oriented in their approach. Unlike the University of Montreal project which sought an in-depth look at the differential treatment activities of one large agency, the University of McGill project examined the variety of anglophone services operating in the area. Together, the two projects were able to document an important period of organisation and social policy change in the development of services for anglophone youths in Quebec. This research also provided a baseline for our own study which carried on in the Boys' Farm agency until 1980.

The new Provincial government elected in 1976 pursued a number of reforms suggested by the Batshaw Committee.

Mergers were approved in 1976 and 1977 which created a new agency called Youth Horizons through the amalgamation of several small child care organisations sponsored by the voluntary sector. In addition, several steps were taken towards the decentralisation of services from Provincial control to the local level, as envisaged in the passage of Bill 65 in 1971. Regional Tables, created as the result of Batshaw, had attended to immediate local issues of planning and the coordination of reception centre services for several months. Then early in 1977, Bill 10 quietly became law and gave powers to Regional Councils to carry out the mandate of local planning for, and the implementation of, health and social services. In carrying out these new responsibilities, Regional Councils established several administrative commissions which were concerned with the various population groups requiring services. A separate commission was established in the Montreal Region to manage reception centre resources for socially maladjusted children (Reichertz, 1978: 10).

One would not want to overlook the importance of Provincial election victories by the Parti Quebecois in 1976 when exploring the development of group care services in the anglophone sector of greater Montreal in the late seventies. One of the first pieces of legislation, and perhaps the most contentious, enacted by the new government was Bill 101 which declared French to be the dominant language of commercial and professional activity. The

impact on group care agencies in the anglophone sector was essentially an indirect one, which extended well beyond the fact that all government level meetings were conducted in French. Political coalitions in the anglophone sector were made less powerful through the disappearance of traditional links with civil servants and other provincial officials.

L'Office de la langue française, established under the provisions of Bill 101, paragraph 113f, required fluency in both French and English as a basic requirement for every administrative post in the anglophone sector. While these requirements did not require implementation until December 1983 (Borgo, 1979), it is interesting to note that between 1978 and 1980, some 8 to 10 administrators of group care services in the anglophone sector left the Province. One might conclude that a net result of these indirect moves was to replace personnel in key administrative positions of authority in the anglophone network of services. In so doing, the voluntary sector was taken over by a new generation of civil servants and professionals, and anglophone services moved closer to patterns of service production found in the French sector.

By 1978, Boys' Farm and Training School had developed to its largest size. Administrative responsibilities were transferred in 1976 from the institutional campus of historical origin, to an office complex in the city. There, in the autumn of 1977, the agency legally changed its name to that of Shawbridge Youth Centres. In so doing, the agency became a social service corporation which carried a mandate from the

Ministry of Social Affairs for the care and treatment of 250 adolescent clients, 210 boys and some 40 girls. The agency provided institutional care and residential group living services in secure units, institutional cottages and group homes, and also supplied day support and community social services. In all, 17 service production units could be identified in the reorganised corporation. These consisted of 3 secure units, 5 open institution cottages, 6 group homes, 2 day centres with social work support, and 1 community detention facility. These services can be identified, along with those sponsored by other agencies in Table 6.3, (see next page) illustrating the continuum of care for anglophone youths in Montreal.

Adaptation to Organisational Change

Reorganisation of services for anglophone youths in the Montreal area had a substantial impact on the day to day provision of services in each of the 17 production centres. First to experience the organisational turbulence were the personnel employed at the original Shawbridge campus. In the space of a few years, the institution was transformed into a secure unit and differential treatment programme, after having operated for years as a custodial service. It is interesting to note that the most turbulent and chaotic period occurred during 1977 and 1978 when the new Shawbridge Youth Centres were absorbing the secure detention mandate and a girls' brief for services. This was also the period when

Table 6.3: The Social Policy Notion of a Continuum of Care for Anglophone Youth in Montreal

<u>Social Policy¹ Mandate</u>	<u>Minimum Requirements in a Continuum² of Care for Children and Families</u>	
LEAST INTERFERENCE	ANONYMOUS INFORMATION, LISTENING AND REFERRAL SERVICES	
	<u>Examples:</u> Drop-in Services Emergency Telephone	<u>Service Providers:</u> Catholic Info. & Ref. Services Poison Control Centre; Tele-Aide Ville-Marie Social Services Women's Info. & Ref. Services
	- - - SUPPORT SERVICES DIRECTED INTO THE HOME	
	<u>Examples:</u> Emergency Stand-by Family Casework Home Helps; Aids Personal Counselling	<u>Service Providers:</u> Sun Youth Organisation Ville-Marie Social Services
	- - - SUPPLEMENTARY CARE SERVICES AROUND THE FAMILY	
	<u>Examples:</u> Day Assessment Day Services Emergency Shelter Group Work Project Centres	<u>Service Providers:</u> Shawbridge Youth Centres Ville-Marie Social Services Youth Horizons
	- - - AWAY FROM HOME, GROUP CARE SERVICES	
	<u>Examples:</u> Emergency Group Care Group Homes Institutional School Residential Group Living	<u>Service Providers:</u> Elizabeth House Mount St. Patrick Shawbridge Youth Centres Teen Haven Youth Horizons
	- - - ALTERNATIVE FAMILY CARE	
	<u>Examples:</u> Adoption Fostering Refugee Resettlement	<u>Service Providers:</u> Ville-Marie Social Services
	- - - IMPOSED CARE SERVICES	
MOST INTERFERENCE	<u>Examples:</u> Detention Reception Centres Secure Units	<u>Service Providers:</u> Laval-Cartier Reception Centre Shawbridge Youth Centres Youth Horizons

¹Legislative framework for these services established through enactment of Quebec Bill 65, 1971 and its amending legislation, Quebec Bill 10, 1977. Oversight for child welfare assigned to the Director of Youth Protection through enactment of Quebec Bill 24, 1977.

²This continuum is derived from a reformulation of Kadushin's service categories - supportive, supplementary and substitute care. It does not necessarily coincide with explicit patterns of service organization in Montreal.

administrative structures within the organisation were being expanded and transferred to premises away from direct service involvement.

As the Shawbridge campus began to settle, with the closure and then redevelopment of two particularly difficult programmes, turbulence in the new community-based services was gaining momentum. Stress-related illness was not uncommon, with one member of the senior management team dying of a heart attack within weeks of moving to the new headquarters. Towards the end of 1977, responsibility for educational services in the community sector was re-allocated to the Protestant School Board of Greater Montreal, having previously been the responsibility of the agency. The destruction by fire of one Project Centre led to the relocation of two Project Centres into one building. Then, the introduction of a computerized management information system required the reorganisation of record-keeping tasks amongst all social workers.

None of the adjustments referred to above had the same direct impact on practice with children as the enactment of Bill 24, The Youth Protection Act, in January 1979. According to Reichertz, a staunch defender of the Act, Bill 24 represented "a critical point in the maturation of twentieth century concepts of childhood, child-rearing practices, delinquency, children's and parents' rights, and state responsibilities towards children and families" (1978: 11).

Stevenson (1980) provided an alternative view on the new legislation, one year after implementation. Stevenson claimed that the new legislation resulted in an almost endless amount of paper work and a reduction of personal contact with clients. Quebec's Youth Protection Act was said to be "a rather outstanding example of the trend ... in Canadian provinces of eliminating the concept of juvenile delinquency, and including all children whether delinquent or neglected in the one category of children in need of protection" (Stevenson, 1980: 52).

In summarizing the legal position, Stevenson described how juvenile courts in Canada, under the British North America Act¹, administered the criminal code of the country under the Juvenile Delinquents Act, a federal statute. The responsibility for establishing courts was mandated to the provinces. Since each province defined its own limits, the age of a person designated as a 'juvenile delinquent' varied across the country. In Quebec and Manitoba, for example, a 'child' within the terms of the Juvenile Delinquents Act, involved anyone between the ages of six and eighteen. In other provinces the age of adult responsibility is sixteen, and if accused of delinquency, any adolescent is referred to the adult courts. Bill 24 restricted the powers of the Youth Courts to children over the age of fourteen unless serious crimes have been committed by someone younger.

¹This position may have changed in 1982 when the British North America Act was replaced with a new constitution and all federal legislation became the responsibility of the Canadian government in Ottawa.

Stevenson claimed that this turned the Social Welfare Courts, once having had responsibility for all juvenile referrals, into "appeals courts for all delinquents under the age of fourteen who have violated provisions in the criminal code of Canada" (1980: 53).

Before older adolescents can appear before a juvenile court charged with a specific offence, the case must be discussed in committee by a representative of the Ministry of Justice, a Youth Protection worker and an arbitrator representing the government. If no agreement can be reached, it is the arbitrator who has the authority to make the final decision. According to Stevenson, "this usually results in the case being allotted to the Director of Youth Protection in the district where the child has residence, who will make his own decision as to what he considers to be in the best interests of the child" (1980: 53). This decision must take account of Article 3 of the new act which requires that: "Respect for the rights of the child must be the determining factor in making a decision under this act" (Youth Protection Act, 1977: 4).

Stevenson asserted that "most lawyers will agree that Bill 24 is unconstitutional" (1980: 53). It appropriated sweeping powers of a non-judicial nature to deal with all cases of neglect and delinquency through the intervention and decision making of 'Directors of Youth Protection'. It could be said that the Youth Protection Act was drawn up so that it might be coordinated with the changes in the

Quebec welfare structure implemented by Bill 65, since the new Social Service Centres were intended to cover the whole range of welfare services under one roof. Bill 24 allowed for the appointment of a Director of Youth Protection by the Board and management of each Social Service Centre, with 'deputies' who assist the Director in providing emergency cover for 24 hours a day, 52 weeks a year. The Director of Youth Protection has power to assess the situation of any child; to take urgent measures required in these situations; to decide on the guidance of every child whose situation has been assessed; to take charge of any child whose security or development is endangered; and to see that measures ordered by the Youth Court are carried out in relation to any child (Youth Protection Act, 1977: 9-10).

Directors of Youth Protection have the legal means to "inquire into any matter within their jurisdiction, and enter any premises in which there is a child whose security or development may be considered to be endangered" (1977: 10-13). In cases of serious delinquency, such as robbery with violence, a child over the age of fourteen may be held in confinement if necessary at a reception centre, but for no longer than 24 hours. As previously noted, however, the child may not appear before a judge until after the case has been discussed by a committee. One inevitable outcome of the Act was that it multiplied the amount of time required to carry out report writing tasks, attending meetings and making referrals. In short, Bill 24 created another

bureaucracy which was expected to act in the best interests of children and families.

Within Shawbridge Youth Centres, the first group of personnel to bear the brunt of the Youth Protection Act and its new set of working conditions were the social workers providing casework and after-care support. In the Autumn of 1979, within a few months of Bill 24 coming into force, social service workers took steps to form a collective bargaining unit within the agency, to obtain external support for grievances associated with working conditions and their contracts of employment. This action was resisted by management who feared a takeover of the only large non-union agency in the province. Other factors were apparent in the social workers' grievances, such as the new computer information system which was to be used to monitor workloads through the preparation of reports. Bill 24 may have become part of the 'straw that broke the camel's back' for many workers, highlighted in the team assessment carried out with these workers in April 1979. Because of the union dispute, most social workers were not invited to participate in the final round of assessments in January 1980. This constitutes an important omission in the data as it may have provided important information on the impact of organisational change on service capability of teams.

It is known that the attempt to establish a collective bargaining unit failed initially, but succeeded in 1983 when the agency work force voted to become a collective bargaining unit. Several of the early activists left the agency eventually talking about and showing some of the

symptoms described by Freudenberg (1977) as 'burn-out'. For the most part, managers took the view that this action was an affront to their personal style of management. Workers who organised the action in support of working conditions were labelled as 'turncoats' and 'uncaring employees'. Benevolent paternalism, which characterised labour-management relations in the agency historically, continued into the 1980s. The debate between those advocating a 'professional' approach and those advocating 'protection' for basic grade staff, also continues. It is perhaps interesting to note that in 1982, Shawbridge Youth Centres experienced heavier per capita budget cuts than other anglo-phone agencies with unionised staff. With their enhanced organisational power, the trade unions lobbied successfully in support of negotiated working conditions and a larger slice of the budget.

In 1980, Les Centres de Jeunesse Shawbridge underwent one final reorganisation that is of interest in this study. The agency's senior management team was reshuffled with the resignation of Ronald Wylie, the pioneering Executive Director who managed the agency from 1968 to 1979. With Mr. Wylie's departure from the province, the last personal connection the agency had with its founding family and its origins as a small voluntary child care trust was severed. In the same reorganisation, two other members of the senior management team departed the province. The new bi-lingual administration conformed with the requirements of l'Office

de la langue française set up by Bill 101, well in advance of its December 1981 target.

In summary, it could be said that social policy changes which the agency pursued, and changes which were imposed from external sources, had a significant bearing on the internal organisation of programmes operating within the agency. The agency moved from a small, family-business model of service organisation to that of a large, service production corporation, complete with computerised technology and non-union work force. In other respects, what happened during the 1970s amounted to a government takeover of the voluntary sector. For the record, our involvement in the agency consisted of initial pilot visits in September 1977 and January 1978, and three other on-site visits in September 1978, April 1979 and January 1980. As such, it was possible to use the University of Montreal and the McGill University research as a baseline for this study. It is to the closer consideration of that material that attention now turns.

The Children in Receipt of Services: 1976-1977

In the early 1970s, Shawbridge Youth Centres adopted a philosophy or theoretical orientation known as the Interpersonal Maturity Classification System: Juvenile, developed by psychologists and researchers working with the California Youth Authority in the 1960s. This orientation, summarized by Warren (1966), attracted interest from the Montreal agency as a treatment orientation around which

juvenile services could be developed and organised. A second orientation, that of the Conceptual Level Matching Model summarized by Hunt (1971) was added in 1973, having been developed with reasonable success at the Ontario Institute for Studies in Education at Toronto. On referral to the agency, all youth were interviewed and 'diagnosed' according to the criteria set down in each of these differential treatment perspectives. Each youth also completed a battery of pencil and paper tests, including an intelligence test, educational measures, personality assessments and a self-reporting behavioural rating. Information thus gathered formed the basis for decision-making about where a youth would be placed within the agency's 17 service programmes.

Although some youths were placed directly into community-based group homes, or in other community placements attending a project centre, most youths spent several months to begin with in an institutional cottage. Subsequently, a transfer decision was made for treatment to continue in a group home or other community placement, prior to discharge from agency responsibility. It became the generally accepted practice to reassess each youth at the point of transfer from one treatment programme to another, and later at the point of discharge. Some time elapsed between the agency adopting the orientation of differential treatment and its becoming an integral part of agency practice. By 1978, at least the assessment and review practices were well established.

Harvie and Brill (1978) reported on the process of evolution that occurred at Shawbridge from the beginning of 1976 to the end of 1977, by analysing changes in client characteristics by treatment unit, type of unit and the agency as a whole. The findings suggested that the agency had begun to receive older clients by the end of 1977, especially in the institutional cottages and the group home programmes. Clients in the community programme were considerably younger, although this finding may be accounted for by the way that the community programme was developed in the first place. For the most part, this programme started with older adolescents who had filtered their way previously through other programmes in the agency. Neither was the community programme fully operational by the start of 1976. Table 6.4 (on the next page) provides a breakdown of client group characteristics by age and length of stay in February 1976 and November 1977 (Harvie and Brill, 1978 : 164-166 and 187-189).

No unit or setting had remained absolutely constant with regard to client characteristics, so that the notion of stability remained relative. In some units, the evolution had been sufficient or of the type as to require changes in treatment approach. Throughout all the settings per se, evolution that had occurred was indicative of somewhat heightened maladjustment (Harvie and Brill, 1978 : 67). However, it was difficult to say whether these negative changes resulted from more maladjustment on the part of new

Table 6.4: Age of Clients and Length of Stay in Agency, 1976-1977

	<u>Type of Programme</u>			
	<u>Institutional Cottages</u>	<u>Group Homes</u>	<u>Community Programme</u>	<u>Total Agency</u>
<u>Number</u>				
1976	60	31	95	186
1977	62	38	120	220
<u>Age Range</u>				
1976	11.8-17.8	13.5-18.2	12.3-20.4	11.8-20.4
1977	12.9-18.1	13.2-18.3	12.3-21.5	12.3-21.5
<u>Mean Age</u>				
1976	14.98	15.95	17.97	16.2
1977	15.5	16.7	16.9	16.5
<u>Age at Admission</u>				
1976	14.2	14.8	14.8	14.6
1977	14.4	15.0	14.8	14.7
<u>Length of Stay in Months</u>				
1976	8.9	12.6	26.4	18.5
1977	13.8	17.7	25.8	21.0

admissions, or whether it resulted from the transfer or 'recycling' of maladjusted youths into different settings. While agency policy indicated that the more difficult cases should be placed in an institutional cottage, Harvie and Brill found that on the criteria measured, "the more difficult cases could be found in any of the settings" (1978 : 68). Thus, while there had been evolution in the agency from the beginning of 1976 and the end of 1977, the actual degree of attitudinal and behavioural maladjustment had changed very little over the agency as a whole.

Particular attention was given to a group of clients who precipitated discharge from the agency by an action on their own, such as going AWOL or absconding. This group, referred to as the attrition cases, were compared with clients who remained in the treatment programmes. Harvie and Brill reported that the delinquency pattern in the 'leavers' (attrition group) prior to admission had differed from that of the 'stayers' (treatment group). Leavers were more frequently caught for indictable robbery and sentenced on serious delinquency charges than stayers. Leavers also reported being more involved in drugs, even hard drugs, as compared with the stayers. While very little could be said, except by inference, concerning the family backgrounds of leavers and stayers, it was certain that the leavers group had more previous experience of being independent than did the stayers. Many leavers had been living on their own previously and were older than the stayers. The stayers

were more likely to have been living in an unstable home or came from a single-parent family.

The differential treatment typologies used by the agency received detailed appraisal by the University of Montreal project. It was confirmed that both Interpersonal Maturity Level (I-Level) and Conceptual Level (CL) assessments had been used by the agency to arrive at differential placements within the various treatment programmes. The I-Level assessment was used to make placement decisions throughout the agency, while conceptual level was used to determine placements in institutional cottages. In the comparison of attrition youths with those who stayed in treatment programmes, the investigators found that the two groups could be differentiated according to both typologies. Harvie and Brill carried out a cross-classification analysis between the two differential treatment typologies and all other assessment measures used by the agency.

It was found that both interpersonal maturity level and conceptual level were partly measures of age, verbal intelligence, reading achievement, mathematics achievement, personal immaturity, and ability to integrate as well as use information. Conceptual level was found to be associated with a greater number of other variables than was the case for interpersonal maturity level. Harvie and Brill found that in knowing a youth's conceptual level, one also had a measure of the youth's behavioural unobtrusiveness, friendliness, responsibility, sociability, communicative capacity,

insightfulness and anger control, while an interpersonal maturity assessment did not relate to any of these behavioural variables (1978 : 121). Furthermore, in knowing a youth's conceptual level, something was also known about their personality in terms of social maladjustment, value orientation, alienation, manifest aggression and denial. Interpersonal maturity did not relate to any of these personality variables. I-Level did relate to variables such as withdrawal, social anxiety and repression. Overall, the agency was found to admit five different groupings of youths into their treatment programmes. These included: (1) immature in terms of both conceptual level and interpersonal maturity level; (2) immature by conceptual level and mature by interpersonal maturity level; (3) intermediate maturity by conceptual level and immature by interpersonal maturity level; (4) intermediate maturity by conceptual level and mature by interpersonal maturity level; and (5) mature by both conceptual level and interpersonal maturity.

The Conceptual Level Model, developed by Hunt (1966) and others, was briefly outlined in Chapter 3. To summarize, the typology focuses attention on conceptual orientation to self-other(s) relations which, under ideal conditions, assumes that development progresses through a sequence of stages. Stage A involves learning the 'ground rules' of self-other relations. Stage B involves learning about one's self and how one is distinct from the generalized standards in the environment which surrounds them. Stage C

involves the application of self-anchored conceptions to an empathic understanding of other persons and the differences between persons. Stage D involves placing these conceptions that apply to self and others into an integrated relation which has meaning within the wider environment. Each stage is followed by a transitional sub-stage when practice and consolidation of conceptual tasks are achieved.

In practical terms, Stage A students have been reported by teachers as having a short attention span, have a wide range of abilities and are physical, testing the rules often. They have been said to respond to approaches which use a variety of activities that are structured, with definite and consistent rules, and where immediate feedback is given on performance. Teachers have reported that Stage AB and B students seek approval and look for reassurance, not wanting to appear wrong or incompetent. They have recommended approaches which allow students to work in pairs and then small groups, still with definite and consistent rules, but where opportunities for choice and decision-making are available. Stage B and BC students have been reported as having the capacity for abstract thinking and like discussion and argument. Teaching approaches which emphasize small group learning and allow scope for choices seem to have been especially helpful with these students, although frequently they have to be trained to listen to instructions (and to listen in general) since they tend to go off on their own. Generally speaking, practice has shown that educational

groupings which are 'matched' by conceptual level have been found to perform better and require less behavioural management than groupings which are 'mixed'.

The Interpersonal Maturity Level typology (Warren, 1966) was derived from the work of Sullivan, Grant and Grant (1957) which set out a paradigm for the development of interpersonal maturity and its applications to delinquency. Briefly put, interpersonal maturity was said to be characterised by seven successive stages of perceptual development. These stages ranged from the least mature, which resembles the interactions of a new born infant, to an ideal of social maturity which is seldom or never reached. Each stage or level is defined by a crucial interpersonal problem which must be solved before further progress towards maturity can occur, given the qualification that all persons do not necessarily work their way through each stage of development. Some function at particular levels. Interpersonal maturity was thus viewed as a continuum, where successive levels are identified as measureable points along that continuum. Maturity level classifications were used to represent a person's typical level of functioning or their present capacity to function under conditions of stress.

Riggs and Warren (1964) asserted that "the range of maturity levels found in a delinquent population is from Level 2 to Level 5. Level 5 is so infrequent that, for all practical purposes, use of Levels 2 through 4 describes the

juvenile population" (1964: 1). The Youth Treatment Project of the California Youth Authority elaborated on the Interpersonal Maturity Model when delineating 9 delinquent subtypes which were associated with Levels 2, 3 and 4. A basic assumption underpinning the typology is that different types of children and youth are most beneficially treated if they have different types of workers and, if placement in a group care centre maintains complementary levels and subtypes of interpersonal maturity amongst the resident group. Table 6.5 summarizes the Interpersonal Maturity typology for Levels 2, 3 and 4 and subtypes.

Table 6.5: Interpersonal Maturity Characteristics By Level and Subtypes

<u>Stage</u>	<u>Subtype</u>	<u>Description</u>
Maturity Level I ₂		At this level, the individual is primarily involved with demands that the world take care of him. He sees others primarily as 'givers' or 'withholders' and has no conception of interpersonal refinement beyond this. He is unable to explain, understand, or predict the behaviour or reactions of others and is not interested in things outside himself except as a source of supply. He behaves impulsively, unaware of the effects of his behaviour on others.
	Asocial, Aggressive (Aa)	Responds with active demands and open hostility when frustrated.
	Asocial, Passive (Ap)	Responds with whining, complaining and withdrawal when frustrated.
Maturity Level I ₃		At this level, the individual attempts to manipulate his environment in order to get what he wants. In contrast to Level 2, he is at least aware that his own behaviour has something to do with whether or not he

<u>Stage</u>	<u>Subtype</u>	<u>Description</u>
Maturity Level I ₃ (contd)		gets what he wants. He still does not differentiate between people except to the extent that they can or cannot be useful to him. He sees people as objects to be manipulated in order to get what he wants. His manipulations may take the form either of conforming to the rules of whoever seems to have the power at the moment, or by manoeuvring others. He tends to deny having any disturbing feelings or strong emotional involvement in his relationships with others.
	Immature Conformist (Cfm)	Responds with immediate compliance to whomever seems to have the power at the moment.
	Cultural Conformist (Cfc)	Responds with conformity to his specific reference group, which frequently involves delinquent peers.
	Manipulator (Mp)	Operates by attempting to undermine the power of authority figures and usurp the power role for himself.
Maturity Level I ₄		At this level, the individual has internalised a set of standards by which he judges his and others' behaviour. To a certain extent, he is aware of the effects of others' expectations of him and is aware of the effects of his own behaviour on others. He wants to be like the people he admires. He may feel guilty about not measuring up to his internalised standards. If so, conflict produced by feelings of inadequacy and guilt may be internalised with consequent neurotic symptoms, or acted out in anti-social behaviour. Instead of guilt over self worth, he may feel conflict over values. Or without conflict, he may admire and identify with delinquent models, internalising their delinquent values.
	Neurotic, Acting-Out (Na)	Responds to underlying guilt with attempts to 'out-run' or avoid conscious anxiety and condemnation of self.
	Neurotic, Anxious (Nx)	Responds with symptoms of emotional disturbance to conflict produced by feeling of inadequacy and guilt.

<u>Stage</u>	<u>Subtype</u>	<u>Description</u>
Maturity Level I ₄ (contd)	Situational Emotional Reaction (Se)	Responds to immediate family or personal crisis by acting out.
	Cultural Identifier (Ci)	Responds to identification with a deviant value orientation by ¹ living out his delinquent beliefs.

To summarize the baseline for client characteristics in Shawbridge Youth Centres in November 1977, Harvie and Brill offered the following portrait (1978 : 128-129). There were 220 children in the agency, of whom 28 were girls, and the average age was sixteen and a half. On average, the population had spent 21 months in agency programmes. According to conceptual level assessment, the population was predominantly in the Stage A, AB and B ranges, while the assessment of interpersonal maturity indicated that 71 percent were at maturity level I₄. In terms of educational grade equivalence, the population were academically retarded by about four years according to grade and age norms for Quebec anglophones. The overall attrition rate established between February 1976 and November 1977 was 1 leaver for every 6.5 youths who stayed, or 15 percent (1978 : 134).

In association with our own study of team functioning, Shawbridge Youth Centres supplied data on the age, sex, conceptual level, interpersonal maturity level and subtype

¹Adapted from: Riggs, J.E. and Warren, M.Q. (1964) "Interpersonal Maturity Level Classification: Juvenile - Diagnosis and Treatment of Low Maturity Delinquents", Sacramento: California Youth Authority, Community Treatment Project, Research Report No. 4; AND Van Gronigan, J., Andre, C.R. and Mahan, J.A. (1973) "A Differential Education Model for I₄ Acting-Out Students", California Youth Authority, Differential Education Project.

for each service production unit operating in the agency. Client data was supplied for the months of September 1978, April 1979 and January 1980 which corresponded with the timing of each major team assessment carried out in the agency. In so doing, it became possible to compare personnel team variables with characteristics of the resident groups in receipt of services. It was also possible to continue the analysis of evolving patterns of service production which was initiated by the University of Montreal project in 1976-77. While this analysis is far more restricted than the original study, it has been possible to document global trends.

Finally, the University of McGill study, referred to earlier (Reichertz, 1978), included characteristics of clients from the Shawbridge agency during 1975-76 along with characteristics of other children in residential care in the Montreal area. This study found that the child population of the nine child care agencies in the Greater Montreal area included a predominance of adolescents and a higher number of males than females. The children in residential care presented a variety of behavioural problems, but school problems were the most common. Ninety percent of the children had one or both parents who could be located. Family backgrounds revealed a high incidence of single parents, especially single mothers. Two-thirds of the children had experienced prior placements. Tests of cognitive, social and affective competence revealed that these children were largely in the dull-normal range of intelligence, but that on measures of

social and affective competence, they were similar to community children. No socio-demographic variables for children were meaningfully related to variations in the level of social competence (Reichertz, 1978: 218-219). Having now established a baseline for client group characteristics in the agency, the task which remains is that of identifying characteristics of the service production milieux which were operated by Shawbridge Youth Centres.

The Service Production Milieux: 1976-1977

The University of Montreal project examined both the functioning of teams and the nature of treatment environments at Shawbridge Youth Centres as principal components in the global therapeutic milieu (Brill, 1979). Staff members' characteristic ways of working with youths also constituted an important part of the total treatment environment (Reitsma and Brill, 1978). Since all of the service production units at Shawbridge had a mandate to develop treatment milieux tailored to the specific needs of different youths, the project staff considered it essential to measure the nature of these milieux directly. This was done by asking the staff and residents of each unit to rate the characteristics of their environments on scales developed specifically for that purpose. All programme units were judged to depend upon a team approach for effectively carrying out their treatment tasks, although harmonious and efficient team functioning appeared to be more critical in the institutional

cottages and group homes where many staff were required to work with the same youths at different times.

Staff and residents were asked to rate their programmes periodically by using the Correctional Institution Environment Scale developed by Moos (1973). Group home staff and residents rated their settings using the Community-Oriented Program Environment Scale which was also developed by Moos (1971). Staff in all service production units, with the exception of secure units, rated their team functioning using the Group Environment Scale developed by Moos, Meel and Humphrey (1974). Measurements of the milieu and team climates were made on five occasions, spaced at roughly six-monthly intervals. These included March 1976, June 1976, November 1976, May 1977 and November 1977. The investigators sought to examine what changes occurred between March 1976 and November 1977 to identify influences that may have shaped treatment services. Differences that existed between settings were also of interest. Finally, the investigators sought to determine the extent to which the interpersonal maturity approach overlapped with that of the conceptual level matching model, and whether these treatment orientations were complementary or differentially useful in guiding interventions with delinquent youth.

In exploring staff team climates, the investigators found that the organisation of teams had decreased considerably between November 1976 and May 1977, and that earlier levels of functioning were not regained by November 1977. These

findings paralleled the period of agency expansion, its change of name, and relocation of administrative headquarters to separate quarters in the city. When changes were analysed by setting, it was found that teams in the institutional settings had changed most, group home teams less, and project centre teams least of all. Changes reported for the entire agency appeared to apply most particularly to personnel teams in the institutional cottages. Specific factors may have accounted for these findings. Three front-line supervisors and a residential treatment supervisor left the agency and had to be replaced. One long-term and two short-term secure units were established on the institutional campus and several staff from existing units were transferred to these new units to get them started. Finally, the agency used relief staff to work shifts in units temporarily, where vacant positions appeared during the period of rapid expansion.

With regard to the question of whether changes in team functioning contributed to the efficiency and effectiveness of treatment milieux, the conclusion drawn was that team functioning overall had deteriorated. The investigators found that by the end of 1977, there was less order and organisation with increased frustration, particularly in the institutional programmes when compared with findings from early 1976. There appeared to be a generalised move towards a heightened control over decision-making by front-line supervisors, involving more directive styles of leadership

and the imposition of sanctions for rule infractions. While this pattern was thought to be perhaps understandable during a period of rapid change, it did not in itself contribute to efficiency in terms of highly organised, task-oriented and mutually supportive teamwork.

When comparing differences between teams in institutional cottages and group homes, the same general patterns were found. Teams with the strongest task orientation also had the highest level of team organisation and the lowest level of anger and frustration expressed amongst the members. Conversely, the teams with lower levels of team organisation had higher levels of expressed anger and lower levels of task orientation. A moderate level of leader control appeared to be a necessary, although not in itself sufficient, condition for efficient team functioning. High levels of organisation and clarity about norms were thought to be required, along with expectations around daily routines, to minimise the extent to which energies were dissipated through frustration and anger, and to maximise the level of task orientation in teams.

When comparing the Interpersonal Maturity and Conceptual Level Matching Models of differential treatment, the conclusion drawn was that I-Level centred primarily around planning for individual treatment programmes in the community and did not offer clear guidelines for the creation of residential milieux which were suitable for children of different I-Level subtypes. In contrast, the Conceptual Level

orientation did focus on matching individual children of different stages of development to specific types of social environment. Brill concluded that the Conceptual Level Matching Model was far more useful to group care staff than the Interpersonal Maturity Model for creating, monitoring and evaluating therapeutic milieux and their effects on residents (1979: 123). Brill recommended that conceptual level assessments should become the dominant influence in the agency's commitment to differential treatment, and that this criterion should guide placement and planning decisions. The interpersonal maturity assessments were seen to provide supplementary information. Without stable, planned milieux to facilitate individualised treatment, Brill's conclusion was that "no treatment at all is frequently the result" (1979: 123).

In a review of staffing characteristics in the nine group care agencies operating in the Montreal area, the University of McGill study helps to put the Shawbridge findings in their broader perspective (Reichertz, 1978: 220-263). Conclusions drawn from this research highlighted that staff producing group care services for anglophone youth were characterised by their youthfulness, lack of prior work experience and high levels of education. This profile represented a very significant change from the historical image of residential care staff. Reichertz claimed that the findings demonstrated "the emergence of the child care worker as 'a peer-related ego model' and indicated the need to

continue legitimation of child care work as an area of professional practice" (1978: 262). In-service training opportunities for staff were found to be minimal, despite an increased awareness of the high levels of stress experienced by residential care staff. Training opportunities that did exist were not available on equal terms for all staff. A high rate of turnover for child care workers, a general trend, was particularly evident for group homes in the Montreal area. This problem was thought to be related to a low ratio of staff to children, a lack of training opportunities and professional isolation.

Group care staff were found to have had a relatively accepting, humane attitude towards children. They were also assessed to be reasonably optimistic but not convinced about the benefits of working with other community social service workers and agencies (1978: 263). No strong associations were found between background characteristics and staff orientations to their work. This was thought to imply that work orientations were more clearly a function of organisational influences. It was inferred from these findings that the convergence of workers' attitudes illustrated the impact of an institutional socialisation process operating in group care work environments and in administrative policies. Staff attitudes were found to vary according to the position occupied by workers. Differences in the degree of child acceptance arose mainly in connection with the frequency of contact with children. Harsher attitudes seemed to be

associated with the parenting tasks of child care workers. Community orientation was found to change positively as contact with the community increased. Job satisfaction was reported to be low amongst all employees in the McGill University sample. This finding was thought to be associated with administrative turmoil and policy changes that were influencing group care programmes at the time of sampling. Feelings of powerlessness, alienation and insecurity were evidenced in the findings on orientation to work.

In summarizing the relationships found between institutional policy, staff orientation and the improvement of children during their receipt of group care services, Reichertz highlighted the importance of staff-child ratios. A low ratio of staff to children resulted either in mechanised and routine programming, which provided little opportunity for children to participate in planning and decision-making about their own futures, or alternatively, in a preoccupation with the development of good community relationships at the expense of adequate care and treatment for residents (1978: 202). In other words, insufficient numbers of staff made it impossible to fulfill both the external and internal needs of group care service production. The findings also suggested that a reduction in staff turnover could lessen the negative impact of a low staff-child ratio, since children suffered less according to measures of social competence when stability amongst staff groups was high. Children were found to be better prepared in their social and affective

competence if the staff responsible for them interacted continuously with both professional and lay communities.

The two internal dimensions of programme which consistently related to improved levels of competence were the extent to which children participated in the decisions of daily life, and the type of discipline and rewards used in the various programmes. Decision-making and patterns of discipline and reward were also associated with the presence of an adequate staff-child ratio, appropriate staff deployment and the degree of acceptance expressed in staff attitudes towards children. The uniform and routine application of disciplinary practices did not appear to be helpful to children, nor was a very permissive style which provided little structure and limit-setting. Indeed to some extent, child deterioration was thought to be associated with laissez-faire staff attitudes and loosely structured discipline-reward practices which failed to imply an expectation for continued growth and development. Reichertz concluded that a staff member's belief in a particular philosophy served as a source of inspiration and enthusiasm which sparked off a spirit of innovation and challenge in work with problem children. In short, "the content of the philosophy or treatment model seemed less important than the commitment of staff members to that model" (Reichertz, 1978: 295).

Summary

In summary, five major tasks have been completed in this chapter. First, the research sample used in the study was introduced. This was shown to involve a selective sample of 63 teams, drawn from 13 agencies in Great Britain and North America, which were matched to the extent possible for analytic purposes. Teams from only two of the agencies were thought to represent the variety of services available in their parent agency. Only one of these agencies - Shawbridge Youth Centres of Montreal - provided detailed information of group care teams from 1977 to 1980. The second task involved a review of social policy and organisational changes which were influential in the work of the Shawbridge agency during the 1970s. Third, adaptation to organisational change was considered in relation to personnel teams working in Shawbridge programmes during the course of this study. Fourth, information was given on the characteristics of clients in the agency from the beginning of 1976 to the end of 1977, through reference to major research projects carried out by the University of Montreal and McGill University between 1975 and 1978. This research provided the baseline from which our own study of teams at Shawbridge Youth Centres proceeded. Finally, the evolution of service production units at Shawbridge was highlighted and considered in relation to anglophone services for children and youth in the Greater Montreal area.

It should be said that research evaluation to date remains inconclusive about Shawbridge Youth Centres' effectiveness or efficiency in the treatment of juvenile offenders. At the same time, evaluation research has helped to advance thinking in terms of the different types of treatment milieu that may be required in the care and treatment of children. It remains to be shown whether different types of children influence different patterns of functioning amongst teams working at Shawbridge Youth Centres. It also remains to be shown whether service production in secure units had a different impact on the functioning of teams at Shawbridge when compared with other teams in the agency. Finally, a unique opportunity was offered during the course of our study, when midway through the data collection in 1979, the new Youth Protection Act of Quebec was implemented. This made it possible to explore how a major social policy change at Provincial level influenced the functioning of personnel teams in a group care agency. Given the magnitude of change documented at Shawbridge Youth Centres in the 1970s, it is timely that attention now turns to the ideas and the methods of action research in an evolving organisation.

CHAPTER VII

ACTION RESEARCH METHODS AND THE TEAM ASSESSMENT PROCESS

Introduction

In a discussion about the uses of evaluation in social service organisations, Davis and Salasin (1975) described five models of applied social research. These included: (1) the research development and diffusion model; (2) the social interaction model; (3) the problem-solving model; (4) the planned change model; and (5) the action research model. Action research was described as the most distinctive, in the way that it emphasizes the development of research within organisations. Such research and its methodology are unavoidably influenced by its concurrent involvement in the daily activities of an organisation. Results from the research, while intended primarily for the organisation itself, may prove useful to others and contribute to general knowledge in the health and social sciences. Action research was assumed by Davis and Salasin to be "a continuous process of research, action, evaluation and more research" (1975: 629).

In this chapter, a summary is given of the action research methods used by the University of Montreal project at Shawbridge Youth Centres. Initial attention is given to the conceptual framework and methodologies used in carrying out a team development process with two group care teams

during 1976 and 1977. Then a description is given of our own team assessment, training and evaluation process, used with all personnel working in group care programmes at Shawbridge between 1978 and 1980. Comparative illustrations are supplied from the different types of team working in the agency during three on-site visits in September 1978, April 1979 and January 1980. The intention here is to illuminate some of the qualitative aspects in the research findings and to identify ways in which quality of working life assessments were carried out and then fed back to group care teams, to be used for planning action in their respective programmes.

Action Research at Shawbridge Youth Centres

The Groupe de Recherche sur l'Inadaptation Juvénile at the University of Montreal experimented with a number of action research approaches which Brill and Reitsma described as being experimental for two reasons (1978).

First, action research was chiefly an uncharted area in the group care field. Second, action research required an openness to whatever approaches were available and useful in the situation at hand. The investigators were particularly concerned with an understanding of the conditions under which "a researched group would be most open to receive and use research findings" (1978: 10). The use of research findings were thought historically to have given little reason for optimism amongst the research community. Many research reports simply gather dust, while in other projects, the

results are accepted and talked about but nothing changes. On other occasions, evaluation researchers have found their work used to justify "pre-decisions which result in cutbacks, rather than improvement in social programmes" (Davis and Salasin, 1975: 622).

The Shawbridge Research Project relied on Lewin's (1936) well-known formula of $B = f(P,E)$ in their explorations, where Behaviour is viewed as a function of the interactions between Person and Environment. This formula became the conceptual basis around which information was organised, analysed and fed back to group care teams working at Shawbridge Youth Centres. Reitsma and Brill claimed that "the importance of the $B = f(P,E)$ formula lies not only in the framework it gives for data analysis, but also in its simplicity and relevance to front-line practitioners (1978: 6). Table 7.1 illustrates the way in which information collected during the Shawbridge project was collated into Lewin's $B = f(P,E)$ paradigm (see next page).

This conceptual framework may be criticized on the grounds that it adopts a very narrow definition of environment that focuses only on the internal environment found in a group care centre. Moreover, the assessment of environmental characteristics is almost entirely dependent on staff and client evaluation of their centres, using criteria developed by Moos (1975), and on personality variables assessed for each participant. Any structural variables used were limited to the type of service setting involved - institutional

Table 7.1: Measures Used By The Shawbridge Youth Centres Research Project Organised Into the B = f(P,E) Framework

PERSONALITY	+	ENVIRONMENT	=	BEHAVIOUR/OUTCOMES
(1) Personality/Behavioural Measures of Youth		(1) Treatment Milieu Ratings		(1) Change on Personality/Behaviour Measures
- Interpersonal Maturity Level and Subtype Classification		- Staff Viewpoint		- I-Level and Subtype
- Conceptual Level Score		- Client Viewpoint		- Conceptual Level Score
- Repression-Anxiety Score		(2) Team Climate Ratings		- Repression-Sensitization Score
- Jesness Inventory Subscales		(3) Personality Characteristics of Staff		- Jesness Inventory Subscale
- Jesness Behaviour Checklist Subscale Scores		- Interview-Rated Styles		- Jesness Behaviour Checklist Scores
		- Self-Rated Styles		
		- Conceptual Level		(2) Change on Educational/Intelligence Measures
		- Repression-Sensitization		(3) Problem Behaviour Incident Measures
(2) Educational/Intelligence Measures		(4) Staff Daily Performance		(4) Client-Rated Progress, Satisfaction, Delinquency
		- Staff Ratings		
		- Observer Ratings		

Brill, R. and M. Reitsma (1978) Action-Research in a Treatment Agency for Delinquent Youth. Montreal: Université de Montréal, Boys' Farm Research Project, Final Report No. 1, p. 7.

cottage, group home or community project - and no attempts were made to identify other environmental factors which may have been influential in shaping patterns of service production. However, because of the pioneering work carried out by this research team, there can be little doubt but that their illuminating and descriptive work contributed greatly to the development of a modified Production of Welfare paradigm used in our study.

In outlining their action research approach, Reitsma and Brill emphasized the importance of regular communication. At the beginning of the project, the research team met with all unit teams to discuss the proposed research and to explore reactions to these proposals. Each member of staff received a copy of the complete research proposal, and six months later when data collection was about to start, the project was again discussed with each team. Before each subsequent round of data collection, the research team had several meetings with planning groups in the agency. Over the course of the project, four letters were sent to all personnel providing an overview of research activities to date and giving a proposed schedule for the next several months. In addition, most of the research teams had frequent informal contact with a number of agency personnel through being based on the institutional campus and sharing the staff cafeteria and administration building.

The research team prepared initial reports on client, staff and milieu characteristics, distributing these as

written reports to prevent a reduction of interest during the inevitable delay between data collection and presentation of the final report. The assumption was made that any application of research findings increases when reports are available within a reasonable time after data collection. "Too often", claimed Keitsma and Brill, "final reports comment on events far in the past and they do not seem relevant to agency personnel who are subject to many pressures and problems that change" (1978: 11). Thus, four reports were written and distributed in the first year of the project. All units were given two copies of each report, meaning that on average, one report was available for every five members of staff in the agency. It is interesting to note that circulation of the Final Reports from this project was severely limited because of funding. Perhaps a lesson to be taken from this is that the objective of keeping staff informed, and therefore involved in an action research project during the early stages, should not ignore the objective of producing final reports. Budget over-runs, even for the best of intentions, can jeopardise any project!

Reaction to the reports from management personnel was described as minimal in the Shawbridge project. With some prompting by the research team, the planning groups from both institutional cottages and group homes invited a summary of the initial research findings in October 1977. The prospect of future meetings was raised but agency pressures during that time, involving attempts to develop and stabilize

new treatment programmes, meant that meetings of this sort received low priority and thus failed to materialize. However, informal meetings were held with selected middle managers to discuss the research findings on client needs and to explore ways in which group care teams might respond to these needs. Nevertheless, major questions were raised about the application of action research findings when senior management are unable to involve themselves in opportunities for regular feedback and review.

An assessment of team climate and treatment unit milieu were made on five separate occasions between March 1976 and November 1977. Six weeks after the first round of data collection, the investigating team provided feedback to each team on the results of their assessments. Presentation of the data involved the construction of graphs showing a profile of how personnel assessed their team climate, and how both the staff and client groups evaluated their service environment. These initial feedback meetings had two purposes. First, the research team wanted to demonstrate their interest in sharing results as quickly as feasible. Second, the investigators wanted to help participants understand the importance of filling in four to eight research questionnaires during each round of testing. Following this initial round of meetings, regular feedback was given to those teams who wished details on the team climate and unit milieu of their programme. Five teams were said to have responded to this invitation and the researchers met with each of these teams on two occasions (Reitsma and Brill, 1978: 13).

From the start of the project, an undertaking was given to all personnel that results from interviews and certain questionnaires would be made available to those participating in the study. Two types of individual feedback were used. The first type of feedback was by letter, five months after the results were obtained. The second type of feedback was given on the basis of in-depth interviews which assessed personal styles of working with youths. The person who conducted the interview met with individual staff members for sessions ranging from 20 minutes to 3 hours, with an average time of approximately 45 minutes per session. Of the 55 personnel interviewed by the research team, 38 were reported to have responded to the invitation for feedback, approximately 70 percent of the total. Normally these sessions followed the patterns of a staff member looking over a condensed version of the interview findings, with clarification given about factors involving personal and professional orientations. Finally, workers were encouraged to interpret the information in terms of their work with children, and to question the researchers on any matters of special interest.

The last type of feedback used by the Shawbridge project involved comprehensive exploration and discussion within treatment units. The purpose of this approach was to make relevant information about client and programme characteristics quickly available to teams so that appropriate changes could be made if thought desirable. When the original

goals of the project were modified in August 1976, Shawbridge management requested that the research team devote some of its time to helping teams conceptualise and further define their programmes, through the use of written Action Plans which specified how teams sought to work with children. While such Action Plans were supposedly a part of agency practice throughout its various centres, at the beginning of 1977 the research team found that only half of the teams had developed these programme plans. Five stages were identified through which the feedback sessions with teams progressed. After an initial period of becoming familiar with particular centres, the team members and the researcher arrived at a shared set of expectations and roles which were summarized in contract form wherever possible. Next, the researcher gathered and summarized relevant data about the centre's operation which was followed by a collective examination and interpretation of the findings with each team. Implications for action were arrived at jointly between team members and researcher, with the team having responsibility for implementing any changes implied by the findings. Assistance in planning changes was provided by the researcher. Finally, after several months, the programme could be systematically re-examined to measure the impact that changes might have had on service production, and to decide whether additional programme changes were required.

Agency Reaction to the University of Montreal Project

While a systematic study of the agency's use of research findings fell outwith the project's specific mandate, the investigators sought nevertheless to describe reactions to the project and the uses made of its results. In this regard, two questions were addressed. First, the researchers were concerned with how each feedback approach was received and used. Second, they sought to identify conditions under which teams gave their maximum positive response to the project and utilised the research findings in their work. Answers to these questions were derived from three sources of information, including: conversations with staff on an informal basis in work and social situations; observations made of staff reactions during individual and team feedback sessions; and a monitoring of agency decisions and changes which were made as the apparent result of the research project. The findings from this exercise were summarized accordingly, with the conclusion that some methods were more valuable than others in the process of action research in a group care agency.

Certain conditions were identified which appeared to facilitate the use of research findings by group care personnel (Reitsma and Brill, 1978: 149-158). These conditions involved: (1) characteristics of the research investigator himself; (2) features associated with the research data; and (3) other factors associated with the group under investigation. In terms of the personal

characteristics and role of the researcher, it appeared to be essential that such persons have at least some of the following attributes. First, a reasonable level of personal and professional credibility was required. Second, the researcher needed to be sensitive to agency pressures on staff, with an empathy for the feelings of staff and their areas of resistance. Third, skill was required when inviting cooperation and collaboration from group care personnel and managers. Finally, the action researcher was thought to require patience and persistence, since a considerable amount of time can elapse before anything happens as the result of evaluation efforts.

A number of issues were thought to require attention concerning the role that an action researcher might play in a group care organisation. Reitsma and Brill claimed that an objective, unbiased stance was required when attempting to understand and report on the forces which operated in a social service agency (1978: 152-153). There was an apparent danger that researchers working in one agency for an extended time will assume either a management or a front-line perspective. In so doing, judgemental views of a situation can be taken and research data used to support a biased perspective, potentially closing off important sources of information. On the other hand, an uninvolved or distant stance may turn support away from the research since most people hate to be watched and assessed, interpreting such actions as being critical and disinterested. Three strategies were found

to have helped deal with these concerns in the Shawbridge project (1978: 153-154). To begin with, a thorough first-hand knowledge of the agency was thought to be essential to gain a comprehensive perspective on service production activity. Second, many formal and informal meetings were thought necessary to maintain a dialogue with personnel and managers, and to clear up any misunderstandings which emerged. Lastly, it was considered important to achieve clarity and agreement around time commitments, roles and expectations, and to seek agreement before the work begins on the uses that will be made of the research findings.

In relation to the research data itself, four qualities appeared to be relevant to action research activities in a group care agency. First, it was considered important that the research data be comprehensive and complete, especially when seeking to fulfil the theoretical objectives of action research. Second, the conclusion was drawn that presentation of findings was facilitated through reference to a particular model of explanation, such as the $B = f(P,E)$ orientation devised by Lewin. It was also considered essential that findings be presented in a clear and interesting way. The researchers argued thirdly that research findings must relate to current and obvious events or concerns, with the expectation that the more alive the data becomes, the greater the likelihood that staff teams will take an active interest in the findings. It was concluded finally that research data should contain information that is

intuitively reasonable, or to put it bluntly, "the ideas or implications must make sense" (Reitsma and Brill, 1978: 155-156). Such relevance increased the likelihood of new ideas being implemented by group care personnel.

The last set of conditions which facilitated the use of research findings was claimed to involve the researched group themselves. The first characteristic was said to involve the support and commitment an agency gives to the research process and outcomes. The second set of characteristics were thought to be associated with the ability of agency personnel to interpret and implement recommendations that emerged from the findings. A third set of conditions was said to be linked to an agency's perceived obligation to listen to and change in the light of research findings. Such an obligation was thought to be especially relevant for those in positions of management and authority. Finally, the influence of both internal and external pressures on an agency were thought to reduce the amount of time and energy available for the consideration of research and the implications that arise for practice.

Reitsma and Brill concluded that the action research conducted during 1976 and 1977 involved "experimentation with different content, formats and approaches" which were used in learning to become "a specific kind of helping agent" (1978: 158). Some attempts were alleged to have failed miserably, while others worked better. It was the investigators' hope that, through a process of sharing,

discussing and questioning research findings, a climate could be created in which critical and creative self-appraisal might proceed. It was anticipated that staff at all levels of the agency might want to engage in such a process. While the project team did not expect management or group care staff to become researchers, it was nevertheless hoped "that they might come to see that the process of systematic reflection on their collective activities, whether as a treatment unit or as an agency, could enable them to resolve some of their difficult problems here and now - not sometime in the distant future" (1978: 159). The action research was seen to be a collective attempt to create a framework, however tentative, whereby the meaning of experience could be interpreted and used by those living in a group care centre and by those observing the centre and its performance. From understanding, it was hoped that better control could be gained over the pressures of the job, enhancing the ability of staff to use themselves in desired ways. The research team sought to enable staff "to be satisfied with steady progress rather than constantly striving for unreachable spectacular achievements" (1978: 159).

The Annual Report of 1979 provided several indications of areas in which research findings had been used by the management of Shawbridge Youth Centres. Order and organisation of programmes were active pursuits throughout the agency, but particularly so amongst the institutional sector. Having clarified job expectations, work demands and guidelines

for practice, attention turned to the provision of formal supervision for every child care worker on a fortnightly basis. A mid-year survey in 1979 indicated that close to 90 percent of direct care staff were receiving supervision. As the result of supervision, it became clear that specific job-related training was also needed by staff. After consultation at all levels of the agency, a basic eight-day training programme was devised for all group care personnel. Staff turnover dropped to a rate of approximately 2 percent a month and a permanent relief pool was established to provide regular relief coverage by trained personnel when vacancies occurred. A fixed pattern of scheduling was also established, allowing staff to work the same days each week and have greater certainty around days off, for periods of four months at a time. The aim of the fixed scheduling pattern was "to provide more stability in the units themselves as well as allowing staff to plan their own lives outside work more effectively" (Orlando, 1979: 2).

One unit, judged historically to have been unsuccessful, was closed for a period in 1978. During that time, a new staff group was hired and a new programme was designed to meet the needs of a particular group of young people assigned to that unit. The unit was re-named to discourage the historical image that had been generated throughout the agency. Whereas previously the unit had housed the most difficult youth in all the institutional cottages, the new admissions were to be less hardened in their interpersonal

relations. Concurrent with these developments was a review of the open institution programme for girls which also had a history of turmoil. This review resulted in closure of the girls' cottage and a subsequent re-opening of the unit as a twelve-bedded observation and receiving unit for boys. Several staff from the original girls' programme were re-deployed to the new programme under the supervision of a different coordinator. It is interesting to note that both of these programmes which the agency closed were units which received intensive investigation by the University of Montreal project. Whether this outcome was coincidental, or associated in some way with the action research activities which took place during 1976-1977, cannot be known. Clearly, both programmes had a history of turbulence, abscondings and problems of low staff morale.

In reviewing the material produced by the action research team, it is readily apparent that the project was a costly exercise in terms of personnel and support costs, as well as in the time spent with service production teams involving personnel in the project. At the end of the day, it is difficult to say whether the outcomes produced fully justified the expenditure, even though knowledge was advanced through a documented history of evolution and change in a large social service agency. Perhaps the most important findings were those associated with the application of Hunt's Conceptual Level Matching Model in the group care field. That the research failed to achieve a greater

impact on the design and operation of services at Shawbridge remains an interesting paradox, even as the findings inspired further questioning on the part of several people who no longer work for the agency. Our own involvement with the agency, through a team development and consultation project, was made easier in many respects through the efforts of Brill, Reitsma and others from the University of Montreal research team.

The Team Development Project: An Alternative Paradigm

In 1977, an invitation was received to initiate a team development project with personnel from the group homes and community detention facility operated by Shawbridge Youth Centres. This project was later extended to include all group care teams employed by the agency, including managers and all grades of direct care staff, in a process of team functioning assessment, problem-solving activity and the development of action plans which could be more fully implemented in the work of each team. The broad aim of the project was to enhance team performance in group care programmes sponsored by the agency as services for delinquent youths. Normally, the team development process involved meeting with each team for a period of between one and a half and two days in a structured training exercise, followed by a re-assessment and review session after 6 to 9 months. In most cases, direct involvement with teams began in 1978 although involvement with one team did not begin until the

final year of the project. For the most part, direct involvement was achieved at least twice with each team in the agency, including secure units, institutional cottages, group homes and project centres. Involvement was also maintained with the senior management team, the institutional services middle-management team and the community services middle-management team. The assessment team and the nursing team participated on one occasion. On-site visits were carried out in 3 to 4 week blocks of time which resulted in an intensive exploration of agency issues with the majority of direct service and management teams employed by the organisation. The consultative process used during these visits is summarized below with examples from different types of team, to illustrate each stage in the training and development approach.

Step 1: Identifying Frustrations and Satisfactions in the Past 7 Days at Work

As part of the introductory process, workers are asked to reflect back over the past seven days of work and to identify the greatest frustration encountered in the course of that time. Next, they are asked to think back over the same seven day period and to identify the greatest satisfaction encountered in their work. Each worker in the team is then invited to share their examples with the rest of the team, providing a focus for early discussion.

The themes identified at this early stage are illustrated in an example drawn from a team of nine workers assigned to

an institutional cottage for twelve adolescent boys. This group included six basic grade care staff, a senior care worker, the unit supervisor and a residential treatment supervisor who carried management responsibility for the team's work performance. Only the teacher and night staff were missing from the team development session. Frustrations reported by this team covered a wide range of issues. One member mentioned the amount of written work required on the job, and the difficulties associated with getting everything done within the time constraints of a working day. Another mentioned having only two sets of keys when there are three workers on shift, thus emphasizing keys every time you turn around. A third worker mentioned the washing-machine breaking down, while her colleague referred to the snack-time routine which had collapsed into chaos. Being off work with a work-related injury, but very much wanting to be back at work was another frustration put forward. A basic grade worker mentioned the frustration of not being able to attend the staff meeting because no relief workers were available to cover the staff meeting time that he was scheduled to work each week. The supervisor complained of meetings which tended to prevent him from spending time in the cottage, while the residential treatment supervisor referred to paperwork looming on her office desk. Having to wait beyond the end of shift at midnight for a team member who had failed to turn up was voiced as another frustration. Several team members commented on how easy

it was to pinpoint frustrations in their group care work. Some wondered jokingly whether they were restricted to one frustration, since two or three others wanted airing.

These team members experienced more difficulty in identifying work satisfactions encountered in the preceding week. One team member reported work satisfaction at now being able to attend team meetings, having been prevented from doing so previously because of scheduling difficulties. A second worker reported how good she felt when a particular boy asked for her involvement in an activity. Another child sharing his letter from a first-ever pen pal featured highest on a third worker's list. A recently appointed worker mentioned how he was beginning to recognize a pattern of behaviour being presented by one of the boys and then taking this up with the lad, thus receiving confirmation of observation skills as a group care worker. A basic grade worker talked somewhat philosophically about finally getting the frustrations untangled in the unit and feeling that the atmosphere had calmed again. Another mentioned that he was feeling a rapport with other members of the team, and how nice it felt to come off a shift feeling good about the day at work. Being pleasantly surprised and hopeful at the performance of a new manager at various meetings in the agency was also an important satisfaction.

It can be seen that satisfactions and frustrations for one group care team cover a wide range of personal and professional considerations. The intent of consultative

work during this introductory stage is to begin identifying critical incidents that are of current interest in a team. By focusing attention on events from the recent past, it is possible to obtain indications of the climate that exists amongst a team of workers, while also obtaining initial details of the actual work being carried out by the team. Discussion at this stage is concerned with everyone airing their immediate-work frustrations and satisfactions, clarifying when these occurred and with whom, seeking to establish an atmosphere of openness and support. The task of the consultant is to maintain focus, to summarize themes and to clarify matters that are unclear. An additional task is to facilitate the involvement of all team members. Time allocated to this introductory stage is about 1 to 1½ hours at the start of the consultation.

Step 2: Identifying Teamwork Problems that Require Attention

The second stage in the consultative process engages team members in an exploration of teamwork or programme concerns which require attention, and which may form the basis for problem-solving activity during the course of the time together. All members are encouraged to make suggestions and these are listed according to higher or lower priority in arriving at a collective focus for the consultation.

An example taken from a secure unit helps to illustrate the teamwork problems that can emerge as the focus for problem-solving. The nine workers from this team asked to

focus their time together on ways in which the working rhythm of the team could be improved. Practical issues to do with team communications from shift to shift were thought important, as was the idea of looking at different styles of working amongst the various team members. The question to emerge was about how this range of influences could be harnessed into a team effort. The need to find ways of giving greater consideration to relief staff who covered for regular members of the team was also mentioned. Another issue concerned the need for clearer distinctions between personal and professional expectations amongst members in the team. The need to be cautious of over-involvement in work was another theme to be identified. In the course of discussion, each of these problem areas was thought to be made more difficult when looking at what adults convey to children as role models in a group care centre through particular patterns of teamwork. In a secure unit setting, the task was thought to be that much more difficult. On the one hand, staff worked to maintain a growth-enabling environment inside the unit, while at the same time seeking to hold on to a realistic view of the world outside. As such, a secure unit work setting is particularly fraught with occupational stresses for personnel.

The goal of consultative work during this stage is to facilitate movement of team members towards a clarification of issues that are causing difficulty in their work. This process of clarification, summary and focusing attention on

specific problem areas is aimed at reducing dependency on an outside resource person, reinforcing the capacity of a team to engage in problem-solving activity on its own behalf. The role of the consultant is to assist the team in moving from the immediate concerns that are influencing their work to a focus on issues which members can resolve for themselves through collective action. When the focus of attention concerns the interactions within the team, or the interactions between a team and the resident group in its centre, then it is relatively easy to focus on actions which can be taken by team members to improve on their pattern of work. When the identified problems are associated with other workers or policies outside the immediate work environment, then rather more complex approaches must be considered, and normally these will require indirect work through intermediaries.

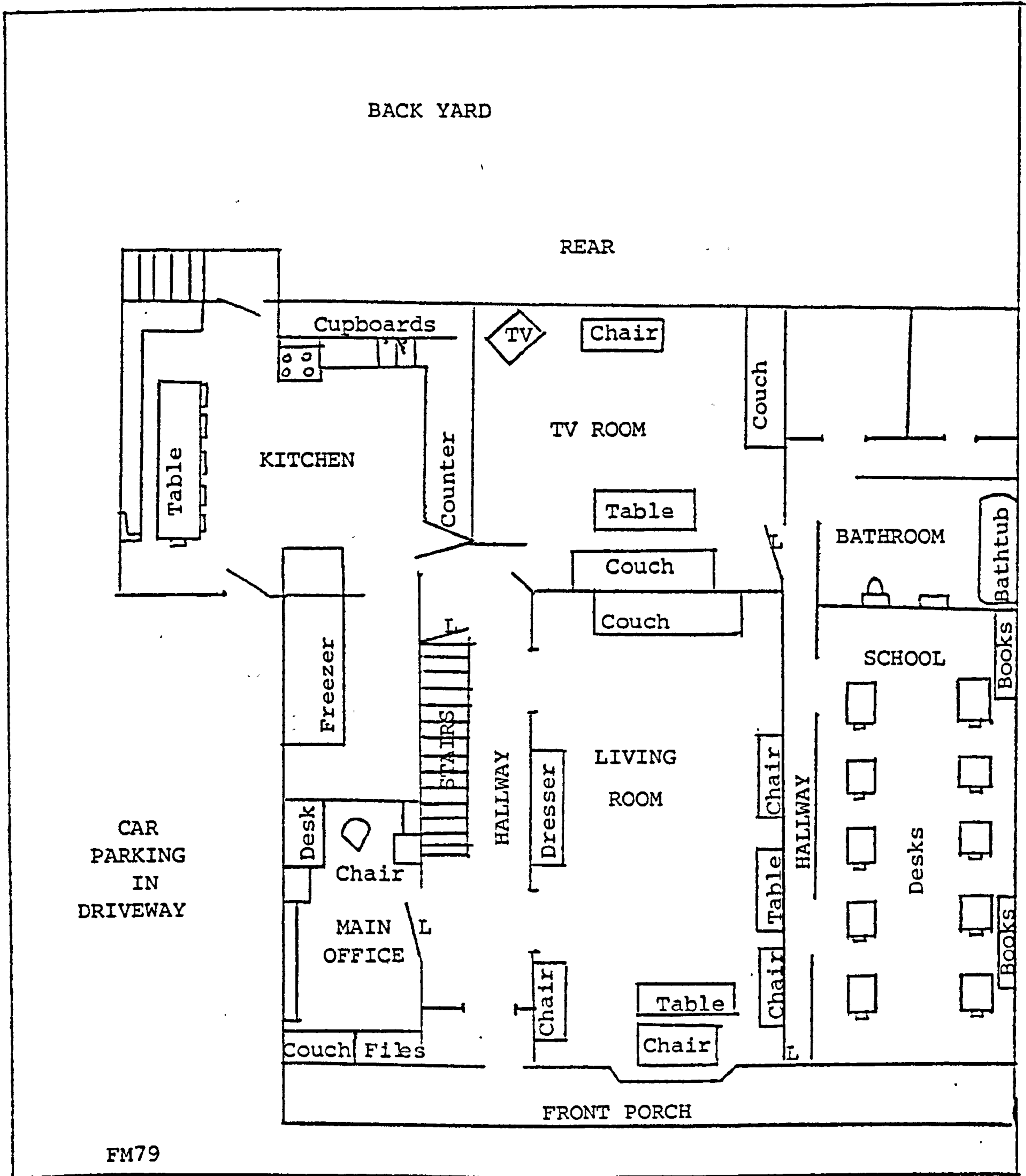
Step 3: Patterns in the Use of Space, Time and Activity

This stage in the process involves an examination of where things take place in the group care centre, when workers are expected to be on duty, and the types of activity that take place during the weekdays, weeknights and weekends. A rough sketch of the living unit floor plan, a staff rota and a time and activity chart for the past 168 hours of centre operation assist workers to focus on specific problems in their work. These can be prepared in the week prior to a consultation or sketched in rough form during the session itself.

Work with the emergency detention facility, which operated as a community service for both male and female youths in the Shawbridge agency, provides a detailed illustration of this step in the consultative process. The diagrammes shown here were completed by a post-graduate student during the course of a 4-week placement in the unit, working as a participant-observer in the programme (Munro, 1979). Less sophisticated sketches were used with other teams. Figure 7.1 illustrates the ground floor plan of the emergency care facility, a minimum security centre for short-stay adolescents. Residents spent most of their day on the ground floor of the centre. Special education classes were offered during the weekday school period, while the remainder of the time was spent in the living room, television room and kitchen. Residents were excluded from the main office which was used for admissions and discussions with social workers. Figure 7.2 shows the floor plan for the basement in the centre, used primarily as recreation space and for the supervisor's office. Access to the basement could be made from both outside and inside the facility. This factor, plus the three doors on the ground floor and the fire escape on the top floor made security a difficult condition to maintain. Sight supervision was a term used in the team as an important feature of work for all staff. This meant that the residents had to be kept within sight of at least one member of the team at all times. Figure 7.3 illustrates the top floor plan of the centre where bedrooms and bathrooms

Figure 7.1: Ground Floor Plan of the Emergency Detention Facility.

GROUND FLOOR



SIDEWALK

L = locked

← CHURCH STREET →

Figure 7.2: Recreation Space and Office in the Emergency Detention Centre

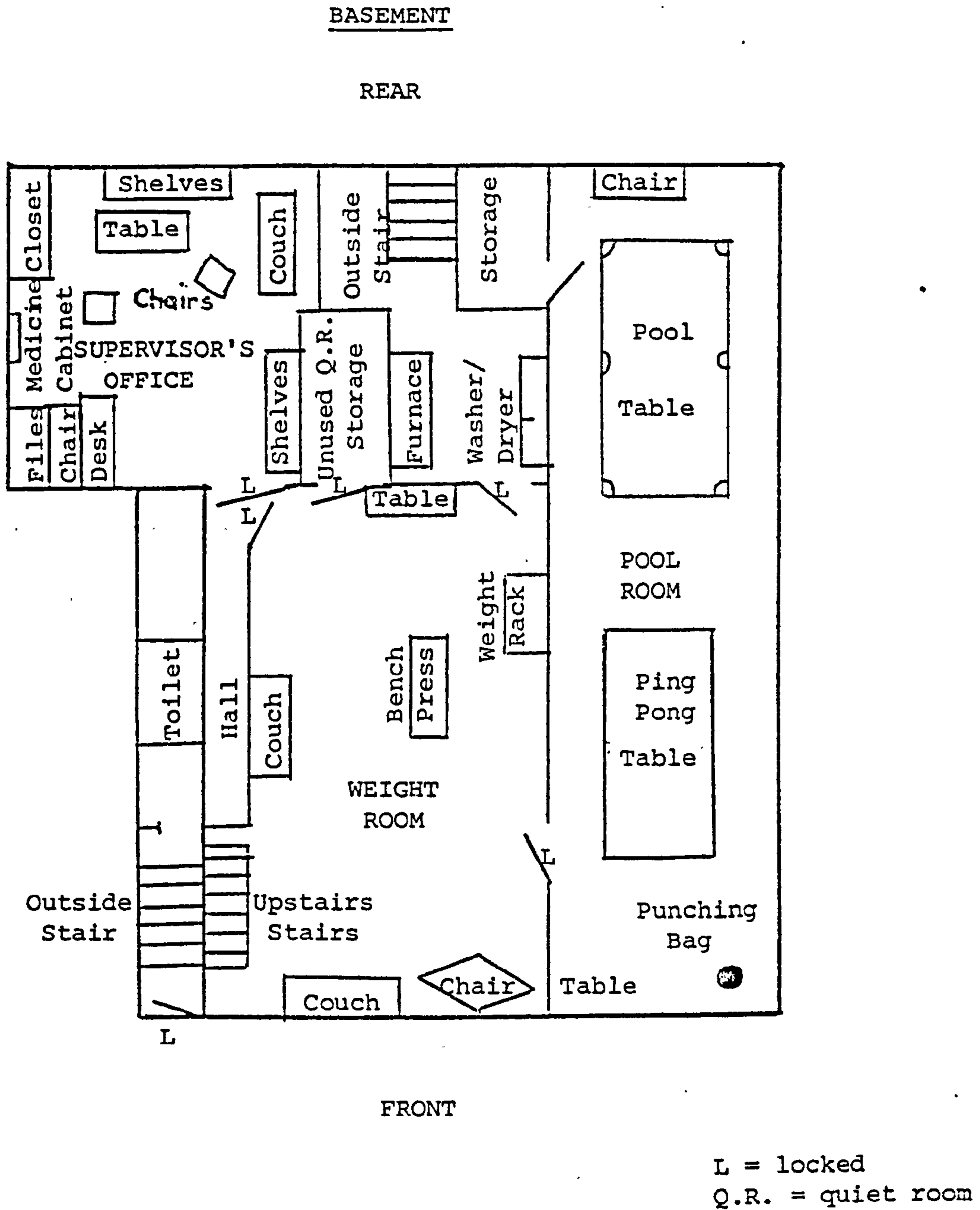
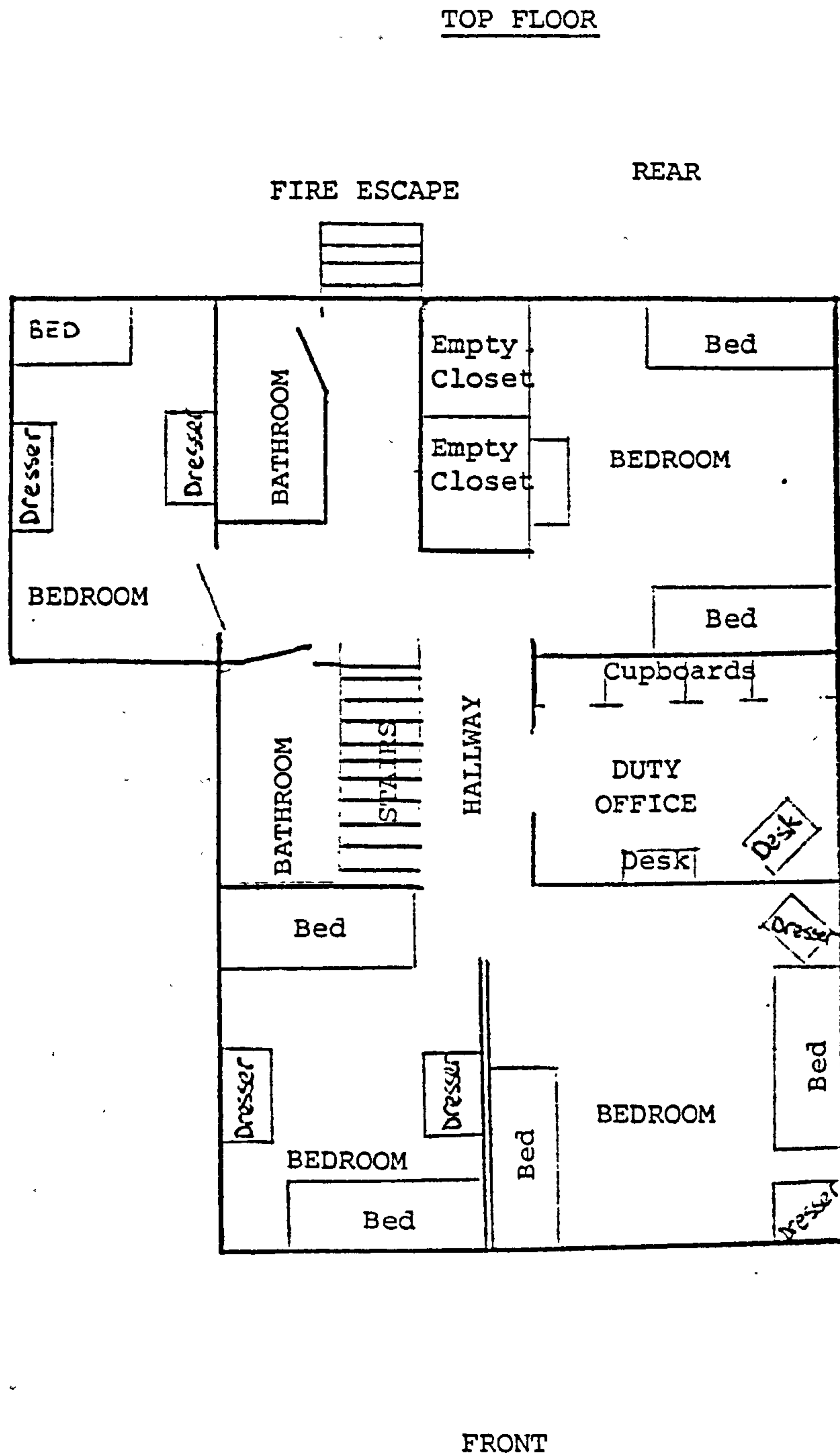


Figure 7.3: Bedrooms, Bathrooms and Night Duty Room - Emergency Care Centre



were located. The night duty office was centrally located to enhance security in the centre from 11:00 p.m. to 8:00 a.m. most days of the week.

Figure 7.4 provides a detailed illustration of patterns in the use of time and activity in the centre. In the left-hand column, it is possible to identify the staffing pattern that was used to cover the 168-hour work week. The next column shows where the residents might be located during the course of an average day. It is quickly noted that weekdays were spent on the ground floor, while weeknights were spent in the basement or ground floor prior to retiring to the top floor for bed. Activity during the week-end followed a different pattern altogether. The most recurring type of activity involved the consumption of food, always in the kitchen, where residents and staff ate family style around a large table. The housekeeper/cook emerged as a very important member of the team through her involvement with residents during the weekdays, and because of the quality menus she produced.

Figure 7.5 illustrates the spheres of influence that were said to be important when considering this short-stay, emergency care facility. The team was required to receive youths from the courts, police and social service personnel, some working for Shawbridge Youth Centres and others employed by the local Social Services Centre. The emergency detention team was responsible for maintaining a structured, yet caring environment. Within that environment, it was expected

Figure 7.4: Patterns in the Use of Time and Activity - Emergency Care Centre

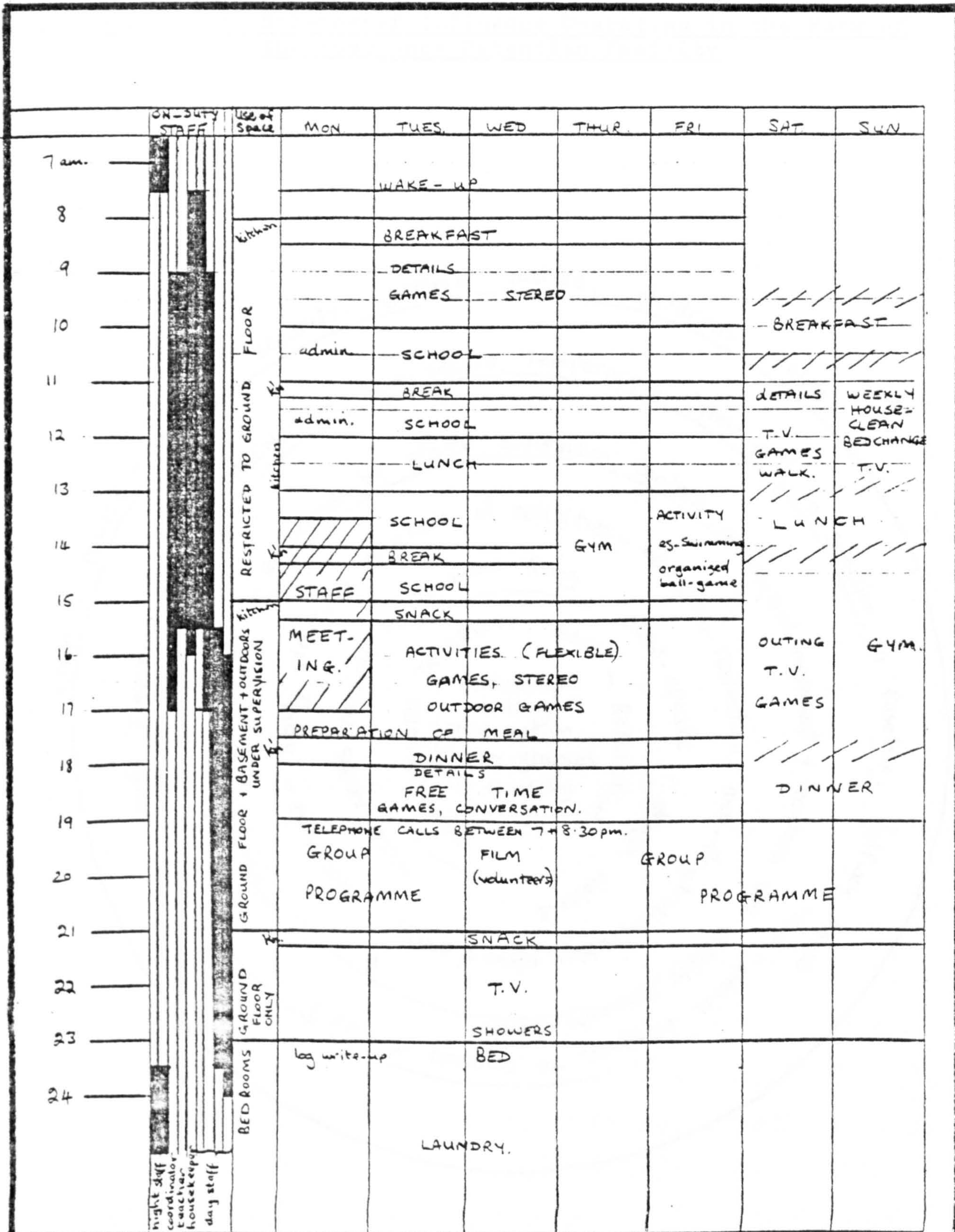
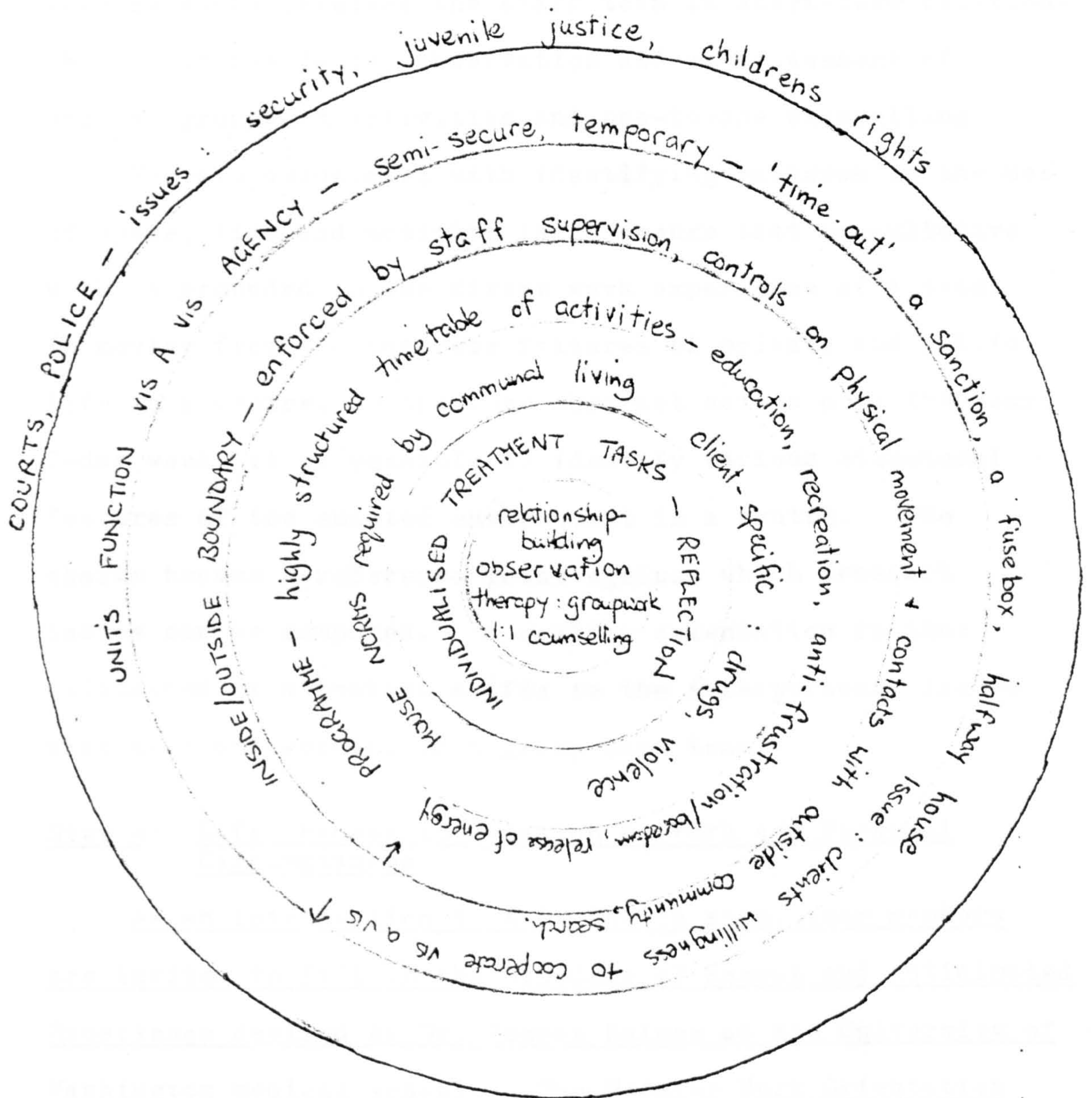


Figure 7.5: Spheres of Influence Operating in the Work of the Emergency Detention Facility



that youths would review the crises which led to their placement in the unit and formulate plans with their social worker for leaving. On leaving the unit, youths might return to their previous placement with a re-negotiated contract, or be placed in an alternative setting. Direct service tasks involved the staff team in short-term relationships with residents, observation and re-assessment of youths, groupwork activities and one-to-one counselling.

The aim associated with identifying patterns in the use of space, time and activity is to ensure that consultative work is grounded in the direct work experience of a team. In moving from the concrete features of private and public life in a centre, to the more abstract notion of a 168-hour, 7-day week, it is possible to identify various structural features of the enacted environment in a centre. The charts become a reference point against which teamwork issues can be compared. A reality orientation is thus maintained as attention shifts to the interpersonal issues that surround working in a group care team.

Step 4: Life Changes in Relation to Work and Personal Circumstances

As an introduction to this fourth step, team members are invited to fill in the Schedule of Recent and Anticipated Experience devised by Dr. Thomas Holmes at the University of Washington medical school. The Heimler Work Orientation Schedule is filled in at the same time. Both instruments take about 15 to 20 minutes to complete and are numbered with

an identifying code which members are asked to record for future reference. On completion, workers break for lunch or dinner, handing over their anonymous questionnaires to be scored by the consultant. Individual responses are arrayed on computer key punch sheets and then averaged to arrive at mean life change scores for the past 12 months and for the year ahead. A mean response for each question in the Work Orientation Schedule is also obtained for use at a later stage. On returning from the break, team members are given back their individual questionnaires through reference to the coded serial numbers. Discussion is initiated around the meaning of life change scores.

The average life change scores from two group home teams provide an illustration of the information considered during this step in the team development exercise. Following a break for lunch, the two teams were invited to consider what a past life change score of 197 and a future score of 157 might mean. According to the criteria established by a large-scale study of adults in California (Harrington et al, 1977), these scores located the workers in the 50 percent range for probability of health change through illness or injury within 2 years. The differences between probability and prediction were clarified and it was noted that approximately one in five of those who score in the highest range do not actually experience a health change within 2 years. Team members were invited to consider how preoccupation with changes in one's working life or personal life might result

in an increased risk of accidents, such as when one's reaction time is slowed down while driving in heavy traffic.

Concentration on some life changes might also impair workers' ability to concentrate on particular aspects of work. More than half of the workers listed changes in relation to responsibilities at work. They had changed occupations; their living conditions had changed; they had changed their place of residence, and all these changes had influenced their social life outside work.

The aim at this stage in the proceedings is to identify the potential impact of life change on the performance of a team. Such impact is associated with the assumption that the magnitude of change found amongst a group of workers, whether recently experienced changes or anticipated changes of a similar nature, are likely to influence team performance through becoming potential preoccupations amongst the members. The pattern of change, whether associated with work, family, social or personal matters, is also important since each aspect of life can be expected to have a differential impact on work performance. Changes in the pattern of work are especially important since these can be expected to have a direct bearing on the working relationships found in a team. Issues such as continuity of work, patterns of working together and the allocation of work tasks are all likely to be influenced by changes in this area. Finally, the extent to which team members are prepared to disclose information about changes in their lives is also important. Some workers disclose

very little. Others disclose only the changes that have already occurred. Another group discloses information about both past and anticipated changes, while a fourth pattern of response may involve only anticipated changes. Because of the extensive media coverage given to the Schedule of Recent and Anticipated Experience, it is not uncommon to find that workers have already filled in this checklist at one time or another.

Step 5: The Work Orientation of Individuals in a Team

Team responses to Heimler's Work Orientation Schedule are determined by coding each Yes response with 4, each Perhaps with 2, and each No response with 0. Responses to individual questions are then arrayed in such a way as to derive an average or mean response for each of the 55 questions. With practice, a team profile for 10 to 12 workers can be prepared in the course of an hour. The mean scores for each question are then translated back into a five-point pattern of response, including: No, Perhaps-No, Perhaps, Perhaps-Yes, and Yes. After discussing recent and anticipated life changes, workers are invited to follow along as the consultant reads back the pattern of work orientation expressed by the team as an aggregate of the collective responses to questions on the Work Orientation Schedule. The 55 questions are rephrased into statements using the team's mean response and workers are invited to note on their own questionnaire where responses for the team differ from their own.

The team response for workers in the Project Centres helps to illustrate this stage in the consultation process. This team liked the Work they were doing and liked the people with whom they worked. They felt it was the right kind of work, although they questioned whether there were enough opportunities for getting ahead. Most said that they had really satisfying hobbies and interests outside work, although some were less certain. The Finance area raised several questions. Perhaps they were able to live more comfortably than they had two years previously. Everyone questioned the extent to which they were able to save, or felt at ease about spending. While the team thought that they were reasonably secure financially, most members did not feel secure. The team questioned how happy they felt about their Social Life. They had a close friend in whom they could confide and it was felt there were people outside their families who really cared about them. There was some question about friends turning to team members with their problems. On the whole, team members had questions about whether their social life was a good balance to their working life. Team members thought that their housing arrangements were all right. For the most part, they were interested in family activities, and someone was available with whom members could discuss money, work or other problems. On the whole, team members enjoyed Home Life and felt that there was someone outside work who understood them. The team had many questions about their Personal Contract of

employment. They also questioned whether anyone at work was concerned for their wellbeing. While their work gave team members a sense of fulfilment, they still questioned the aims and objectives that were expected of them. Most of the team felt able to relax, although several were less certain. To summarize, most satisfaction was evident in the Home Life and Work Life areas. Social Life and Personal Contract indicated some uncertainty of satisfaction, while Finance was an area of major uncertainty.

When looking at team frustrations in the Activity area some of the members were feeling overworked. The team did not feel too tired to work or to enjoy life, nor were their minds underactive. Members did feel frustrated because they were prevented from doing things properly. They did not suffer from headaches, or other aches and pains. Sleep was not a problem and members' imaginations were not painful to them. At times, perhaps, the team was concerned about its Health. In relation to Influences, team members sometimes felt disappointed by people with whom they worked. They did not find that people liked being hurtful to them. Neither did the members feel that people or circumstances were against them. The team did want more power and influence in their work. In the Moods area, team members sometimes felt very depressed about their work situation. They sometimes felt vaguely insecure in their work. Members did not often feel guilty about their contributions as workers, but sometimes they wished they could quit their jobs, feeling

that perhaps people were unappreciative of their efforts. Finally, when looking at the Habits area, the team reported that they did not smoke or drink too much, nor use drugs or medicines to help them feel better. On occasion, team members tended to get overactive or overexcited, and sometimes ate too much or too little. Only a few of the workers were driven to do things which caused trouble to themselves or their fellow workers. In summary, some frustration was evident in each area, with certainty of frustration in relation to activity and influences. Frustration was more uncertain in the habits area, and considerable uncertainty was evident in relation to moods. The lowest level of frustration was reported in relation to health matters.

Outlook on Life remained fairly positive for this team. Members felt they had achieved 60 percent of their ambitions in life. They felt 80 percent hopeful for the future. The team assessed their meaning in life at 85 percent, with opportunity for self-expression assessed at 70 percent. When looking back, the team felt that past struggles were about 85 percent worthwhile. Overall, the Project Centre workers reported fewer satisfactions in April 1979 than reported in September 1978. There was significantly less satisfaction in the Personal Contract area. The ratio of potential frustrations to certain satisfactions also increased significantly. Three months after the Youth Protection Act came into force, work frustrations reported in the Project Centres were: pressures of time (5); court work (3);

questions of role (3); and record keeping (1). Six months later, Project Centre staff were attempting to organise into a collective bargaining unit, seeking union representation in a non-union agency.

It is difficult to illustrate the actual content associated with individual workers agreeing or disagreeing with the team responses given during this stage in the process. It is common practice, however, for informal comments to be made throughout the feedback sessions, with members noting whether their responses are similar to, or different from those of their colleagues. Curiosity and interest are almost always aroused, with discussion taking place with little prompting. Consciousness-raising would seem to be an important by-product of the consultation at this stage. The aim at this point is to bring a group of workers together at a particular moment in time, to examine themes that are central to their functioning as a team. This is accomplished through a 'centring' procedure where the attentions of individual workers are focused on specific concerns. Most responses remain private while attention is focused on three team responses: the low satisfaction theme; the high frustration theme; and the potential uncertainty theme.

Step 6: Dominant Themes in the Pattern of Team Functioning

Workers are next invited to focus their attention on three questions that emerge in the team functioning assessment. The question in the Satisfaction Index with the lowest mean

score; the question in the Frustration Index with the highest mean score; and the question from either Index with the largest number of Perhaps responses are used at this stage of the consultation. Approximately 15 to 20 minutes are spent clarifying the meaning that workers give to the respective questions. After considering each question, workers are invited to prepare a brief written summary for personal reference, concerning what they have taken out of the team discussion for themselves.

Examples drawn from three different teams help to clarify the issues contained in each of the dominant themes. The Low Satisfaction theme for the institutional services management team illustrates low satisfaction in relation to the workers' personal contract of employment. This group of ten front-line supervisors, their residential treatment supervisors and the Director of Institutional Services, identified the following issues when discussing what was meant by "Perhaps they felt their employer was concerned for their wellbeing as working persons". Discussion began with the question of who their employer was, since the agency was larger than individual supervisors and managers. This made it difficult to think of their employer in personal terms, and team members were left with feelings of uncertainty about their place in the agency. In one sense, wellbeing meant feeling that team members' contributions were valued. Within the institution, members felt that their efforts were valued, but not within the agency as a whole. However,

when looked at historically, the group did identify various points such as insurance schemes, whereby some level of personal wellbeing was taken into account by the agency. Questions remained about the ways in which concern for wellbeing was conveyed and received, and also about the expectations for personal wellbeing that are projected onto others.

The example of a team working with a group of immature adolescent boys helps to highlight features of the High Frustration theme. This team "felt frustrated because they were prevented from doing things properly". Discussion on the meaning of this theme began with an emphasis on the way things should be done if things were to go properly in the centre. Expectations about performance, standards and consistency of effort were all important features in the discussion. This led to the need for clarification about who or what was making the team feel prevented from carrying out their tasks in a proper fashion. Someone suggested that the team might be trying too hard to achieve the wrong ends. There was mention of being prevented by individuals, by factors outside the work setting, and by a lack of teamwork. It was suggested that without some common ground rules, or shared goals in the team, workers were likely to continue feeling this frustration, the same concerns preventing a team approach over the weeks ahead. Team members noted how they were quite forthcoming about giving each other positive reinforcement for good performance on the job. They were less ready to emphasize the negatives or to clarify

expectations around problem areas. In summary, the team focused attention on the need to develop programme activities in their setting which responded to the particular needs of their current resident population. Such activities involved planning which took account of individual skills available within the team. Little was being achieved with the claim that the wrong clients were being placed in this team's programme.

The Potential Uncertainty theme is associated with the question in the Work Orientation Schedule which attracts the largest number of Perhaps responses. An example from another secure unit team helps to illustrate this feature in a team functioning assessment. The potential uncertainty theme for this team was "Perhaps they would want their colleagues to turn to them with their problems". Discussion began with a consideration of the way that workers exercised discretion in their relationships with others at work. Team members wanted to clarify the extent to which they became involved in the problems of others at work or outside work. At a basic level, several had acquired the habit of discriminating between those with whom they would and would not become involved. Involvements with colleagues at work were thought to leave a lot of things open, and sometimes there was a need to distinguish between personal and professional involvements. Team members agreed that caution of this sort might have considerable implications for the type of collaboration which could develop between workers and

residents, between team members on different shifts, and in relationships with workers in other roles in the agency. Collaboration with parents and families of residents in a secure unit could also be placed in jeopardy, when too much caution was exercised around involvement with the problems of others.

The aim of consultancy work during this sixth stage is a complex one. Building from the centring techniques, which allow individual workers to locate their own social position within the collective norms of their work team, the focus on dominant themes helps to facilitate a process of team problem-solving. The working assumption during this stage is that as greater clarity is obtained around concerns in the teams' dominant coalition, so energy is released amongst the members which can be used in problem-solving activities. If one assumes that the collective energies of a team can become tangled up in maladaptive responses to environmental turbulence, then any team effort directed at increasing satisfaction, reducing frustration and clarifying potential uncertainty should foster the emergence of adaptive responses, thus enhancing a team's performance capability. This step seeks to facilitate interpersonal problem-solving in the present, setting the stage for an action-planning process which follows.

Step 7: Partialising Problems and Planning for Action

In this last stage of the team development process, a simple problem-solving format is used to focus team planning

around a particular programme issue. In so doing, complex problems are broken down, or partialised, and the resulting information used to formulate a plan which teams can use to initiate action over the next 3 to 6 months of work. At the same time, teams are encouraged to see how the same format can be used in staff meetings to achieve the same results with other problems. Six questions are asked: Whom does the problem affect? What does the problem involve? When does the problem occur? Where does the problem occur? How is the problem being responded to now? and For what reasons does this problem persist? The information is then collated and summarised. In planning action, teams are encouraged to consider the ethics of what they seek to achieve, in addition to the objectives that will be pursued. Teams are also encouraged to take account of the value orientation that will be conveyed through these actions, and the manner in which the work lives of personnel and the lives of children in care might be influenced through the proposed course of action.

The team working in the observation and assessment unit helps to illustrate this last stage in the exercise. This group of workers were concerned with the problem of how to manage all the written work that was required of its members within the time limits of a regular working day, thus reducing the amount of overtime. In looking at Who was involved, it was noted that every team member had a similar amount of written work, but that different workers required

differing amounts of time to compose and write their reports. What the overtime problem involved was open to question. It emerged that paperwork may have been or was a problem, but this may not have been the actual problem. Some members tended to stay on overtime when they wanted to finish something they had started. When the problem occurred, identified how it was usually a problem during evening shifts and also during the weekends when boys were allowed a late night. Holidays were also involved, when the resident group required greater supervision and involvement. During these periods, report writing took on less priority. A consideration of Where reports were written led to discussion about the size and layout of the office, supervision of the residents outside the office having priority, and the distraction of telephone interruptions. All agreed that time was required, without interruptions, to reflect on involvements with boys and to gather these into written form on paper. How paperwork was getting done led to an exploration of the different ways that workers composed and wrote their reports, requiring that observations, conversations and activities with particular boys be noted, along with feelings generated through the worker's encounters with boys. Questioning For What reasons the reports were written, resulted in team discussion on the need to supply an observation and assessment summary of boys' involvement in the centre. These summaries needed to be prepared in such a form as to assist those who made decisions, about care and treatment planning and about the

most appropriate placement for each boy. In reviewing Why there was still an overtime problem, workers agreed that the problem was rather more complicated than it had at first seemed. There was general agreement that all workers needed time to get absorbed in report writing without interruptions, but that interruptions from the resident group took priority over the reports on most occasions. Finding a workable balance between these two competing priorities became a goal to pursue in this team over the next 3 to 6 months.

This last step in the consultation process builds from the notion of an enacted environment. As team members focus their collective attention on an identified problem at work, so they create a history of previous action which can assist them to plan and implement problem-solving decisions. Breaking the problem down, or partialising it into its component parts, helps to reduce the complex set of variables that may have produced the problem in the first place, and may have maintained it in its present form until this point in time. Once again, the focus, clarification and summary steps are apparent, facilitated by the work which team members have engaged in earlier. A time perspective which focuses attention on future planning is developed through reference to past and present activity. As team members clarify, and thus acquire a shared perspective on the meaning of particular issues, so the team can use this collective history to reduce the complexity of problems in their work, and thereby enact their work environment in something resembling a planned fashion.

Summary

In summary, discussion has centred around two approaches to action research that were tested at Shawbridge Youth Centres between 1976 and 1980. The first approach, used by the University of Montreal project, relied on Lewin's (1935) conceptual formulation $B = f(P,E)$ which asserts that behaviour is a function of the interaction between a person and his environment. This project set out to identify means whereby action research could be carried out with group care teams, and experimented with various methods of feedback and consultation during 1976 and 1977. Their aim was to improve service production capability in the agency. The importance of this project, while inconclusive in terms of its net impact on service delivery, was shown to be the pioneering attempts made to develop action research methods in the group care field. The project also established research support for the application of the Conceptual Level Matching Model in group care services for children. Our own team development project was also discussed in relation to work carried out in the same agency between 1978 and 1980. The training and consultation process used in this project was also summarized, with examples provided from direct involvement with teams to illustrate each stage of the process. To date, action research in the group care field remains very much at the exploratory and descriptive stage of development. However, in turning to a more precise analysis of data generated by the team development project and contacts with other group care teams, it is hoped that greater clarity will be achieved.